



CDP Research Update -- February 13, 2014

What's Here:

- Mental Health Advisory Team 9 (MHAT 9) Operation Enduring Freedom (OEF) 2013 Afghanistan
- Delayed sleep onset in depressed young people.
- Psychological factors predict disability and pain intensity after skeletal trauma.
- Factors Associated with Mild Traumatic Brain Injury in Veterans and Military Personnel: A Systematic Review.
- Complexity analysis of sleep and alterations with insomnia based on non-invasive techniques.
- Prospects for the Pharmacological Prevention of Post-Traumatic Stress in Vulnerable Individuals.
- Basic Psychological Needs, Suicidal Ideation, and Risk for Suicidal Behavior in Young Adults.
- Temperament, Hopelessness, and Attempted Suicide: Direct and Indirect Effects.
- Suicide of a close family member through the eyes of a child: A narrative case study report.
- The Relation of Cognitive Reappraisal and Expressive Suppression to Suicidal Ideation and Suicidal Desire.
- Advantages and limitations of Internet-based interventions for common mental disorders.
- The Use of Motivational Interviewing in Conjunction With Adapted Dialectical Behavior: Therapy to Treat Synthetic Cannabis Use Disorder.
- Veterans engaging in treatment services (VETS): An 8 week psychoeducation group for veterans and their wives
- Suicide Risk among Lesbian, Gay, Bisexual, and Transgender Military Personnel and Veterans: What Does the Literature Tell Us?
- Renew: An Integrative Psychotherapy Program for Women Veterans with Sexual Trauma.

- Combined Pharmacotherapies for the Management of Alcoholism: Rationale and Evidence to Date.
- Children of National Guard Troops: A Pilot Study of Deployment, Patriotism, and Media Coverage.
- The Association Between Base-Area Social and Economic Characteristics and Airmen's Outcomes
- Current perspectives on Internet-delivered cognitive behavioral therapy for adults with anxiety and related disorders.
- Women Veterans and Intimate Partner Violence: Current State of Knowledge and Future Directions.
- Why clinicians do not implement integrated treatment for comorbid substance use disorder and posttraumatic stress disorder: a qualitative study.
- Which symptoms of post-traumatic stress disorder are associated with suicide attempts?
- The impact of hypervigilance: Evidence for a forward feedback loop.
- Comorbidity in the prediction of Cognitive Processing Therapy treatment outcomes for combat-related posttraumatic stress disorder.
- The Evidence for Present-Centered Therapy as a Treatment for Posttraumatic Stress Disorder.
- Association Between Parents' PTSD Severity and Children's Psychological Distress: A Meta-Analysis.
- Reduced Corpus-Callosum Volume in Posttraumatic Stress Disorder Highlights the Importance of Interhemispheric Connectivity for Associative Memory.
- Do Circumstances of the Death Matter? Identifying Socioenvironmental Risks for Grief-Related Psychopathology in Bereaved Youth.
- Associations Between Perceived Social Reactions to Trauma-Related Experiences With PTSD and Depression Among Veterans Seeking PTSD Treatment.
- Physical Injury, PTSD Symptoms, and Medication Use: Examination in Two Trauma Types.
- Changes in Sleep Disruption in the Treatment of Co-Occurring Posttraumatic Stress Disorder and Substance Use Disorders.
- An Examination of Successful Soldier Postdeployment Transition From Combat to Garrison Life.

- Externalizing and Internalizing Subtypes of Posttraumatic Psychopathology and Anger Expression.
- Posttraumatic Stress and Stigma in Active-Duty Service Members Relate to Lower Likelihood of Seeking Support.
- Twenty-one Percent of Veterans in Substance Abuse Treatment Were Homeless (SAMHSA)
- Links of Interest
- Resource of the Week: Military Service Records and Unit Histories: A Guide to Locating Sources (Congressional Research Service)

http://armymedicine.mil/Documents/MHAT_9_OEF_Report.pdf

Mental Health Advisory Team 9 (MHAT 9) Operation Enduring Freedom (OEF) 2013 Afghanistan

Office of The Surgeon General Study, 10 October 2013

Released to the public 5 February 2014

Some key findings:

- Significant rise in reports of individual and unit morale relative to 2012, but comparable to 2009.
- Rates of Soldiers meeting criteria for any psychological problem (acute stress, depression, or anxiety) are significantly lower than rates reported in 2009 and 2010.
- Suicidal Ideation : Rates of suicidal ideation are significantly lower than rates reported in 2009 and 2010.
- Sleep Problems : Soldier concerns about sleep are significantly lower relative to 2012; however those with high concerns consistently report increased psychological problems and accidents.
- Concussive Events : Self-reported rates of exposure to blast continue to decline; percent reporting evaluation by medic following blast increased . However, there still remains a relatively high proportion of Soldiers who report not receiving a medical evaluation after concussive events.

<http://www.biomedcentral.com/1471-244X/14/33/abstract>

Delayed sleep onset in depressed young people.

Nicholas Glozier, Bridianne O'Lea, Patrick D McGorry, Christos Pantelis, Günter Paul Amminger, Daniel F Hermens, Rosemary Purcell, Elizabeth Scott and Ian B Hickie

BMC Psychiatry 2014, 14:33

Background

The circadian abnormality of delayed sleep phase has been suggested to characterise a subgroup of depressed young adults with different risk factors and course of illness. We aim to assess the prevalence and factors, particularly substance use, associated with such delay in a large help seeking cohort of young people with mental health problems.

Methods

From a consecutively recruited sample of 802 help seeking young people, 305 (38%) had at least moderate depressive symptoms (QIDS-C16 >10), sleep data and did not have a chronic severe mental illness. Demographic and clinical characteristics were evaluated through self report and clinical interview. Delayed sleep phase was defined as a sleep onset between the hours of 02.00 - 06.00 and the characteristics of this group were compared to normal phase sleepers.

Results

Delayed sleep onset was reported amongst 18% (n = 56/305) of the depressed group compared to 11% of the non depressed young people. Amongst the depressed group, delayed sleep onset was associated with tobacco, alcohol and cannabis misuse and short sleep duration (x: 5.8 hrs vs. x: 7.8 hrs). There were no differences in demographic factors, personality traits or symptoms. Tobacco smoking was very common: In logistic regression analyses only tobacco use (OR 2.28, 95% CI: 1.04 - 5.01) was associated with delayed sleep onset. There was no interaction with age.

Conclusions

Delayed sleep was twice as common in depressed young people as the general population and young people with other mental health problems, and is a potential marker for a subgroup of mood disorders. Those with delayed sleep onset were not more severely depressed but had short sleep duration, a risk for chronic psychological ill health, and higher levels of tobacco use. Nicotine use was common in this group, has biological evidence as a sleep disrupter, and requires specifically addressing in this population.

<http://www.ncbi.nlm.nih.gov/pubmed/24500592>

J Bone Joint Surg Am. 2014 Feb 5;96(3):e20. doi: 10.2106/JBJS.L.00479.

Psychological factors predict disability and pain intensity after skeletal trauma.

Vranceanu AM, Bachoura A, Weening A, Vrahas M, Smith RM, Ring D.

BACKGROUND:

The aims of this study were to (1) estimate the prevalence of clinical depression and posttraumatic stress disorder (PTSD) one to two months (Time 1) and five to eight months (Time 2) after musculoskeletal trauma and (2) determine the cross-sectional and longitudinal relationship of psychological variables (depression, PTSD, catastrophic thinking, and pain anxiety) at Time 1 to musculoskeletal disability and pain intensity at Time 1 and Time 2, after accounting for injury characteristics and demographic variables.

METHODS:

Patients with one or more fractures that had been treated operatively completed measures of depression, PTSD, pain anxiety, catastrophic thinking, musculoskeletal disability (the Short Musculoskeletal Function Assessment [SMFA]), and pain (the Numerical Rating Scale) at rest and during activity at Time 1 (152 patients) and at Time 2 (136 patients). Additional explanatory variables included injury severity, use of opioid pain medication at Time 1, and multiple or single injuries.

RESULTS:

The screening criteria for an estimated diagnosis of clinical depression were met by thirty-five of the 152 patients at Time 1, and twenty-nine of the 136 patients at Time 2. Screening criteria for an estimated diagnosis of PTSD were met by forty-three of the 152 patients at Time 1 and twenty-five of the 136 patients at Time 2. Cross-sectional hierarchical linear regression models that included multiple injuries, scores of the Abbreviated Injury Scale, and self-reported opioid use explained between 24% and 29% of the variance in pain and disability, respectively, at Time 1. After the addition of psychological variables, the model explained between 49% and 55% of the variance. Catastrophic thinking (as measured with use of the Pain Catastrophizing Scale) at Time 1 was the sole significant predictor of pain at rest, pain during activity, and disability (as measured with use of the SMFA) at Time 2.

CONCLUSIONS:

We found that psychological factors that are responsive to cognitive behavioral therapy-catastrophic thinking, in particular-are strongly associated with pain intensity and disability in patients recovering from musculoskeletal trauma.

LEVEL OF EVIDENCE:

Prognostic Level I. See Instructions for Authors for a complete description of levels of evidence.

PEER REVIEW:

This article was reviewed by the Editor-in-Chief and one Deputy Editor, and it underwent blinded review by two or more outside experts. It was also reviewed by an expert in methodology and statistics. The Deputy Editor reviewed each revision of the article, and it underwent a final review by the Editor-in-Chief prior to publication. Final corrections and clarifications occurred during one or more exchanges between the author(s) and copyeditors.

<http://www.ncbi.nlm.nih.gov/pubmed/24499707>

J Int Neuropsychol Soc. 2014 Feb 5:1-13. [Epub ahead of print]

Factors Associated with Mild Traumatic Brain Injury in Veterans and Military Personnel: A Systematic Review.

O'Neil ME, Carlson KF, Storzbach D, Brenner LA, Freeman M, Quiñones AR, Motu'apuaka M, Kansagara D.

A history of mild traumatic brain injury (mTBI) is common among military members who served in Operations Enduring Freedom, Iraqi Freedom, and New Dawn (OEF/OIF/OND). We completed a systematic review to describe the cognitive, mental health, physical health, functional, social, and cost consequences of mTBI in Veteran and military personnel. Of 2668 reviewed abstracts, the 31 included studies provided very low strength evidence for the questions of interest. Cognitive, physical, and mental health symptoms were commonly reported by Veterans/military members with a history of mTBI. On average, these symptoms were not significantly more common in those with a history of mTBI than in those without, although a lack of significant mean differences does not preclude the possibility that some individuals could experience substantial effects related to mTBI history. Evidence of potential risk or protective factors moderating mTBI outcomes was unclear. Although the overall strength of evidence is very low due to methodological limitations of included studies, our findings are consistent with civilian studies. Appropriate re-integration services are needed to address common comorbid conditions, such as treatment for post-traumatic stress disorder, substance use disorders, headaches, and other difficulties that Veterans and members of the military may experience after deployment regardless of mTBI history. (JINS, 2014, 20, 1-13).

<http://www.ncbi.nlm.nih.gov/pubmed/24501273>

J R Soc Interface. 2014 Feb 5;11(93):20131112. doi: 10.1098/rsif.2013.1112. Print 2014.

Complexity analysis of sleep and alterations with insomnia based on non-invasive techniques.

Holloway PM, Angelova M, Lombardo S, St Clair Gibson A, Lee D, Ellis J.

For the first time, fractal analysis techniques are implemented to study the correlations present in sleep actigraphy for individuals suffering from acute insomnia with comparisons made against healthy subjects. Analysis was carried out for 21 healthy individuals with no diagnosed sleep disorders and 26 subjects diagnosed with acute insomnia during night-time hours. Detrended fluctuation analysis was applied in order to look for 1/f-fluctuations indicative of high complexity. The aim is to investigate whether complexity analysis can differentiate between people who sleep normally and people who suffer from acute insomnia. We hypothesize that the complexity will be higher in subjects who suffer from acute insomnia owing to increased night-time arousals. This hypothesis, although contrary to much of the literature surrounding complexity in physiology, was found to be correct-for our study. The complexity results for nearly all of the subjects fell within a 1/f-range, indicating the presence of underlying control mechanisms. The subjects with acute insomnia displayed significantly higher correlations, confirmed by significance testing-possibly a result of too much activity in the underlying regulatory systems. Moreover, we found a linear relationship between complexity and variability, both of which increased with the onset of insomnia. Complexity analysis is very promising and could prove to be a useful non-invasive identifier for people who suffer from sleep disorders such as insomnia.

<http://www.ncbi.nlm.nih.gov/pubmed/24500847>

CNS Drugs. 2014 Feb 6. [Epub ahead of print]

Prospects for the Pharmacological Prevention of Post-Traumatic Stress in Vulnerable Individuals.

Ostrowski SA, Delahanty DL.

Biological studies of posttraumatic stress disorder (PTSD) have found alterations of physiological stress pathways [sympathetic nervous system (SNS) and the hypothalamic-pituitary-adrenal (HPA) axis] soon after trauma in individuals who have subsequently developed PTSD, leading researchers to hypothesize that pharmacological manipulation of stress hormone levels may aid in preventing the development of post-traumatic distress. The present paper first reviews the current understanding of the neurobiology of PTSD

development and then provides the rationale and evidence for early pharmacological strategies to prevent/reduce post-traumatic distress in at-risk trauma victims. Emphasis is placed on those interventions targeting the SNS and the HPA axis. Furthermore, in light of recent calls to move away from categorical diagnostic outcomes, we discuss how examining post-traumatic distress from a transdiagnostic viewpoint may inform novel chemoprophylactic approaches (intervening pharmacologically after trauma to prevent post-traumatic distress). Current evidence is suggestive for medications, such as propranolol, hydrocortisone, morphine, and oxytocin, impacting early stress hormone levels and subsequent risk for post-traumatic distress; however, future research is needed prior to adapting recommendations for widespread use of any chemoprophylactic treatments.

<http://www.sciencedirect.com/science/article/pii/S0272735814000348>

Life events and suicidal ideation and behavior: A systematic review.

Richard T. Liu, Ivan Miller, Life events and suicidal ideation and behavior: A systematic review

Clinical Psychology Review

Available online 4 February 2014

Despite the sustained theoretical and empirical interest over the past 40 years in the association between life events and suicidal ideation and behavior, the literature in this area has yet to be systematically reviewed. The current article provides a comprehensive review of the empirical literature pertaining to life events in relation to at least one aspect of suicidal ideation and behavior (i.e., suicidal ideation, plans, attempts, degree of suicidal intent, medical severity of attempt, repeat versus first lifetime attempt status, and death by suicide). A total of 95 articles meeting inclusion criteria were identified by a literature search using Medline and PsycINFO. Evidence for an association between negative life events and suicidal ideation and behavior was generally consistent, with strongest support found for more severe than with less severe forms of suicidal ideation and behavior. Support for an inverse relation between positive events and suicidal ideation and behavior was generally lacking. Although there is general support for life stressors as a risk factor for suicidal ideation and behavior, interpretation of these findings is constrained by methodological limitations prevalent in much of the literature, particularly in the case of suicidal ideation and suicide plans. Recommendations for future research are provided.

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

Basic Psychological Needs, Suicidal Ideation, and Risk for Suicidal Behavior in Young Adults.

Britton, P. C., Van Orden, K. A., Hirsch, J. K. and Williams, G. C.

Suicide and Life-Threatening Behavior

Article first published online: 3 FEB 2014

Associations between the satisfaction of basic psychological needs of autonomy, competence, and relatedness with current suicidal ideation and risk for suicidal behavior were examined. Two logistic regressions were conducted with a cross-sectional database of 440 university students to examine the association of need satisfaction with suicidal ideation and risk for suicidal behavior, while controlling for demographics and depressive symptoms. Suicidal ideation was reported by 15% of participants and 18% were found to be at risk for suicidal behavior. A one standard deviation increase in need satisfaction reduced the odds of suicidal ideation by 53%, OR (95% CI) = 0.47 (0.33–0.67), and the odds of being at risk for suicidal behavior by 50%, OR (95% CI) = 0.50 (0.37–0.69). Young adults whose basic psychological needs are met may be less likely to consider suicide and engage in suicidal behavior. Prospective research is needed to confirm these associations.

<http://onlinelibrary.wiley.com/doi/10.1111/sltb.12078/abstract>

Temperament, Hopelessness, and Attempted Suicide: Direct and Indirect Effects.

Rosellini, A. J. and Bagge, C. L.

Suicide and Life-Threatening Behavior

Article first published online: 3 FEB 2014

This study evaluated whether hopelessness mediated the relations between temperament and recent suicide attempter status in a psychiatric sample. Negative temperament and positive temperament (particularly the positive emotionality subscale) uniquely predicted levels of hopelessness. Although these temperament constructs also demonstrated significant indirect effects on recent suicide attempter status, the effects were partially (for the broad temperament scales) or fully (for the positive emotionality subscale) mediated by the levels of hopelessness. These findings indicate that a tendency to experience excessive negative emotions as well as a paucity of positive emotions may lead individuals to experience hopelessness. Although

temperament may also indirectly influence suicide attempter status, hopelessness mediates these relations.

<http://chc.sagepub.com/content/early/2014/01/27/1367493513519297.abstract>

Suicide of a close family member through the eyes of a child: A narrative case study report.

Debra Jackson, Kath Peters, and Gillian Murphy

J Child Health Care January 31, 2014

A narrative case study approach was used to collect a storied account from Joseph about his recollections and experience of the completed suicide of a family member with whom he lived with at 13 years of age. Data are presented longitudinally to capture Joseph's perceptions and recollections of events leading up to, surrounding and following the suicide. Findings reveal that, as a child Joseph felt strong responsibility to keep his uncle safe and maintain his uncle's life; and perceived a lack of support for himself and his family throughout the events. Today as a young man, Joseph remains profoundly affected by this suicide and the events surrounding it, and experiences flashbacks and intrusive thoughts, though his distress remains largely invisible to others. It is important that the acute and longer term needs of children affected by suicidality and suicide are recognised. We argue that increased awareness on the part of health professionals about the ongoing grief and distress surrounding suicide survivorship can create opportunities for opportunistic assessment and review of child survivor welfare.

<http://onlinelibrary.wiley.com/doi/10.1111/sltb.12076/abstract>

The Relation of Cognitive Reappraisal and Expressive Suppression to Suicidal Ideation and Suicidal Desire.

Forkmann, T., Scherer, A., Böcker, M., Pawelzik, M., Gauggel, S. and Glaesmer, H.

Suicide and Life-Threatening Behavior

Article first published online: 3 FEB 2014

The differential relations between the emotion regulation strategies "cognitive reappraisal" and "expressive suppression" and suicidality in a mixed inpatient sample (N = 232, 69.4% female) of a German psychotherapeutic hospital were examined. Patients filled in the Emotion Regulation

Questionnaire and items on suicidal ideation and desire. A structural equation model fitted the data (RMSEA = .044; CFI = .96) and revealed that “expressive suppression” significantly predicted increased suicidal ideation. Moderation analysis showed that results were independent from a current depressive episode. Potential implications for psychotherapeutic treatment of suicidality are discussed.

<http://onlinelibrary.wiley.com/doi/10.1002/wps.20083/full>

Advantages and limitations of Internet-based interventions for common mental disorders.

Andersson, G. and Titov, N.

World Psychiatry

Volume 13, Issue 1, pages 4–11, February 2014

Several Internet interventions have been developed and tested for common mental disorders, and the evidence to date shows that these treatments often result in similar outcomes as in face-to-face psychotherapy and that they are cost-effective. In this paper, we first review the pros and cons of how participants in Internet treatment trials have been recruited. We then comment on the assessment procedures often involved in Internet interventions and conclude that, while online questionnaires yield robust results, diagnoses cannot be determined without any contact with the patient. We then review the role of the therapist and conclude that, although treatments including guidance seem to lead to better outcomes than unguided treatments, this guidance can be mainly practical and supportive rather than explicitly therapeutic in orientation. Then we briefly describe the advantages and disadvantages of treatments for mood and anxiety disorders and comment on ways to handle comorbidity often associated with these disorders. Finally we discuss challenges when disseminating Internet interventions. In conclusion, there is now a large body of evidence suggesting that Internet interventions work. Several research questions remain open, including how Internet interventions can be blended with traditional forms of care.

<http://ccs.sagepub.com/content/early/2014/01/30/1534650114521496.abstract>

The Use of Motivational Interviewing in Conjunction With Adapted Dialectical Behavior Therapy to Treat Synthetic Cannabis Use Disorder.

Alyssa R. Dietz and Michael E. Dunn

Clinical Case Studies January 31, 2014

Little empirical information is established about synthetic marijuana, including the treatment of related disorders. Similar to organic marijuana, chronic synthetic use can lead to a variety of functional impairments, including diminished academic and workplace productivity and performance. Many traditional approaches emphasize treating co-occurring disorders separately, but the present case examines concurrent treatment for *Diagnostic and Statistical Manual of Mental Disorders* (4th ed., *DSM-IV*) Synthetic Marijuana Dependence and Generalized Anxiety Disorder by using Motivational Interviewing (MI) and Relapse Prevention (RP) in conjunction with an adapted form of Dialectical Behavior Therapy (DBT). A model for treatment and its potential effects are discussed.

<http://scholarworks.csun.edu/handle/10211.2/5020>

Veterans engaging in treatment services (VETS): An 8 week psychoeducation group for veterans and their wives

Lynch-Hockensmith, Meara

Thesis, 2014, University of California-Northridge

Getting veterans into treatment is a first and most crucial task. Second would be prompting veterans to stay in treatment in order to fully experience the effects of proper mental health programs. The purpose of this project is to include wives of veterans in treatment as a way to educate both of them on how symptoms present themselves as well as ways to cope with symptoms and new ideas for solving problems. By decreasing negative feeling in regards to the couple's relationship and increasing positive interactions between them hopefully their bond will begin to strengthen. In getting this couple bond stronger, the veteran's closest source of social support is increased which may decrease symptoms and create a ripple effect for other people close to the veteran. Through the ripple effect of positive results and individual psychotherapy the goal is to increase the veteran's functioning in civilian life and decrease their symptoms to a manageable or almost null level.

<http://onlinelibrary.wiley.com/doi/10.1111/sltb.12073/abstract>

Suicide Risk among Lesbian, Gay, Bisexual, and Transgender Military Personnel and Veterans: What Does the Literature Tell Us?

Matarazzo, B. B., Barnes, S. M., Pease, J. L., Russell, L. M., Hanson, J. E., Soberay, K. A. and Gutierrez, P. M.

Suicide and Life-Threatening Behavior

Article first published online: 3 FEB 2014

Research suggests that both the military and veteran and the lesbian, gay, bisexual, and transgender (LGBT) populations may be at increased risk for suicide. A literature review was conducted to identify research related to suicide risk in the LGBT military and veteran populations. Despite the paucity of research directly addressing this issue, themes are discussed evident in the literature on LGBT identity and suicide risk as well as LGBT military service members and veterans. Factors such as social support and victimization appear to be particularly relevant. Suggestions are made with respect to future research that is needed on this very important and timely topic.

<http://link.springer.com/article/10.1007/s10879-014-9263-2>

Renew: An Integrative Psychotherapy Program for Women Veterans with Sexual Trauma.

Lori S. Katz, Geta Cojucar, Sarah Douglas, Cristi Huffman

Journal of Contemporary Psychotherapy

February 2014

Renew is an integrative treatment consisting of 210 hours of programming for women Veterans to address sexual trauma, including military sexual trauma. The curriculum consists of a holistic approach to healing and is based on the principles of Holographic Reprocessing. Of the 119 women Veterans enrolled in an uncontrolled outcome study (e.g., completed pre- and post-treatment questionnaires), 80 of the participants reported multiple traumas across their lifespan and 95 experienced military sexual trauma. Of the 112 who started treatment, 97 graduated (13 % dropout rate). Graduates showed a significant reduction in posttraumatic stress disorder (PTSD), psychiatric symptoms, and posttraumatic negative cognitions (up to 60 % had reliable clinical change at the 95 % confidence interval), and significant increases in self-esteem, optimism, and satisfaction with life with large to moderate effect sizes. These initial data are promising and further research is warranted to test if Renew is effective to treat women Veterans with complex issues including sexual trauma, PTSD, medical problems, chronic pain, and histories of homelessness and substance abuse.

<http://link.springer.com/article/10.1007/s40263-013-0137-z>

Combined Pharmacotherapies for the Management of Alcoholism: Rationale and Evidence to Date.

Mary R. Lee, Lorenzo Leggio

CNS Drugs

February 2014

Pharmacotherapies for alcohol use disorders (AUDs) have limited efficacy. One approach to improving treatment outcomes for AUDs is to combine pharmacotherapies that have shown some efficacy as individual agents. The rationale for combining medications rests on the following principles: a combination of medications can target more than one neurotransmitter system that is dysfunctional in AUDs, can target different drinking behaviors (i.e., positive and negative reinforcement), can treat co-morbid psychiatric and medical disorders, and can minimize side effects, improving adherence to treatment by using lower doses of each drug in combination. Combined pharmacotherapy strategies may produce additive or even synergistic effects to decrease alcohol craving and consumption. Here, we reviewed the literature investigating the effect on alcohol-related outcomes of combinations of medications that have shown efficacy as single agents to reduce drinking in animal studies and clinical trials. We focused on 17 clinical studies investigating the combination of medications in AUDs, 11 of which were randomized, double-blind, and placebo-controlled. Ten of the 11 studies showed the combination to be superior to placebo, but only three showed an advantage of the combination compared with the single agent. Overall, these studies used diverse methodologies, assessments of severity, outcome measures, and adjunctive psychosocial treatments. Limitations of the current published studies and possible future directions for new combinations are discussed.

www.omicsonline.com/open-access/differences-in-mental-health-outcomes-by-acculturation-status-following-a-major-urban-disaster.pdf

Children of National Guard Troops: A Pilot Study of Deployment, Patriotism, and Media Coverage.

Pfefferbaum, B., Jeon-Slaughter, H., Jacobs, A.K., and Houston, J.B.

International Journal of Emergency Mental Health and Human Resilience

This exploratory pilot study examined the psychosocial effects of the war in Iraq, patriotism, and attention to war-related media coverage in the children of National Guard troops across phases of parental deployment—pre deployment, during deployment, and post deployment. Participants included 11 children, ages 8 to 18 years. Data collected in each deployment phase included demographics, the Behavior Assessment System for Children, (Second Edition, BASC-2), patriotism (national identity, uncritical patriotism, and constructive patriotism), and attention to war-related media coverage. School problems and emotional symptoms were significantly higher during deployment than post deployment. National identity and constructive patriotism increased and uncritical patriotism decreased post deployment from levels during deployment. Uncritical patriotism correlated positively with emotional symptoms and correlated negatively with personal adjustment. Constructive patriotism correlated positively with emotional symptoms and with internalizing problems. Greater attention to war-related media coverage correlated with uncritical patriotism, and attention to internet coverage correlated with constructive patriotism. Attention to media coverage was linked to greater emotional and behavioral problems and was negatively correlated with personal adjustment. The results of this pilot study identified relationships of both patriotism and attention to media coverage with children's emotional and behavioral status and personal adjustment suggesting areas for future investigation.

http://www.rand.org/pubs/research_reports/RR132.html

The Association Between Base-Area Social and Economic Characteristics and Airmen's Outcomes

Sarah O. Meadows, Laura L. Miller, Jeremy N. V. Miles

RAND Corporation, 2014

To help Air Force Services tailor support for Airmen and their families through analyses of the relevance of neighborhood, or area, characteristics of major Air Force installations located within the United States, researchers applied established social indicators and neighborhood methodology to identify which areas may have greater need for Air Force resources. This document reports the results of that analysis. It examines whether and how base-area characteristics are associated with individual-level Airman outcomes across several different domains. The objective is to help the Air Force identify communities where Airmen and their families may have greater levels of need so that it can adapt programs or resources to counteract stressors related to the base areas and the lack of nonmilitary resources in the area. Using census and personnel data, the authors created a set of area profiles that make up the RAND Base Area Social and Economic Index, or RAND BASE-I, measuring aspects of household composition, employment, income and poverty, housing, social, and transportation of

area residents (both military and civilian). These factors are outside of Air Force control; however, Air Force Services may be able to help offset potential negative impacts of community characteristics on Airmen and their families. Using existing Air Force survey data, the authors then assessed whether these base-area characteristics were associated with Airmen's outcomes related to health and well-being, military and neighborhood cohesion, ratings of neighborhood resources, use of on-base resources, satisfaction, and career intentions. The analysis also tested whether Airmen who live off base and commute to work may be more exposed to social and economic conditions in the larger base area than Airmen who primarily live and work on base.

<http://www.ncbi.nlm.nih.gov/pubmed/24511246>

Psychol Res Behav Manag. 2014 Jan 30;7:37-46. eCollection 2014.

Current perspectives on Internet-delivered cognitive behavioral therapy for adults with anxiety and related disorders.

Mewton L, Smith J, Rossouw P, Andrews G.

The aim of the current review is to provide a summary of research into Internet-delivered cognitive behavioral therapy (iCBT) for anxiety disorders. We include 37 randomized controlled trials that examined the efficacy of iCBT programs in adults (aged over 18 years), as compared with waiting list or active control. The included studies were identified from Medline searches and from reference lists, and only published data were included. Several trials of iCBT for generalized anxiety disorder, panic disorder, and social phobia were identified. Two trials of iCBT for obsessive-compulsive disorder were identified, whilst one trial each was identified for hypochondriasis, specific phobia (spiders), and post-traumatic stress disorder. Finally, there were five trials that focused on transdiagnostic therapy for either a range of comorbid anxiety disorders or comorbid anxiety and depression. Between-group effect sizes were moderate to large for all disorders, and ranged from 0.30 to 2.53. iCBT was found to be commensurate with face-to-face cognitive behavioral therapy whether delivered individually or in group format. Guidance may not be necessary for iCBT to be effective for immediate gains, but may be more important in longer-term maintenance of symptom improvement and maximizing patient adherence. The clinical experience of the individual providing guidance does not appear to impact treatment outcomes. Future research needs to focus on the optimal level of guidance required to generate maximum patient benefits, whilst balancing the efficient use of clinician time and resources. Evidence-based contraindications to iCBT should also be developed so that the choice of treatment modality accurately reflects patients' needs. Further research should be conducted into the effective elements of iCBT, as well as the extent to which therapy enhancers and advancing technology can be accommodated into established iCBT frameworks.

<http://www.ncbi.nlm.nih.gov/pubmed/24506440>

J Womens Health (Larchmt). 2014 Feb 7. [Epub ahead of print]

Women Veterans and Intimate Partner Violence: Current State of Knowledge and Future Directions.

Gerber MR, Iverson KM, Dichter ME, Klap R, Latta RE.

Intimate partner violence (IPV) is a serious public health concern for all; however, women who experience IPV are more likely to sustain injury and report adverse health consequences. An expanding body of research suggests that experience of IPV is common in women veterans (WV), particularly those who access Veterans Health Administration (VA) services. With unprecedented numbers of women serving in the military and subsequently becoming veterans, it is critical that clinicians and advocates caring for WV understand the impact of IPV on this population. WV have unique risk factors for experiencing IPV, including high rates of premilitary trauma, as well as military sexual trauma and posttraumatic stress disorder (PTSD). Correlates of IPV, traumatic brain injury (TBI) and homelessness, are common among this group. Although research on WV health and IPV is emergent, evidence suggests that IPV results in multiple health sequelae and increased healthcare utilization. In this context, we next discuss clinical and policy implications for VA. A number of targeted interventions and treatments are available for WV who experience IPV, including evidence-based mental health services. VA is well situated to implement screening programs for WV to facilitate referral to needed services and treatments available both within and outside its facilities. As the population of WV expands, future research will be needed to determine best practices; many avenues of inquiry exist. Finally, WV are strong and resilient; it is crucial that those who work with them recognize evidence of IPV and refer to needed services and evidence-based treatment to enable strength-based recovery.

<http://www.ncbi.nlm.nih.gov/pubmed/24511368>

Eur J Psychotraumatol. 2014 Feb 5;5. doi: 10.3402/ejpt.v5.22821. eCollection 2014.

Why clinicians do not implement integrated treatment for comorbid substance use disorder and posttraumatic stress disorder: a qualitative study.

Gielen N, Krumeich A, Havermans RC, Smeets F, Jansen A.

BACKGROUND:

Healthcare providers working in addiction facilities do not often implement integrated treatment of comorbid substance use disorder (SUD) and posttraumatic stress disorder (PTSD) while there is empirical evidence to do so.

OBJECTIVE:

This study aims to get insight into the views of clinicians with regard to the diagnosis and treatment of PTSD in SUD patients.

METHOD:

A qualitative research method was chosen. Fourteen treatment staff members of different wards of an addiction care facility were interviewed by an independent interviewer.

RESULTS:

Despite acknowledging adverse consequences of trauma exposure on SUD, severe underdiagnosis of PTSD was mentioned and treatment of PTSD during SUD treatment was not supported. Obstacles related to the underestimation of PTSD among SUD patients and to the perceptions of SUD clinicians concerning the treatment of comorbid SUD/PTSD were reported.

CONCLUSIONS:

It is concluded that SUD facilities should train their clinicians to enable them to provide for integrated treatment of SUD/PTSD.

<http://www.ncbi.nlm.nih.gov/pubmed/24507633>

J Anxiety Disord. 2014 Jan 10. pii: S0887-6185(13)00224-7. doi: 10.1016/j.janxdis.2013.12.005. [Epub ahead of print]

Which symptoms of post-traumatic stress disorder are associated with suicide attempts?

Selaman ZM, Chartrand HK, Bolton JM, Sareen J.

Individuals with post-traumatic stress disorder are at increased risk for suicide attempts. The present study aimed to determine which of the specific DSM-IV symptoms of post-traumatic stress disorder (PTSD) are independently associated with suicide attempts. Data came from Wave 2 of the National Epidemiologic Survey on Alcohol and Related Conditions (NESARC). The NESARC has a sample size of N=34653. The full sample size included in analyses was 2322 individuals with PTSD. Among individuals with lifetime PTSD, after adjusting for sociodemographic factors, as well as any mood, substance, personality, or anxiety disorder (excluding PTSD), increasing numbers of re-experiencing and avoidance symptoms were significantly correlated with suicide attempts. Of the specific symptoms, having physical

reactions by reminders of the trauma, being unable to recall some part of it, and having the sense of a foreshortened future, were all associated with suicide attempts. These findings will help extend our understanding of the elevated risk for suicide attempts in individuals with PTSD. Copyright © 2013 Elsevier Ltd. All rights reserved.

<http://www.ncbi.nlm.nih.gov/pubmed/24507631>

J Anxiety Disord. 2013 Dec 27. pii: S0887-6185(13)00225-9. doi: 10.1016/j.janxdis.2013.12.006. [Epub ahead of print]

The impact of hypervigilance: Evidence for a forward feedback loop.

Kimble M, Boxwala M, Bean W, Maletsky K, Halper J, Spollen K, Fleming K.

A number of prominent theories suggest that hypervigilance and attentional bias play a central role in anxiety disorders and PTSD. It is argued that hypervigilance may focus attention on potential threats and precipitate or maintain a forward feedback loop in which anxiety is increased. While there is considerable data to suggest that attentional bias exists, there is little evidence to suggest that it plays this proposed but critical role. This study investigated how manipulating hypervigilance would impact the forward feedback loop via self-reported anxiety, visual scanning, and pupil size. Seventy-one participants were assigned to either a hypervigilant, pleasant, or control condition while looking at a series of neutral pictures. Those in the hypervigilant condition had significantly more fixations than those in the other two groups. These fixations were more spread out and covered a greater percentage of the ambiguous scene. Pupil size was also significantly larger in the hypervigilant condition relative to the control condition. Thus the study provided support for the role of hypervigilance in increasing visual scanning and arousal even to neutral stimuli and even when there is no change in self-reported anxiety. Implications for the role this may play in perpetuating a forward feedback loop are discussed. Copyright © 2014. Published by Elsevier Ltd.

<http://www.ncbi.nlm.nih.gov/pubmed/24507630>

J Anxiety Disord. 2013 Dec 22. pii: S0887-6185(13)00221-1. doi: 10.1016/j.janxdis.2013.12.002. [Epub ahead of print]

Comorbidity in the prediction of Cognitive Processing Therapy treatment outcomes for combat-related posttraumatic stress disorder.

Lloyd D, Nixon RD, Varker T, Elliott P, Perry D, Bryant RA, Creamer M, Forbes D.

This paper examines clinical predictors of posttraumatic stress disorder (PTSD) treatment outcomes following Cognitive Processing Therapy (CPT) in Australian military veterans. Fifty nine treatment seeking veterans were enrolled in a randomized controlled trial comparing 12 sessions of CPT (n=30) with usual treatment (n=29) at three community-based veterans counseling centers. PTSD and key co-morbidities (depression, anxiety, anger and alcohol use) were measured. Growth curve modeling was used to examine factors which influenced PTSD severity post-treatment. For the CPT condition, baseline anger was the only co-morbidity predictive of change in PTSD severity over time. Participants with higher anger scores showed less of a decrease in PTSD severity over time. Higher anxiety in participants in treatment as usual was significantly associated with better treatment gains. This research suggests that veterans experiencing high levels of anger might benefit from targeted anger reduction strategies to increase the effectiveness of CPT treatment for PTSD.

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<http://onlinelibrary.wiley.com/doi/10.1002/jts.21881/abstract>

The Evidence for Present-Centered Therapy as a Treatment for Posttraumatic Stress Disorder.

Frost, N. D., Laska, K. M. and Wampold, B. E.

Journal of Traumatic Stress

Volume 27, Issue 1, pages 1–8, February 2014

To examine the evidence for present-centered therapy (PCT) as a treatment for posttraumatic stress disorder (PTSD), 5 randomized clinical trials that compared PCT to an existing evidence-based treatment for PTSD were reviewed. A meta-analysis was used to estimate between-treatment differences on targeted measures, secondary measures, and dropout. PCT was found to be as efficacious as the comparison evidence-based treatment in 3 of the 5 trials, and in the 2 cases where a no-treatment condition was included, PCT was superior, with large effect sizes for targeted variables ($d = 0.88, 0.74, \text{ and } 1.27$). When results were aggregated using meta-analysis, effects for PCT versus an evidence-based treatment for both targeted and secondary measures were small and nonsignificant ($d = 0.13$ and $d = 0.09$, respectively). As well, the dropout rate for PCT was significantly less than for the comparison evidence-based treatments (14.3% and 31.3%, respectively). It appears that PCT is an efficacious and acceptable treatment for PTSD.

<http://onlinelibrary.wiley.com/doi/10.1002/jts.21891/abstract>

Association Between Parents' PTSD Severity and Children's Psychological Distress: A Meta-Analysis.

Lambert, J. E., Holzer, J. and Hasbun, A.

Journal of Traumatic Stress

Volume 27, Issue 1, pages 9–17, February 2014

The authors conducted a meta-analysis of studies on the correlation between parents' PTSD symptom severity and children's psychological status. An extensive search of the literature yielded 550 studies that were screened for inclusion criteria (i.e., parent assessed for PTSD, child assessed for distress or behavioral problems, associations between parent PTSD and child status examined). Sixty-two studies were further reviewed, resulting in a final sample of 42 studies. Results yielded a moderate overall effect size $r = .35$. The authors compared effect sizes for studies where only the parent was exposed to a potentially traumatic event to studies where both parents and children were exposed. A series of moderators related to sample characteristics (sex of parent, type of traumatic event) and study methods (self-report vs. diagnostic interview, type of child assessment administered) were also evaluated. The only significant moderator was type of trauma; the effect size was larger for studies with parent–child dyads who were both exposed to interpersonal trauma ($r = .46$) than for combat veterans and their children ($r = .27$) and civilian parent–child dyads who were both exposed to war ($r = .25$). Results support the importance of considering the family context of trauma survivors and highlight areas for future research.

<http://onlinelibrary.wiley.com/doi/10.1002/jts.21887/abstract>

Reduced Corpus-Callosum Volume in Posttraumatic Stress Disorder Highlights the Importance of Interhemispheric Connectivity for Associative Memory.

Saar-Ashkenazy, R., Cohen, J. E., Guez, J., Gasho, C., Shelef, I., Friedman, A. and Shalev, H.

Journal of Traumatic Stress

Volume 27, Issue 1, pages 18–26, February 2014

Memory deficits are a common complaint of patients with posttraumatic stress disorder (PTSD). Despite vivid trauma-related memory, previous studies report memory impairment for nontrauma-related stimuli when compared to controls, specifically in associative memory (Guez

et al., 2011). Healthy individuals show hemispheric memory asymmetry with left-prefrontal lateralization of encoding and right-prefrontal lateralization of episodic retrieval, suggesting a role for interhemispheric communication in memory-related tasks (Gazzaniga, ; Ringo, Doty, Demeter, & Simard,). Because brain magnetic resonance imaging (bMRI) studies in PTSD patients report volume changes in various regions, including white matter and corpus callosum (CC), we aimed to test the relationship between memory deficits and CC volume in PTSD patients. We probed for specific alterations in associative memory in PTSD and measured the volume of subportions within the CC employing bMRI. Our main finding was a reduction in CC white-matter volume in PTSD patients, as compared to controls, $t(35) = -2.7$, $p = .010$, that was correlated with lower associative performance ($r = .76$, $p = .003$). We propose that CC volume reduction is a substrate for the associative memory deficits found in PTSD.

<http://onlinelibrary.wiley.com/doi/10.1002/jts.21877/abstract>

Do Circumstances of the Death Matter? Identifying Socioenvironmental Risks for Grief-Related Psychopathology in Bereaved Youth.

Kaplow, J. B., Howell, K. H. and Layne, C. M.

Journal of Traumatic Stress

Volume 27, Issue 1, pages 42–49, February 2014

We examined bereaved children's and surviving caregivers' psychological responses following the death of the other caregiver as a function of the stated cause of death. Participants included 63 parentally bereaved children and 38 surviving caregivers who were assessed using self-report instruments and in-person interviews. Surviving caregivers reported the causes of death as resulting from sudden natural death (34.9%), illness (33.3%), accident (17.5%), and suicide (14.3%). Results revealed differences between caregiver-reported versus child-reported cause of death, particularly in cases of suicide. Children who lost a caregiver due to a prolonged illness exhibited higher levels of both maladaptive grief ($d = 3.13$) and posttraumatic stress symptoms (PTSS; $d = 3.33$) when compared to children who lost a caregiver due to sudden natural death (e.g., heart attack). In contrast, surviving caregivers did not differ in their levels of maladaptive grief and PTSS as a function of the cause of death; however, caregivers bereaved by sudden natural death reported higher levels of depression than those bereaved by prolonged illness ($d = 1.36$). Limited sample size prevented analysis of outcomes among those bereaved by suicide or accident. These findings suggest that anticipated deaths may contain etiologic risk factors for maladaptive grief and PTSS in children.

<http://onlinelibrary.wiley.com/doi/10.1002/jts.21879/abstract>

Associations Between Perceived Social Reactions to Trauma-Related Experiences With PTSD and Depression Among Veterans Seeking PTSD Treatment.

Schumm, J. A., Koucky, E. M. and Bartel, A.

Journal of Traumatic Stress

Volume 27, Issue 1, pages 50–57, February 2014

The Social Acknowledgment Questionnaire (SAQ; Maercker & Mueller,) is a measure of trauma survivors' perceptions of social acknowledgment and disapproval from others, and these factors are shown to be associated with posttraumatic stress disorder (PTSD) among civilian trauma survivors. This study seeks to validate the structure of the SAQ among U.S. military veterans and test the hypothesis that family and general disapproval are associated with PTSD and depression among veterans. Participants were 198 U.S. veterans who experienced military trauma and completed an intake evaluation through a Veterans Affairs PTSD treatment program. Structural equation modeling (SEM) results supported a well-fitting 3-factor model for the SAQ that was similar to prior studies in capturing the constructs of social acknowledgment, general disapproval, and family disapproval. SEM results also showed that all 3 of the SAQ factors were associated with veterans' depression ($-.31$, $.22$, and $.39$, respectively), whereas only general disapproval was related to veterans' PTSD. This is the first study of which we are aware to investigate the factor structure of the SAQ in a veteran sample and to investigate the relationship between SAQ factors and trauma survivors' depression. Results build upon prior findings by showing the importance of positive and negative social reactions to veterans' traumatic experiences.

<http://onlinelibrary.wiley.com/doi/10.1002/jts.21880/abstract>

Physical Injury, PTSD Symptoms, and Medication Use: Examination in Two Trauma Types.

Cody, M. W. and Beck, J. G.

Journal of Traumatic Stress

Volume 27, Issue 1, pages 74–81, February 2014

Physical injury is prevalent across many types of trauma experiences and can be associated with posttraumatic stress disorder (PTSD) symptoms and physical health effects, including

increased medication use. Recent studies suggest that PTSD symptoms may mediate the effects of traumatic injury on health outcomes, but it is unknown whether this finding holds for survivors of different types of traumas. The current study examined cross-sectional relationships between injury, PTSD, and pain and psychiatric medication use in 2 trauma-exposed samples, female survivors of motor vehicle accidents (MVAs; $n = 315$) and intimate partner violence (IPV; $n = 167$). Data were obtained from participants at 2 trauma research clinics who underwent a comprehensive assessment of psychopathology following the stressor. Regression with bootstrapping suggested that PTSD symptoms mediate the relationship between injury severity and use of pain medications, $R^2 = .11$, $F(2, 452) = 28.37$, $p < .001$, and psychiatric medications, $R^2 = .06$, $F(2, 452) = 13.18$, $p < .001$, as hypothesized. Mediation, however, was not moderated by trauma type ($ps > .05$). Results confirm an association between posttraumatic psychopathology and medication usage and suggest that MVA and IPV survivors alike may benefit from assessment and treatment of emotional distress after physical injury.

<http://onlinelibrary.wiley.com/doi/10.1002/jts.21878/abstract>

Changes in Sleep Disruption in the Treatment of Co-Occurring Posttraumatic Stress Disorder and Substance Use Disorders.

McHugh, R. K., Hu, M.-C., Campbell, A. N. C., Hilario, E. Y., Weiss, R. D. and Hien, D. A.

Journal of Traumatic Stress

Volume 27, Issue 1, pages 82–89, February 2014

Sleep disruption appears not only to reflect a symptom of posttraumatic stress disorder (PTSD), but also a unique vulnerability for its development and maintenance. Studies examining the impact of psychosocial treatments for PTSD on sleep symptoms are few and no studies to date of which we are aware have examined this question in samples with co-occurring substance use disorders. The current study is a secondary analysis of a large clinical trial comparing 2 psychological treatments for co-occurring PTSD and substance use disorders. Women ($N = 353$) completed measures of PTSD at baseline, end of treatment, and 3-, 6-, and 12-month follow-ups. Results indicated that the prevalence of insomnia, but not nightmares, decreased during treatment, and that 63.8% of participants reported at least 1 clinical-level sleep symptom at the end of treatment. Improvement in sleep symptoms during treatment was associated with better overall PTSD outcomes over time, $\chi^2(1) = 33.81$, $p < .001$. These results extend the existing literature to suggest that residual sleep disruption following PTSD treatment is common in women with co-occurring PTSD and substance use disorders. Research on the benefits of adding sleep-specific intervention for those with residual sleep disruption in this population may be a promising future direction.

<http://onlinelibrary.wiley.com/doi/10.1002/jts.21876/abstract>

An Examination of Successful Soldier Postdeployment Transition From Combat to Garrison Life.

Fink, D. S., Gallaway, M. S. and Millikan, A. M.

Journal of Traumatic Stress

Volume 27, Issue 1, pages 98–102, February 2014

Previous studies have shown that combat exposures and deployment-related stressors have negative implications on soldiers' postdeployment health and well-being. The current study aimed to examine the individual and combined effects of organizational and social support on the success of soldiers' postdeployment reintegration. In this study, 2,922 U.S. soldiers were surveyed from a brigade combat team at 90–120 days postdeployment, measuring soldiers' perceptions of postdeployment transition home, occupational and social support, stigma and barriers associated with accessing behavioral health care, and previous behavioral health care. Logistic regression analysis indicated that soldiers reporting a positive postdeployment transition home ($n = 1,776$; 61%) was significantly associated with leadership perceptions, adjusted odds ratio (AOR) = 1.19, 95% confidence interval (CI) [1.02, 1.39], unit cohesion, AOR = 1.29, 95% CI [1.09, 1.53], personal support, AOR = 1.37, 95% CI [1.23, 1.52], perceived levels of stigma, AOR = 0.73, 95% CI [0.65, 0.82] barriers to accessing care, AOR = 0.86, 95% CI [0.76, 0.97], and previously accessing behavioral health care, AOR = 0.34, 95% CI [0.28, 0.43]. These findings suggest redeploying soldiers may benefit from programs aimed at improving self-efficacy and coping through fostering occupational and social support, with special concern taken to reduce stigma and barriers to care across the Army.

<http://onlinelibrary.wiley.com/doi/10.1002/jts.21886/abstract>

Externalizing and Internalizing Subtypes of Posttraumatic Psychopathology and Anger Expression.

Castillo, D. T., Joseph, J. S., Tharp, A. T., C'de Baca, J., Torres-Sena, L. M., Qualls, C. and Miller, M. W.

Journal of Traumatic Stress

Volume 27, Issue 1, pages 108–111, February 2014

Subtypes of posttraumatic psychopathology were replicated and extended in 254 female veterans with posttraumatic stress disorder (PTSD). Cluster analyses on Minnesota Multiphasic Personality Inventory-2 and Personality Psychopathology Five scales (Harkness, McNulty, & Ben-Porath,) yielded internalizing and externalizing psychopathology dimensions, with a third low psychopathology group (simple PTSD). Externalizers were higher than the internalizers and the simple PTSD groups on the antisocial, substance, and aggression scales; internalizers were higher on depression and anxiety scales. Further validation included an independent measure of psychopathology to examine anger (Buss-Durkee Hostility Inventory, [BDHI]; Buss & Durkee,). Externalizers were higher on extreme behavioral anger scales (assault and verbal hostility); and externalizers and internalizers were higher than the simple PTSD subjects on other anger scales. Positive correlations between the BDHI scales and the PTSD symptom of “irritability and anger outbursts” were found across scales in the total sample (range: $r = .19-.36$), on the assault scale in externalizers ($r = .59$), and the verbal hostility scale in both internalizers ($r = .30$) and simple PTSD ($r = .37$) groups, suggesting the broad utility of the symptom in the diagnosis. The results demonstrate the generalizability of the internalizing/externalizing typology to the female veteran population and highlight clinically relevant distinctions in anger expression within PTSD.

<http://onlinelibrary.wiley.com/doi/10.1002/jts.21888/abstract>

Posttraumatic Stress and Stigma in Active-Duty Service Members Relate to Lower Likelihood of Seeking Support.

Blais, R. K., Renshaw, K. D. and Jakupcak, M.

Journal of Traumatic Stress

Volume 27, Issue 1, pages 116–119, February 2014

Posttraumatic stress disorder (PTSD) is a common mental health concern for returning service members. Social support is a robust predictor of resiliency and recovery from PTSD; however, barriers to seeking support are understudied. PTSD and anticipated enacted stigma from family and friends were explored as correlates of the likelihood of seeking support among 153 Iraq/Afghanistan U.S. service members. Results showed that PTSD ($r = -.31, p < .001$) and anticipated enacted stigma ($r = -.22, p \leq .01$) were negatively associated with likelihood of seeking support. Post hoc analyses showed that only dysphoria ($r = -.32, p < .001$) was significantly related to the likelihood of seeking support after accounting for anticipated enacted stigma and other PTSD clusters. Implications of these findings and ways to increase likelihood of seeking support are discussed.

<http://www.samhsa.gov/data/spotlight/spot121-homeless-veterans-2014.pdf>

Twenty-one Percent of Veterans in Substance Abuse Treatment Were Homeless

Substance Abuse and Mental Health Services Administration

January 7, 2014

U.S. military veterans are a large portion of homeless adults. There is a possibility that the number of homeless veterans may grow as the total number of veterans increases due to recent military conflicts. One challenge faced by many homeless veterans is substance abuse. About 70 percent of homeless veterans have a substance abuse problem.

The Treatment Episode Data Set (TEDS) is a database of substance abuse treatment admissions. The admissions in TEDS who are veterans represent those who have chosen to seek treatment in community-based, non-Veterans Affairs facilities. In 2011, both veteran status and living arrangements were reported for about 1.3 million admissions aged 21 or older. Of these admissions, 52,427 (3.9 percent) were veterans. About one fifth of veterans in treatment (21.4 percent) were homeless. There was a higher percentage of homelessness among older veterans in treatment than among younger veterans in treatment (24.5 vs. 14.0 percent).

Links of Interest

10 Actions for Responding to a Veteran in Crisis

<http://www.stress.org/10-actions-for-responding-to-a-veteran-in-crisis/>

Will DoD study suicides of military family members?

<http://www.statesman.com/weblogs/investigations/2014/feb/05/will-dod-study-suicides-of-military-dependents/>

Canada -- Soldiers afraid of being discharged are hiding mental health issues, ombudsman says

<http://www.theglobeandmail.com/news/politics/soldiers-afraid-of-being-discharged-are-hiding-mental-health-issues-ombudsman-says/article16714425/>

Here's What's Troubling American Troops in One Chart

It's about 'combat experiences,' not length of deployment

<http://swampland.time.com/2014/02/04/military-troops-iraq-afghanistan-ptsd-combat/>

Virtual avatars may impact real-world behavior

<http://www.sciencedaily.com/releases/2014/02/140210083239.htm>

I smoke, but I'm not a smoker

Why some 'non-identifying smokers' face risks while denying the behavior

http://www.eurekalert.org/pub_releases/2014-02/uoc--isb021114.php

What Military Base Shootings Reveal About the Mental Health Debate

<http://www.thedailybeast.com/articles/2014/02/09/what-military-base-shootings-reveal-about-the-mental-health-debate.html>

The Military: Psychiatry's ultimate testing ground

<http://www.cchr.org/documentaries/the-hidden-enemy.html>

Resource of the Week: [Military Service Records and Unit Histories: A Guide to Locating Sources](#) (Congressional Research Service)

This guide provides information on locating military unit histories and individual service records of discharged, retired, and deceased military personnel. It includes contact information for military history centers, websites for additional sources of research, and a bibliography of other publications.

The above link is to a copy of this publication made available by the Federation of American Scientistists. It is dated July 26, 2012. This publication is updated periodically by the Congressional Research Service.



Military Service Records and Unit Histories: A Guide to Locating Sources

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