CDP Research Update -- October 25, 2012

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- Benzodiazepine Prescribing Variation and Clinical Uncertainty in Treating Posttraumatic Stress Disorder.
- Impact of combat and non-military trauma exposure on symptom reduction following treatment for veterans with posttraumatic stress disorder.
- Role of the police in linking individuals experiencing mental health crises with mental health services.
- The Physician's Role in Managing Acute Stress Disorder.
- Links of Interest
- Research Tip of the Week: Techbargains.com

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http://onlinelibrary.wiley.com/doi/10.1002/jclp.21932/abstract

Combat Exposure and Suicide Risk in Two Samples of Military Personnel.

Bryan, C. J., Hernandez, A. M., Allison, S. and Clemans, T.

Journal of Clinical Psychology

Article first published online: 15 OCT 2012

Objective
In light of increased suicidal behaviors among military personnel and veterans since the initiation of combat operations in Afghanistan and Iraq, questions have been raised about the potential causal role of combat. The objective of the current study was to identify any direct or indirect effects of combat

exposure on suicide risk through depression symptom severity, posttraumatic stress disorder (PTSD) symptom severity, thwarted belongingness, perceived burdensomeness, and fearlessness about death, consistent with the interpersonal-psychological theory of suicide (Joiner, 2005).

Method
Structural equation modeling was utilized with two separate samples of deployed military personnel, 1 nonclinical (n = 348; 89.7% male, mean age = 24.50) and 1 clinical (n = 219; 91.8% male, mean age = 27.88), to test the effects of combat exposure on suicide risk.

Results
Greater combat exposure was directly associated with fearlessness about death and PTSD symptom severity in both samples, but failed to show either a direct or indirect effect on suicide risk. PTSD symptom severity was strongly associated with depression symptom severity, which in turn was related to suicide risk directly (in the nonclinical sample) or indirectly through low belongingness and perceived burdensomeness (in the clinical sample).

Conclusions
In both samples of deployed active duty military personnel, combat exposure was either unrelated to suicide risk or was too distally related to have a measurable effect. Results do not support the interpersonal-psychological theory's hypothesis that combat exposure should be indirectly related to suicide risk through acquired fearlessness of death.

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http://www.ncbi.nlm.nih.gov/pubmed/23077111

Depress Anxiety. 2012 Oct 17. doi: 10.1002/da.22002. [Epub ahead of print]

GUILT, SHAME, AND SUICIDAL IDEATION IN A MILITARY OUTPATIENT CLINICAL SAMPLE.

Bryan CJ, Morrow CE, Etienne N, Ray-Sannerud B.

Source: National Center for Veterans Studies, Salt Lake City, Utah.

Abstract

BACKGROUND:
Increased suicide risk among US military personnel is a growing concern. Research has linked trauma exposure, including exposure to combat-related injuries, death, and atrocities to suicidal ideation among combat veterans. Guilt (feeling bad about what you did to another) and shame (feeling bad about who you are) have been proposed as potential contributors to suicidal ideation among military personnel, but have not yet received much empirical attention.

METHODS:
Sixty-nine active duty military personnel receiving outpatient mental health treatment at a military clinic completed self-report symptom measures of guilt, shame, depression, posttraumatic stress disorder,

and suicidal ideation while engaged in treatment. Generalized linear regression modeling was utilized to test the association of guilt and shame with suicidal ideation.

RESULTS:
Mean levels of guilt and shame were significantly higher among military personnel with a history of suicidal ideation. Guilt (B = 0.203, SE = .046, P < .001) and shame (B = 0.111, SE = .037, P = .002) were independently associated with severity of current suicidal ideation above and beyond the effects of depression, PTSD symptoms, and the depression-by-PTSD interaction, and fully mediated the relationships of depression and PTSD symptom severity with suicidal ideation. When considered simultaneously, only guilt (B = 0.167, SE = .053, P = .001) was significantly associated with increased suicidal ideation.

CONCLUSIONS:
Guilt and shame are associated with increased severity of suicidal ideation in military mental health outpatients. Guilt has a particularly strong relationship with suicidal ideation.

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http://journals.lww.com/headtraumarehab/Abstract/publishahead/Loss_of_Consciousness,_Depression,_Posttraumatic.99880.aspx

Loss of Consciousness, Depression, Posttraumatic Stress Disorder, and Suicide Risk Among Deployed Military Personnel With Mild Traumatic Brain Injury.

Bryan, Craig J. PsyD, ABPP; Clemans, Tracy A. PsyD; Hernandez, Ann Marie PhD; David Rudd, Michael PhD

Journal of Head Trauma Rehabilitation:

POST AUTHOR CORRECTIONS, 16 October 2012

Objective:
To identify clinical variables associated with suicidality in military personnel with mild traumatic brain injury (mTBI) while deployed to Iraq.

Setting:
Outpatient TBI clinic on a US military base in Iraq.

Participants:
Military personnel (N = 158) referred to an outpatient TBI clinic for a standardized intake evaluation, 135 (85.4%) who had a diagnosis of mTBI and 23 (14.6%) who did not meet criteria for TBI.

Main Measures:
Suicidal Behaviors Questionnaire-Revised, Depression subscale of the Behavioral Health Measure-20,

Posttraumatic Stress Disorder Checklist-Military Version, Insomnia Severity Index, self-report questionnaire, and clinical interview addressing TBI-related symptoms.

Results:
Among patients with mTBI, increased suicidality was significantly associated with depression and the interaction of depression with posttraumatic stress disorder symptoms. Longer duration of loss of consciousness was associated with decreased likelihood for any suicidality.

Conclusion:
Assessment after TBI in a combat zone may assist providers in identifying those at risk for suicidality and making treatment recommendations for service members with mTBI.

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http://www.sciencedirect.com/science/article/pii/S0272735812001420

Psychotherapy for Military-Related Posttraumatic Stress Disorder: Review of the Evidence.

Maria M. Steenkamp, Brett T. Litz

Clinical Psychology Review

Available online 13 October 2012

Approximately 20% of the two million troops who have deployed to Iraq and Afghanistan may require treatment for posttraumatic stress disorder (PTSD). We review treatment outcome studies on individual outpatient therapy for military-related PTSD, and consider the extent to which veterans initiate and complete available PTSD treatments. We conclude with considerations for future research.

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http://tmt.sagepub.com/content/early/2012/10/11/1534765612459891.abstract

Is Virtual Reality Exposure Therapy Effective for Service Members and Veterans Experiencing Combat-Related PTSD?

Rebekah J. Nelson

Traumatology

October 15, 2012

Purpose:
Exposure therapy has been identified as an effective treatment for anxiety disorders, including posttraumatic stress disorder (PTSD). The use of virtual reality exposure therapy (VRET) in the past decade has increased due to improvements in virtual reality technology. VRET has been used to treat active duty service members and veterans experiencing posttraumatic stress symptoms by exposing

them to a virtual environment patterned after the real-world environment in which the trauma occurred. This article is a systematic review of the effectiveness of using VRET with these two populations.

Method:
A search of 14 databases yielded 6 studies with experimental or quasi-experimental designs where VRET was used with active duty service members or veterans diagnosed with combat-related PTSD. Results: Studies show positive results for the use of VRET in treating combat-related PTSD, though more trials are needed with both active duty service members and veterans.

Conclusions:
VRET is an effective treatment, however more studies including random assignment are needed in order to show whether it is more effective than other treatments. There are still many barriers that the use of VRET with military populations would need to overcome in order to be widely used, including helping veterans become accustomed to the technology; assisting veterans who have spent a longer period of time avoiding anxiety-inducing stimuli in accepting an initial increase in anxiety; clinician concerns about the technology interfering with the therapeutic alliance, and clinician biases against the use of exposure therapy in general; and high treatment dropout rates.

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http://www.ncbi.nlm.nih.gov/pubmed/23059158?dopt=Abstract

J Clin Psychiatry. 2012 Sep;73(9):e1160-7. doi: 10.4088/JCP.11r07586.

Meta-analysis of sleep disturbance and suicidal thoughts and behaviors.

Pigeon WR, Pinquart M, Conner K.

Source: Center of Excellence for Suicide Prevention, Canandaigua VA Medical Center, 400 Fort Hill Ave, Canandaigua, NY 14424 Wilfred.pigeon2@va.gov.

Abstract

OBJECTIVE:
The potential association of various sleep disturbances to suicidal thoughts and behaviors is the subject of several reviews. The current meta-analysis was conducted to estimate the size of the association generally as well as between more specific relationships.

DATA SOURCES:
Electronic databases for years 1966-2011 were searched to identify candidate studies using PubMed search terms suicide and sleep or sleep initiation/maintenance disorders or dreams or nightmares or sleep disorders/psychology or sleep disorders/epidemiology as well as Ovid search terms suicide and sleep or insomnia or nightmares. The search was supplemented by cross-referencing from identified articles and reviews.

STUDY SELECTION:
Original studies reporting both sleep disturbance and suicide outcomes were identified with 39 of 98 studies (40%) comprising 147,753 subjects selected for inclusion.

DATA EXTRACTION:
Data were extracted by multiple independent observers and verified by a study author. The meta-analysis was performed using random-effects models. The size of associations was calculated for all types of sleep disturbances and suicide outcomes combined and for more specific categories including nightmares, insomnia, and insomnia subtypes and suicidal ideation, suicide attempts, and suicide. Moderator effects were evaluated.

RESULTS:
Overall, sleep disturbance was significantly associated with an increased relative risk for suicidal ideation, suicide attempt, and suicide ranging from 1.95 (95% CI, 1.41-2.69) to a relative risk of 2.95 (95% CI, 2.48-3.50) in unadjusted studies. Associations were smaller, but remained highly significant among adjusted studies. Depression did not moderate the association between sleep and suicide variables.

CONCLUSIONS:
This meta-analysis supports an association between sleep disturbance and suicidal thoughts and behaviors. Sleep disturbances in general, as well as insomnia and nightmares individually, appear to represent a risk factor for suicidal thoughts and behavior. This proposition is further bolstered by the result that depression did not show risk moderation.

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http://www.ncbi.nlm.nih.gov/pubmed/23059051?dopt=Abstract

Biol Psychiatry. 2012 Oct 8. pii: S0006-3223(12)00771-8. doi: 10.1016/j.biopsych.2012.08.022. [Epub ahead of print]

Dissociation in Posttraumatic Stress Disorder: Evidence from the World Mental Health Surveys.

Stein DJ, Koenen KC, Friedman MJ, Hill E, McLaughlin KA, Petukhova M, Ruscio AM, Shahly V, Spiegel D, Borges G, Bunting B, Caldas-de-Almeida JM, de Girolamo G, Demyttenaere K, Florescu S, Haro JM, Karam EG, Kovess-Masfety V, Lee S, Matschinger H, Mladenova M, Posada-Villa J, Tachimori H, Viana MC, Kessler RC.

Source: Department of Psychiatry and Mental Health (DJS).

Abstract

BACKGROUND:
Although the proposal for a dissociative subtype of posttraumatic stress disorder (PTSD) in DSM-5 is

supported by considerable clinical and neurobiological evidence, this evidence comes mostly from referred samples in Western countries. Cross-national population epidemiologic surveys were analyzed to evaluate generalizability of the subtype in more diverse samples.

METHODS:
Interviews were administered to 25,018 respondents in 16 countries in the World Health Organization World Mental Health Surveys. The Composite International Diagnostic Interview was used to assess 12-month DSM-IV PTSD and other common DSM-IV disorders. Items from a checklist of past-month nonspecific psychological distress were used to assess dissociative symptoms of depersonalization and derealization. Differences between PTSD with and without these dissociative symptoms were examined across a variety of domains, including index trauma characteristics, prior trauma history, childhood adversity, sociodemographic characteristics, psychiatric comorbidity, functional impairment, and treatment seeking.

RESULTS:
Dissociative symptoms were present in 14.4% of respondents with 12-month DSM-IV/Composite International Diagnostic Interview PTSD and did not differ between high and low/middle income countries. Symptoms of dissociation in PTSD were associated with high counts of re-experiencing symptoms and net of these symptom counts with male sex, childhood onset of PTSD, high exposure to prior (to the onset of PTSD) traumatic events and childhood adversities, prior histories of separation anxiety disorder and specific phobia, severe role impairment, and suicidality.

CONCLUSION:
These results provide community epidemiologic data documenting the value of the dissociative subtype in distinguishing a meaningful proportion of severe and impairing cases of PTSD that have distinct correlates across a diverse set of countries.

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http://www.ncbi.nlm.nih.gov/pubmed/22189928?dopt=Abstract

Rev Bras Psiquiatr. 2011 Dec;33(4):379-84.

Can countertransference at the early stage of trauma care predict patient dropout of psychiatric treatment?

Silveira Júnior Ede M, Polanczyk GV, Hauck S, Eizirik CL, Ceitlin LH.

Source: Center for Study and Treatment of Traumatic Stress, Hospital de Clínicas de Porto Alegre, Brazil. erico.moura@gmail.com

Abstract

OBJECTIVES:
To investigate the association between feelings of countertransference (CT) at the early psychiatric care provided to trauma victims and treatment outcome.

METHOD:
The Assessment of Countertransference Scale was used to access CT after the first medical appointment. Fifty psychiatric residents cared for 131 trauma victims of whom 83% were women, aged 15 to 64 years. Patients had been consecutively selected over 4 years. Were evaluated the clinical and demographic characteristics of patients and the correlation with the therapists' CT feelings. Patients were followed-up during treatment to verify the association between initial CT and treatment outcome, defined as discharge and dropout.

RESULTS:
The median number of appointments was 5 [4; 8], absences 1 [0; 1], and the dropout rate was 34.4%. Both groups, namely the discharge group and the dropout group, shared similar clinical and demographic characteristics. A multivariate analysis identified that patients with a reported history of childhood trauma were 61% less likely to dropout from treatment than patients with no reported history of childhood trauma (OR = 0.39, p = 0.039, CI95% 0.16-0.95). There was no association between initial CT and treatment outcome.

CONCLUSIONS:
In this sample, CT in the initial care of trauma victims was not associated with treatment outcome. Further studies should assess changes in CT during treatment, and how such changes impact treatment outcome.

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http://psycnet.apa.org/journals/tep/6/3/151/

An identity theory perspective on how trainee clinical psychologists experience the death of a client by suicide.

Gill, Ian J.

Training and Education in Professional Psychology, Vol 6(3), Aug 2012, 151-159

The following report serves to explore how trainee clinical psychologists could experience the death of a client by suicide. Although a client suicide is a difficult event to process for clinical psychologists, it appears that trainees have additional factors that are detrimental to their healing process after a client suicide. The utilization of identity theory has not previously been used as a framework to understand trainees' reactions. Moreover, trainees' newly developing professional identity may complicate their grieving process. Implications for trainees, supervisors, training programs, and the clinical psychology profession are grounded in the context of identity theory. In light of the limited research, particularly regarding trainees' experiences after a client suicide, the following discussion has been extrapolated

from several sources, and placed within the context of identity theory. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

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http://policing.oxfordjournals.org/content/early/2012/10/16/police.pas043.abstract

Burnout and Post Traumatic Stress Disorder in the Police: Educating Officers with the Stilwell TRiM Approach.

Mike Walsh, Maureen Taylor, and Vicki Hastings

Policing

First published online: October 16, 2012

The mental health and wellbeing of personnel is a major concern for police occupational health departments. This article explains the work of a UK police force in educating officers about the risks of burnout and Post Traumatic Stress Disorder (PTSD). Key elements of that work include the Trauma Risk Management (TRiM) tool (developed in the British Army) to assess the risk of PTSD and the use of Visual-Kinesthetic Disassociation (Rewind) therapy for officers who have been identified as badly affected by traumatic work experiences. The force provides a series of workshops on burnout for officers in order to support their mental health and wellbeing. These workshops utilize an innovative multimedia virtual community educational tool (Stilwell) developed by the local university to explore burnout, the use of TRiM, and Rewind. This article explains the use of these techniques and presents evaluative research data showing a positive response to this approach from officers.

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http://iospress.metapress.com/content/4110ug345065q786/

Central sensitization as a component of post-deployment syndrome.

Jeffrey D. Lewis, Eric M. Wassermann, Wendy Chao, Amy E. Ramage, Donald A. Robin, Daniel J. Clauw

NeuroRehabilitation

DOI 10.3233/NRE-2012-00805

Many service members and veterans report chronic unexplained symptoms such as pain, fatigue and memory complaints, which have most recently been characterized as post-deployment syndrome (PDS). Chronic widespread pain is a component of this syndrome, producing significant disability and considerable health care costs. The similarity between the nature of these complaints and other medically unexplained illnesses such as fibromyalgia, irritable bowel syndrome, and chronic fatigue syndrome suggest that they may share a common mechanism. Here, we provide support for PDS as a consequence of pain and sensory amplification secondary to neuroplastic changes within the central nervous system, a phenomenon often termed central sensitization. We also discuss how factors such as

stress and genetics may promote chronic widespread pain in veterans and service members who develop PDS.

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http://m.psychiatryonline.org/article.aspx?articleid=1379813

Benzodiazepine Prescribing Variation and Clinical Uncertainty in Treating Posttraumatic Stress Disorder.

Brian C. Lund, Pharm.D., M.S.; Thad E. Abrams, M.D., M.S.; Nancy C. Bernardy, Ph.D.; Bruce Alexander, Pharm.D.; Matthew J. Friedman, M.D., Ph.D.

Psychiatric Services 2012;

doi: 10.1176/appi.ps.201100544

Objective:
Despite guideline recommendations against their use, benzodiazepines are among the most commonly prescribed psychotropic medications among veterans with posttraumatic stress disorder (PTSD) in the Veterans Health Administration (VHA). This observation suggests the potential for significant clinical uncertainty concerning the role of benzodiazepines in PTSD, which was examined by characterizing prescribing variation in the VHA across multiple levels of geographic aggregation and over time.

Methods:
Veterans with PTSD were identified from national VHA administrative data in fiscal years 1999 through 2009. Benzodiazepine prescribing frequencies were aggregated across 137 medical centers, 21 networks, and four U.S. regions, and the extent of variation was characterized at each level. Prescribing variation was also examined by comparing benzodiazepine use between rural and urban veterans and between veterans receiving care at community-based outpatient clinics versus medical centers.

Results:
Benzodiazepine prescribing variation decreased over time, particularly at the network and regional levels. Facility-level variation (medical centers) also declined, but substantial variation persisted through 2009 (range 14.7%–56.8%). At the national level, rural veterans were more likely to receive benzodiazepines in 1999 (odds ratio=1.24; 95% confidence interval=1.22–1.27), and this association persisted through 2009. However, regional subanalyses revealed that rural-versus-urban differences were observed only in the Midwest and South. Benzodiazepine prescribing was similar between community-based outpatient clinics and medical centers.

Conclusions:
Variability in benzodiazepine prescribing across the VHA reflects uncertainty regarding the adoption of guideline recommendations. Although variation has decreased in recent years, targeted interventions among facilities with high rates of prescribing may be an efficient strategy to promote guideline-concordant care.

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http://journals.psychiatryonline.org/article.aspx?articleid=1379816

Time to Treatment Among Veterans of Conflicts in Iraq and Afghanistan With Psychiatric Diagnoses.

Shira Maguen, Ph.D.; Erin Madden, M.P.H.; Beth Ellen Cohen, M.D., M.A.S.; Daniel Bertenthal, M.P.H.; Karen Hope Seal, M.D., M.P.H.

Psychiatric Services 2012;

doi: 10.1176/appi.ps.201200051

Objective:
Early mental health treatment after military deployment may reduce chronic mental health problems. The authors described time to and predictors of time to initiation of a first primary care visit, a first mental health outpatient visit, and minimally adequate mental health care (eight or more outpatient visits within 12 months) among veterans with psychiatric diagnoses.

Methods:
The authors conducted a retrospective cohort analysis of medical records of veterans of the conflicts in Iraq and Afghanistan who enrolled in Veterans Affairs (VA) health care, had a psychiatric diagnosis, and had used primary or mental health outpatient care between October 7, 2001, and September 30, 2011 (N=314,717).

Results:
The median time from the end of the last deployment to engagement in mental health care was over two years. More than three years postdeployment, 75% of the veterans in the VA system for at least one year had not engaged in minimally adequate mental health care. There was a median lag of nearly 7.5 years between initial mental health treatment session and initiation of minimally adequate mental health care. Men waited nearly two years longer than women to initiate minimally adequate mental health care. Younger age and minority racial or ethnic status were also associated with greater time to initial mental health outpatient visit and to minimally adequate mental health care.

Conclusions:
Delays in initiating and completing minimally adequate mental health care by veterans using VA services highlight the importance of attending to the timing of care, particularly among newly returning veterans.

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http://www.psychosomaticmedicine.org/content/early/2012/10/12/PSY.0b013e31827078e2.abstract

Physical Health Status of Female Veterans: Contributions of Sex Partnership and In-Military Rape.

Brenda M. Booth, Teri D. Davis, Ann M. Cheney, Michelle A. Mengeling, James C. Torner, and Anne G. Sadler

Psychosomatic Medicine

October 15, 2012

Objective
The aim of this study was to determine whether current physical health status in female veterans is associated with rape during military service and same-sex partnership.

Methods
Retrospective computer-assisted telephone interviews of 1004 Midwestern US female veterans identified from Veterans Affairs electronic records were conducted. Data included rape history including rape in military, sex partnership history, demographics, and medical history including chronic pain, mental health (depression and posttraumatic stress disorder [PTSD]), and the physical health component of the Short-Form 12-item interview (PCS-12).

Results
Physical health in this sample was lower than norm values [PCS-12: mean (standard deviation) = 43 [12]; norm: mean (standard deviation) = 50 [10]). Fifty-one percent of the participants reported rape in their lifetime, 25% reported rape in military, 11% reported history of women as sex partners, and 71% reported history of chronic pain. Multiple regression analysis indicated that physical health (PCS-12) was associated with chronic pain history ($\beta = -.40$, $p < .001$), rape in military ($\beta = -.09$, $p = .002$), and current PTSD ($\beta = .07$, $p = .03$), adjusting for demographic data. Mediational analysis indicated that chronic pain history significantly mediated relationships of women who have sex with women, childhood rape, PTSD, depression, and current substance use disorder with PCS-12.

Conclusions
Both rape and sex partnership are adversely associated with lower physical functioning in female veterans. Clinicians evaluating the physical health of this population should therefore consider obtaining detailed sexual histories, and a multidisciplinary team is needed to address mental health issues in female veterans.

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http://www.ncbi.nlm.nih.gov/pubmed/23079170

Am J Prev Med. 2012 Nov;43(5):483-9. doi: 10.1016/j.amepre.2012.07.029.

Health and health behavior differences: U.S. Military, veteran, and civilian men.

Hoerster KD, Lehavot K, Simpson T, McFall M, Reiber G, Nelson KM.

Source: Research and Development Service, VA Puget Sound Healthcare System, Seattle Division, Seattle, Washington; Department of Psychiatry and Behavioral Sciences, University of Washington, Seattle, Washington. Electronic address: Katherine.Hoerster@va.gov.

Abstract

BACKGROUND:
Little is known about health and health behavior differences among military service veterans, active duty service members, National Guard/Reserve members, and civilians. Several important differences were identified among U.S. women from these subpopulations; to identify areas for targeted intervention, studies comparing men from these subpopulations are needed.

PURPOSE:
To compare veteran, military, and civilian men on leading U.S. health indicators.

METHODS:
Data were from the 2010 Behavioral Risk Factor Surveillance Survey, a U.S. population-based study. In 2011, self-reported health outcomes were compared using multivariable logistic regression across male veterans (n=53,406); active duty service members (n=2144); National Guard/Reserve service members (n=3724); and civilians (n=110,116).

RESULTS:
Multivariate logistic regression results are presented. Despite better healthcare access, veterans had poorer health and functioning than civilians and National Guard/Reserve members on several indicators. Veterans also were more likely than those on active duty to report diabetes. Veterans were more likely to report current smoking and heavy alcohol consumption than National Guard/Reserve members and civilian men, and lack of exercise compared to active duty men and National Guard/Reserve members. National Guard/Reserve men had higher levels of obesity, diabetes, and cardiovascular disease (versus active duty and veterans, active duty, and civilians, respectively). Active duty men were more likely to report current smoking and heavy alcohol consumption than civilians and National Guard/Reserve members, and reported more smokeless tobacco use than civilians.

CONCLUSIONS:
Veterans have poorer health and health behaviors; increased prevention efforts are needed from veteran-serving organizations. Despite good health, active duty men reported unhealthy lifestyles, indicating an important area for prevention efforts.

Published by Elsevier Inc.

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http://www.plosone.org/article/info%3Adoi%2F10.1371%2Fjournal.pone.0047339

The Long-Term Impact of Physical and Emotional Trauma: The Station Nightclub Fire.

Schneider JC, Trinh N-HT, Selleck E, Fregni F, Salles SS, et al.

PLoS ONE

Published on October 15, 2012

Background
Survivors of physical and emotional trauma experience enduring occupational, psychological and quality of life impairments. Examining survivors from a large fire provides a unique opportunity to distinguish the impact of physical and emotional trauma on long-term outcomes. The objective is to detail the multi-dimensional long-term effects of a large fire on its survivor population and assess differences in outcomes between survivors with and without physical injury.

Methods and Findings
This is a survey-based cross-sectional study of survivors of The Station fire on February 20, 2003. The relationships between functional outcomes and physical injury were evaluated with multivariate regression models adjusted for pre-injury characteristics and post-injury outcomes. Outcome measures include quality of life (Burn Specific Health Scale–Brief), employment (time off work), post-traumatic stress symptoms (Impact of Event Scale–Revised) and depression symptoms (Beck Depression Inventory). 104 fire survivors completed the survey; 47% experienced a burn injury. There was a 42% to 72% response rate range. Although depression and quality of life were associated with burn injury in univariate analyses ($p<0.05$), adjusted analyses showed no significant relationship between burn injury and these outcomes ($p = 0.91$; $p = .51$). Post-traumatic stress symptoms were not associated with burn injury in the univariate ($p = 0.13$) or adjusted analyses ($p = 0.79$). Time off work was the only outcome in which physical injury remained significant in the multivariate analysis ($p = 0.03$).

Conclusions
Survivors of this large fire experienced significant life disruption, including occupational, psychological and quality of life sequelae. The findings suggest that quality of life, depression and post-traumatic stress outcomes are related to emotional trauma, not physical injury. However, physical injury is correlated with employment outcomes. The long-term impact of this traumatic event underscores the importance of longitudinal and mental health care for trauma survivors, with attention to those with and without physical injuries.

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http://www.ncbi.nlm.nih.gov/pubmed/23068079

Psychiatry Res. 2012 Oct 12. pii: S0165-1781(12)00532-X. doi: 10.1016/j.psychres.2012.09.031. [Epub ahead of print]

Psychological consequences of terrorist attacks: Prevalence and predictors of mental health problems in Pakistani emergency responders.

Razik S, Ehring T, Emmelkamp PM.

Source: Punjab Emergency Service (Rescue 1122), Pakistan.

Abstract

Earlier research showing moderate to high prevalence rates of post-traumatic stress disorder (PTSD) and other mental health problems in emergency personnel has mostly been carried out in Western countries. Data from non-Western countries are largely lacking. The current study aimed to gather evidence on the prevalence of PTSD, anxiety, and depression in N=125 Pakistani emergency workers, most of whom (n=100; 80%) had been exposed to terrorist attacks. Fifteen percent of participants showed clinically relevant levels of PTSD, and 11-16% of participants reported heightened levels of anxiety or depression. Neither the experience of terrorist attacks per se nor the severity of the attack experienced were related to symptom severities. However, symptom levels of PTSD were related to a number of predictor variables, including subjective threat, peritraumatic dissociation, past traumas, rumination, and avoidant coping. Only few variables were predictive of levels of anxiety and depression. In sum, a substantial subgroup of emergency workers experienced mental health problems, and prevalences were in the high range of those reported in earlier studies focusing on emergency personnel in Western countries.

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http://www.hindawi.com/journals/rerp/2012/725078/

Impact of "Sick" and "Recovery" Roles on Brain Injury Rehabilitation Outcomes.

David A. Barclay

Rehabilitation Research and Practice

Volume 2012 (2012), Article ID 725078, 10 pages

This study utilizes a multivariate, correlational, expost facto research design to examine Parsons' "sick role" as a dynamic, time-sensitive process of "sick role" and "recovery role" and the impact of this process on goal attainment (H1) and psychosocial distress (H2) of adult survivors of acquired brain injury. Measures used include the Brief Symptom Inventory-18, a Goal Attainment Scale, and an original instrument to measure sick role process. 60 survivors of ABI enrolled in community reentry rehabilitation participated. Stepwise regression analyses did not fully support the multivariate hypotheses. Two models emerged from the stepwise analyses. Goal attainment, gender, and postrehab responsibilities accounted for 40% of the shared variance of psychosocial distress. Anxiety and depression accounted for 22% of the shared variance of goal attainment with anxiety contributing to the majority of the explained variance. Bivariate analysis found sick role variables, anxiety, somatization, depression, gender, and goal attainment as significant. The study has implications for ABI rehabilitation in placing greater emphasis on sick role processes, anxiety, gender, and goal attainment in guiding program planning and future research with survivors of ABI.

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http://www.ncbi.nlm.nih.gov/pubmed/23061646

Telemed J E Health. 2012 Oct;18(8):654-60. doi: 10.1089/tmj.2012.0123.

Challenges, solutions, and best practices in telemental health service delivery across the pacific rim-a summary.

Doarn CR, Shore J, Ferguson S, Jordan PJ, Saiki S, Poropatich RK.

Source: Department of Family and Community Medicine-Research, University of Cincinnati , Cincinnati, Ohio.

Abstract

Abstract The Telemedicine and Advanced Technology Research Center, U.S. Army Medical Research and Materiel Command, in conjunction with the American Telemedicine Association's Annual Mid-Year Meeting, conducted a 1-day workshop on how maturing and emerging processes and applications in the field of telemental health (TMH) can be expanded to enhance access to behavioral health services in the Pacific Rim. The purpose of the workshop was to bring together experts in the field of TMH from the military, federal agencies, academia, and regional healthcare organizations serving populations in the Pacific Rim. The workshop reviewed current technologies and systems to better understand their current and potential applications to regional challenges, including the Department of Defense and other federal organizations. The meeting was attended by approximately 100 participants, representing military, government, academia, healthcare centers, and tribal organizations. It was organized into four sessions focusing on the following topic areas: (1) Remote Screening and Assessment; (2) Post-Deployment Adjustment Mental Health Treatment; (3) Suicide Prevention and Management; and (4) Delivery of Training, Education, and Mental Health Work Force Development. The meeting's goal was to discuss challenges, gaps, and collaborative opportunities in this area to enhance existing or create new opportunities for collaborations in the delivery of TMH services to the populations of the Pacific Rim. A set of recommendations for collaboration are presented.

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http://www.alfredadler.edu/sites/default/files/Shaw%20MP%202012.pdf

Invisible Disabilities: Stigma and Belonging.

Megan E. Shaw

A Research Paper Presented to The Faculty of the Adler Graduate School

In Partial Fulfillment of the Requirements for

The Degree of Master of Arts in Adlerian Counseling and Psychotherapy

September 2012

This researcher sought to understand the struggles associated with invisible disabilities. Invisible Disabilities are just that, invisible, or unseen by the naked eye. Often, invisible disabilities have negative effects on a person's self-worth and sense of belonging. There is also a stigma associated with a disabled person when one visibly cannot see the disability. The assumption often is if one cannot see it, the suffering must not be that bad. Along with the doubts of the public, internal struggles deepen for the invisibly-disabled person. Mental health professionals must learn how to deal with a client's self-doubt, depression and feelings of inferiority to name a few. The American's with Disabilities Act (ADA) has made strides in acknowledging invisible disabilities. However, positive strides can still be made by the public and helping profession to better serve people with invisible disabilities.

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http://www.tandfonline.com/doi/abs/10.1080/15426432.2012.716290

A Needs Assessment of Congregation and Clergy Roles in Serving Military Families.

Terri Moore Brown

Journal of Religion & Spirituality in Social Work: Social Thought

Vol. 31, Iss. 4, 2012

In this study of 45 clergy in a military town, the role congregations have, if any, in providing pastoral care to military congregants and their family members was examined, along with the professional development needs of clergy who serve military families and the roles social workers who specialize in military social work can play in meeting those needs. Although 93.3% of respondents said they provide pastoral counseling to military families, only 35.6% said their church has a military ministry. The number one topic (80.5%) out of 16 that military families wanted to discuss during pastoral counseling was marital discord.

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http://www.ncbi.nlm.nih.gov/pubmed/23078182

Telemed J E Health. 2012 Oct 18. [Epub ahead of print]

The Use of Deployable Telehealth Centers by Military Beneficiaries to Access Behavioral Healthcare: An Exploratory Evaluation in American Samoa.

Mishkind MC, Martin S, Husky G, Miyahira SD, Gahm GA.

Source: National Center for Telehealth & Technology , Tacoma, Washington.

Abstract

Abstract Some U.S. Military Health System (MHS) beneficiaries face unique challenges accessing available behavioral healthcare because of the nature of their occupations, deployments to and permanent duty stations in isolated geographies, and discontinuity of services. The use of deployable telehealth centers such as modified shipping containers offers promise as an innovative solution to increase access to behavioral healthcare in remote and otherwise austere environments. The first telehealth modified 20-foot shipping container, known as a relocatable telehealth center (RTeC), was deployed to increase access to care for MHS beneficiaries on American Samoa. The goal of this study was to conduct an exploratory evaluation of patient satisfaction with and usability perceptions of this solution as a place to receive behavioral healthcare services. Twenty-eight beneficiaries participated in this evaluation. Results suggest that the RTeC is safe and private and ultimately an appropriate telebehavioral-originating site. These data provide insight into usability considerations and inform future research and deployable telehealth center development. Additionally, a brief discussion about potential cost offset is provided as cost efficiencies impact RTeC viability.

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http://www.counseling.org/resources/library/VISTAS/2012_Vol_1_67-104/2_2012-ACA-PDFs/Article_70.pdf

How Have the Wars in Iraq and Afghanistan Impacted the Troops, Their Families, and the Mental Health Community?

Judith J. Mathewson

Ideas and Research You Can Use: VISTAS 2012

American Counseling Association

War is one of the most psychologically, physically, cognitively, and emotionally demanding and stressful situations that people can find themselves in, even with the best of military training and preparation (Rizzo & Kim, 2005).

As the Global War on Terrorism, now referred to Overseas Contingency Operations, continues past its eleventh year mark, over 1.7 million United States military members have served in Iraq, Afghanistan, and 20 major bases around the world, with major concentrations of troops in 11 countries (Kessler, 2012). Some military members have endured a severe financial, physical, psychological, emotional, and spiritual toll (Figley, 2005).

Two specific populations of these war fighters, the Army and Air National Guard, are America's "Citizen Soldiers" and "Citizen Airmen." In past wars and conflicts, they were deployed for a short period of time or were involved in state missions to include search and rescue efforts, snow or ice storms, flooding, fires, or other national emergencies, such as Hurricanes Katrina and Irene. The Reserve and National Guard members are typically have a part-time commitment to the military and their transition Ideas and Research You Can Use: VISTAS 2012 2 from civilian-military-civilian makes it more challenging to gain access to services and having a supportive environment (Werber et al., 2008). National Guard and

Reserve members are disproportionally at risk for mental health problems, with reservists more likely to need mental healthcare services following deployment (Schell & Marshall, 2008; Werber at al., 2008). Those who deploy may experience additional stressors on themselves, their families, their jobs, and their communities. National Guard Soldiers and Airmen sometimes received orders at the last possible minute, placing a greater strain on part-time military members and employers, and potentially lost their civilian jobs due to numerous deployments. Despite laws that support military members through the Employer Support of the Guard and Reserve Program, during this faltering economy, these veterans are more at risk for unemployment than those not serving in the military (ESGR Program Seeks, 2004.).

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http://psycnet.apa.org/psycinfo/2012-27892-001/

Changes in Posttraumatic Stress Disorder and Depressive Symptoms During Cognitive Processing Therapy: Evidence for Concurrent Change.

Liverant, Gabrielle I.; Suvak, Michael K.; Pineles, Suzanne L.; Resick, Patricia A.

Journal of Consulting and Clinical Psychology, Oct 15 , 2012

Objective:
Trauma-focused psychotherapies reduce both posttraumatic stress disorder (PTSD) and co-occurring depression. However, little is known about the relationship between changes in PTSD and depression during treatment. This study examined the association between changes in PTSD and depression during the course of cognitive processing therapy (CPT) and its treatment components.

Method:
Data were drawn from a dismantling trial investigating the comparative efficacy of the components of CPT (Resick, Galovski, et al., 2008). One hundred twenty-six women (mean age = 36.14 years) from the original randomized intent-to-treat sample (N = 150) who attended at least 1 treatment session were included in this study. Participants diagnosed with PTSD were assigned to 1 of 3 treatment conditions: the full CPT protocol (n = 44), the cognitive therapy component of CPT (n = 39), and the written account component of CPT (n = 43). The majority of the sample self-identified as Caucasian (67%; 29% African American and 4% Other). Primary outcome measures included the Posttraumatic Diagnostic Scale and Beck Depression Inventory–II, administered at 8 time points (baseline, weekly throughout 6 weeks of treatment, and posttreatment).

Results:
Multilevel regression analyses were conducted to examine relationships between PTSD and depression during treatment. Results indicated that changes in PTSD and depression were strongly related. Multilevel mediation analyses revealed that changes in PTSD and depression occurred concurrently, with lagged analyses providing no evidence that changes in symptoms of 1 disorder preceded changes in the other.

Conclusions:
Results suggest that changes in PTSD and depression occur contemporaneously during CPT.

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http://www.ncbi.nlm.nih.gov/pubmed/23073972

J Trauma Stress. 2012 Oct;25(5):527-34. doi: 10.1002/jts.21732.

Modeling PTSD Symptom Clusters, Alcohol Misuse, Anger, and Depression as They Relate to Aggression and Suicidality in Returning U.S. Veterans.

Hellmuth JC, Stappenbeck CA, Hoerster KD, Jakupcak M.

Source: VA Puget Sound Health Care System, Seattle, Washington, USA.

Abstract

Suicidal ideation and aggression are common correlates of posttraumatic stress disorder (PTSD) among U.S. Iraq and Afghanistan war veterans. The existing literature has established a strong link between these factors, but a more nuanced understanding of how PTSD influences them is needed. The current study examined the direct and indirect relationships between PTSD symptom clusters and suicidal ideation in general aggression (without a specified target) regarding depression, alcohol misuse, and trait anger. Participants were 359 (92% male) U.S. Iraq/Afghanistan war veterans. Path analysis results suggested that the PTSD numbing cluster was directly ($\beta = .28$, $p < .01$) and indirectly ($\beta = .17$, $p = .001$) related through depression. The PTSD hyperarousal cluster was indirectly related to suicidal ideation through depression ($\beta = .13$, $p < .001$). The PTSD reexperiencing cluster was directly related to aggression ($\beta = .17$, $p < .05$), whereas the PTSD numbing and hyperarousal clusters were indirectly related to aggression through trait anger ($\beta = .05$, $p < .05$; $\beta = .20$, $p < .001$). These findings indicate that adjunct treatments aimed at stabilizing anger, depression, and alcohol misuse may help clinicians ameliorate the maladaptive patterns often observed in veterans. These results also point to specific manifestations of PTSD and co-occurring conditions that may inform clinicians in their attempts to identify at risk veterans and facilitate preventative interventions.

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http://www.ncbi.nlm.nih.gov/pubmed/23088401?dopt=Abstract

Psychol Serv. 2012 Oct 22. [Epub ahead of print]

Enhancing Services Response to Crisis Incidents Involving Veterans: A Role for Law Enforcement and Mental Health Collaboration.

Weaver CM, Joseph D, Dongon SN, Fairweather A, Ruzek JI.

Abstract

When crisis situations involving veterans occur, responding police officers find themselves playing an important role in the spectrum of health and mental health services for those veterans. Crisis response training can help officers respond in a manner that increases safety and optimizes outcomes for all people involved. Yet, current crisis response police training models are only accessible to select officers. Nor do they emphasize the unique challenges and strengths that impact veterans who experience acute symptoms of mental illness. In the current study, we report the results from the first generation of training, collaboratively designed to enhance officers' (a) knowledge of relevant topics, including posttraumatic stress disorder and traumatic brain injury, (b) attitudes about veterans, and (c) and skills helpful in identifying and deescalating veterans and referring them to treatment. Officers completed in-class evaluations (N = 314), and a subsample (n = 53) completed 3-month follow-up evaluations. Pre- versus posttest comparisons indicated significant improvements in total score, and individually in knowledge, attitudes, and skills. Consistent with previous literature, the specific in-class gains were not retained on follow-up. However, responding officers widely endorsed use of de-escalation techniques during, and a positive impact of the training on, their interactions with veterans in the 3 months following the training. Implications for future training and policy are discussed. (PsycINFO Database Record (c) 2012 APA, all rights reserved).

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http://www.ncbi.nlm.nih.gov/pubmed/23088675?dopt=Abstract

J Sex Med. 2012 Oct 22. doi: 10.1111/j.1743-6109.2012.02978.x. [Epub ahead of print]

Sexual Dysfunction among Male Veterans Returning from Iraq and Afghanistan: Prevalence and Correlates.

Hosain GM, Latini DM, Kauth M, Goltz HH, Helmer DA.

Source: Houston VA HSR&D Center of Excellence, Houston, TX, USA The Scott Department of Urology, Baylor College of Medicine, Houston, TX, USA South Central Mental Illness Research, Education, and Clinical Center, Houston, TX, USA Department of Psychiatry and Behavioral Sciences, Baylor College of Medicine, Houston, TX, USA University of Houston Downtown, Houston, TX, USA VA RRD Center of Excellence and PrimeCare, Houston, TX, USA Department of Medicine, Baylor College of Medicine, Houston, TX, USA.

Abstract

Introduction. Sexual dysfunction (SD) is not well described in the Iraq/Afghanistan veteran population despite high prevalence of multiple risk factors for this issue. Aim. To estimate the prevalence and examine the association of various sociodemographic, mental health, comorbid conditions and life style factors with sexual dysfunction in Iraq/Afghanistan veterans. Methods. This exploratory cross-sectional

study was conducted using data from the VA administrative database. A total of 4,755 Iraq/Afghanistan veterans were identified who sought treatment from the Michael E. DeBakey Veterans Affairs Medical Center inpatient and outpatient clinic between September 2007 and August 2009. Main Outcome Measures. Sexual dysfunction was determined by ICD9-CM codes related to sexual health issues and/or by specific medications, primarily phosphodiesterase-5 inhibitors (PDE5i), prescribed for erectile dysfunction. Results. The overall prevalence of sexual dysfunction was 5.5% (N = 265). By age category, it was 3.6% (N = 145) for Iraq/Afghanistan veterans aged 18-40 years and 15.7% (N = 120) for Iraq/Afghanistan veterans aged > 40 years, respectively. A multivariate logistic-regression model revealed that annual income, marital status, post-traumatic stress disorder, and hypertension were significant risk factors of SD (all P < 0.05) among younger Iraq/Afghanistan veterans, whereas among the older Iraq/Afghanistan veterans, being African American and having PTSD and hypertension were significant risk factors of SD (all P < 0.05). There was marked discrepancy between documented erectile dysfunction and prescription of a PDE5i. Conclusions. These data demonstrate that a significant proportion of Iraq/Afghanistan veterans have SD and that the risk factors differ between younger and older veterans. Our findings also suggest that SD is likely under-coded. To better identify the scope of the problem, systematic screening for sexual dysfunction may be appropriate perhaps as part of an initial post-deployment health evaluation. Hosain GMM, Latini DM, Kauth M, Goltz HH, and Helmer DA. Sexual dysfunction among male veterans returning from Iraq and Afghanistan: Prevalence and correlates. J Sex Med **;**:**-**.

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http://www.biomedcentral.com/1471-244X/12/178/abstract

What are the effects of having an illness or injury whilst deployed on post deployment mental health? A population based record linkage study of UK Army personnel who have served in Iraq or Afghanistan.

Harriet J Forbes, Norman Jones, Charlotte Woodhead, Neil Greenberg, Kate Harrison, Sandra White, Simon Wessely and Nicola T Fear

BMC Psychiatry 2012

Published: 24 October 2012

Background
The negative impact of sustaining an injury on a military deployment on subsequent mental health is well-documented, however, the relationship between having an illness on a military operation and subsequent mental health is unknown.

Methods
Population based study, linking routinely collected data of attendances at emergency departments in military hospitals in Iraq and Afghanistan [Operational Emergency Department Attendance Register

(OpEDAR)], with data on 3896 UK Army personnel who participated in a military health study between 2007 and 2009 and deployed to Iraq or Afghanistan between 2003 to 2009.

Results
In total, 13.8% (531/3896) of participants had an event recorded on OpEDAR during deployment; 2.3% (89/3884) were medically evacuated. As expected, those medically evacuated for an injury were at increased risk of post deployment probable PTSD (odds ratio 4.25, 95% confidence interval 1.81 to 9.99). Less expected was that being medically evacuated for an illness was also associated with a similarly increased risk of probable PTSD (4.43, 1.61 to 12.16) and common mental disorders (2.82, 1.43 to 5.56). There was no association between having an OpEDAR event and alcohol misuse. Having an injury caused by hostile action was associated with increased risk of probable PTSD compared to those with a non-hostile injury (3.88, 1.15 to 13.06).

Conclusions
Personnel sustaining illnesses on deployment are just as, if not more, at risk of having subsequent mental health problems as personnel who have sustained an injury. Monitoring of mental health problems should consider those with illnesses as well as physical injuries.

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http://www.ncbi.nlm.nih.gov/pubmed/23087624

Front Integr Neurosci. 2012;6:89. doi: 10.3389/fnint.2012.00089. Epub 2012 Oct 9.

Emotion and cognition interactions in PTSD: a review of neurocognitive and neuroimaging studies.

Hayes JP, Vanelzakker MB, Shin LM.

Source: National Center for PTSD, VA Boston Healthcare System Boston, MA, USA ; Department of Psychiatry, Boston University School of Medicine Boston, MA, USA.

Abstract

Posttraumatic stress disorder (PTSD) is a psychiatric syndrome that develops after exposure to terrifying and life-threatening events including warfare, motor-vehicle accidents, and physical and sexual assault. The emotional experience of psychological trauma can have long-term cognitive effects. The hallmark symptoms of PTSD involve alterations to cognitive processes such as memory, attention, planning, and problem solving, underscoring the detrimental impact that negative emotionality has on cognitive functioning. As such, an important challenge for PTSD researchers and treatment providers is to understand the dynamic interplay between emotion and cognition. Contemporary cognitive models of PTSD theorize that a preponderance of information processing resources are allocated toward threat detection and interpretation of innocuous stimuli as threatening, narrowing one's attentional focus at the expense of other cognitive operations. Decades of research have shown support for these cognitive models of PTSD using a variety of tasks and methodological approaches. The primary goal of this review is to summarize the latest neurocognitive and neuroimaging research of emotion-cognition interactions

in PTSD. To directly assess the influence of emotion on cognition and vice versa, the studies reviewed employed challenge tasks that included both cognitive and emotional components. The findings provide evidence for memory and attention deficits in PTSD that are often associated with changes in functional brain activity. The results are reviewed to provide future directions for research that may direct better and more effective treatments for PTSD.

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http://www.ncbi.nlm.nih.gov/pubmed/23087599

J Dual Diagn. 2011 Oct;7(4):285-299. Epub 2011 Nov 10.

Co-occurring Posttraumatic Stress Disorder and Alcohol Use Disorders in Veteran Populations.

Carter AC, Capone C, Short EE.

Source: Brown University Center for Alcohol and Addiction Studies Providence Veterans Affairs Medical Center.

Abstract

Co-occurring posttraumatic stress disorder (PTSD) and alcohol use disorders have become increasingly prevalent in military populations. Over the past decade, PTSD has emerged as one of the most common forms of psychopathology among the 1.7 million American military personnel deployed to Iraq and Afghanistan in Operation Enduring Freedom (OEF), Operation Iraqi Freedom (OIF), and Operation New Dawn (OND). Among veterans from all eras, symptoms of PTSD have been highly correlated with hazardous drinking, leading to greater decreases in overall health and greater difficulties readjusting to civilian life. In fact, a diagnosis of co-occurring PTSD and alcohol use disorder has proven more detrimental than a diagnosis of PTSD or alcohol use disorder alone. In order to effectively address co-occurring PTSD and alcohol use disorder, both the clinical and research communities have focused on better understanding this comorbidity, as well as increasing treatment outcomes among the veteran population. The purpose of the present article is threefold: (1) present a case study that highlights the manner in which PTSD and alcohol use disorder co-develop after trauma exposure; (2) present scientific theories on co - occurrence of PTSD and alcohol use disorder; and (3) present current treatment options for addressing this common comorbidity.

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http://www.ncbi.nlm.nih.gov/pubmed/23082834

Am J Addict. 2012 Nov;21(6):550-4. doi: 10.1111/j.1521-0391.2012.00282.x. Epub 2012 Sep 27.

Differences in Drinking Patterns, Occupational Stress, and Exposure to Potentially Traumatic Events among Firefighters: Predictors of Smoking Relapse.

Vanderveen JW, Gulliver SB, Morissette SB, Kruse MI, Kamholz BW, Zimering RT, Knight J, Keane TM.

Source: VISN 17 Center of Excellence for Research on Returning War Veterans, Waco, Texas Texas A&M Health Science Center, Department of Psychiatry & Behavioral Science, Temple, Texas VA Boston Healthcare System, Boston, Massachusetts Boston University School of Medicine, Department of Psychiatry, Boston, Massachusetts National Center for PTSD, Boston, Massachusetts.

Abstract

Background and Objectives: Despite the increased awareness regarding the risks of cigarette smoking, this behavior continues to be a serious public health concern. As such, the goal of the current study was to examine risk factors for smoking relapse among individuals employed through fire service. Methods: In this report, drinking changes, trauma exposure, and occupational stress were compared among firefighters (N = 81) who reported a relapse to cigarette smoking (n = 27), a lifetime former history of smoking (n = 27), or no history of smoking (n = 27). Mechanisms behind tobacco relapse occurring after employment in fire service were explored. Results: Firefighters who relapsed to smoking, when compared to their nonsmoking peers, had higher rates of weekly alcohol consumption throughout their first year of fire service and had greater increases in drinking from preacademy to postacademy. Conclusions and Scientific Significance: Gaining a better understanding of these behaviors within this understudied and high-risk population may provide valuable information that can be used in designing future relapse prevention strategies as well as smoking cessation interventions. (Am J Addict 2012;21:550-554).

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http://www.ncbi.nlm.nih.gov/pubmed/23082753

Suicide Life Threat Behav. 2012 Oct 20. doi: 10.1111/j.1943-278X.2012.00126.x. [Epub ahead of print]

Suicide Attempts and Suicide among Marines: A Decade of Follow-up.

Gradus JL, Shipherd JC, Suvak MK, Giasson HL, Miller M.

Source: VA Boston Healthcare System, National Center for PTSD, Boston, MA, USA; Department of Psychiatry, Boston University School of Medicine, Boston, MA, USA; Department of Epidemiology, Boston University School of Public Health, Boston, MA, USA.

Abstract

Suicidal behavior among military personnel is of paramount public health importance because of the increased risk of death from suicide in this population. Pre- and post-Marine recruit training risk factors for suicide attempts among current and former Marines were examined in 10 years following recruit training. The characteristics of the subsample of current and former Marines who died by suicide during this time are also described. Stressful and traumatic life events (e.g., childhood physical, sexual, and emotional abuse, sexual harassment during recruit training) and pre-recruit training suicide attempts

emerged as having strong associations with post-recruit training attempts. Half of those who died by suicide in the 10 years following recruit training endorsed at least one significant life stressor prior to joining the Marines. This study highlights the importance of screening for stressful and potentially traumatic experiences occurring both before and during military service as part of a comprehensive suicide risk assessment in military samples.

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http://www.ncbi.nlm.nih.gov/pubmed/22684318

J Occup Environ Med. 2012 Jun;54(6):670-6. doi: 10.1097/JOM.0b013e318255ba57.

Organizational psychosocial factors and deployment-related exposure concerns in Afghanistan/Iraq War veterans.

Osinubi OY, McAndrew LM, De Candia V, Chandler HK, Santos SL, Falca-Dodson M, Teichman R.

Source: Department of Veterans Affairs, NJ War Related Illness & Injury Study Center, 385 Tremont Ave 129, East Orange, NJ 07018, USA. omowunmi.osinubi@va.gov

Abstract

OBJECTIVE:
Environmental exposure concerns are associated with adverse health outcomes in soldiers deployed to South West Asia. There is little data on factors associated with the reporting of exposure concerns. We explored the relationship between deployment-related preparedness/support and exposure concerns.

METHODS:
Retrospective chart review of 489 Afghanistan/Iraq veterans evaluated at a Veterans Affairs tertiary center for postdeployment health.

RESULTS:
Virtually all subjects were concerned about environmental exposure(s). There were no significant demographic differences in exposure concerns, preparedness/support variables, or both. Preparedness/support correlated inversely with exposure concerns. Mental health function mediated the relationship between preparedness/support and exposure concerns.

CONCLUSIONS:
Deployment-related preparedness/support is associated with exposure concerns and mental health functioning. Definitive studies will provide data and insight on how the military may better prepare/support soldiers to optimize their resilience and reduce deployment-related exposure concerns.

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http://www.ncbi.nlm.nih.gov/pubmed/23080373?dopt=Abstract

Depress Anxiety. 2012 Oct 18. doi: 10.1002/da.22004. [Epub ahead of print]

BASELINE DEPRESSION LEVELS DO NOT AFFECT EFFICACY OF COGNITIVE-BEHAVIORAL SELF-HELP TREATMENT FOR INSOMNIA.

Lancee J, van den Bout J, van Straten A, Spoormaker VI.

Source: Department of Clinical and Health Psychology, Utrecht University, Utrecht, The Netherlands; Department of Clinical Psychology, University of Amsterdam, Amsterdam, The Netherlands.

Abstract

BACKGROUND:
Cognitive-behavioral therapy can effectively treat insomnia (CBT-I). Randomized controlled trials have shown efficacy of self-help CBT-I, but unclear is whether excluding depressive patients boosted treatment effects.

METHOD:
We administered unsupported self-help CBT-I to insomnia patients with low and high depression levels. Based on the validated Centre of Epidemiological Studies-Depression (CES-D) scale, the internet-recruited sample (N = 479) was divided into three groups: low depression scores (n = 198), mild depression scores (n = 182), and high depression scores (n = 99). Follow-ups were 4 and 18 weeks after completion of the treatment.

RESULTS:
At 4-week follow-up, all groups had a similar amelioration on the primary sleep measures (d = 0.1-0.7; P < 0.05) and the secondary insomnia ratings (d = 1.2; P < 0.001). The only difference was that the high/mild depression groups had a steeper reduction in depression (d = 1.0-1.1; P < 0.001) and anxiety scores (d = 0.7-0.8; P < 0.001) than the low depression group (depression and anxiety: d = 0.3; P < 0.01), possibly due to floor effects in the latter group. The observed effects were sustained at the 18-week follow-up.

CONCLUSIONS:
This study showed that CBT-I is effective regardless of baseline depression levels. Treating the combination of insomnia and depression is an extra challenge since it is associated with increased sleep problems. These data may help us understand the relationship between insomnia and depression and indicate that self-help CBT-I may be a promising addition to regular depression treatment.

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http://www.ncbi.nlm.nih.gov/pubmed/23077954?dopt=Abstract

Rev Med Chir Soc Med Nat Iasi. 2012 Apr-Jun;116(2):563-6.

Posttraumatic stress disorder: neuroendocrine and pharmacotherapeutic approach.

Amihaesei IC, Mungiu OC.

Source: Department of Histology, Faculty of Medicine, University of Medicine and Pharmacy "Grigore T. Popa"--Iasi.

Abstract

Posttraumatic stress disorder (PTSD) is represented by the development of characteristic symptoms, that appear following direct/indirect exposure to a traumatic event in which physical harm was threatened, witnessed or experienced. PTSD can also occur after the unexpected death of a family member or close friend, following a serious harm or threat of death or injury to a loved one, or in case of divorce or unemplyoement. It occurs in 1%-4% of the population. As neuroendocrine pattern, PTSD is characterized by abnormal low cortisol levels and higher than normal epinephrine and norepinephrine levels. In chronique forms a total decrease of the hippocampal volume, was found, region of the brain involved in processing memories and in the memorization process. Symptoms are grouped in three main categories: re-experiencing the event, accompanied by anxiety, nightmares and flashbacks; persistent avoidance of any reminders of the event, feeling detached or estranged from others; persistent anxiety and/or physical reactivity. As treatment, besides various psychotherapy techniques, various classes of psychotropic drugs are used, such as morphine, antipsychotics, usual or atypical antidepressants, anticonvulsants, to reduce anxiety, avoidance, nightmares and hyperexcitability.

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http://www.ncbi.nlm.nih.gov/pubmed/23073976?dopt=Abstract

J Trauma Stress. 2012 Oct;25(5):583-6. doi: 10.1002/jts.21733.

Rumination Moderates the Associations Between PTSD and Depressive Symptoms and Risky Behaviors in U. S. Veterans.

Borders A, McAndrew LM, Quigley KS, Chandler HK.

Source: Department of Veterans Affairs, NJ War Related Illness & Injury Study Center, East Orange, New Jersey, USA; The College of New Jersey, Ewing, New Jersey, USA.

Abstract

Risky behaviors, including unsafe sex, aggression, rule breaking, self-injury, and dangerous substance use have become a growing issue for U.S. veterans returning from combat deployments. Evidence in nonveteran samples suggests that risky behaviors reflect efforts to cope with and alleviate depressive and/or anxious symptoms, particularly for individuals with poor emotion-regulation skills. These

associations have not been studied in veterans. Rumination, or repeated thoughts about negative feelings and past events, is a coping strategy that is associated with several psychopathologies common in veterans. In this cross-sectional study, 91 recently returned veterans completed measures of trait rumination, self-reported risky behaviors, and symptoms of posttraumatic stress disorder (PTSD) and depression. Analyses revealed that veterans with more depressive and PTSD symptoms reported more risky behaviors. Moreover, rumination significantly interacted with PTSD symptoms and depressive symptoms (both $\beta = .21$, $p < .05$), such that psychiatric symptoms were associated with risky behaviors only for veterans with moderate to high levels of rumination. Although cross-sectional, these findings support theory that individuals with poor coping skills may be particularly likely to respond to negative mood states by engaging in risky behaviors. Implications include using rumination-focused interventions with veterans in order to prevent engagement in risky behaviors.

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http://www.ncbi.nlm.nih.gov/pubmed/23071345

Psychosom Med. 2012 Oct 15. [Epub ahead of print]

Physical Health Status of Female Veterans: Contributions of Sex Partnership and In-Military Rape.

Booth BM, Davis TD, Cheney AM, Mengeling MA, Torner JC, Sadler AG.

Source: HSR&D Center for Mental Healthcare Outcomes and Research (B.M.B, A.M.C.), Central Arkansas Healthcare System, Little Rock, AR; Department of Psychiatry (B.M.B, A.M.C.), University of Arkansas for Medical Sciences, Little Rock, AR; Greater Los Angeles Veterans Healthcare System-West Los Angeles VAMC (T.D.D.), Los Angeles, CA; Comprehensive Access and Delivery Research and Evaluation (M.A.M., A.G.S.), Iowa City VA Medical Center, Iowa City, IA; Department of Epidemiology (J.C.T.), College of Public Health, University of Iowa, Iowa City, IA.

Abstract

Objective:
The aim of this study was to determine whether current physical health status in female veterans is associated with rape during military service and same-sex partnership.

Method:
Retrospective computer-assisted telephone interviews of 1004 Midwestern US female veterans identified from Veterans Affairs electronic records were conducted. Data included rape history including rape in military, sex partnership history, demographics, and medical history including chronic pain, mental health (depression and posttraumatic stress disorder [PTSD]), and the physical health component of the Short-Form 12-item interview (PCS-12).

Results:
Physical health in this sample was lower than norm values [PCS-12: mean (standard deviation) = 43 [12]; norm: mean (standard deviation) = 50 [10]). Fifty-one percent of the participants reported rape in their lifetime, 25% reported rape in military, 11% reported history of women as sex partners, and 71% reported history of chronic pain. Multiple regression analysis indicated that physical health (PCS-12) was associated with chronic pain history ($\beta = -.40$, $p < .001$), rape in military ($\beta = -.09$, $p = .002$), and current PTSD ($\beta = .07$, $p = .03$), adjusting for demographic data. Mediational analysis indicated that chronic pain history significantly mediated relationships of women who have sex with women, childhood rape, PTSD, depression, and current substance use disorder with PCS-12.ConclusionsBoth rape and sex partnership are adversely associated with lower physical functioning in female veterans. Clinicians evaluating the physical health of this population should therefore consider obtaining detailed sexual histories, and a multidisciplinary team is needed to address mental health issues in female veterans.

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http://www.ncbi.nlm.nih.gov/pubmed/23070675

Int J Yoga Therap. 2012;(22):79-88.

The Use of Yoga in Specialized VA PTSD Treatment Programs.

Libby DJ, Reddy F, Pilver CE, Desai RA.

Source: Office of Academic Affiliations, Advanced Fellowship Program in Mental Illness Research and Treatment, Department of Veterans Affairs (MIRECC) VA Connecticut Healthcare System, West Haven (VACHS) Evaluation Division, National Center for PTSD (NCPTSD) Veterans Yoga Project, Newington, CT.

Abstract

Background:
Posttraumatic stress disorder (PTSD) is a chronic, debilitating anxiety disorder that is highly prevalent among U.S. military veterans. Yoga, defined to include physical postures (asana) and mindfulness and meditation, is being increasingly used as an adjunctive treatment for PTSD and other psychological disorders. No research or administrative data have detailed the use of these services in Department of Veterans Affairs' (VA) 170 PTSD treatment programs.

Methods:
One hundred twenty-five program coordinators or designated staff completed an 81-item survey of their program's use of complementary and alternative medicine modalities in the past year. This report describes data from a subset of 30 questions used to assess the prevalence, nature, and context of the use of yoga, mindfulness, and meditation other than mindfulness practices.

Results:
Results revealed that these practices are widely offered in VA specialized PTSD treatment programs and that there is great variability in the context and nature of how they are delivered.

Conclusions:
Understanding how yoga is used by these programs may inform ongoing efforts to define and distinguish yoga therapy as a respected therapeutic discipline and to create patient-centered care models that mindfully fulfill the unmet needs of individuals with mental health issues, including veterans with PTSD.

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http://www.ncbi.nlm.nih.gov/pubmed/23070039

Psychiatr Serv. 2012 Oct 15. doi: 10.1176/appi.ps.201100544. [Epub ahead of print]

Benzodiazepine Prescribing Variation and Clinical Uncertainty in Treating Posttraumatic Stress Disorder.

Lund BC, Abrams TE, Bernardy NC, Alexander B, Friedman MJ.

Abstract

OBJECTIVE:
Despite guideline recommendations against their use, benzodiazepines are among the most commonly prescribed psychotropic medications among veterans with posttraumatic stress disorder (PTSD) in the Veterans Health Administration (VHA). This observation suggests the potential for significant clinical uncertainty concerning the role of benzodiazepines in PTSD, which was examined by characterizing prescribing variation in the VHA across multiple levels of geographic aggregation and over time.

METHODS:
Veterans with PTSD were identified from national VHA administrative data in fiscal years 1999 through 2009. Benzodiazepine prescribing frequencies were aggregated across 137 medical centers, 21 networks, and four U.S. regions, and the extent of variation was characterized at each level. Prescribing variation was also examined by comparing benzodiazepine use between rural and urban veterans and between veterans receiving care at community-based outpatient clinics versus medical centers.

RESULTS:
Benzodiazepine prescribing variation decreased over time, particularly at the network and regional levels. Facility-level variation (medical centers) also declined, but substantial variation persisted through 2009 (range 14.7%-56.8%). At the national level, rural veterans were more likely to receive benzodiazepines in 1999 (odds ratio=1.24; 95% confidence interval=1.22-1.27), and this association persisted through 2009. However, regional subanalyses revealed that rural-versus-urban differences were observed only in the Midwest and South. Benzodiazepine prescribing was similar between community-based outpatient clinics and medical centers.

CONCLUSIONS:
Variability in benzodiazepine prescribing across the VHA reflects uncertainty regarding the adoption of guideline recommendations. Although variation has decreased in recent years, targeted interventions

among facilities with high rates of prescribing may be an efficient strategy to promote guideline-concordant care.

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http://www.ncbi.nlm.nih.gov/pubmed/23068077

Psychiatry Res. 2012 Oct 12. pii: S0165-1781(12)00538-0. doi: 10.1016/j.psychres.2012.09.037. [Epub ahead of print]

Impact of combat and non-military trauma exposure on symptom reduction following treatment for veterans with posttraumatic stress disorder.

Forbes D, Fletcher S, Phelps A, Wade D, Creamer M, O'Donnell M.

Source: Australian Centre for Posttraumatic Mental Health, Department of Psychiatry, University of Melbourne, Australia. Electronic address: dforbes@unimelb.edu.au.

Abstract

Military veterans with posttraumatic stress disorder (PTSD) frequently report exposure to multiple other traumas in addition to their military experiences. This study aimed to examine the impact of exposure-related factors for military veterans with PTSD on recovery after participation in a group-based treatment program. Subjects included 1548 military veterans with PTSD participating in specialist veterans' PTSD programs across Australia. The study included measures of PTSD, depression, anxiety and alcohol use. Analyses of variance found higher combat exposure was associated with more severe PTSD at intake. No differences in PTSD intake severity were evident in those with additional non-military trauma. Severity of combat exposure did not affect treatment outcomes, although those with low combat exposure and additional non-military trauma (which included high rates of molestation) did report reduced symptom improvement. These findings have implications for considerations of optimal interventions for those with lower levels of combat exposure and additional non-military trauma.

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http://www.biomedcentral.com/1471-244X/12/171/abstract

Role of the police in linking individuals experiencing mental health crises with mental health services.

Rob HS van den Brink, Jan Broer, Alfons J Tholen, Wim H Winthorst, Ellen Visser and Durk Wiersma

BMC Psychiatry

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Background
The police are considered frontline professionals in managing individuals experiencing mental health crises. This study examines the extent to which these individuals are disconnected from mental health services, and whether the police response has an influence on re-establishing contact.

Methods
Police records were searched for calls regarding individuals with acute mental health needs and police handling of these calls. Mental healthcare contact data were retrieved from a Psychiatric Case Register.

Results
The police were called upon for mental health crisis situations 492 times within the study year, involving 336 individuals (i.e. 1.7 per 1000 inhabitants per year). Half of these individuals (N=162) were disengaged from mental health services, lacking regular care contact in the year prior to the crisis (apart from contact for crisis intervention). In the month following the crisis, 21% of those who were previously disengaged from services had regular care contact, and this was more frequent (49%) if the police had contacted the mental health services during the crisis. The influence of police referral to the services was still present the following year. However, for the majority (58%) of disengaged individuals police did not contact the mental health services at the time of crisis.

Conclusions
The police deal with a substantial number of individuals experiencing a mental health crisis, half of whom are out of contact with mental health services, and police play an important role in linking these individuals to services. Training police officers to recognise and handle mental health crises, and implementing practical models of cooperation between the police and mental health services in dealing with such crises may further improve police referral of individuals disengaged from mental health services.

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http://www.ncbi.nlm.nih.gov/pubmed/23062092?dopt=Abstract

Am Fam Physician. 2012 Oct 1;86(7):643-9.

The Physician's Role in Managing Acute Stress Disorder.

Kavan MG, Elsasser GN, Barone EJ.

Source: Creighton University School of Medicine, Omaha, NE, USA.

Abstract

Acute stress disorder is a psychiatric diagnosis that may occur in patients within four weeks of a traumatic event. Features include anxiety, intense fear or helplessness, dissociative symptoms, reexperiencing the event, and avoidance behaviors. Persons with this disorder are at increased risk of developing posttraumatic stress disorder. Other risk factors for posttraumatic stress disorder include

current or family history of anxiety or mood disorders, a history of sexual or physical abuse, lower cognitive ability, engaging in excessive safety behaviors, and greater symptom severity one to two weeks after the trauma. Common reactions to trauma include physical, mental, and emotional symptoms. Persistent psychological distress that is severe enough to interfere with psychological or social functioning may warrant further evaluation and intervention. Patients experiencing acute stress disorder may benefit from psychological first aid, which includes ensuring the patient's safety; providing information about the event, stress reactions, and how to cope; offering practical assistance; and helping the patient to connect with social support and other services. Cognitive behavior therapy is effective in reducing symptoms and decreasing the future incidence of posttraumatic stress disorder. Critical Incident Stress Debriefing aims to mitigate emotional distress through sharing emotions about the traumatic event, providing education and tips on coping, and attempting to normalize reactions to trauma. However, this method may actually impede natural recovery by overwhelming victims. There is insufficient evidence to recommend the routine use of drugs in the treatment of acute stress disorder. Short-term pharmacologic intervention may be beneficial in relieving specific associated symptoms, such as pain, insomnia, and depression.

Links of Interest

Study Reveals the Many Ways Sexual Assault Harms Women
http://www.nlm.nih.gov/medlineplus/news/fullstory_130220.html

Veterans Are at Higher Risk of Alcohol Abuse Relapse Due to Smoking
http://www.sciencedaily.com/releases/2012/10/121012141838.htm

Marines' Faces Before, During, and After Serving in Afghanistan
http://www.slate.com/blogs/behold/2012/10/17/claire_felicie_s_photographs_marines_faces_before_during_and_after_afghanistan.html

Troubles in the Branding of Psychotherapies as “Evidence Supported"
http://blogs.plos.org/mindthebrain/2012/10/22/troubles-in-the-branding-of-psychotherapies-as-evidence-supported/

MindQuire Launches Online CBT Application That Offers Free Cognitive Behavioral Therapy Homework Exercises
http://www.prweb.com/releases/2012/10/prweb10038590.htm

Brief CBT Training Yields Decreases in Depression Among Veterans
http://www.goodtherapy.org/blog/cognitive-behavioral-therapy-veterans-depression-1017122

Army Family Programs Face Cutbacks
http://www.military.com/daily-news/2012/10/23/army-family-programs-face-cutbacks.html

Discovery of Two Opposite Ways Humans Voluntarily Forget Unwanted Memories
http://www.sciencedaily.com/releases/2012/10/121017123910.htm

New Advance Could Help Soldiers, Athletes, Others Rebound from Traumatic Brain Injuries
http://www.sciencedaily.com/releases/2012/10/121017132029.htm

What Can a Civilian Possibly Say to a Wounded Soldier?
http://jezebel.com/5953286/what-can-a-civilian-possibly-say-to-a-wounded-soldier

Site Puts Names, Faces to PTSD
http://www.dcoe.health.mil/blog/article.aspx?id=1&postid=420

Substance abuse diagnoses increasing in U.S.
http://www.nlm.nih.gov/medlineplus/news/fullstory_130555.html

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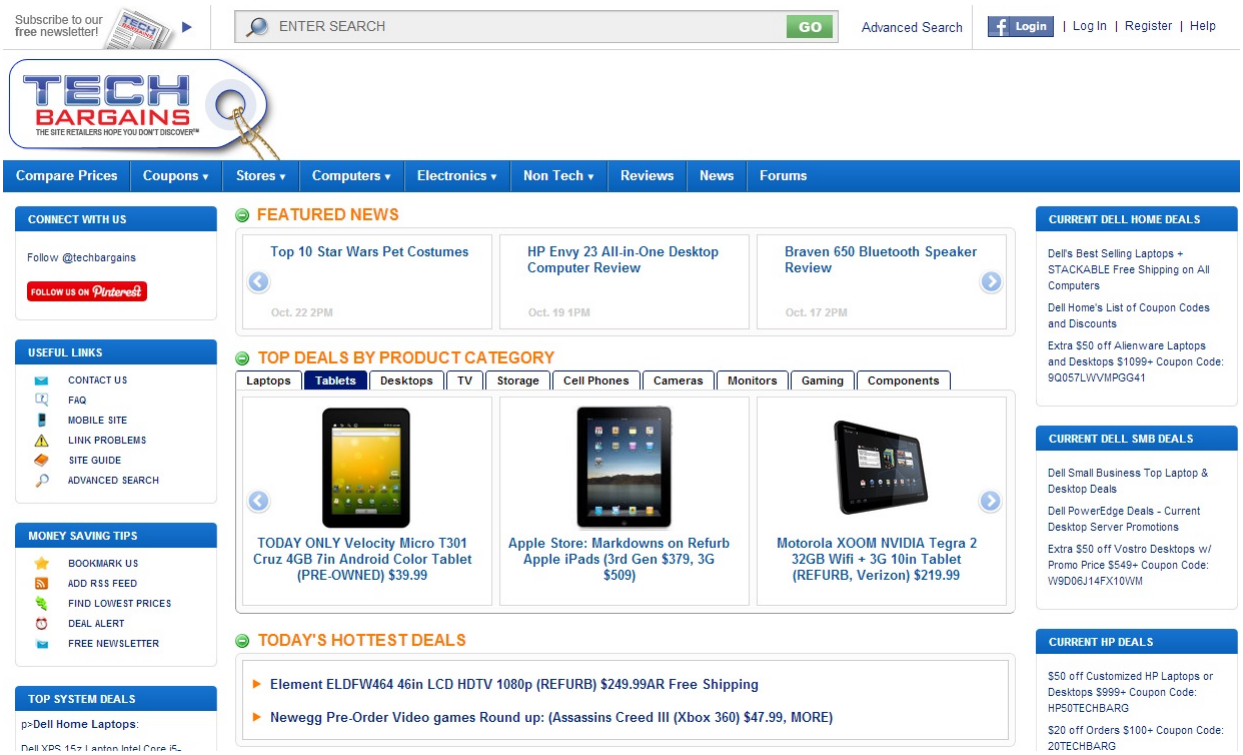
Research Tip of the Week: Techbargains.com

In the market for a new laptop, flat screen TV, camera, tablet computer…? Don't pull the trigger before checking Techbargains.com.

> We help you figure out what is best to buy, why it's best, and where to buy it at a good price. We sort through all the information and hype on technology products, and clearly and concisely recommend the best for what you need. Because we are web based, we can provide you much more timely information than periodicals, which have lead times of days, weeks, or even months. We are not biased and will also tell you what not to buy (and why), unlike most other sources.

In particular, the site keeps very close track of online offerings from sites like Dell, HP and Lenovo, which may be offering time-limited deals via special links or codes. Techbargains is updated continually; you can follow them via RSS or through the various social networks. You can sign up for deal alerts on specific products, and the site incorporates the price comparison tool Pricegrabber.com to help you find the lowest prices when you're ready to buy.

Techbargains also tracks deals on non-tech products, but the computers/electronics/technology space is its strong suit. For non-tech product deals, I particularly like Slickdeals .



Shirl Kennedy
Web Content Strategist
Center for Deployment Psychology
www.deploymentpsych.org
skennedy@deploymentpsych.org
301-816-4749