



CDP Research Update -- December 20, 2012

What's here:

- An Occupational Mental Health Model for the Military.
- Systematic review and meta-analyses of psychosocial interventions for veterans of the military.
- Civilian PTSD Symptoms and Risk for Involvement in the Criminal Justice System.
- PTSD as a Criminal Defense: A Review of Case Law.
- Academic Libraries Supporting the Research Needs of Student Veterans: A Bibliography.
- Family Communication Across the Military Deployment Experience: Child and Spouse Report of Communication Frequency and Quality and Associated Emotions, Behaviors, and Reactions.
- Mood variability predicts the course of suicidal ideation in individuals with first and second episode psychosis.
- Peers and Peer-Based Interventions in Supporting Reintegration and Mental Health Among National Guard Soldiers: A Qualitative Study.
- Promoting Reintegration of National Guard Veterans and Their Partners Using a Self-Directed Program of Integrative Therapies: A Pilot Study.
- Group Exposure Therapy Treatment for Post-Traumatic Stress Disorder in Female Veterans.
- Anxiety, Social Support, and Physical Health in a Sample of Spouses of OEF/OIF Service Members.
- Gulf War Illness: Symptomatology Among Veterans 10 Years After Deployment.
- Family stress and posttraumatic stress: the impact of military operations on military health care providers.
- Family stress and posttraumatic stress: the impact of military operations on military health care providers.
- The Impact of Posttraumatic Stress Disorder on CPAP Adherence in Patients with Obstructive Sleep Apnea.

- Use of relaxation techniques and complementary and alternative medicine by american adults with insomnia symptoms: results from a national survey.
- The Lived Experience of Nurse-Parents Deployed to War.
- Symptom structure of PTSD: support for a hierarchical model separating core PTSD symptoms from dysphoria.
- Caring for military children in the 21st century.
- Coming All the Way Home: Integrative Community Care for Those Who Serve.
- Telephone-Delivered Cognitive-Behavioral Therapy for Pain Management Among Older Military Veterans: A Randomized Trial.
- The physical health consequences of PTSD and PTSD symptoms: A meta-analytic review.
- Posttraumatic maladaptive beliefs scale: evolution of the personal beliefs and reactions scale.
- Occupational performance needs of young veterans.
- Troublesome triad: trauma, insomnia, and alcohol.
- Promoting Reintegration of National Guard Veterans and Their Partners Using a Self-Directed Program of Integrative Therapies: A Pilot Study.
- Attempted Suicide Related Posttraumatic Stress Disorder in Depression – An Exploratory Study.
- 'Third wave' cognitive therapy versus mentalization-based therapy for major depressive disorder. A protocol for a randomised clinical trial.
- Links of Interest
- Research Tip of the Week: The Prelinger Archives

<http://www.tandfonline.com/doi/abs/10.1080/21635781.2012.721063>

An Occupational Mental Health Model for the Military.

Amy B. Adler, Carl Andrew Castro

Military Behavioral Health

Version of record first published: 12 Dec 2012

The military occupational mental health model provides a framework for understanding the relationship between occupationally relevant demands and subsequent mental health adjustment, taking into account individual and organizational resources that can mitigate the impact of those demands. In the case of high-risk occupations like the military, the model can account for the presence of psychological reactions prior to exposure to potentially traumatic events, widen the domain of reactions typically considered, and suggest a different trajectory of symptoms. This article details the components of the occupational health model, using post-traumatic stress disorder as an example, and highlights the role of organizational culture, training and the social environment in understanding service member strengths, reactions to events and behavioral health care decision making. The occupational context has implications for training, early intervention and treatment, and can promote an organization's systematic approach to preventing, mitigating and treating mental health issues.

<http://www.ncbi.nlm.nih.gov/pubmed/23233869?dopt=Abstract>

Eur J Psychotraumatol. 2012;3. doi: 10.3402/ejpt.v3i0.19267. Epub 2012 Dec 5.

Systematic review and meta-analyses of psychosocial interventions for veterans of the military.

Kitchiner NJ, Roberts NP, Wilcox D, Bisson JI.

Source: Traumatic Stress Service, Cardiff and Vale University Health Board, University Hospital of Wales, Cardiff, UK ; School of Medicine, Cardiff University, Heath Park, Cardiff, UK.

Abstract

BACKGROUND:

The efficacy of psychosocial therapies for common mental health disorders in veterans is unclear and requires further examination.

METHOD:

Systematic review and meta-analyses of randomised controlled trials (RCTs). Twenty databases were searched. Studies were included if they reported a psychosocial intervention designed to treat or reduce common mental health symptoms in veterans identified as being symptomatic at the time they entered the study. Studies of substance dependency disorders and psychosis were excluded. Eligible studies were assessed against methodological quality criteria and data were extracted and analysed.

RESULTS:

Twenty-nine RCTs were identified. There was evidence for the use of trauma-focused therapies for post-traumatic stress disorder (PTSD) and some evidence for psychological interventions in the treatment of borderline personality disorder, depression, insomnia, and panic disorder co-morbid to PTSD. However, methodological quality of many of the studies was less than optimal.

CONCLUSIONS:

Trauma-focused psychological therapies are likely to be effective for combat-related PTSD but there is a need for more research to determine the efficacy of psychological treatments for other mental health disorders in veterans.

<http://www.ncbi.nlm.nih.gov/pubmed/23233474?dopt=Abstract>

J Am Acad Psychiatry Law. 2012;40(4):522-9.

Civilian PTSD Symptoms and Risk for Involvement in the Criminal Justice System.

Donley S, Habib L, Jovanovic T, Kamkwala A, Evces M, Egan G, Bradley B, Ressler KJ.

Source: Department of Psychiatry and Behavioral Sciences, Emory University, 954 Gatewood Drive, Atlanta, GA 30329. kressle@emory.edu.

Abstract

Posttraumatic stress disorder (PTSD) has received considerable attention with regard to the ongoing wars in Iraq and Afghanistan. In studies of veterans, behavioral sequelae of PTSD can include hostile and violent behavior. Rates of PTSD found in impoverished, high-risk urban populations within U.S. inner cities are as high as in returning veterans. The objective of this study was to determine whether civilian PTSD is associated with increased risk of incarceration and charges related to violence in a low-income, urban population. Participants (n = 4,113) recruited from Grady Memorial Hospital in Atlanta, Georgia, completed self-report measures assessing history of trauma, PTSD symptoms, and incarceration. Both trauma exposure and civilian PTSD remained strongly associated with increased risk of involvement in the criminal justice system and charges of a violent offense, even after adjustment for sex, age, race, education, employment, income, and substance abuse in a regression model. Trauma and PTSD have important implications for public safety and recidivism.

<http://www.ncbi.nlm.nih.gov/pubmed/23233473?dopt=Abstract>

J Am Acad Psychiatry Law. 2012;40(4):509-21.

PTSD as a Criminal Defense: A Review of Case Law.

Berger O, McNiel DE, Binder RL.

Source: 401 Parnassus Ave., Box 0984-PLP, San Francisco, CA 94143-0984. omri.berger@ucsf.edu.

Abstract

Posttraumatic stress disorder (PTSD) has been offered as a basis for criminal defenses, including insanity, unconsciousness, self-defense, diminished capacity, and sentencing mitigation. Examination of case law (e.g., appellate decisions) involving PTSD reveals that when offered as a criminal defense, PTSD has received mixed treatment in the judicial system. Courts have often recognized testimony about PTSD as scientifically reliable. In addition, PTSD has been recognized by appellate courts in U.S. jurisdictions as a valid basis for insanity, unconsciousness, and self-defense. However, the courts have not always found the presentation of PTSD testimony to be relevant, admissible, or compelling in such cases, particularly when expert testimony failed to show how PTSD met the standard for the given defense. In cases that did not meet the standard for one of the complete defenses, PTSD has been presented as a partial defense or mitigating circumstance, again with mixed success.

<http://journal.acrlla.org/index.php/codex/article/viewFile/68/133>

Academic Libraries Supporting the Research Needs of Student Veterans: A Bibliography.

Rebecca Arzola, Lehman College

Codex: the Journal of the Louisiana Chapter of the ACRL

Volume 2: Issue 2 (2012)

The number of student veterans entering higher education has grown, especially after the passage of the new Post-9/11 GI Bill in 2008. Veterans are using their educational benefits and transitioning from a military to civilian environment. In order to meet the needs of student veterans, administrators, faculty, and staff are trying to make support services available. A range of services can be provided. The library can provide both a physical and virtual environment to support them. Although not always mentioned in articles on student veteran transition, it is important that libraries become aware of this population. . This annotated bibliography examines fifteen resources that discuss the issues of student veterans and their transition to higher education.

<http://www.tandfonline.com/doi/abs/10.1080/15325024.2012.684576>

Family Communication Across the Military Deployment Experience: Child and Spouse Report of Communication Frequency and Quality and Associated Emotions, Behaviors, and Reactions.

J. Brian Houston, Betty Pfefferbaum, Michelle D. Sherman, Ashley G. Melson, Michael W. Brand

Journal of Loss and Trauma

Vol. 18, Iss. 2, 2013

Frequency and quality of family deployment communication was assessed and examined in conjunction with emotions and behaviors reported by military children and spouses (N = 26) before, during, and

after deployment. Child deployment communication with siblings was associated with positive child outcomes. Conversely, before and during deployment child communication with a deployed parent was related to more child emotional reactions and behavioral problems. For spouses, more and better communication with children and the deployed partner was related to the spouse's having less negative temper or stress reactions. Use of newer communication technology during deployment was related to negative child outcomes.

[http://www.psy-journal.com/article/S0165-1781\(12\)00764-0/abstract](http://www.psy-journal.com/article/S0165-1781(12)00764-0/abstract)

Mood variability predicts the course of suicidal ideation in individuals with first and second episode psychosis.

Jasper Palmier-Claus, Nick Shryane, Peter Taylor, Shôn Lewis, Richard Drake

Psychiatry Research - 11 December 2012

Suicide risk is high in early psychosis. Recent research has suggested that mood variability may be associated with levels of suicidal thoughts and behaviour. This has not been investigated in individuals during and following a first or second episode of non-affective psychosis. Repeated-measures data over 18 months from a large randomised controlled trial for cognitive behaviour therapy (N=309) were analysed using latent growth curve modelling, whereby both the variability and the level of depression, anxiety and guilt were entered as predictors of suicidality. The variability of depression, but not guilt and anxiety, predicted the course of suicidality even when controlling for a large range of potential confounders. The level of depression, anxiety and guilt for each participant also strongly predicted the development of suicidality. The findings support the theory that variability in depression may contribute to the formation of suicidal ideation and related behaviour. More variable depression may be harder to predict and intervene against, and therefore increase the likelihood that suicidality escalates. The levels of emotions may also be an important determinant. This has implications for the treatment and assessment of suicidality in early psychosis.

<http://www.ingentaconnect.com/content/amsus/zmm/2012/00000177/00000012/art00019>

Peers and Peer-Based Interventions in Supporting Reintegration and Mental Health Among National Guard Soldiers: A Qualitative Study.

Authors: Pfeiffer, Paul N.; Blow, Adrian J.; Miller, Erin; Forman, Jane; Dalack, Gregory W.; Valenstein, Marcia

Source: Military Medicine, Volume 177, Number 12, December 2012 , pp. 1471-1476(6)

National Guard soldiers experience high levels of mental health symptoms following deployment to Iraq and Afghanistan, yet many do not seek treatment. We interviewed 30 National Guard soldiers with prior

deployments to Iraq or Afghanistan to assess mental health treatment barriers and the role of peers in treatment engagement. Interview transcripts were analyzed by a multidisciplinary research team using techniques drawn from grounded theory. The following themes were identified: (1) personal acceptance of having a mental health problem rather than treatment access is the major barrier to treatment entry; (2) tightly connected, supportive peer networks can decrease stigma related to mental health problems and encourage treatment; however, soldiers in impoverished or conflicted peer networks are less likely to receive these benefits; and (3) soldiers are generally positive about the idea of peer-based programs to improve treatment engagement, although they note the importance of leadership support, peer assignment, and unit specialty in implementing these programs. We conclude that some, but not all, naturally occurring peer networks serve to overcome stigma and encourage mental health treatment seeking by soldiers. Formal peer-based programs may assist soldiers not sufficiently benefitting from natural peer networks, although there are barriers to implementation.

<http://www.ingentaconnect.com/content/amsus/zmm/2012/00000177/00000012/art00020>

Promoting Reintegration of National Guard Veterans and Their Partners Using a Self-Directed Program of Integrative Therapies: A Pilot Study.

Authors: Collinge, William; Kahn, Janet; Soltysik, Robert

Source: Military Medicine, Volume 177, Number 12, December 2012 , pp. 1477-1485(9)

This article reports pilot data from phase I of a project to develop and evaluate a self-directed program of integrative therapies for National Guard personnel and significant relationship partners to support reintegration and resilience after return from Iraq or Afghanistan. Data are reported on 43 dyads. Intervention was an integrated multimedia package of guided meditative, contemplative, and relaxation exercises (CD) and instruction in simple massage techniques (DVD) to promote stress reduction and interpersonal connectedness. A repeated measures design with standardized instruments was used to establish stability of baseline levels of relevant mental health domains (day 1, day 30), followed by the intervention and assessments 4 and 8 weeks later. Significant improvements in standardized measures for post-traumatic stress disorder, depression, and self-compassion were seen in both veterans and partners; and in stress for partners. Weekly online reporting tracked utilization of guided exercises and massage. Veterans reported significant reductions in ratings of physical pain, physical tension, irritability, anxiety/worry, and depression after massage, and longitudinal analysis suggested declining baseline levels of tension and irritability. Qualitative data from focus groups and implications for continued development and a phase II trial are discussed.

<http://www.ingentaconnect.com/content/amsus/zmm/2012/00000177/00000012/art00021>

Group Exposure Therapy Treatment for Post-Traumatic Stress Disorder in Female Veterans.

Authors: Castillo, Diane T.; C'de Baca, Janet; Qualls, Clifford; Bornovalova, Marina A.

Source: Military Medicine, Volume 177, Number 12, December 2012 , pp. 1486-1491(6)

Objectives:

The purpose of this study was to examine the application of a group exposure therapy model, the content of which consisted solely of repeated imaginal exposure during sessions, in a clinical sample of female veterans with post-traumatic stress disorder (PTSD). Establishing group delivery of exposure therapy will expand options, increase efficiency, and introduce group curative factors.

Methods:

Eighty-eight female veterans with PTSD completed a six-session exposure group, three participants per group, as a component of a larger treatment program. The PTSD symptom checklist (PCL) was used as the outcome measure and administered in each session.

Results:

Pre/post-paired t-tests showed significant improvement in PTSD on the PCL, with 40% of completers showing at least a 10-point drop in the PCL scores. In addition, a repeated measures analysis of variance showed a significant main effect and a significant quadratic equation, with expected initial increases in the PCL followed by a decrease below baseline at session 6.

Conclusions:

The group exposure treatment protocol showed positive outcomes on PTSD symptoms in a real-world clinical sample of female veterans. The implications include an expansion of exposure treatment choices for veterans with PTSD and increased options for therapists.

<http://www.ingentaconnect.com/content/amsus/zmm/2012/00000177/00000012/art00022>

Anxiety, Social Support, and Physical Health in a Sample of Spouses of OEF/OIF Service Members.

Authors: Fields, Jordan A.; Nichols, Linda O.; Martindale-Adams, Jennifer; Zuber, Jeffrey; Graney, Marshall

Source: Military Medicine, Volume 177, Number 12, December 2012 , pp. 1492-1497(6)

The goal of this study was to examine the relationships between heightened anxiety, social support, and physical health in a sample of spouses of returning Iraq and Afghanistan service members. 86 spouses were recruited nationally as part of a pilot trial of a military spouse telephone support group. Participants completed measures of physical and mental health via telephone including a screening tool for generalized anxiety disorder (GAD). Scores for social support and health outcomes were compared across two groups (positive vs. negative screens for GAD) using one-way analysis of variance analysis procedures. Path analytic techniques were used to evaluate the relative effects of anxiety and perceived social support on overall health and physical health comorbidities. A total of 38 participants screened

positive for GAD. Participants with probable GAD reported having less social support than those screening negative for GAD. GAD participants also reported poorer overall health and more physical health comorbidities than their GAD-negative counterparts. Path analysis indicated that heightened anxiety is associated with worse overall health and social support does not buffer this interaction. The results suggest that anxiety-related health is a critical factor to be addressed in spouses of service members.

<http://www.ncbi.nlm.nih.gov/pubmed/23235463?dopt=Abstract>

J Occup Environ Med. 2012 Dec 11. [Epub ahead of print]

Gulf War Illness: Symptomatology Among Veterans 10 Years After Deployment.

Smith BN, Wang JM, Vogt D, Vickers K, King DW, King LA.

Source: From the Women's Health Sciences Division (Drs Smith, Vogt, and LA King, and Ms Wang), and Behavioral Science Division (Dr DW King), National Center for PTSD, VA Boston Healthcare System, Boston, Mass; Department of Psychiatry (Drs Smith and Vogt), Boston University School of Medicine, Boston, Mass; Department of Psychology (Dr Vickers), Ryerson University, Toronto, Ontario, Canada; and Departments of Psychology and Psychiatry, Boston University (Drs DW King and LA King), Boston, Mass.

Abstract

OBJECTIVE:

To further elucidate the nature of illness in veterans of the 1990 to 1991 Gulf War (GW) by examining the GW Illness (GWI) definition advanced by the Centers for Disease Control and Prevention, which specified caseness as having at least one symptom from two of the three factors: fatigue, mood-cognition, and musculoskeletal.

METHODS:

A total of 311 male and female GW veterans drawn from across the nation were assessed in a survey-based study approximately 10 years after deployment.

RESULTS:

A total of 33.8% of the probability-weighted sample met GWI criteria. Multiple symptom profiles were found, with more than half of GWI cases endorsing a symptom on all the three factors, and almost all cases endorsing at least one mood-cognition symptom.

CONCLUSION:

Although the Centers for Disease Control and Prevention definition has some limitations that should be considered, it remains a useful tool for assessing the presence of illness in GW veterans.

<http://www.ncbi.nlm.nih.gov/pubmed/22835755?dopt=Abstract>

Arch Psychiatr Nurs. 2012 Aug;26(4):e31-9. doi: 10.1016/j.apnu.2012.04.001. Epub 2012 Jun 12.

Family stress and posttraumatic stress: the impact of military operations on military health care providers.

Gibbons SW, Barnett SD, Hickling EJ.

Source

Uniformed Services University of the Health Sciences, Graduate School of Nursing, Bethesda, MD 20814, USA. susanne.gibbons@usuhs.edu

Abstract

This study uses data from the 2005 Department of Defense Survey of Health-Related Behaviors Among Military Personnel to examine relationships between family stress and posttraumatic stress symptoms across 4 subgroups of Operation Iraqi Freedom-deployed (i.e., war in Iraq) or Operation Enduring Freedom-deployed (i.e., war in Afghanistan) active-duty military service members. Results suggest the following: (a) the greatest positive correlation of family stressors with posttraumatic stress symptoms was found within the military health care officer group, and (b) these military health care officers differed in family stressors mediating posttraumatic stress with divorce and financial problems accounting for significant and unique portions of the variance. Implications for care of service members and their families are discussed.

<http://www.ncbi.nlm.nih.gov/pubmed/22835755?dopt=Abstract>

Arch Psychiatr Nurs. 2012 Aug;26(4):e31-9. doi: 10.1016/j.apnu.2012.04.001. Epub 2012 Jun 12.

Family stress and posttraumatic stress: the impact of military operations on military health care providers.

Gibbons SW, Barnett SD, Hickling EJ.

Source: Uniformed Services University of the Health Sciences, Graduate School of Nursing, Bethesda, MD 20814, USA. susanne.gibbons@usuhs.edu

Abstract

This study uses data from the 2005 Department of Defense Survey of Health-Related Behaviors Among Military Personnel to examine relationships between family stress and posttraumatic stress symptoms across 4 subgroups of Operation Iraqi Freedom-deployed (i.e., war in Iraq) or Operation Enduring Freedom-deployed (i.e., war in Afghanistan) active-duty military service members. Results suggest the following: (a) the greatest positive correlation of family stressors with posttraumatic stress symptoms

was found within the military health care officer group, and (b) these military health care officers differed in family stressors mediating posttraumatic stress with divorce and financial problems accounting for significant and unique portions of the variance. Implications for care of service members and their families are discussed.

Published by Elsevier Inc.

<http://www.ncbi.nlm.nih.gov/pubmed/23243400?dopt=Abstract>

J Clin Sleep Med. 2012 Dec 15;8(6):667-72. doi: 10.5664/jcsm.2260.

The Impact of Posttraumatic Stress Disorder on CPAP Adherence in Patients with Obstructive Sleep Apnea.

Collen JF, Lettieri CJ, Hoffman M.

Source: Pulmonary, Critical Care and Sleep Medicine, Walter Reed National Military Medical Center, Bethesda, MD.

Abstract

INTRODUCTION:

Obstructive sleep apnea (OSA) is a common comorbid condition in patients with posttraumatic stress disorder (PTSD); insufficiently treated OSA may adversely impact outcomes. Sleep fragmentation and insomnia are common in PTSD and may impair CPAP adherence. We sought to determine the impact of combat-related PTSD on CPAP adherence in soldiers.

METHODS:

Retrospective case-control study. Objective measures of CPAP use were compared between OSA patients with and without PTSD. Groups were matched for age, BMI, and apnea-hypopnea index (AHI).

RESULTS:

We included 90 patients (45 Control, 45 PTSD). Among the cohort, mean age was 39.9 ± 11.2 , mean BMI 27.9 ± 8.0 , mean ESS 13.6 ± 5.7 , and mean AHI 28.2 ± 22.4 . There was a trend towards a higher rate of comorbid insomnia among patients with PTSD (25.8% vs. 11.1%, $p = 0.10$). PTSD was associated with significantly less use of CPAP. Specifically, CPAP was used on $61.4\% \pm 22.2\%$ of nights in PTSD patients compared with $76.8\% \pm 16.4\%$ in patients without PTSD ($p = 0.001$). Mean nightly use of CPAP was 3.4 ± 1.2 h in the PTSD group compared with 4.7 ± 2.2 h among controls ($p < 0.001$). Regular use of CPAP (> 4 h per night for > 70% of nights) was also lower among PTSD patients (25.2% vs. 58.3%, $p = 0.01$).

CONCLUSION:

Among soldiers with OSA, comorbid PTSD was associated with significantly decreased CPAP adherence. Given the potential for adverse clinical outcomes, resolution of poor sleep quality should be prioritized in the treatment of PTSD and potential barriers to CPAP adherence should be overcome in patients with

comorbid OSA. CITATION: Collen JF; Lettieri CJ; Hoffman M. The impact of posttraumatic stress disorder on CPAP adherence in patients with obstructive sleep apnea. J Clin Sleep Med 2012;8(6):667-672.

<http://www.ncbi.nlm.nih.gov/pubmed/23243402?dopt=Abstract>

J Clin Sleep Med. 2012 Dec 15;8(6):681-91. doi: 10.5664/jcsm.2264.

Use of relaxation techniques and complementary and alternative medicine by american adults with insomnia symptoms: results from a national survey.

Bertisch SM, Wells RE, Smith MT, McCarthy EP.

Source: Divisions of General Medicine and Primary Care, and Pulmonary, Critical Care, and Sleep Medicine, Department of Medicine, Beth Israel Deaconess Medical Center, Harvard Medical School, Brookline, MA.

Abstract

INTRODUCTION:

Though relaxation training is recommended for insomnia, national patterns of use remain unknown. Similarly, rates of complementary and alternative medicine (CAM) use by adults with insomnia are not well established. We sought to elucidate the patterns and reasons for use of relaxation techniques and CAM use by adults with insomnia symptoms.

METHODS:

We used the 2007 National Health Interview Survey (n = 23,358) to estimate prevalence of use among adults by self-reported insomnia symptom status. Among adults reporting insomnia symptoms (n = 4,415), we examined reasons for use and disclosure to medical professionals. We employed logistic regression to determine the adjusted associations between relaxation techniques use, CAM use, and insomnia symptoms.

RESULTS:

Among adults with insomnia symptoms, 23% used relaxation techniques and 45% used CAM annually. After adjustment, adults with insomnia symptoms had higher likelihood of using relaxation techniques (aOR 1.48, 95% CI 1.32, 1.66) and CAM (aOR 1.29, 95% CI 1.15, 1.44) compared with adults without insomnia. Deep breathing exercise was the most commonly used relaxation technique. Fewer than 2% of adults with insomnia used CAM specifically for insomnia. Only 26% of adults with insomnia symptoms disclosed their relaxation techniques use to medical professionals. Being male, lower educational and physical activity levels, income < \$20,000, living in South, and hypertension were associated with lower likelihood of relaxation techniques use among adults with insomnia symptoms.

CONCLUSION:

While adults with insomnia symptoms commonly use relaxation techniques and CAM, few are using for

their insomnia. Facilitating discussions about relaxation techniques may foster targeted use for insomnia.

CITATION:

Bertisch SM; Wells RE; Smith MT; McCarthy EP. Use of relaxation techniques and complementary and alternative medicine by American adults with insomnia symptoms: results from a national survey. *J Clin Sleep Med* 2012;8(6):681-691.

http://journals.lww.com/mcnjournal/Abstract/2013/01000/The_Lived_Experience_of_Nurse_Parents_Deployed_to.8.aspx

The Lived Experience of Nurse-Parents Deployed to War.

Scannell-Desch, Elizabeth PhD, RN; Doherty, Mary Ellen PhD, RN, CNM

MCN, American Journal of Maternal Child Nursing:

January/February 2013 - Volume 38 - Issue 1 - p 28–33

Purpose:

The purpose of this study is to describe the lived experience of military nurse-parents separated from their children during deployment to Iraq or Afghanistan, 2003–2010.

Design and Methods:

A qualitative study using a phenomenological approach. Semistructured in-depth interviews were conducted with a purposive sample of 20 military nurse-parents deployed to Iraq or Afghanistan. Three data-generating questions guided the study: (1) What was the experience of leaving your children during your wartime deployment? (2) How did you stay in contact with your children while deployed? (3) Is there anything else you want to tell us about separation from your children? Interviews were audio-recorded and transcribed verbatim. Data saturation was achieved, and analysis procedures were adapted from Colaizzi.

Results:

Four themes emerged from the data: (1) Impact with Reality: Leaving My Children Behind; (2) Childcare Arrangements: Putting the Puzzle Together; (3) Will They Remember Me: Staying in Touch; and (4) Caring For War-Injured Children: Reflections of Home.

Clinical Implications:

Insight into the experience of nurse-parents deployed to a war zone provides a framework for additional research on parental separation in war. Interventions need to be tailored to meet the needs of military families.

<http://www.eurojnlofpsychotraumatol.net/index.php/ejpt/article/view/17580/html>

Symptom structure of PTSD: support for a hierarchical model separating core PTSD symptoms from dysphoria.

Rademaker, A., Minnen, A., Ebberink, F., Zuiden, M., Hagenaars, M., Geuze, E.

European Journal of Psychotraumatology, North America, 3, Dec. 2012

Background:

As of yet, no collective agreement has been reached regarding the precise factor structure of posttraumatic stress disorder (PTSD). Several alternative factor-models have been proposed in the last decades.

Objective:

The current study examined the fit of a hierarchical adaptation of the Simms et al. (2002) dysphoria model and compared it to the fit of the PTSD model as depicted in the Diagnostic and Statistical Manual for Mental Disorders, Fourth Edition (DSM-IV), a correlated four-factor emotional numbing, and a correlated four-factor dysphoria model.

Methods:

Data were collected using the Clinician-Administered PTSD Scale in a mixed-trauma sample of treatment-seeking PTSD patients (N=276).

Results:

All examined models provided superior fit to the three-factor model of DSM-IV. The hierarchical four-factor solution provided a better fit than competing models.

Conclusion:

The present study provides empirical support for a conceptualization of PTSD that includes a higher-order PTSD factor that encompasses re-experiencing, arousal, and effortful avoidance sub-factors and a dysphoria factor.

<http://onlinelibrary.wiley.com/doi/10.1111/1745-7599.12003/abstract>

Caring for military children in the 21st century.

Johnson, H. L. and Ling, C. G.

Journal of the American Academy of Nurse Practitioners

Article first published online: 12 DEC 2012

Purpose

Civilian healthcare professionals provide approximately 2/3 of the healthcare for the 2 million U.S.

military children. The President of the United States has made their care and support a top national security priority. The purpose of this article is to arm NPs with information necessary to care for the 21st century military child by providing current data on military family life, deployments, and the impact on children and their health-seeking behaviors.

Data sources

Literature collected from sources identified through searches of PubMed, CINAHL, and PsycInfo covering the periods from 2003 to 2012.

Conclusions

Military children are both resilient and vulnerable. While frequent moves build resilience, combat deployments increase the risk for abuse, neglect, attachment problems, and inadequate coping. The risk is highest right after the service member leaves for deployment and immediately upon return. Children's reactions to deployment differ by age, gender, and individual temperament. There is an 11% increase in outpatient visits for mental or behavioral health issues during deployment.

Implications for practice

Healthcare professionals can support the physical and mental health of children by normalizing expectations and using the I CARE (Identify, Correlate, Ask, Ready Resources, Encourage) strategy to facilitate prevention and encourage early engagement with available resources.

http://www.cominghomeproject.net/sites/all/files/images/Journal_article-1.pdf

Coming All the Way Home: Integrative Community Care for Those Who Serve.

Bobrow, Joseph; Cook, Emily; Knowles, Carrie; Vieten, Cassandra

Psychological Services, Dec 17 , 2012

This project describes the programming and evaluation of Coming Home Project (CHP) retreats that address the mental, emotional, spiritual, and relationship challenges experienced by those affected by military service and deployments. Three types of retreats held for veterans, service members and their families, as well as professional service providers, were evaluated. Original program-evaluation measures were administered to elicit feedback from participants and facilitators to optimize the intervention, and to evaluate whether the experimental and learning objectives of retreat components were achieved. Data analyses reveal statistically significant reductions in stress and isolation, as well as improvements in relaxation and hope, for all retreat participants. Implications for the success of this type of innovative, resilience-based, community programming are discussed. Future directions are suggested for further research, replicability of these services in other locations, and the incorporation of CHP retreats into existing government programs and services. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

<http://www.ncbi.nlm.nih.gov/pubmed/23244028?dopt=Abstract>

Psychol Serv. 2012 Dec 17. [Epub ahead of print]

Telephone-Delivered Cognitive-Behavioral Therapy for Pain Management Among Older Military Veterans: A Randomized Trial.

Carmody TP, Duncan CL, Huggins J, Solkowitz SN, Lee SK, Reyes N, Mozgai S, Simon JA.

Abstract

This study investigated the effectiveness of telephone-delivered cognitive-behavioral therapy (T-CBT) in the management of chronic pain with older military veterans enrolled in VA primary-care clinics. We conducted a randomized clinical trial comparing T-CBT with telephone-delivered pain education (T-EDU). A total of 98 military veterans with chronic pain were enrolled in the study and randomized into one of two treatment conditions. Study participants were recruited from primary-care clinics at an urban VA medical center and affiliated VA community-based outpatient clinics (CBOCs). Pain management outcomes were measured at midtreatment (10 weeks), posttreatment (20 weeks), 3-month follow-up (32 weeks), and 6-month follow-up (46 weeks). No significant differences were found between the two treatment groups on any of the outcome measures. Both treatment groups reported small but significant increases in level of physical and mental health, and reductions in pain and depressive symptoms. Improvements in all primary outcome measures were mediated by reductions in catastrophizing. Telephone-delivered CBT and EDU warrant further study as easily accessible interventions for rural-living older individuals with chronic pain. (PsycINFO Database Record (c) 2012 APA, all rights reserved).

<http://www.ncbi.nlm.nih.gov/pubmed/23247200?dopt=Abstract>

J Anxiety Disord. 2012 Sep 13;27(1):33-46. doi: 10.1016/j.janxdis.2012.08.004. [Epub ahead of print]

The physical health consequences of PTSD and PTSD symptoms: A meta-analytic review.

Pacella ML, Hruska B, Delahanty DL.

Source: Department of Psychology, Kent State University, Kent, OH, United States.

Abstract

The present meta-analysis systematically examined associations between physical health and posttraumatic stress disorder (PTSD)/PTSD symptoms (PTSS), as well as moderators of this relationship. Literature searches yielded 62 studies examining the impact of PTSD/PTSS on physical health-related quality of life (HR-QOL), general health symptoms, general medical conditions, musculoskeletal pain, cardio-respiratory (CR) symptoms, and gastrointestinal (GI) health. Sample-specific and methodological moderators were also examined. Results revealed significantly greater general health symptoms,

general medical conditions, and poorer HR-QOL for PTSD and high PTSS individuals. PTSD/PTSS was also associated with greater frequency and severity of pain, CR, and GI complaints. Results of moderation analyses were mixed. However, consistent relationships emerged regarding PTSD assessment method, such that effect sizes were largest for self-reported PTSD/PTSS and all but one health outcome. Results highlight the need for prospective longitudinal examination of physical health shortly following trauma, and suggest variables to consider in the design of such studies.

Copyright © 2012 Elsevier Ltd. All rights reserved.

<http://www.ncbi.nlm.nih.gov/pubmed/20660470?dopt=Abstract>

Assessment. 2012 Sep;19(3):308-17. doi: 10.1177/1073191110376161. Epub 2010 Jul 21.

Posttraumatic maladaptive beliefs scale: evolution of the personal beliefs and reactions scale.

Vogt DS, Shipherd JC, Resick PA.

Source: National Center for PTSD, VA Boston Healthcare System, Boston, MA 02130, USA.

Dawne.Vogt@va.gov

Abstract

The posttraumatic maladaptive beliefs scale (PMBS) was developed to measure maladaptive beliefs about current life circumstances that may occur following trauma exposure. This scale assesses maladaptive beliefs within three domains: (a) threat of harm, (b) self-worth and judgment, and (c) reliability and trustworthiness of others. Items for the PMBS were drawn from a larger preexisting measure that assesses a wide range of personal beliefs and reactions associated with trauma exposure. The construct validity of the PMBS was assessed in two independent samples of interpersonal trauma survivors. This article provides data to support the reliability and validity of the PMBS as an instrument to assess general, rather than trauma-specific, maladaptive beliefs that have relevance for functioning in the aftermath of a traumatic event. Moreover, the measure is sensitive to changes that occur in treatment, and the length of the measure (15 items) is practical for use in clinical settings.

<http://www.ncbi.nlm.nih.gov/pubmed/23245785?dopt=Abstract>

Am J Occup Ther. 2013 Jan;67(1):73-81. doi: 10.5014/ajot.2013.003871.

Occupational performance needs of young veterans.

Plach HL, Sells CH.

Source: Heidi Lynn Plach, MS, OTR, is Clinical Assistant Professor, Department of Occupational Science and Technology, University of Wisconsin-Milwaukee, PO Box 413, Milwaukee, WI 53201; bertrahl@uwm.edu.

Abstract

OBJECTIVE.

We examined the occupational performance issues facing young U.S. veterans (aged 20-29 yr) who served in Iraq and Afghanistan. Perceived challenges in occupational performance, the most common mental health and brain injuries of war, and motivations for participation in daily occupations upon return to civilian life were identified.

METHOD.

Thirty young veterans from Operation Iraqi Freedom and Operation Enduring Freedom were interviewed using the Canadian Occupational Performance Measure (Law et al., 2005). They were also screened for posttraumatic stress disorder, traumatic brain injury, major depression, and alcohol abuse or dependency.

RESULTS.

The top five occupational performance challenges were engagement in relationships, school, physical health, sleeping, and driving. The health conditions screened positive for 23%-77% of respondents.

CONCLUSION.

This study identified challenges faced by today's young veterans when reintegrating into the community and daily life. Strategies for occupational therapy practitioners to aid veterans in community reintegration are discussed.

Copyright © 2013 by the American Occupational Therapy Association, Inc.

<http://www.ncbi.nlm.nih.gov/pubmed/23244556?dopt=Abstract>

J Addict Dis. 2012 Oct;31(4):376-81. doi: 10.1080/10550887.2012.735569.

Troublesome triad: trauma, insomnia, and alcohol.

Lande RG.

Source: Psychiatry Continuity Service, Walter Reed National Military Medical Center, Bethesda, Maryland, USA.

Abstract

The objective of this study was to examine the relationships between combat related trauma, insomnia, and alcohol misuse. The author reviewed the standardized tests results from 39 active duty service members, all of whom had recent deployments to either Iraq or Afghanistan. The battery of self-test

instruments assessed the effects of military trauma, anxiety, depression, alcohol use, and insomnia. Among the study subjects, the entire group reported significant sleep problems, with bedtime arousals impeding sleep initiation. Male subjects' reported an average AUDIT score of 8.62. Service members with higher trauma scores also reported greater misuse of alcohol. The high trauma scores also correlated with specific pre-sleep cognitive and somatic factors. The findings of this study lend support for the use of standardized instruments for assessing sleep problems, along with similar tests for trauma and substance misuse, which together should help identify high risk military patients.

<http://www.ingentaconnect.com/content/amsus/zmm/2012/00000177/00000012/art00020>

Promoting Reintegration of National Guard Veterans and Their Partners Using a Self-Directed Program of Integrative Therapies: A Pilot Study.

Authors: Collinge, William; Kahn, Janet; Soltysik, Robert

Source: Military Medicine, Volume 177, Number 12, December 2012 , pp. 1477-1485(9)

This article reports pilot data from phase I of a project to develop and evaluate a self-directed program of integrative therapies for National Guard personnel and significant relationship partners to support reintegration and resilience after return from Iraq or Afghanistan. Data are reported on 43 dyads. Intervention was an integrated multimedia package of guided meditative, contemplative, and relaxation exercises (CD) and instruction in simple massage techniques (DVD) to promote stress reduction and interpersonal connectedness. A repeated measures design with standardized instruments was used to establish stability of baseline levels of relevant mental health domains (day 1, day 30), followed by the intervention and assessments 4 and 8 weeks later. Significant improvements in standardized measures for post-traumatic stress disorder, depression, and self-compassion were seen in both veterans and partners; and in stress for partners. Weekly online reporting tracked utilization of guided exercises and massage. Veterans reported significant reductions in ratings of physical pain, physical tension, irritability, anxiety/worry, and depression after massage, and longitudinal analysis suggested declining baseline levels of tension and irritability. Qualitative data from focus groups and implications for continued development and a phase II trial are discussed.

<http://www.suicidology-online.com/pdf/SOL-2012-3-138-144.pdf>

Attempted Suicide Related Posttraumatic Stress Disorder in Depression – An Exploratory Study.

Birgit Bill, PhD, Lina Ipsch, PhD, Susanne Lucae, MD, PhD, Hildegard Pfister², Markos Maragkos, PhD, Marcus Ising, PhD, Thomas Bronisch, MD

Suicidology Online 2012; 3:138-144

Studies evaluating stress hormone regulation after a suicide attempt reported an endocrine pattern similar to Post Traumatic Stress Disorder (PTSD). These findings led to the assumption that an attempted suicide may trigger the development of PTSD-like symptoms. To test this hypothesis, we retrospectively evaluated the incidence of PTSD in response to an attempted suicide in depressed patients participating in the Munich Antidepressant Response Signature (MARS) project. 30 patients with a history of a suicide attempt were included. 46.7% of these patients reported PTSD-like symptoms in specifically in response to the suicide attempt and independent from other past traumatic experiences. The risk to develop PTSD after a suicide attempt increased with the severity of the attempted suicide and with the precautions taken to prevent discovery. Our findings suggest that depressed patients surviving a suicide attempt experience a severe trauma likely to induce PTSD. We conclude that PTSD-specific medical and psychological interventions should be considered after severe suicide attempts.

<http://www.biomedcentral.com/1471-244X/12/232/abstract>

'Third wave' cognitive therapy versus mentalization-based therapy for major depressive disorder. A protocol for a randomised clinical trial.

Janus C Jakobsen, Christian Gluud, Mickey Kongerslev, Kirsten A Larsen, Per Sørensen, Per Winkel, Theis Lange, Ulf Sjøgaard and Erik Simonsen

BMC Psychiatry 2012, 12:232

Published: 19 December 2012

Background

Most interventions for depression have shown small or no effects. 'Third wave' cognitive therapy and mentalization-based therapy have both gained some ground as treatments of psychological problems. No randomised trial has compared the effects of these two interventions for patients with major depression. **Methods/ Design:** We plan a randomised, parallel group, assessor-blinded superiority clinical trial. During two years we will include 84 consecutive adult participants diagnosed with major depressive disorder. The participants will be randomised to either 'third wave' cognitive therapy versus mentalization-based therapy. The primary outcome will be the Hamilton Rating Scale for Depression at cessation of treatment at 18 weeks. Secondary outcomes will be the proportion of patients with remission, Symptom Checklist 90 Revised, Beck's Depression Inventory, and The World Health Organisation-Five Well-being Index 1999.

Discussion

Interventions for depression have until now shown relatively small effects. Our trial results will provide knowledge about the effects of two modern psychotherapeutic interventions.

Links of Interest

Countering Brain Chemical Could Prevent Suicides, Research Suggests

<http://www.sciencedaily.com/releases/2012/12/121214091614.htm>

War Veteran Says Cops Injured his Brain

<http://www.courthousenews.com/2012/12/14/53129.htm>

Study Questions Standard of Care for Head Trauma

http://www.nlm.nih.gov/medlineplus/news/fullstory_132182.html

Stress in Soldiers may be more than just holiday blues

http://www.army.mil/article/92988/Stress_in_Soldiers_may_be_more_than_just_holiday_blues/

Significant Link Found Between Daytime Sleepiness and Vitamin D

<http://www.sciencedaily.com/releases/2012/12/121214190947.htm>

Chronic worriers at higher risk for PTSD

http://www.eurekalert.org/pub_releases/2012-12/msu-cwa121712.php

Soldiers gather to strengthen resiliency, combat stress

http://www.army.mil/article/93020/Soldiers_gather_to_strengthen_resiliency_combat_stress/

4 films premiere at Tripler Army Medical Center, promote resiliency

http://www.army.mil/article/93062/4_films_premiere_at_Tripler_Army_Medical_Center_promote_resiliency/

Meeting The Needs Of America's Veterans

(The Diane Rehm Show - Monday, November 12, 2012)

<http://thedianerehmshow.org/shows/2012-11-12/meeting-needs-americas-veterans>

Children Can Usually Recover From Emotional Trauma

<http://www.nytimes.com/2012/12/18/health/for-young-survivors-odds-of-emotional-recovery-are-high.html>

Oxytocin, Social Sharing and Recovery from Trauma

<http://www.sciencedaily.com/releases/2012/12/121218111558.htm>

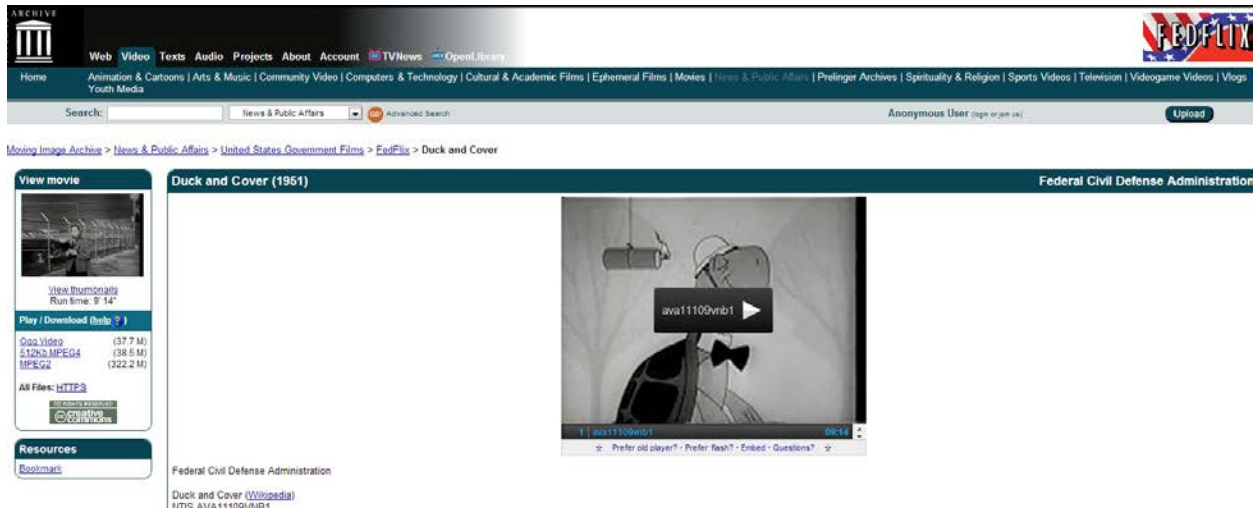
Research Tip of the Week: [The Prelinger Archives](#)

Prelinger Archives was founded in 1983 by Rick Prelinger in New York City. Over the next twenty years, it grew into a collection of over 60,000 "ephemeral" (advertising, educational, industrial, and amateur) films. In 2002, the film collection was acquired by the Library of Congress, Motion Picture, Broadcasting and Recorded Sound Division. Prelinger Archives remains in existence, holding approximately 5,000 digitized and videotape titles (all originally derived from film) and a

large collection of home movies, amateur and industrial films acquired since 2002. Its goal remains to collect, preserve, and facilitate access to films of historic significance that haven't been collected elsewhere. Included are films produced by and for many hundreds of important US corporations, nonprofit organizations, trade associations, community and interest groups, and educational institutions. Getty Images represents the collection for stock footage sale, and over 2,800 key titles (now in the process of increasing to over 5,000) are available here.

Wanted to bring this collection to your attention just before the holidays. If you're taking some time off and want to escape from tedious relatives (or reality) for a bit, this collection is an excellent time-sink. If you're...of a *certain age*...you may stumble across items that ring the dull chime of recognition somewhere deep within your brain.

What an innocent time it was when all we had to worry about in school was [the atomic bomb](#).



The screenshot shows the Internet Archive interface for the movie "Duck and Cover (1961)". The page features a navigation bar with categories like Web, Video, Texts, Audio, and Projects. Below the navigation bar is a search bar and a user profile section. The main content area displays the movie title, a thumbnail image, and a video player. The video player shows a person in a dark suit and bow tie, likely a duck, in a classroom setting. The video player includes a play button and a progress bar. Below the video player, there are download options for various formats and a "Resources" section with a "Bookmarks" link.

Please note that the CDP Research Update will be on holiday hiatus next week. Have a good holiday season and we'll see you again in the New Year.

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