



CDP Research Update -- September 4, 2014

What's Here:

- PTSD Research Quarterly - Literature on DSM-5 and ICD-11
- PTSD Monthly Update - 25th Anniversary of the National Center for PTSD
- Tramadol treatment of combat-related posttraumatic stress disorder.
- Supporting talk-based mental health interventions with digital whiteboards.
- Psychophysiology in the Study of Psychological Trauma: Where Are We Now and Where Do We Need to Be?
- Predictors of Length of Stay Among OEF/OIF/OND Veteran Inpatient PTSD Treatment Noncompleters.
- A Test of Whether Coping Styles Moderate the Effect of PTSD Symptoms on Alcohol Outcomes.
- National Dissemination of Cognitive Behavioral Therapy for Chronic Pain in Veterans: Therapist and Patient-Level Outcomes.
- Sleep and moral awareness.
- Insomnia in shift work.
- Are dysfunctional attitudes and beliefs about sleep unique to primary insomnia?
- Investigating Veteran Status in Primary Care Assessment.
- Strong, safe, and secure: negotiating early fathering and military service across the deployment cycle.
- Assessing student success efforts for military students in a California community college
- Psychological Functioning of Partners of Australian Combat Veterans: Contribution of Veterans' PTSD Symptoms and Partners' Caregiving Distress.
- The Moderating Role of Experiential Avoidance in the Relationship between Posttraumatic Stress Disorder Symptom Severity and Cannabis Dependence.
- Extensions and Mechanisms of Mindfulness-based Cognitive Therapy: A Review of the Evidence.

- Post-deployment multi-symptom disorder rehabilitation: An integrated approach to rehabilitation.
- 'Becoming human again': Exploring connections between nature and recovery from stress and post-traumatic distress.
- Social Inequalities in Suicide: The Role of Selective Serotonin Reuptake Inhibitors.
- Posttraumatic stress disorder, depression, and non-fatal intentional self-harm in Massachusetts Veterans.
- Behavioral Health Leadership: New Directions in Occupational Mental Health.
- Reported Barriers to Mental Health Care in Three Samples of U.S. Army National Guard Soldiers at Three Time Points.
- Drinking motives among heavy-drinking veterans with and without posttraumatic stress disorder.
- A force of change: Chris Peterson and the US Army's Global Assessment Tool.
- Insomnia and sleep misperception.
- Day of Injury Cognitive Performance on the Military Acute Concussion Evaluation (MACE) by U.S. Military Service Members in OEF/OIF.
- Determinants of Utilization and Cost of VHA Care by OEF/OIF Veterans Screened for Mild Traumatic Brain Injury.
- Effect of clinical characteristics on cognitive performance in service members and veterans with histories of blast-related mild traumatic brain injury.
- Diagnostic Utility of the Posttraumatic Stress Disorder (PTSD) Checklist for Identifying Full and Partial PTSD in Active-Duty Military.
- Risk of PTSD in Service Members Who Were Fired Upon by the Enemy is Higher in Those Who Also Returned Fire.
- Patterns of Opioid Use for Chronic Non-Cancer Pain in the Veterans Health Administration from 2009 to 2011.
- A systematic review of cognitive behavioral therapy for depression in veterans.
- Dilemmas Families Face in Talking With Returning U.S. Military Service Members About Seeking Professional Help for Mental Health Issues.
- How does immediate recall of a stressful event affect psychological response to it?
- The factor structure of psychiatric comorbidity among Iraq/Afghanistan-era veterans and its relationship to violence, incarceration, suicide attempts, and suicidality.
- Psychometric Investigation of the Abbreviated Concussion Symptom Inventory in a Sample of U.S. Marines Returning from Combat.

- Combat veterans with comorbid PTSD and mild TBI exhibit a greater inhibitory processing ERP from the dorsal anterior cingulate cortex.
- Ethical Issues and Ethical Therapy Associated with Anxiety Disorders.
- Links of Interest
- Resource of the Week: How to Buy a Car Without Interacting With a Human

<http://www.ptsd.va.gov/professional/publications/ptsd-rq.asp>

PTSD Research Quarterly - Literature on DSM-5 and ICD-11

by Matthew J. Friedman MD, PhD

Vol. 25 (2), 2014

National Center for PTSD

The fifth edition of the American Psychiatric Association's (APA) Diagnostic and Statistical Manual (DSM-5) was published more than a year ago. The World Health Organization is expected to publish the eleventh edition of its International Classification of Diseases (ICD-11) in 2015. The diagnostic criteria for PTSD in each look very different. Literature on the origins, criticisms, and implications of PTSD according to DSM-5 and ICD-11 has flourished. Get a complete picture through this overview of review articles, position papers, and research studies.

<http://content.govdelivery.com/accounts/USVHA/bulletins/cc9382>

PTSD Monthly Update - 25th Anniversary of the National Center for PTSD

National Center for PTSD

August 2014

Since its founding in 1989, the mission of the VA's National Center for PTSD has been "to advance the clinical care and social welfare of America's Veterans and others who have experienced trauma, or who suffer from PTSD, through research, education, and training in the science, diagnosis, and treatment of PTSD and stress-related disorders."

Dr. Matthew Friedman, the Center's Executive Director from 1989 through 2013, reflects: "The Center's research and educational initiatives helped establish the scientific basis for PTSD, and disseminated that information globally."

Dr. Paula Schnurr, Acting Executive Director, looks forward: "We have come a long way in the past 25 years, but there remains much more to be done." Join us in celebrating 25 years of excellence in research and education!

<http://www.ncbi.nlm.nih.gov/pubmed/25166484>

Ann Clin Psychiatry. 2014 Aug;26(3):217-221.

Tramadol treatment of combat-related posttraumatic stress disorder.

Geraciotti TD

BACKGROUND:

Improved psychopharmacologic treatment of posttraumatic stress disorder (PTSD) is needed. Accruing evidence implicates pain-conducting signals in PTSD pathophysiology.

METHODS:

Four combat-related PTSD patients from the wars in Iraq and Afghanistan were treated with open-label tramadol hydrochloride (HCL), an atypical analgesic with opioid and non-opioid mechanisms of antinociception. Tramadol also inhibits neuronal reuptake of norepinephrine and serotonin.

RESULTS:

The clinical outcomes show evidence of a positive effect of twice-daily immediate-release tramadol HCL in men with combat-related PTSD. Total daily doses were 200 to 300 mg/d, with individual doses ranging from 100 to 200 mg.

CONCLUSIONS:

Given its unique mechanism of action, relatively low abuse potential, and ability to double as an analgesic for minor to moderate pain, tramadol is a promising candidate for clinical use in PTSD.

<http://www.ncbi.nlm.nih.gov/pubmed/25160221>

Stud Health Technol Inform. 2014;205:433-7.

Supporting talk-based mental health interventions with digital whiteboards.

Perlich A, Von Thienen J, Meinel C

The potential of mental health interventions supported by computers has rarely been explored to date, and the use of technology has hence been limited. There is a need for finding new ways of providing engaging psychotherapy services. We introduce the digital whiteboard system Tele-

Board MED (TBM) as a new approach of promoting patient-therapist interaction and joint documentation. Based on observations of cognitive behavioral therapy (CBT) sessions and a text material review we identified possibly useful features. We conducted a qualitative and quantitative feedback study with 34 therapists in the form of a questionnaire based on a video showing the system's fundamental concept and features. This allowed us to evaluate the therapists' attitudes and the ability of a system like TBM to meet user needs. We encountered willingness to use the system primarily driven by practical interest in fulfilling administrative and legal requirements. Skepticism regarding patient file transparency and technology use was also found. The main insight is that reestablishing the nature of CBT sessions towards higher patient engagement can more successfully be pursued if technology provides incentives for therapists, such as features that speed up administrative tasks.

<http://www.ncbi.nlm.nih.gov/pubmed/25158622>

Curr Top Behav Neurosci. 2014 Aug 27. [Epub ahead of print]

Psychophysiology in the Study of Psychological Trauma: Where Are We Now and Where Do We Need to Be?

Acheson DT, Geyer MA, Risbrough VB

Posttraumatic stress disorder (PTSD) is a major public health concern, which has been seeing increased recent attention partly due to the wars in Iraq and Afghanistan. Historically, research attempting to understand the etiology and treatment of PTSD has made frequent use of psychophysiological measures of arousal as they provide a number of advantages in providing objective, non-self-report outcomes that are closely related to proposed neurobiological mechanisms and provide opportunity for cross-species translation. Further, the ongoing shift in classification of psychiatric illness based on symptom clusters to specific biological, physiological, and behavioral constructs, as outlined in the US National Institute of Mental Health (NIMH) Research Domain Criteria project (RDoC), promises that psychophysiological research will continue to play a prominent role in research on trauma-related illnesses. This review focuses on the current state of the knowledge regarding psychophysiological measures and PTSD with a focus on physiological markers associated with current PTSD symptoms, as well as markers of constructs thought to be relevant to PTSD symptomatology (safety signal learning, fear extinction), and psychophysiological markers of risk for developing PTSD following trauma. Future directions and issues for the psychophysiological study of trauma including traumatic brain injury (TBI), treatment outcome studies, and new wearable physiological monitoring technologies are also discussed.

<http://www.ncbi.nlm.nih.gov/pubmed/25162134>

Psychiatry. 2014 Fall;77(3):263-74. doi: 10.1521/psyc.2014.77.3.263.

Predictors of Length of Stay Among OEF/OIF/OND Veteran Inpatient PTSD Treatment Noncompleters.

Szafranski DD, Gros DF, Menefee DS, Wanner JL, Norton PJ

High rates of attrition occur in outpatient and inpatient evidence-based treatments (EBTs) targeting newly returning veterans from Operation Enduring Freedom (OEF), Operation Iraqi Freedom (OIF) and Operation New Dawn (OND) with posttraumatic stress disorder (PTSD). Traditionally, research has examined attrition as a dichotomous variable (i.e., noncompleters vs. completers) and focused almost exclusively on outpatient EBTs for PTSD. These studies have provided little information to inpatient psychiatric providers about timing-related predictors of treatment discontinuation. The present study attempted to mend these gaps by examining attrition as a continuous variable and investigated predictors of length of stay (LOS) among 282 OEF/OIF/OND male veterans, 69 of which did not complete the full 25-day intensive, multimodal inpatient PTSD EBT program. At admission, participants completed a series of clinician-rated, biological, and self-report assessments. Linear regression analyses were used to identify predictors of shorter LOS. The results demonstrated that less improvement in symptom reduction, overall functioning, and greater number of drugs used at admission were significant and unique predictors of shorter LOS. Overall, these findings reveal clinically relevant, timing-related predictors of attrition and provide generalizable clinical information to inpatient psychiatric providers.

<http://www.ncbi.nlm.nih.gov/pubmed/25158641>

J Trauma Stress. 2014 Aug;27(4):478-82. doi: 10.1002/jts.21943.

A Test of Whether Coping Styles Moderate the Effect of PTSD Symptoms on Alcohol Outcomes.

Grosso JA, Kimbrel NA, Dolan S, Meyer EC, Kruse MI, Gulliver SB, Morissette SB

Coping style may partially account for the frequent co-occurrence of posttraumatic stress disorder (PTSD) and alcohol-use disorder (AUD). We hypothesized that avoidant and action-oriented coping styles would moderate the association between PTSD symptom severity and alcohol outcomes among U.S. Operation Enduring Freedom/Operation Iraqi Freedom veterans, such that PTSD symptoms would be most strongly and positively associated with negative alcohol-related consequences and drinking quantity when action-oriented coping was low and avoidant coping was high. The sample (N = 128; 85.2% male, M = 37.8 years old, 63.3%

Caucasian) completed a diagnostic assessment for PTSD and AUD and self-report surveys measuring coping styles, drinking quantity, and negative alcohol-related consequences. Consistent with the main hypothesis, a 3-way interaction among PTSD symptom severity, avoidant coping, and action-oriented coping was found in the predicted direction ($d = 0.47-0.55$). Post hoc descriptive analyses indicated that veterans with a current diagnosis of PTSD, low action-oriented coping, and high avoidant coping had worse alcohol outcomes and were twice as likely to meet criteria for current AUD compared with veterans with fewer risk factors. Findings suggest that the combination of PTSD and maladaptive coping styles may be more important for understanding alcohol-related outcomes than the presence of any of these variables in isolation.

Published 2014. This article is a US Government work and is in the public domain in the USA.

http://journals.lww.com/clinicalpain/Abstract/publishahead/National_Dissemination_of_Cognitive_Behavioral.99404.aspx

National Dissemination of Cognitive Behavioral Therapy for Chronic Pain in Veterans: Therapist and Patient-Level Outcomes.

Stewart, Michael O. PhD; Karlin, Bradley E. PhD; Murphy, Jennifer L. PhD; Raffa, Susan D. PhD; Miller, Sarah A. PhD; McKellar, John PhD; Kerns, Robert D. PhD

Clinical Journal of Pain

Post Acceptance: August 28, 2014

Objective:

This paper assesses the effects of training in and implementation of Cognitive Behavioral Therapy for Chronic Pain (CBT-CP) in the U.S. Department of Veterans Affairs (VA) health care system on therapists' CBT-CP competencies and patients' pain-related outcomes.

Methods:

A total of 71 therapists participated in the VA CBT-CP Training Program. Patients included 148 Veterans treated by therapist training participants. Therapists completed a 3-day workshop followed by 6 months of weekly consultation. Therapy session tapes were rated by expert training consultants using a standardized competency rating form. Patient outcomes were assessed with measures of patient-reported pain intensity, pain-related cognitions, overall distress, depression, pain interference, and quality of life. The therapeutic alliance was also assessed.

Results:

Among the 71 therapists who participated in the training program, 60 (85%) completed all training requirements, including competency-based performance criteria. Of the 148 Veteran patients treated, 117 (79%) completed all CBT-CP protocol sessions. Intent-to-treat analyses

indicated significant improvements in pain catastrophizing, interference, quality of life, and other domains, as well as on the therapeutic alliance.

Discussion:

Training in and implementation of CBT-CP in the VA health care system were associated with significant increases in therapist competencies to deliver CBT-CP and improvements in several domains for Veteran patients. Results support the feasibility and effectiveness of broad dissemination of CBT-CP in routine, non-pain specialty settings. (C) 2014 by Lippincott Williams & Wilkins

<http://onlinelibrary.wiley.com/doi/10.1111/jsr.12150/abstract>

The incidence and temporal patterning of insomnia: a second study.

Perlis, M. L., Zee, J., Swinkels, C., Kloss, J., Morgan, K., David, B. and Morales, K.

Journal of Sleep Research

Article first published online: 15 APR 2014

Whether subjects with insomnia exhibit good sleep on some interval basis is unclear. Prior research suggests that patients with insomnia are highly variable with respect to night-to-night sleep continuity, that more than 40% of patients exhibit temporal patterning of good sleep, and that nearly 90% of patients exhibit better than average sleep following 1 to 3 nights of relatively poor sleep. The aim of the present study was to replicate and extend the above-noted findings utilizing: (i) a large sample studied over an extended time interval (ii) absolute standards for 'good' and 'poor' sleep; and (iii) a formal statistical methodology to assess temporal patterning and the association of time in bed with bout duration of poor or average sleep. Thirty-three subjects with insomnia and 33 good sleepers completed sleep diaries over the course of 110 days. It was found that subjects with insomnia (compared to good sleepers) had more poor nights (e.g. about 39 versus 7% of the assessed nights), a higher probability of a having a poor night on any given occasion (60% greater probability than good sleepers) and more consecutive nights of poor sleep between good sleep nights (median bout duration of approximately three versus one night). Lastly, it was found that (as would be predicted by both the Spielman model and the two-process model) time in bed moderated bout duration in the insomnia group. That is, longer times in bed were associated with longer bouts of poor sleep.

<http://onlinelibrary.wiley.com/doi/10.1111/jsr.12231/abstract>

Sleep and moral awareness.

Barnes, C. M., Gunia, B. C. and Wagner, D. T.

Journal of Sleep Research

Article first published online: 27 AUG 2014

The implications of sleep for morality are only starting to be explored. Extending the ethics literature, we contend that because bringing morality to conscious attention requires effort, a lack of sleep leads to low moral awareness. We test this prediction with three studies. A laboratory study with a manipulation of sleep across 90 participants judging a scenario for moral content indicates that a lack of sleep leads to low moral awareness. An archival study of Google Trends data across 6 years highlights a national dip in Web searches for moral topics (but not other topics) on the Monday after the Spring time change, which tends to deprive people of sleep. Finally, a diary study of 127 participants indicates that (within participants) nights with a lack of sleep are associated with low moral awareness the next day. Together, these three studies suggest that a lack of sleep leaves people less morally aware, with important implications for the recognition of morality in others.

<http://www.sciencedirect.com/science/article/pii/S1389945714003414>

Insomnia in shift work.

Annie Vallières, Aïda Azaiez, Vincent Moreau, Mélanie LeBlanc, Charles M. Morin

Sleep Medicine

Available online 20 August 2014

Background

Shift work disorder involves insomnia and/or excessive sleepiness associated with the work schedule. The present study examined the impact of insomnia on the perceived physical and psychological health of adults working on night and rotating shift schedules compared to day workers.

Methods

A total of 418 adults (51% women, mean age 41.4 years), including 51 night workers, 158 rotating shift workers, and 209 day workers were selected from an epidemiological study. An algorithm was used to classify each participant of the two groups (working night or rotating shifts) according to the presence or absence of insomnia symptoms. Each of these individuals was paired with a day worker according to gender, age, and income. Participants completed several questionnaires measuring sleep, health, and psychological variables.

Results

Night and rotating shift workers with insomnia presented a sleep profile similar to that of day

workers with insomnia. Sleep time was more strongly related to insomnia than to shift work per se. Participants with insomnia in the three groups complained of anxiety, depression, and fatigue, and reported consuming equal amounts of sleep-aid medication. Insomnia also contributed to chronic pain and otorhinolaryngology problems, especially among rotating shift workers. Work productivity and absenteeism were more strongly related to insomnia.

Conclusion

The present study highlights insomnia as an important component of the sleep difficulties experienced by shift workers. Insomnia may exacerbate certain physical and mental health problems of shift workers, and impair their quality of life.

<http://www.sciencedirect.com/science/article/pii/S1389945714003323>

Are dysfunctional attitudes and beliefs about sleep unique to primary insomnia?

Tatjana Crönlein, Stefanie Wagner, Berthold Langguth, Peter Geisler, Peter Eichhammer, Thomas C. Wetter

Sleep Medicine

Available online 27 August 2014

Objective

Dysfunctional thinking about sleep is a central aspect in the perpetuation of primary insomnia and a target symptom of cognitive behavioral therapy for insomnia (CBT-I). Insomnia symptoms also occur in other sleep disorders, but it is not known to what extent it is related to dysfunctional thinking about sleep.

Methods

The Dysfunctional Beliefs and Attitudes about Sleep Scale (DBAS) was administered to inpatients at a sleep center. The following groups were included: 34 patients with primary insomnia (PI), 30 patients with sleep apnea syndrome (SAS), 31 patients with restless legs syndrome (RLS), 26 patients with SAS comorbid with RLS (SAS + RLS) and 24 patients with idiopathic hypersomnia or narcolepsy. Eighty-four healthy subjects served as a control group. The DBAS scores were compared across the different sleep disorders and correlated with polysomnographic (PSG) variables, subjective sleep parameters, scores of the Beck Depression Inventory (BDI) and the Regensburg Insomnia Scale (RIS; measuring psychological symptoms of insomnia).

Results

Compared to healthy controls, DBAS scores were increased in PI, RLS and RLS + SAS. There was a low correlation between DBAS scores and PSG variables, moderate correlations between DBAS and subjective sleep parameters and BDI scores ($r = 0.528$), and a high correlation

between DBAS and the RIS score ($r = 0.603$).

Conclusion

The observation of increased DBAS scores in other sleep disorders besides primary insomnia underscores the usefulness of a broadened diagnostic procedure and suggests that CBT-I modules may be a complementary treatment tool for these disorders.

<http://www.scirp.org/journal/PaperInformation.aspx?PaperID=49181>

Investigating Veteran Status in Primary Care Assessment.

Marietta Stanton

Open Journal of Nursing, 4, 663-668

This paper emphasizes how in the process of interviewing patients, questions related to their veteran status need to be assimilated into our assessment process. Failure to determine that they are veterans may allow important issues and problems related to their health status to go undetected. Adding questions to our repertoire and knowing how to access a few key resources may assist patients in maximizing their health care options.

<http://onlinelibrary.wiley.com/doi/10.1002/imhj.21465/abstract>

Strong, safe, and secure: negotiating early fathering and military service across the deployment cycle.

Dayton, C. J., Walsh, T. B., Muzik, M., Erwin, M. and Rosenblum, K. L.

Infant Mental Health Journal

Article first published online: 25 AUG 2014

Military fathers of young children often endure repeated separations from their children, and these may disrupt the early parent-child relationship. Postdeployment reunification also poses challenges; disruptions that have occurred must often be repaired in the context of heightened emotions on the part of each family member at a time when fathers are themselves readjusting to the routines and responsibilities of family life. The current study employed qualitative research with the central aim of informing a richer understanding of these experiences. Interviews were conducted with 14 military fathers of young children who had experienced separation from their families during deployment. Narratives were coded using principles of grounded theory, and common parenting themes were extracted. Fathers shared their hopes

that their young children would develop qualities of strength, confidence, and self-sufficiency. They also discussed difficulty in supporting the development of these qualities in their young children due to problems dealing with the negative emotions and difficult behaviors that their children exhibited. Reliance on their parenting partner was commonly cited as an effective strategy as fathers transitioned back to family life. Implications for intervention programs include the provision of parenting and self-care skills and inclusion of the father's parenting partner in the intervention.

<http://scholarworks.csustan.edu/handle/011235813/799>

Assessing student success efforts for military students in a California community college

Kratochvil, Bob

Dissertation
Doctor of Education in Educational Leadership
California State University, Stanislaus
August 2014

Two million U.S. military veterans live in California, a number that is expected to increase as military personnel in the Afghanistan (OEF) and Iraq (OIF) conflicts complete their service. Statewide statistics indicate that scores of returning veterans will be attending California community colleges. Many colleges have attempted to address the influx of returning veterans by developing appropriate support services for them. The college participating in this research established such services and is considered a model program. This exploratory mixed methods study evaluated those services and programs and assessed their effect on student success. This study was guided by Kuh, Kinzie, Schuh, and Whitt's theoretical framework on student engagement and two research questions: (a) How do OEF/OIF student veterans at the participating college define "student success" and (b) To what extent and how do the OEF/OIF student veterans at the college attribute their success to the specialized veterans' programs and services provided by the college? The study consisted of a review of the college's veterans program, interviews of OEF/OIF military veterans at the school, and a survey of over 300 student veterans. The objective was to gain the veterans' perspectives of and satisfaction with the services provided. The findings indicated that the veterans' definition of success was based on grades, transfer opportunities, goal completion, and job obtainment. Additionally, most participants viewed the programs and services as contributing to their success. The findings will help college administrators to gain a more comprehensive understanding of student veterans' classroom needs and to model these programs and services as they attempt to meet student veterans' educational goals.

<http://onlinelibrary.wiley.com/doi/10.1111/ap.12069/abstract>

Psychological Functioning of Partners of Australian Combat Veterans: Contribution of Veterans' PTSD Symptoms and Partners' Caregiving Distress.

MacDonell, G. V., Thorsteinsson, E. B., Bhullar, N. and Hine, D. W.

Australian Psychologist
Volume 49, Issue 5, pages 305–312, October 2014

Previous research has found posttraumatic stress disorder (PTSD) symptoms in combat veterans to be associated with impaired psychological functioning in their partners. However, little is known about possible mediators of this association. The present study investigated the mediational properties of six dimensions of the revised Partners of Veterans' Distress Scale (MacDonell, Marsh, Hine, & Bhullar, 2010). Participants were 181 female partners of Australian combat veterans, age ranging from 43 and 83 years ($M = 60.47$, $SD = 4.96$), who completed measures assessing their caregiving distress levels, dyadic adjustment, mental health, and satisfaction with life. The combat veterans also completed a scale measuring their PTSD symptoms. Our results indicated that higher scores of veterans' PTSD were associated with lower levels of dyadic adjustment, mental health, and satisfaction with life in their partners. Partners reported that distress related to exhaustion and intimacy problems significantly mediated the relationship between veterans' PTSD symptoms and their partners' satisfaction with life, whereas partners' distress associated with intimacy problems was the sole significant mediator for their dyadic adjustment, and exhaustion was the only significant mediator for partners' mental health. Implications for programmes designed to address the significant needs of the partners of combat veterans are discussed.

<http://www.sciencedirect.com/science/article/pii/S2212144714000714>

The Moderating Role of Experiential Avoidance in the Relationship between Posttraumatic Stress Disorder Symptom Severity and Cannabis Dependence.

Michael J. Bordieri, Matthew T. Tull, Michael J. McDermott, Kim L. Gratz

Journal of Contextual Behavioral Science
Available online 28 August 2014

The relationship between cannabis use and posttraumatic stress disorder (PTSD) has received increased scientific scrutiny in recent years. Consistent with this research, studies provide evidence that many individuals with PTSD use cannabis to reduce negative affect and other unpleasant internal experiences associated with PTSD. However, no research to date has

explored factors that may be associated with an increased likelihood of cannabis misuse among individuals with PTSD. Consequently, this study explored the moderating role of experiential avoidance (EA; defined as the tendency to engage in strategies to reduce unpleasant private experiences) in the PTSD-cannabis dependence relationship among a sample of 123 Criterion A trauma-exposed patients in residential substance abuse treatment. Moderation analyses indicated an interactive effect of PTSD symptom severity and EA on current cannabis dependence. Specifically, results revealed a conditional effect of PTSD symptom severity on cannabis dependence only when EA was average or higher, with higher levels of PTSD symptom severity associated with a greater risk of cannabis dependence. These findings are consistent with evidence that cannabis use may serve an avoidant function among some individuals with PTSD and suggest that acceptance-based behavioral approaches might be effective in targeting both cannabis use and PTSD-related impairment.

<http://onlinelibrary.wiley.com/doi/10.1111/ap.12074/abstract>

Extensions and Mechanisms of Mindfulness-based Cognitive Therapy: A Review of the Evidence.

Metcalf, C. A. and Dimidjian, S.

Australian Psychologist
Volume 49, Issue 5, pages 271–279, October 2014

Mindfulness-based cognitive therapy (MBCT) was originally developed to prevent depressive relapse and recurrence and has also been widely extended to new patient populations and target problems over the last 14 years. We provide a comprehensive review of this literature, examining the strength of the evidence base for specific populations and target problems and identifying questions for future research to address. Specifically, we review studies addressing the use of MBCT for depressive disorders (prevention of depressive relapse and treatment of residual and current depressive symptoms), the use of MBCT in the treatment or management of other mental disorders (bipolar disorder, anxiety disorders, mixed anxiety and depression symptoms, disordered eating, personality disorders, and psychosis), and the use of MBCT in behavioural medicine contexts. Additionally, we discuss the extension of MBCT during specific developmental periods, like childhood, pregnancy and post-partum, and adult caregiving, and, finally, we address the use of MBCT among clinical health-care providers. In the second section, we review hypothesised mechanisms of change in MBCT and reflect on implications for theories of how MBCT works in the application to various patient populations and target problems. We also consider research addressing active ingredients and what is known about the “dosage” of meditation practice. We conclude with a summary of recommendations for future research.

<http://iospress.metapress.com/content/lvrk867923153260/>

Post-deployment multi-symptom disorder rehabilitation: An integrated approach to rehabilitation.

Michelle A. Bosco, Jennifer Murphy, Walter E. Peters, Michael E. Clark

Work: A Journal of Prevention, Assessment and Rehabilitation
August 28, 2014

BACKGROUND:

Veterans and active duty service members returning from Operation New Dawn and those having returned from Operations Iraqi and Enduring Freedom frequently report the presence of overlapping, co-morbid symptom clusters consisting of chronic pain, mild cognitive complaints, and posttraumatic stress symptoms/disorder or mood disturbance. This presentation has been called Post-deployment Multi-symptom Disorder (PMD) and its implications not only impact various functional domains, but have also influenced a system/continuum of care to rise to meet the challenges of treating PMD. This continuum is based on innovation informed by evidence-based therapies, systemic limitations, and a focus on functional improvement rather than diagnostic classification.

OBJECTIVE:

The purpose of this paper is to describe the symptomatic, functional and systemic challenges inherent to PMD conceptualization and treatment.

METHOD:

The constituent clusters of PMD are defined and exemplified, its functional impact is illustrated, and a continuum of care at a large southeastern Veterans Affairs (VA) hospital offering an interdisciplinary approach to integrated rehabilitation is described. Three case examples are provided that underscore the importance of vocation for improved behavioral health and quality of life.

CONCLUSION:

The case examples demonstrate how vocational rehabilitation services are an integral component of PMD treatment.}

<http://iospress.metapress.com/content/042714262q62l3w7/>

`Becoming human again': Exploring connections between nature and recovery from stress and post-traumatic distress.

Stephanie Westlund

Work: A Journal of Prevention, Assessment and Rehabilitation
August 28, 2014

BACKGROUND:

Many military veterans are seeking ways beyond conventional treatments to manage their stress injuries. An increasing number is turning to nature, including hiking and fishing, farming and gardening, and building relationships with dogs or horses. Many continue to benefit from medication and therapy, but find that nature provides an additional measure of support, relief and healing in their lives.

OBJECTIVE:

This paper examines reciprocal interactions between humans and nature during post-conflict recovery, with a focus on the experiences of four North American veterans who regard their personal recovery from stressful and traumatic military experiences as intimately tied to their nature experiences.

METHODS:

Experience-centered narrative inquiry often sheds light on details and experiences concealed or overlooked by other research paradigms. In-depth interviews about post-military experiences with recovery were conducted with four veterans who suffer from stress and/or post-traumatic distress; these experiences are further illuminated by supporting interviews, and theories and praxis in ecopsychology, cognitive science, neuroscience, biophilia, and ecological intelligence.

RESULTS:

Through exploring themes of sensory experience, safety, sense of purpose, and renewed relationships, this research gives space to former soldiers' stories of experience and to their individual realizations that their embodied interconnections with nature provide alternative experiences to their military training and combat exposure.

CONCLUSION:

The veterans' experiences with nature and recovery are pointing towards an avenue of recovery that is little acknowledged in the mainstream literature and praxis, but deserving of attention.

<http://aje.oxfordjournals.org/content/early/2014/08/27/aje.kwu191.abstract>

Social Inequalities in Suicide: The Role of Selective Serotonin Reuptake Inhibitors.

Sean A. P. Clouston, Marcie S. Rubin, Cynthia G. Colen and Bruce G. Link

American Journal of Epidemiology

First published online: August 28, 2014

We aimed to examine the relationship between socioeconomic status (SES) and suicide associated with the introduction and diffusion of selective serotonin reuptake inhibitors (SSRIs). Negative binomial regression was used to estimate county-level suicide rates among persons aged 25 years or older using death certificate data collated by the National Center for Health Statistics from 1968 to 2009; SES was measured using the decennial US Census. The National Health and Nutrition Examination Survey and the Medical Expenditure Panel Survey were used to measure SSRI use. Once SSRIs became available in 1988, a 1% increase in SSRI usage was associated with a 0.5% lower suicide rate. Prior to the introduction of SSRIs, SES was not related to suicide. However, with each 1% increase in SSRI use, a 1–standard deviation (SD) higher SES was associated with a 0.6% lower suicide rate. In 2009, persons living in counties with SES 1 SD above the national average were 13.6% less likely to commit suicide than those living in counties with SES 1 SD below the national average—a difference of 1.9/100,000 adults aged ≥ 25 years. Higher SSRI use was associated with lower suicide rates among US residents aged ≥ 25 years; however, SES inequalities modified the association between SSRI use and suicide.

<http://www.injepijournal.com/content/1/1/20>

Posttraumatic stress disorder, depression, and non-fatal intentional self-harm in Massachusetts Veterans.

Gradus JL, Leatherman S, Raju S, Ferguson R

Injury Epidemiology 2014, 1:20

Background

The literature on the association between Posttraumatic Stress Disorder (PTSD) and fatal and non-fatal intentional self-harm (ISH) among Veterans who receive care within the Veterans Health Administration (VHA) is limited in scope and contradictory. The current study examines the association between PTSD and non-fatal ISH in a gender-stratified sample of patients who received care at a Massachusetts VHA treatment facility between 2000 and 2008.

Methods

VHA electronic medical record data were obtained for patients who received a PTSD diagnosis at a Massachusetts treatment facility (n = 16,004) and a gender/age matched comparison group (n = 52,502). Rate ratios for the association between PTSD and non-fatal ISH were computed adjusting for marital status, depression, alcohol or drug abuse or dependence, anxiety disorder diagnoses and prior ISH and clustering by hospital using Poisson regression. The interaction between PTSD and depression diagnoses in predicting non-fatal ISH was assessed as the departure from additive effects by calculating the interaction contrast (IC) while adjusting for identified confounders.

Results

Over the eight year study period 146 (0.91%) of those with PTSD experienced non-fatal ISH, while 71 (0.14%) of those without PTSD experienced non-fatal ISH. Strong adjusted associations between PTSD and non-fatal ISH were found for both male (RR = 3.3, 95% CI = 2.3, 4.6) and female (RR = 16, 95% CI = 4.7, 55) VHA patients. Evidence of an interaction between PTSD and depression diagnoses in predicting non-fatal ISH was found as a departure from additive effects for both sexes, but this association was more marked among women than among men.

Conclusions

Our results indicate that non-fatal ISH among women may be more strongly related to PTSD than prior work focusing on suicide has suggested and highlight the importance of gender-stratified examinations of these associations. Further, our results suggest that suicide prevention approaches in the VHA should integrate treatment for PTSD and depression.

<http://link.springer.com/article/10.1007/s11920-014-0484-6>

Behavioral Health Leadership: New Directions in Occupational Mental Health.

Amy B. Adler, Kristin N. Saboe, James Anderson, Maurice L. Sipos, Jeffrey L. Thomas

Current Psychiatry Reports

August 2014, 16:484

The impact of stress on mental health in high-risk occupations may be mitigated by organizational factors such as leadership. Studies have documented the impact of general leadership skills on employee performance and mental health. Other researchers have begun examining specific leadership domains that address relevant organizational outcomes, such as safety climate leadership. One emerging approach focuses on domain-specific leadership behaviors that may moderate the impact of combat deployment on mental health. In a recent study, US soldiers deployed to Afghanistan rated leaders on behaviors promoting management of combat operational stress. When soldiers rated their leaders high on these behaviors,

soldiers also reported better mental health and feeling more comfortable with the idea of seeking mental health treatment. These associations held even after controlling for overall leadership ratings. Operational stress leader behaviors also moderated the relationship between combat exposure and soldier health. Domain-specific leadership offers an important step in identifying measures to moderate the impact of high-risk occupations on employee health.

<http://onlinelibrary.wiley.com/doi/10.1002/jts.21942/abstract>

Reported Barriers to Mental Health Care in Three Samples of U.S. Army National Guard Soldiers at Three Time Points.

Valenstein, M., Gorman, L., Blow, A. J., Ganoczy, D., Walters, H., Kees, M., Pfeiffer, P. N., Kim, H. M., Lagrou, R., Wadsworth, S. M., Rauch, S. A. M. and Dalack, G. W.

Journal of Traumatic Stress
Volume 27, Issue 4, pages 406–414, August 2014

The military community and its partners have made vigorous efforts to address treatment barriers and increase appropriate mental health services use among returning National Guard soldiers. We assessed whether there were differences in reports of treatment barriers in 3 categories (stigma, logistics, or negative beliefs about treatment) in sequential cross-sectional samples of U.S. soldiers from a Midwestern Army National Guard Organization who were returning from overseas deployments. Data were collected during 3 time periods: September 2007–August 2008 (n = 333), March 2009–March 2010 (n = 884), and August 2011–August 2012 (n = 737). In analyses using discretized time periods and in trend analyses, the percentages of soldiers endorsing negative beliefs about treatment declined significantly across the 3 sequential samples (19.1%, 13.9%, and 11.1%). The percentages endorsing stigma barriers (37.8%, 35.2%, 31.8%) decreased significantly only in trend analyses. Within the stigma category, endorsement of individual barriers regarding negative reactions to a soldier seeking treatment declined, but barriers related to concerns about career advancement did not. Negative treatment beliefs were associated with reduced services use (OR = 0.57; 95% CI [0.33, 0.97]).

<http://informahealthcare.com/doi/abs/10.3109/16066359.2014.949696>

Drinking motives among heavy-drinking veterans with and without posttraumatic stress disorder.

Meghan E. McDevitt-Murphy, Jordan A. Fields, Christopher J. Monahan, Katherine L. Bracken

Addiction Research & Theory
Posted online on August 25, 2014

Objective:

This study examined patterns of drinking motives endorsed by heavy drinking veterans who either did or did not meet criteria for posttraumatic stress disorder (PTSD).

Method:

Data were collected from 69 veterans of Operations Enduring Freedom or Iraqi Freedom (OEF/OIF) who had screened positive for hazardous drinking. The sample was 91.3% male and 65.2% Caucasian. Based on a structured interview, 58% of the sample met criteria for PTSD.

Results:

The PTSD group scored higher than the non-PTSD group on scales measuring drinking to cope with anxiety and depression and similarly to the non-PTSD group on scales measuring social, enhancement and conformity motives. Coping and social motives were significantly correlated with adverse alcohol consequences. Overall, the PTSD group showed stronger relations between coping scales and aspects of alcohol misuse, relative to the non-PTSD group.

Conclusion:

These findings suggest first, that among heavy drinking OEF/OIF veterans there is a high base rate of PTSD. Second, coping motives are frequently reported in this population, and they seem to be related to a more severe pattern of alcohol-related consequences. These findings underscore the importance of assessing the interplay between PTSD and substance abuse in trauma-exposed samples.

<http://www.tandfonline.com/doi/abs/10.1080/17439760.2014.927904>

A force of change: Chris Peterson and the US Army's Global Assessment Tool.

Paul B. Lester, P.D. Harms, Mitchel N. Herian, Walter J. Sowden

The Journal of Positive Psychology

Published online: 26 Aug 2014

The US Army launched the Global Assessment Tool (GAT) – a 105-item psychometric instrument taken by approximately one million soldiers annually – in October, 2009 in support of a population-wide resilience development initiative known as the Comprehensive Soldier and Family Fitness (CSF2) program. The lead developer of the GAT was Chris Peterson, and his work on this project – along with that of Nansook Park and Colonel Carl Castro – will likely leave an important and indelible mark on not only the Army, but also the field of military psychology. In this paper, we provide more detail on the history and components of the GAT. In addition, we

demonstrate the practical utility of the GAT by showing that high-performing soldiers (soldiers who attained Ranger status) have relatively high GAT scores, and that soldiers with behavioral problems generally evidence low GAT scores. We conclude by discussing future directions of GAT methodology and usage in support of research.

<http://www.ncbi.nlm.nih.gov/pubmed/25179115>

Pathol Biol (Paris). 2014 Aug 29. pii: S0369-8114(14)00094-7. doi: 10.1016/j.patbio.2014.07.003. [Epub ahead of print]

Insomnia and sleep misperception.

Bastien CH, Ceklic T, St-Hilaire P, Desmarais F, Pérusse AD, Lefrançois J, Pedneault-Drolet M

Sleep misperception is often observed in insomnia individuals (INS). The extent of misperception varies between different types of INS. The following paper comprised sections which will be aimed at studying the sleep EEG and compares it to subjective reports of sleep in individuals suffering from either psychophysiological insomnia or paradoxical insomnia and good sleeper controls. The EEG can be studied without any intervention (thus using the raw data) via either PSG or fine quantitative EEG analyses (power spectral analysis [PSA]), identifying EEG patterns as in the case of cyclic alternating patterns (CAPs) or by decorticating the EEG while scoring the different transient or phasic events (K-Complexes or sleep spindles). One can also act on the on-going EEG by delivering stimuli so to study their impact on cortical measures as in the case of event-related potential studies (ERPs). From the paucity of studies available using these different techniques, a general conclusion can be reached: sleep misperception is not an easy phenomenon to quantify and its clinical value is not well recognized. Still, while none of the techniques or EEG measures defined in the paper is available and/or recommended to diagnose insomnia, ERPs might be the most indicated technique to study hyperarousal and sleep quality in different types of INS. More research shall also be dedicated to EEG patterns and transient phasic events as these EEG scoring techniques can offer a unique insight of sleep misperception. Copyright © 2014 Elsevier Masson SAS. All rights reserved.

<http://www.ncbi.nlm.nih.gov/pubmed/25181717>

Mil Med. 2014 Sep;179(9):990-7. doi: 10.7205/MILMED-D-13-00349.

Day of Injury Cognitive Performance on the Military Acute Concussion Evaluation (MACE) by U.S. Military Service Members in OEF/OIF.

McCrea M, Guskiewicz K, Doncevic S, Helmick K, Kennedy J, Boyd C, Asmussen S, Ahn KW5, Wang Y, Hoelzle J, Jaffee M

OBJECTIVES:

The study investigated the clinical validity of the cognitive screening component of the Military Acute Concussion Evaluation (MACE) for the evaluation of acute mild traumatic brain injury (mTBI) in a military operational setting.

METHODS:

This was a retrospective data study involving analysis of MACE data on Operation Enduring Freedom/Operation Iraqi Freedom deployed service members with mTBI. In total, 179 cases were included in analyses based on ICD-9 diagnostic codes and characteristics of mTBI, and availability of MACE data on day of injury. MACE data from the mTBI group was compared to a military sample without mTBI administered the MACE as part of a normative data project.

RESULTS:

On day of injury, the mTBI group performed worse than controls on the MACE cognitive test ($d = 0.90$), with significant impairments in all cognitive domains assessed. MACE cognitive score was strongly associated with established indicators of acute injury severity. Lower MACE cognitive performance on day of injury was predictive of lengthier postinjury recovery time and time until return to duty after mTBI.

CONCLUSIONS:

Findings from the current study support the use of the MACE as a valid screening tool to assess for cognitive dysfunction in military service members during the acute phase after mTBI. Reprint & Copyright © 2014 Association of Military Surgeons of the U.S.

<http://www.ncbi.nlm.nih.gov/pubmed/25181713>

Mil Med. 2014 Sep;179(9):964-72. doi: 10.7205/MILMED-D-13-00559.

Determinants of Utilization and Cost of VHA Care by OEF/OIF Veterans Screened for Mild Traumatic Brain Injury.

Amara J, Pogoda TK, Kregel M, Iverson KM, Baker E, Hendricks A

OBJECTIVE:

To determine the demographic and service characteristics that differentially impact utilization and cost of Veterans Health Administration (VHA) services for Operation Enduring Freedom and Operation Iraqi Freedom (OEF/OIF) Veterans screened or evaluated for traumatic brain injury (TBI).

SETTING:

We examined Department of Defense (DoD) and VHA administrative records of OEF/OIF Veterans who were screened or evaluated for TBI. PARTICIPANTS: Our study population was OEF/OIF Veterans who separated from DoD in Fiscal Years 2003-2009 and who were screened or evaluated in VHA for TBI between October 2008 and July 2009. DESIGN: We describe the demographics and service characteristics of separated Veterans and those who accessed the VHA. We report the cost of VHA utilization and estimate a probit regression model to assess determinants of VHA utilization and costs by OEF/OIF Veterans screened and evaluated for TBI by VHA.

RESULTS:

Females and Veterans older than 37 years utilize VHA services more intensely. Across all services, the Reserve Components utilize health services more than the Active Components placing more demand on VHA for services.

CONCLUSION:

VHA utilization and costs is impacted by the demographic and service characteristics of Veterans. The variation in Veteran groups incurring higher costs and utilization indicates different usage patterns of VHA services by each group with implications for patient load as the DoD deploys higher numbers of females and the Reserve Components. Reprint & Copyright © 2014 Association of Military Surgeons of the U.S.

<http://www.ncbi.nlm.nih.gov/pubmed/25180439>

Brain Inj. 2014 Sep 2:1-8. [Epub ahead of print]

Effect of clinical characteristics on cognitive performance in service members and veterans with histories of blast-related mild traumatic brain injury.

Neipert L, Pastorek NJ, Troyanskaya M, Scheibel RS, Petersen NJ, Levin HS

Objective:

To examine the relationship between clinical characteristics and cognitive performance in service members and veterans with histories of blast-related mild traumatic brain injury (mTBI).

Design:

This study consisted of 40 Operation Enduring Freedom/Operation Iraqi Freedom (OEF/OIF) service members and veterans; 20 participants reported blast exposure and alteration of mental status consistent with mTBI and 20 participants denied blast exposure and had no history of traumatic brain injury (TBI), but could have experienced extra-cranial injuries. Measures of simple reaction time, processing speed, visual attention, working memory and mathematical processing were used to assess long-term effects of mTBI. Measures of post-traumatic stress

symptom severity, pain intensity, sleep difficulty and subjective appraisal of cognition at time of testing were also obtained. Multivariate analyses were conducted with clinical characteristics and mTBI history as predictors of cognitive performance.

Results:

There was no evidence of an effect of mTBI history on cognitive performance in this sample. However, post-traumatic stress symptom severity was significantly related to two measures of cognitive performance.

Conclusions:

This study demonstrated the importance of considering the effects of current clinical symptoms (e.g. post-traumatic stress) as possibly having greater influence on current cognitive functioning than the effects of a remote history of mTBI.

<http://www.ncbi.nlm.nih.gov/pubmed/25178804>

Assessment. 2014 Sep 1. pii: 1073191114548683. [Epub ahead of print]

Diagnostic Utility of the Posttraumatic Stress Disorder (PTSD) Checklist for Identifying Full and Partial PTSD in Active-Duty Military.

Dickstein BD, Weathers FW, Angkaw AC, Nievergelt CM, Yurgil K, Nash WP, Baker DG, Litz BT; the Marine Resiliency Study Team

The aim of this study was to determine optimally efficient cutoff scores on the Posttraumatic Stress Disorder Checklist (PCL) for identifying full posttraumatic stress disorder (PTSD) and partial PTSD (P-PTSD) in active-duty Marines and Sailors. Participants were 1,016 Marines and Sailors who were administered the PCL and Clinician-Administered PTSD Scale (CAPS) 3 months after returning from Operations Iraqi and Enduring Freedom. PCL cutoffs were tested against three CAPS-based classifications: full PTSD, stringent P-PTSD, and lenient P-PTSD. A PCL score of 39 was found to be optimally efficient for identifying full PTSD. Scores of 38 and 33 were found to be optimally efficient for identifying stringent and lenient P-PTSD, respectively. Findings suggest that the PCL cutoff that is optimally efficient for detecting PTSD in active-duty Marines and Sailors is substantially lower than the score of 50 commonly used by researchers. In addition, findings provide scores useful for identifying P-PTSD in returning service members. © The Author(s) 2014.

<http://www.ncbi.nlm.nih.gov/pubmed/25181716>

Mil Med. 2014 Sep;179(9):986-9. doi: 10.7205/MILMED-D-13-00578.

Risk of PTSD in Service Members Who Were Fired Upon by the Enemy is Higher in Those Who Also Returned Fire.

McLay RN, Mantanona C, Ram V, Webb-Murphy J, Klam W, Johnston S

An unusual characteristic of the recent wars in Iraq and Afghanistan is that, because of attacks by snipers and improvised explosive devices (IED), many U.S. service members may come under attack without having exchanged fire. It was hypothesized that this would be associated with greater severity of post-traumatic stress disorder (PTSD) symptoms. The severity of self-reported symptoms of PTSD and depression were examined among service members who reported being shot at or attacked by an IED, those who had these experiences but who also shot at the enemy, and those who reported neither experience. Results showed that those with neither exposure reported the lowest symptom severity, but, contrary to expectations, service members who had been attacked but not shot at the enemy had less severe symptoms than those who had exchanged fire. This may support findings from earlier generations of veterans that shooting at or killing the enemy may be a particularly traumatic experience. Reprint & Copyright © 2014 Association of Military Surgeons of the U.S.

<http://www.ncbi.nlm.nih.gov/pubmed/25180008>

Pain. 2014 Aug 29. pii: S0304-3959(14)00400-X. doi: 10.1016/j.pain.2014.08.033. [Epub ahead of print]

Patterns of Opioid Use for Chronic Non-Cancer Pain in the Veterans Health Administration from 2009 to 2011.

Edlund MJ, Austen MA, Sullivan MD, Martin BC, Williams JS, Fortney JC, Hudson TJ

Although opioids are frequently prescribed for chronic non-cancer pain (CNCP) among Veterans Health Administration (VHA) patients, little has been reported on national opioid prescribing patterns in the VHA. Our objective was to better characterize the dosing and duration of opioid therapy for CNCP in the VHA. We analyzed national VHA administrative and pharmacy data for fiscal years 2009 to 2011. For individuals with CNCP diagnoses and any opioid use in the fiscal year, we calculated the distribution of individual mean daily opioid dose, individual total days covered with opioids in a year, and individual total opioid dose in a year. We also investigated the factors associated with being in the top 5% of individuals for total opioid dose in a year, which we term receipt of high volume opioids. About half of the patients with CNCP received opioids in a given fiscal year. The median daily dose was 21 milligrams morphine equivalents.

Approximately 4.5% had a mean daily dose higher than 120 milligram morphine equivalents. The median days covered in a year was 115 to 120 days in these years for those receiving opioids. Fifty-seven percent had at least 90 days covered with opioids per year. Major depression and post-traumatic stress disorder were positively associated with receiving high volume opioids, but non-opioid substance use disorders were not. Among VHA patients with CNCP, chronic opioid therapy occurs frequently, but for the large majority of patients the average daily dose is modest. Doses and duration of therapy were unchanged 2009-2011. Copyright © 2014. Published by Elsevier B.V.

<http://www.ncbi.nlm.nih.gov/pubmed/25181709>

Mil Med. 2014 Sep;179(9):942-9. doi: 10.7205/MILMED-D-14-00128.

A systematic review of cognitive behavioral therapy for depression in veterans.

Hundt NE, Barrera TL, Robinson A, Cully JA

Research conducted in the civilian population demonstrates that cognitive-behavioral therapies are effective for depression, but some evidence suggests that Veterans' treatment response may differ from civilians. This review examined cognitive-behavioral treatment (CBT) for depression in Veteran samples. A literature search for treatment outcome studies with Veteran samples was conducted using PsycInfo, PubMed, and SCOPUS databases. Nine studies met inclusion criteria and were assessed for methodological rigor (randomized controlled trials = 5; open trials = 4). Controlled effect sizes were compared for randomized controlled trials, and pre-post effect sizes were used to compare treatment groups across all studies. The open trials reviewed demonstrated large pre-post effect sizes, though these studies were of lower methodological quality. CBT performed better than control treatment in only two of five randomized controlled trials reviewed, a finding that contrasts with research in non-Veteran samples. Possible reasons for these findings are discussed, including psychosocial factors that may influence the course of depression treatment in Veterans. Additional high quality research is needed to conclusively determine if depression treatment outcomes differ for Veterans and, if so, what modifications to current CBT protocols might enhance response to treatment. Reprint & Copyright © 2014 Association of Military Surgeons of the U.S.

<http://www.ncbi.nlm.nih.gov/pubmed/25175387>

Health Commun. 2014 Aug 30:1-12. [Epub ahead of print]

Dilemmas Families Face in Talking With Returning U.S. Military Service Members About Seeking Professional Help for Mental Health Issues.

Wilson SR, Gettings PE, Hall ED, Pastor RG

Drawing on Goldsmith's (2004) normative theory, this article maps dilemmas family members experience when talking with returning service members (SMs) about seeking mental health care. Eighty family members of United States SMs who served in Iraq or Afghanistan read a scenario where their SM was displaying posttraumatic stress disorder (PTSD) or depression symptoms. Participants described goals they would pursue, barriers they might encounter, and advice they would give others in the situation. Four dilemmas of talking about mental health emerged: (a) getting you to recognize the problem without implying you're not normal, (b) convincing you to seek help without implying you're weak, (c) being persistent but patient, and (d) wanting you to open up without implying I can understand. Family members reported using four groups of strategies to manage these dilemmas. Directions for expanding the concept of dilemmas as "paradoxes" and for supporting military families as well as rethinking policy assumptions are discussed.

<http://www.ncbi.nlm.nih.gov/pubmed/25173079>

J Behav Ther Exp Psychiatry. 2014 Aug 14;46C:19-26. doi: 10.1016/j.jbtep.2014.07.006. [Epub ahead of print]

How does immediate recall of a stressful event affect psychological response to it?

Gittins CB, Paterson HM, Sharpe L3

BACKGROUND AND OBJECTIVES:

In forensic settings, individuals who experience a traumatic event are often encouraged to recall it soon afterwards to preserve their memory for it. Some theories of the development of post-traumatic stress disorder (PTSD) suggest that this may increase psychopathology. The primary aim of the study was to examine the effect of immediate recall of a trauma analogue video on psychopathology.

METHOD:

Eighty-five undergraduate students were randomised to view a video of a car accident, described as either a real event (high stress) or training event (low stress). They then completed either the Self-Administered Interview (SAI©, Gabbert, Hope, & Fisher, 2009) or a filler task. All participants returned one week later to provide an account of the event.

RESULTS:

As predicted, participants in the SAI early recall task condition remembered the video content better one week after seeing the video, shown both by their greater recall of correct details and greater rejection of misinformation. However, completing the SAI resulted in higher anxiety

immediately afterwards, and more severe PTSD-like symptoms one week later, compared to control condition. PTSD intrusion-like symptoms also predicted more accurate recall, while avoidance predicted poorer memory.

LIMITATIONS:

While the trauma analogue video used in this study has been previously used, and did effectively trigger post-traumatic-like symptoms, it is unclear how well these results generalise to actual trauma situations.

CONCLUSIONS:

These results suggest the relationship between PTSD symptoms and memory might be more complex than previously recognised, with intrusive phenomena possibly promoting memory and avoidance symptoms compromising memory. Crown Copyright © 2014. Published by Elsevier Ltd. All rights reserved.

<http://www.ncbi.nlm.nih.gov/pubmed/25169889>

Psychiatry Res. 2014 Aug 14. pii: S0165-1781(14)00643-X. doi: 10.1016/j.psychres.2014.07.064. [Epub ahead of print]

The factor structure of psychiatric comorbidity among Iraq/Afghanistan-era veterans and its relationship to violence, incarceration, suicide attempts, and suicidality.

Kimbrel NA, Calhoun PS, Elbogen EB, Brancu M, Va Mid-Atlantic Mirecc Registry Workgroup, Beckham JC

The present research examined how incarceration, suicide attempts, suicidality, and difficulty controlling violence relate to the underlying factor structure of psychiatric comorbidity among a large sample of Iraq/Afghanistan-era veterans (N=1897). Diagnostic interviews established psychiatric diagnoses; self-report measures assessed history of incarceration, difficulty controlling violence, suicide attempts, and suicidality. A 3-factor measurement model characterized by latent factors for externalizing-substance-use disorders (SUD), distress, and fear provided excellent fit to the data. Alcohol-use disorder, drug-use disorder, and nicotine dependence were indicators on the externalizing-SUD factor. Posttraumatic stress disorder and depression were indicators on the distress factor. Panic disorder, social phobia, specific phobia, and obsessive-compulsive disorder were indicators on the fear factor. Incarceration was exclusively predicted by the externalizing-SUD factor. Difficulty controlling violence, suicidality, and suicide attempts were exclusively predicted by the distress factor. Contrary to hypotheses, the path from the externalizing/SUD factor to difficulty controlling violence was not significant. Taken together, these findings suggest that the distress factor of psychiatric comorbidity is a significant risk factor for suicidality, suicide attempts, and difficulty controlling violence and could help to explain the frequent co-occurrence of these critical outcomes among returning

Iraq/Afghanistan veterans. Copyright © 2014. Published by Elsevier Ireland Ltd.

<http://www.ncbi.nlm.nih.gov/pubmed/25153983>

Appl Neuropsychol Adult. 2014 Aug 25:1-10. [Epub ahead of print]

Psychometric Investigation of the Abbreviated Concussion Symptom Inventory in a Sample of U.S. Marines Returning from Combat.

Campbell JS, Pulos S, Haran FJ, Tsao JW, Alphonso AL

This study describes the psychometric investigation of an 11-item symptom checklist, the Abbreviated Concussion Symptom Inventory (ACSI). The ACSI is a dichotomously scored list of postconcussive symptoms associated with mild traumatic brain injury. The ACSI was administered to Marines (N = 1,435) within the 1st month of their return from combat deployments to Afghanistan. Psychometric analyses based upon nonparametric item response theory supported scoring the ACSI via simple summation of symptom endorsements; doing so produced a total score with good reliability ($\alpha = .802$). Total scores were also found to significantly differentiate between different levels of head injury complexity during deployment, $F(3, 1,431) = 100.75, p < .001$. The findings support the use of the ACSI in research settings requiring a psychometrically reliable measure of postconcussion symptoms.

<http://www.ncbi.nlm.nih.gov/pubmed/25150386>

Psychiatry Res. 2014 Aug 8. pii: S0925-4927(14)00201-7. doi: 10.1016/j.psychres.2014.07.010. [Epub ahead of print]

Combat veterans with comorbid PTSD and mild TBI exhibit a greater inhibitory processing ERP from the dorsal anterior cingulate cortex.

Shu IW, Onton JA, O'Connell RM, Simmons AN, Matthews SC

Posttraumatic stress disorder (PTSD) is common among combat personnel with mild traumatic brain injury (mTBI). While patients with either PTSD or mTBI share abnormal activation of multiple frontal brain areas, anterior cingulate cortex (ACC) activity during inhibitory processing may be particularly affected by PTSD. To further test this hypothesis, we recorded electroencephalography from 32 combat veterans with mTBI-17 of whom were also comorbid for PTSD (mTBI+PTSD) and 15 without PTSD (mTBI-only). Subjects performed the Stop Task, a validated inhibitory control task requiring inhibition of initiated motor responses. We observed a larger inhibitory processing event-related potential (ERP) in veterans with mTBI+PTSD,

including greater N200 negativity. Furthermore, greater N200 negativity correlated with greater PTSD severity. This correlation was most dependent on contributions from the dorsal ACC. Support vector machine analysis demonstrated that N200 and P300 amplitudes objectively classified veterans into mTBI-only or mTBI+PTSD groups with 79.4% accuracy. Our results support a model where, in combat veterans with mTBI, larger ERPs from cingulate areas are associated with greater PTSD severity and likely related to difficulty controlling ongoing brain processes, including trauma-related thoughts and feelings. Published by Elsevier Ireland Ltd.

<http://www.ncbi.nlm.nih.gov/pubmed/25151292>

Curr Top Behav Neurosci. 2014 Aug 24. [Epub ahead of print]

Ethical Issues and Ethical Therapy Associated with Anxiety Disorders.

Altis KL, Elwood LS, Olatunji BO

The prevalence of anxiety disorders is among the highest of all psychiatric diagnoses, with a lifetime morbidity rate of nearly 30 %. Given this prevalence, it is important to identify effective and ethical treatments. Empirically based treatments considered efficacious for anxiety disorders largely include cognitive behavioral treatments (CBT) , and among these, exposure therapy stands out as both useful and potentially concerning. Ethical concerns regarding exposure treatment for anxiety include fears of symptom exacerbation, high treatment dropout rates, client safety concerns, and the blurring of boundary lines between therapists and clients. Although concerns have been raised regarding exposure treatment generally, specific concerns have been raised related to the treatment of post-traumatic stress disorder (PTSD) given the vulnerable nature of the population. Despite these concerns, research largely supports both the efficacy and safety of exposure therapy. The present chapter provides a review of extant literature highlighting potential ethical concerns, research regarding the raised concerns, and suggestions for minimizing risk in treatment.

Links of Interest

Working together to protect student veterans (CFPB)

<http://www.consumerfinance.gov/blog/working-together-to-protect-student-veterans/>

DoD makes advances toward blood test to diagnose concussions

<http://www.militarytimes.com/article/20140831/NEWS/308310022>

Department of Defense Announces Guidance for Upgrading Discharge Requests

<http://www.defense.gov/releases/release.aspx?releaseid=16915>

Why is stress more devastating for some?

<http://www.sciencedaily.com/releases/2014/09/140902094105.htm>

Sweet dreams? Client and therapist dreams of each other during psychodynamic psychotherapy

<http://www.sciencedaily.com/releases/2014/08/140827091956.htm>

FDA approves new type of sleep drug, Belsomra

<http://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm409950.htm>

Resource of the Week: [How to Buy a Car Without Interacting With a Human](#)

It's true. I have recently (yesterday!) purchased a motor vehicle. It was a pleasant and invigorating experience, and my car is very beautiful and full of confusing technology and excessive purse storage. I have named him Dracarys, and he will serve me well. Having accomplished this task in less than 48 hours with only a brief flurry of emails, one telephone call outsourced to A Man, and a ten-minute in-person visit merely to sign pre-arranged paperwork and receive a bucket of swag and two sets of keys, I now wish to share with you the lessons I have learned along the way. They're applicable to those of you who might want to purchase a new or certified pre-owned vehicle, I will not pretend to know anything about the niceties of used-car-haggling.

How to Buy a Car Without Interacting With a Human

Nicole Cliffe on July 11, 2014 in Advice 129 Comments



It's true. I have recently (yesterday!) purchased a motor vehicle. It was a pleasant and invigorating experience, and my car is very beautiful and full of confusing technology and excessive purse storage. I have named him Dracarys, and he will serve me well. Having accomplished this task in less than 48 hours with only a brief flurry of emails, one telephone call outsourced to A Man, and a ten-minute in-person visit merely to sign pre-arranged paperwork and receive a bucket of swag and two sets of keys, I now wish to share with you the lessons I have learned along the way. They're applicable to those of you who might

want to purchase a new or certified pre-owned vehicle, I will not pretend to know anything about the niceties of used-car-haggling. I hear Roxane Gay's dad is who you should bring along for that. Otherwise, this is what you should do.

Step One:

Figure out exactly what car you want to buy. Do this online. Do not walk into a dealership. The internet is **literally** stuffed with **rankings** and **reviews** and Best Mid-Price Blue Sedans lists. "Shouldn't I test drive some cars?" No. Can you drive a car? You're set. After you've been driving it for a week, you won't be able to imagine driving a different car anyway. Why spend a couple hours of your life trying random cars like you've flown into Phoenix for business and are trying to figure out where the parking brake is on your rental? It's a new or certified pre-owned car. They drive. They go vrrrooom. I am glad you have picked a car.

Step Two:

Discover who sells this car in your area. Let us now move to my beautiful, personal story of triumph. I decided on a particular car, as per Step One, let's call it a Dragon. There are two Dragon dealerships in Salt Lake City. I went to the dealership websites.

Shirl Kennedy
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A young Joe, and sea 100%

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