



CDP Research Update -- March 7, 2013

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- Experimental Test of Escape Theory: Accessibility to Implicit Suicidal Mind.
- Is Mindfulness Meditation Associated with “Feeling Less?”
- Risk Factors for Posttraumatic Stress Disorder in Persons With Spinal Cord Injury.
- Links of Interest

<http://www.ncbi.nlm.nih.gov/pubmed/23458113>

Psychiatry. 2013 Spring;76(1):18-31. doi: 10.1521/psyc.2013.76.1.18.

Iraq and Afghanistan Veterans: National Findings from VA Residential Treatment Programs.

Cook JM, Dinnen S, O'Donnell C, Bernardy N, Rosenheck R, Hoff R.

Abstract

A quality improvement effort was undertaken in Department of Veterans Affairs' (VA) residential treatment programs for Posttraumatic Stress Disorder (PTSD) across the United States. Qualitative interviews were conducted with over 250 directors, providers, and staff during site visits of 38 programs. The aims of this report are to describe clinical issues and distinctive challenges in working with veterans from Iraq and Afghanistan and approaches to addressing their needs. Providers indicated that the most commonly reported problems were: acute PTSD symptomatology; other complex mental health symptom presentations; broad readjustment problems; and difficulty with time demands of and readiness for intensive treatment. Additional concerns included working with active duty personnel and mixing different eras in therapy. Programmatic solutions address structure (e.g., blended versus era-specific therapy), content (e.g., physical activity), and adaptations (e.g., inclusion of family; shortened length of stay). Clinical implications for VA managers and policy makers as well as non-VA health care systems and individual health care providers are noted.

<http://www.ncbi.nlm.nih.gov/pubmed/23446085?dopt=Abstract>

Clin J Pain. 2013 Feb 26. [Epub ahead of print]

Mindfulness-based Cognitive Therapy for the Treatment of Headache Pain: A Pilot Study.

Day MA, Thorn BE, Ward LC, Rubin N, Hickman SD, Scogin F, Kilgo GR.

Source: Department of Psychology, University of Alabama Psychology Service, V.A. Medical Center
Department of Psychiatry and Behavioral Medicine, The University of Alabama School of Medicine,
Tuscaloosa The Kilgo Headache Clinic, Northport, AL UC San Diego Center for Mindfulness, San Diego,
CA.

Abstract

OBJECTIVE:

This pilot study reports the findings of a randomized controlled trial (RCT) investigating the feasibility, tolerability, acceptability, and initial estimates of efficacy of mindfulness-based cognitive therapy (MBCT) compared to a delayed treatment (DT) control for headache pain. It was hypothesized that MBCT would be a viable treatment approach and that compared to DT, would elicit significant improvement in primary headache pain-related outcomes and secondary cognitive-related outcomes.

MATERIALS AND METHODS:

RCT methodology was employed and multivariate analysis of variance models were conducted on daily headache diary data and preassessment and postassessment data for the intent-to-treat sample (N=36), and on the completer sample (N=24).

RESULTS:

Patient flow data and standardized measures found MBCT for headache pain to be feasible, tolerable, and acceptable to participants. Intent-to-treat analyses showed that compared to DT, MBCT patients reported significantly greater improvement in self-efficacy ($P=0.02$, $d=0.82$) and pain acceptance ($P=0.02$, $d=0.82$). Results of the completer analyses produced a similar pattern of findings; additionally, compared to DT, MBCT completers reported significantly improved pain interference ($P<0.01$, $d=-1.29$) and pain catastrophizing ($P=0.03$, $d=-0.94$). Change in daily headache diary outcomes was not significantly different between groups ($P's>0.05$, $d's\leq-0.24$).

DISCUSSION:

This study empirically examined MBCT for the treatment of headache pain. Results indicated that MBCT is a feasible, tolerable, acceptable, and potentially efficacious intervention for patients with headache pain. This study provides a research base for future RCTs comparing MBCT to attention control, and future comparative effectiveness studies of MBCT and cognitive-behavioral therapy.

<http://www.ncbi.nlm.nih.gov/pubmed/23445510?dopt=Abstract>

Chronobiol Int. 2013 Feb 27. [Epub ahead of print]

Factors Associated With Shift Work Disorder in Nurses Working With Rapid-Rotation Schedules in Japan: The Nurses' Sleep Health Project.

Asaoka S, Aritake S, Komada Y, Ozaki A, Odagiri Y, Inoue S, Shimomitsu T, Inoue Y.

Source: Department of Somnology , Tokyo Medical University , Tokyo , Japan.

Abstract

Workers who meet the criteria for shift work disorder (SWD) have elevated levels of risk for various health and behavioral problems. However, the impact of having SWD on shiftworkers engaged in rapid-rotation schedules is unknown. Moreover, the risk factors for the occurrence of SWD remain unclear. To clarify these issues, we conducted a questionnaire-based, cross-sectional survey on a sample of shiftworking nurses. Responses were obtained from 1202 nurses working at university hospitals in Tokyo, Japan, including 727 two-shift workers and 315 three-shift workers. The questionnaire included items relevant to age, gender, family structure, work environment, health-related quality of life (QOL), diurnal type, depressive symptoms, and SWD. Participants who reported insomnia and/or excessive sleepiness for at least 1 mo that was subjectively relevant to their shiftwork schedules were categorized as having SWD. The prevalence of SWD in the sampled shiftworking nurses was 24.4%; shiftworking nurses with SWD showed lower health-related QOL and more severe depressive symptoms, with greater rates of both actual accidents/errors and near misses, than those without SWD. The results of logistic regression analyses showed that more time spent working at night, frequent missing of nap opportunities during night work, and having an eveningness-oriented chronotype were significantly associated with SWD. The present study indicated that SWD might be associated with reduced health-related QOL and decreased work performance in shiftworking nurses on rapid-rotation schedules. The results also suggested that missing napping opportunities during night work, long nighttime working hours, and the delay of circadian rhythms are associated with the occurrence of SWD among shiftworking nurses on rapid-rotation schedules. (Author correspondence: yuinoue@tokyo-med.ac.jp).

<http://www.ncbi.nlm.nih.gov/pubmed/22142425?dopt=Abstract>

Psychol Assess. 2012 Sep;24(3):581-91. doi: 10.1037/a0026416. Epub 2011 Dec 5.

Proportionate responses to life events influence clinicians' judgments of psychological abnormality.

Kim NS, Paulus DJ, Gonzalez JS, Khalife D.

Source: Department of Psychology, Northeastern University, Boston, MA 02115-5000, USA.
n.kim@neu.edu

Abstract

Psychological abnormality is a fundamental concept in the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR; American Psychiatric Association, 2000) and in all clinical evaluations. How do practicing clinical psychologists use the context of life events to judge the abnormality of a person's current behaviors? The appropriate role of life-event context in assessment has long been the subject of intense debate and scrutiny among clinical theorists, yet relatively little is known about clinicians' own judgments in practice. The authors propose a proportionate-response hypothesis, such that judgments

of abnormality are influenced by whether the behaviors are a disproportionate response to past events, rendering them difficult to understand or explain. Licensed, practicing clinical psychologists (N = 77) were presented with vignettes describing hypothetical people's behaviors (disordered, mildly distressed, or unaffected) that had been preceded by either traumatic or mildly distressing events. Experts' judgments of abnormality were strongly and systematically influenced by the degree of mismatch between the past event and current behaviors in strength and valence, such that the greater the mismatch, the more abnormal the person seemed. A separate, additional group of clinical psychologists (N = 20) further confirmed that the greater the degree of mismatch, the greater the perceived difficulty in understanding the patient. These findings held true across clinicians of different theoretical orientations and in disorders for which these patterns of judgments ran contrary to formal recommendations in the DSM-IV-TR (American Psychiatric Association, 2000). The rationality of these effects and implications for clinical decision science are discussed.

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<http://www.ncbi.nlm.nih.gov/pubmed/23444279?dopt=Abstract>

Occup Environ Med. 2013 Feb 26. [Epub ahead of print]

Can mental health and readjustment be improved in UK military personnel by a brief period of structured postdeployment rest (third location decompression)?

Jones N, Jones M, Fear NT, Fertout M, Wessely S, Greenberg N.

Source: Academic Department of Psychological Medicine, Academic Centre for Defence Mental Health, Institute of Psychiatry, Weston Education Centre, , London, UK.

Abstract

OBJECTIVE:

Third Location Decompression (TLD) is an activity undertaken by UK Armed Forces (UK AF) personnel at the end of an operational deployment which aims to smooth the transition between operations and returning home. We assessed whether TLD impacted upon both mental health and postdeployment readjustment.

METHOD:

Data collected during a large cohort study was examined to identify personnel who either engaged in TLD or returned home directly following deployment. Propensity scores were generated and used to calculate inverse probability of treatment weights in adjusted regression analyses to compare mental health outcomes and postdeployment readjustment problems.

RESULTS:

TLD had a positive impact upon mental health outcomes (post-traumatic stress disorder (PTSD) and

multiple physical symptoms) and levels of harmful alcohol use. However, when the samples were stratified by combat exposure, although postdeployment readjustment was similar for all exposure levels, personnel experiencing low and moderate levels of combat exposure experienced the greatest positive mental health effects.

CONCLUSIONS:

We found no evidence to suggest that TLD promotes better postdeployment readjustment; however, we found a positive impact upon alcohol use and mental health with an interaction with degree of combat exposure. This study suggests that TLD is a useful postdeployment transitional activity that may help to improve PTSD symptoms and alcohol use in UK AF personnel.

<http://www.ncbi.nlm.nih.gov/pubmed/23442892?dopt=Abstract>

Can J Psychiatry. 2013 Feb;58(2):69-75.

Gene-environment interaction in panic disorder and posttraumatic stress disorder.

Battaglia M.

Source: Associate Professor, Department of Psychiatry and Neurosciences, Laval University and Centre de Recherche Institut Universitaire en Santé Mentale de Québec, Québec, Québec.

Abstract

Gene-environment interaction is a form of causal interplay, whereby genetic effects on phenotypic variation change as a function of environmental exposure. While conceptually appealing, there is still much debate on the veracity and the relevance of this form of etiological interdependence for psychiatric disorders. By focusing on panic disorder (PD) and posttraumatic stress disorder (PTSD), this article outlines why gene-environment interaction is controversial, why it can be important for both researchers and clinicians, and how it is investigated by quantitative genetic, molecular genetic, and genomic strategies. It is suggested that gene-environment interaction effects are more reliable and meaningful when they can be harnessed to pinpoint specific biological pathways and mechanisms. In psychiatry, this can be guided by phenotypic dissection and realized by adopting intermediate phenotypes of a physiological nature, such as carbon dioxide sensitivity for PD, or gene expression profiling after stress for PTSD. A developmental framework of reference and the possibility of transferring the investigation to animal models are additional key elements in this debate.

<http://www.ncbi.nlm.nih.gov/pubmed/23008355?dopt=Abstract>

Transcult Psychiatry. 2012 Jul;49(3-4):539-67.

Evidence-based psychological interventions for adult survivors of torture and trauma: a 30-year review.

McFarlane CA, Kaplan I.

Source: The Victorian Foundation for Survivors of Torture, 6 Gardiner Street, Brunswick, VIC 3056, Australia. mcfarlanec@foundationhouse.org.au

Abstract

In this paper we review research evidence on psychosocial interventions for adult survivors of torture and trauma. We identified 40 studies from 1980 to 2010 that investigated interventions for adult survivors of torture and trauma. Population subtypes include resettled refugees, asylum seekers, displaced persons, and persons resident in their country of origin. Settings include specialized services for torture and trauma, specialized tertiary referral clinics, community settings, university settings, as well as psychiatric and multidisciplinary mental health services. Interventions were delivered as individual or group treatments and lasted from a single session to 19 years duration. The studies employed randomized controlled trials, nonrandomized comparison studies and single cohort follow-up studies. In all, 36 of the 40 studies (90%) demonstrated significant improvements on at least one outcome indicator after an intervention. Most studies (60%) included participants who had high levels of posttraumatic stress symptomatology. Improvements in symptoms of posttraumatic stress, depression, anxiety, and somatic symptoms were found following a range of interventions. Little evidence was available with regard to the effect on treatment outcomes of the amount, type, or length of treatment, the influence of patient characteristics, maintenance of treatment effects, and treatment outcomes other than psychiatric symptomatology. The review highlights the need for more carefully designed research that addresses the shortcomings of current studies and that integrates the experience of expert practitioners.

<http://psycnet.apa.org/psycinfo/2013-05710-001/>

“Toughness” in Association With Mental Health Symptoms Among Iraq and Afghanistan War Veterans Seeking Veterans Affairs Health Care.

Jakupcak, Matthew; Blais, Rebecca K.; Grossbard, Joel; Garcia, Hector; Okiishi, John

Psychology of Men & Masculinity, Feb 18 , 2013

The association between endorsement of emotional “toughness” (i.e., extreme self-reliance and the suppression of outward displays of emotional distress) and likelihood for screening positive for mental health conditions was examined in a male sample of 198 Iraq and Afghanistan veterans presenting for

postdeployment Veteran Affairs health care. After accounting for relevant covariates, veterans endorsing higher levels of emotional toughness were more likely to screen positive for posttraumatic stress disorder and depression. There was also a nonsignificant trend ($p = .08$) associated with a positive relationship between toughness and likelihood of self-reported alcohol abuse. Results are discussed in terms of identifying and addressing toughness norms among returning veterans to promote effective use of mental health services. (PsycINFO Database Record (c) 2013 APA, all rights reserved)

<http://psycnet.apa.org/psycinfo/2013-05708-001/>

Male Student Veterans: Hardiness, Psychological Well-Being, and Masculine Norms.

Alfred, Gregory C.; Hammer, Joseph H.; Good, Glenn E.

Psychology of Men & Masculinity, Feb 18 , 2013

This study assessed whether conformity to masculine norms was associated with psychological well-being among 117 college-attending veterans and active-duty service members, and the extent to which hardiness mediated that relationship. Results indicated that greater conformity to masculine norms was associated with lower psychological well-being ($r = -.31$, $p < .001$), with hardiness fully mediating that relation. (PsycINFO Database Record (c) 2013 APA, all rights reserved)

<http://www.ncbi.nlm.nih.gov/pubmed/23428025>

Am J Bioeth. 2013 Mar;13(3):3-12. doi: 10.1080/15265161.2012.760673.

Withdrawal of nonfutile life support after attempted suicide.

Brown SM, Elliott CG, Paine R.

Source: University of Utah and Intermountain Medical Center.

Abstract

End-of-life decision making is fraught with ethical challenges. Withholding or withdrawing life support therapy is widely considered ethical in patients with high treatment burden, poor premorbid status, or significant projected disability even when such treatment is not "futile." Whether such withdrawal of therapy in the aftermath of attempted suicide is ethical is not well established in the literature. We provide a clinical vignette and propose criteria under which such withdrawal would be ethical. We suggest that it is appropriate to withdraw life support, regardless of the cause of the critical illness or disability, when the following criteria are met: (1) Surrogates request withdrawal of care and the adequacy of surrogates is confirmed, (2) an external reasonability standard is met, (3) passage of time, perhaps 72 hours, to allow certainty regarding the patient's wishes, and (4) psychiatric morbidity should be considered as grounds for withdrawal only in truly treatment-refractory cases. Fundamentally, we

believe the question to ask is, "If this were not an attempted suicide, would a request to withdraw care be reasonable?" We believe that under these circumstances, such withdrawal of life support, even in an individual who has attempted suicide, does not constitute physician assistance with suicide and is distinct from physician aid-in-dying in several important respects.

<https://www.hsdl.org/?abstract&did=691236>

Management of the Severely Mentally Ill and Its Effects on Homeland Security.

Michael C. Biasotti

Naval Postgraduate School

September 2011

As a result of the events of September 11, 2001, law enforcement agencies nationwide have been assigned a plethora of terrorism prevention and recovery related duties. Many federal documents outline and emphasize duties and responsibilities pertaining to local law enforcement. The prevention of acts of terrorism within communities has become a focal point of patrol activities for state and local police agencies. Simultaneously, local law enforcement is dealing with the unintended consequences of a policy change that in effect removed the daily care of our nation's severely mentally ill population from the medical community and placed it with the criminal justice system. This policy change has caused a spike in the frequency of arrests of severely mentally ill persons, prison and jail population and the homeless population. A nationwide survey of 2,406 senior law enforcement officials conducted within this paper indicates that the deinstitutionalization of the severely mentally ill population has become a major consumer of law enforcement resources nationwide. This paper argues that highly cost-effective policy recommendations exist that would assist in correcting the current situation, which is needlessly draining law enforcement resources nationwide, thereby allowing sorely needed resources to be directed toward this nation's homeland security concerns.

http://www.rand.org/pubs/occasional_papers/OP382.html

Physical and Psychological Health Following Military Sexual Assault: Recommendations for Care, Research, and Policy

RAND Corporation

February 27, 2013

Awareness of military sexual assault — sexual assault of a servicemember — has been increasing within the Department of Defense (DoD). The DoD is striving to improve this situation, but unique conditions of life in the military may make response to these events more difficult than within the civilian sector. This

paper reviews the prevalence of sexual assault among servicemembers, victim responses in the immediate aftermath of a sexual assault, barriers to disclosure, victim needs, and DoD efforts to provide necessary resources to victims. The authors review civilian guidelines for the care of physical injuries, response to STI/HIV and pregnancy risk, forensic services, advocacy and support services, and formal mental health care. They then review DoD directives, forms, and guidelines for sexual assault victim care, revealing that these generally are consistent with civilian guidelines. However, little is known about the fidelity with which these DoD recommendations are implemented. The authors close with recommendations for future research to support the DoD's commitment to a culture free of sexual assault, including a comprehensive, longitudinal epidemiological study of military sexual assault, a needs assessment of disclosed and undisclosed military victims, an evaluation of the training enterprise, and an evaluation to document the extent to which DoD directives requiring immediate, evidence-based care for military victims are being implemented with fidelity.

http://www.rand.org/pubs/research_reports/RR145.html

Measuring Army Deployments to Iraq and Afghanistan

RAND Corporation

February 28, 2013

In October 2008, Army leadership asked the RAND Arroyo Center to assess the demands placed upon the Army by deployments to Iraq and Afghanistan. The resulting analysis (documented in Army Deployments to OIF and OEF, DB-587-A) found that the Army had provided over 1 million troop-years to Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF). In addition, most active-duty soldiers deploying to these operations were on their second or third tour.

This report serves as an update to the original documented briefing. The Army has now provided more than 1.5 million troop-years to OEF and OIF/Operation New Dawn. There have also been two noteworthy trends since the original study: From December 2008 to December 2011, the cumulative amount of time that a soldier has spent deployed has increased (on average) by 28 percent, and the fraction of active-duty soldiers who have not yet deployed has decreased, from 33 percent to 27 percent.

<http://www.sciencedirect.com/science/article/pii/S0306460313000555>

Alcohol Use, Military Sexual Trauma, Expectancies, and Coping Skills in Women Veterans Presenting to Primary Care.

Suzannah K. Creech, Brian Borsari

Addictive Behaviors

Available online 26 February 2013

Background

Little is known regarding alcohol use and its correlates in women Veterans. An understanding of these variables is of utility to providers in primary care at Veterans Affairs (VA) hospitals, who are among the first to identify and intervene for problem drinking.

Objective

The objective of this study was to describe and explore the associations between posttraumatic stress disorder symptoms, experience of military sexual trauma (MST), expectancies for alcohol use, and coping skills in predicting drinking behavior.

Design

Each month all women Veterans attending appointments in primary care were mailed a letter alerting them to the study. Women then received a call asking them to participate, and many were directly recruited at their primary care appointment. Participants then completed a survey of current alcohol use and related variables in a private room.

Participants

Participants were 93 women Veterans seeking care at VA.

Main Measures

Measures included the Alcohol Use Disorders Identification Test, a modified version of the VA MST screen, the Davidson Trauma Scale; the Coping Inventory for Stressful Situations, and the Brief Comprehensive Effects of Alcohol Questionnaire.

Key Results

Positive expectancies and evaluations emerged as significant correlates of AUDIT scores, while PTSD symptoms were not related to AUDIT scores. A hierarchical regression revealed a significant positive interaction between avoidance coping and positive evaluations. Depression, positive evaluations and avoidance coping were significant independent predictors of AUDIT scores in the final model, but MST was not.

Conclusions

Findings highlight the importance of considering of the function of alcohol use when delivering clinical interventions and the need for further research on the association between MST and drinking in women Veterans.

<http://www.ncbi.nlm.nih.gov/pubmed/23441867>

Addiction. 2013 Feb 26. doi: 10.1111/add.12161. [Epub ahead of print]

Increased Risk of Alcohol and Drug Use among Children from Deployed Military Families.

Acion L, Ramirez MR, Jorge RE, Arndt S.

Source: Iowa Consortium for Substance Abuse Research and Evaluation, University of Iowa, Iowa City, IA, 52242.

Abstract

AIMS:

To examine the association between military deployment of a parent and use of alcohol and drugs among children of deployed military personnel.

DESIGN:

Observational and cross-sectional study.

SETTING:

Data from the 2010 Iowa [USA] Youth Survey, a statewide survey of 6th, 8th, and 11th graders, were analyzed during 2011.

PARTICIPANTS:

Of all 6th, 8th, and 11th grade students enrolled in Iowa in 2010, 69% (n=78,240) completed the survey.

MEASUREMENTS:

Ever drink more than a few sips of alcohol and past 30-day: binge drinking, marijuana consumption, other illegal drug use, and prescription drug misuse.

FINDINGS:

The odds of using alcohol (OR=1.44, 99.91%CI=1.21-1.70), binge drinking (OR=2.02, 99.91%CI=1.63-2.50), using marijuana (OR=2.22, 99.91%CI=1.69-2.92), using other illegal drugs (OR=3.73, 99.91%CI=2.81-4.94), and misusing prescription drugs (OR=2.51, 99.91%CI=2.00-3.16) are greater for children of currently or recently deployed parents than for children of parents who are not in the military. The magnitude of the effects is consistent across 6th, 8th, and 11th grades. Disrupted living arrangements further accentuate increased substance use, with the largest effect seen in children with a deployed parent who was not living with a parent or relative.

CONCLUSIONS:

Children of deployed military personnel should be considered at higher risk for substance use than children of non-military citizens.

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<http://www.ncbi.nlm.nih.gov/pubmed/23438007>

Rehabil Psychol. 2013 Feb;58(1):106-10. doi: 10.1037/a0031693.

Evaluating the needs of military and veterans' families in a polytrauma setting.

Schaaf KP, Kreutzer JS, Danish SJ, Pickett TC, Rybarczyk BD, Nichols MG.

Source: Department of Physical Medicine and Rehabilitation.

Abstract

Objective:

To examine the perceived importance of needs and the extent to which they are met among a sample of family members in an inpatient polytrauma setting.

Method:

The Family Needs Questionnaire was administered to 44 family members of patients at the Polytrauma Rehabilitation Center at McGuire Veterans Affairs Medical Center over a 30-month period.

Results:

Families rated health information needs as most important and most frequently met. conversely, family members rated emotional support and instrumental support needs as least important and most frequently unmet.

Conclusion:

Preliminary data suggest that the similarity between family needs in military and civilian settings is noteworthy, and provide direction for development of empirically based family intervention models for polytrauma settings. (PsycINFO Database Record (c) 2013 APA, all rights reserved).

<http://rstb.royalsocietypublishing.org/content/368/1615/20120537.short>

Review article: The serotonergic system in mood disorders and suicidal behavior.

J. John Mann

Phil. Trans. R. Soc. B April 5, 2013 368 1615 20120537

A stress-diathesis explanatory model of suicidal behaviour has proved to be of heuristic value, and both clinical and neurobiological components can be integrated into such a model. A trait deficiency in serotonin input to the anterior cingulate and ventromedial prefrontal cortex is found in association with suicide, and more recently non-fatal suicidal behaviour, and is linked to decision-making and suicide intent by imaging and related studies in vivo. The same neural circuitry and serotonin deficiency may contribute to impulsive aggressive traits that are part of the diathesis for suicidal behaviour and are associated with early onset mood disorders and greater risk for suicidal behaviour. Other brain areas manifest deficient serotonin input, that is, a trait related to recurrent major depressive disorder and bipolar disorder. Thus the serotonin system is involved in both the diathesis for suicidal behaviour in terms of decision-making, and to a major stressor, namely episodes of major depression.

<http://www.ncbi.nlm.nih.gov/pubmed/23438349>

Brain Inj. 2013;27(3):301-9. doi: 10.3109/02699052.2012.743183.

Burnout and coping strategies of polytrauma team members caring for Veterans with traumatic brain injury.

Saban KL, Hogan TP, Defrino D, Evans CT, Bauer ED, Pape TL, Steiner M, Proescher EJ, Vlasses FR, Smith BM.

Source: Marcella Niehoff School of Nursing, Loyola University Chicago , Chicago, IL , USA.

Abstract

Objective:

The aims of this national study were to (1) examine the extent of job burnout among VA Polytrauma team members engaged in the diagnosis and treatment of traumatic brain injury (TBI); and (2) identify their coping strategies for dealing with job-related stress.

Design:

A cross-sectional sample of 233 VA Polytrauma team members completed the Maslach Burnout Inventory (MBI) and identified strategies for coping with work stress as part of an online survey.

Results:

VA Polytrauma team members experience moderate levels of emotional exhaustion, but low levels of depersonalization and high levels of personal accomplishment. Moreover, 24% of participants reported high levels of emotional exhaustion, which may be a precursor to job burnout. Participants who reported caring for Veterans with TBI $\geq 50\%$ of their time experienced higher levels of emotional exhaustion than those who spent $< 50\%$ of their time ($p \leq 0.001$). Five major thematic categories related to coping strategies emerged from the data: (1) connecting with others, (2) promoting a healthy lifestyle, (3) pursuing outside interests, (4) managing work environment and (5) maintaining positive thinking.

Conclusion:

Polytrauma team members caring for Veterans with TBI may be at risk for job burnout.

<http://psycnet.apa.org/journals/rep/58/1/36/>

Treatment adherence in cognitive processing therapy for combat-related PTSD with history of mild TBI.

Davis, Jeremy J.; Walter, Kristen H.; Chard, Kathleen M.; Parkinson, R. Bruce; Houston, Wes S.

Rehabilitation Psychology, Vol 58(1), Feb 2013, 36-42

Objective:

This retrospective study examined treatment adherence in Cognitive Processing Therapy (CPT) for combat-related posttraumatic stress disorder (PTSD) in Veterans of Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF) with and without history of mild traumatic brain injury (mTBI).

Method:

Medical record review of consecutive referrals to an outpatient PTSD clinic identified veterans diagnosed with combat-related PTSD who began treatment with CPT. The sample (N = 136) was grouped according to positive (n = 44) and negative (n = 92) mTBI history. Groups were compared in terms of presenting symptoms and treatment adherence.

Results:

The groups were not different on a pretreatment measure of depression, but self-reported and clinician-rated PTSD symptoms were higher in veterans with history of mTBI. The treatment completion rate was greater than 61% in both groups. The number of sessions attended averaged 9.6 for the PTSD group and 7.9 for the mTBI/PTSD group ($p = .05$).

Implications:

Given the lack of marked group differences in treatment adherence, these initial findings suggest that standard CPT for PTSD may be a tolerable treatment for OEF/OIF veterans with a history of PTSD and mTBI as well as veterans with PTSD alone. (PsycINFO Database Record (c) 2013 APA, all rights reserved)

<http://vaw.sagepub.com/content/early/2013/02/24/1077801213478140.abstract>

Experiences and Perceptions of Sexual Harassment in the Canadian Forces Combat Arms.

Ritu Gill and Angela R. Febraro

Violence Against Women 1077801213478140, first published on February 25, 2013

Recent studies examining sexual harassment in the military indicate a decrease in reports of harassment, which may be attributed to several factors, including zero-tolerance policies or anti-harassment programs. However, the decrease may also be attributed to fears of losing one's job or of being derogated by colleagues if harassment is reported. This qualitative study of women employed in the Canadian combat arms examined spontaneously shared perceptions and experiences of sexual harassment. Six of the 26 women interviewed shared their experiences or perceptions of harassment, including concerns about potential repercussions of reporting. Implications for gender integration in military organizations are discussed.

<http://psycnet.apa.org/journals/rep/58/1/111/>

Chronic pain and the interpersonal theory of suicide.

Wilson, Keith G.; Kowal, John; Henderson, Peter R.; McWilliams, Lachlan A.; Péroquin, Katherine

Rehabilitation Psychology, Vol 58(1), Feb 2013, 111-115

Objective:

Chronic pain is a known risk factor for suicide. To date, however, few studies of people with chronic pain have tested specific predictions about suicidal ideation that are derived from theory. The interpersonal theory of suicide proposes that the psychological constructs of thwarted belongingness and perceived burdensomeness are unique and independent precursors to suicidal ideation. We tested this hypothesis in a clinical sample of patients with chronic pain.

Method:

A total of 303 patients of a chronic pain rehabilitation program completed measures of pain severity, duration, and disability; cognitive–affective measures of depression and catastrophizing; and interpersonal measures of relationship distress and self-perceived burden to others. The latter measures were included as indices of the belongingness and burdensomeness constructs. Participants also rated two items pertaining to suicidal ideation.

Results:

In a multiple regression analysis, both distress in interpersonal relations ($\beta = 0.12$, $p = .037$) and self-perceived burden to others ($\beta = 0.25$, $p < .001$) were significant predictors of suicidal ideation, even after adjusting statistically for demographic characteristics, pain severity and duration, functional limitations, catastrophizing, and depression.

Conclusions:

These findings suggest that the interpersonal theory is relevant to understanding elevated rates of suicidal ideation among people with chronic pain, and may have broader applicability to other populations with chronic illness or disability. (PsycINFO Database Record (c) 2013 APA, all rights reserved)

<http://www.ncbi.nlm.nih.gov/pubmed/23450385>

Psychiatr Serv. 2013 Mar 1;64(3):280-3. doi: 10.1176/appi.ps.001372012.

Treatment-Seeking Barriers for Veterans of the Iraq and Afghanistan Conflicts Who Screen Positive for PTSD.

Stecker T, Shiner B, Watts BV, Jones M, Conner KR.

Abstract

OBJECTIVES:

Barriers associated with the decision not to seek treatment for symptoms of combat-related posttraumatic stress disorder (PTSD) were examined.

METHODS:

Participants were 143 military men and women who served in Operation Enduring Freedom or Operation Iraqi Freedom (OEF/OIF) and who screened positive for posttraumatic stress disorder (PTSD), as assessed by the PTSD Checklist-Military Version, and who had not sought treatment for PTSD. During a cognitive-behavioral telephone intervention, participants were asked about their beliefs concerning seeking PTSD treatment.

RESULTS:

Four categories of beliefs were associated with the decision to seek treatment, including concerns about treatment (40%), emotional readiness for treatment (35%), stigma (16%), and logistical issues (8%).

CONCLUSIONS:

This work suggests areas for intervention efforts to minimize barriers to treatment for PTSD for OEF/OIF veterans.

<http://www.ncbi.nlm.nih.gov/pubmed/23450712>

Sleep. 2013 Mar 1;36(3):353-62. doi: 10.5665/sleep.2448.

Randomized controlled trial of telephone-delivered cognitive behavioral therapy for chronic insomnia.

Arnedt JT, Cuddihy L, Swanson LM, Pickett S, Aikens J, Chervin RD.

Source: Sleep and Chronophysiology Laboratory, Department of Psychiatry, University of Michigan, Ann Arbor, MI ; Sleep Disorders Center and Department of Neurology, University of Michigan, Ann Arbor, MI.

Abstract

STUDY OBJECTIVES:

To compare the efficacy of telephone-delivered cognitive-behavioral therapy for insomnia to an information pamphlet control on sleep and daytime functioning at pretreatment, posttreatment, and 12-wk follow-up.

DESIGN:

Randomized controlled parallel trial.

SETTING:

N/A.

PARTICIPANTS:

Thirty individuals with chronic insomnia (27 women, age 39.1 ± 14.4 years, insomnia duration 8.7 ± 10.7 years).

INTERVENTIONS:

Cognitive behavioral therapy for insomnia (CBTI) delivered in up to eight weekly telephone sessions (CBTI-Phone, n = 15) versus an information pamphlet control (IPC, n = 15).

MEASUREMENTS AND RESULTS:

Sleep/wake diary, sleep-related questionnaires (Insomnia Severity Index, Pittsburgh Sleep Quality Index, 16-item Dysfunctional Beliefs and Attitudes about Sleep), and daytime symptom assessments (fatigue, depression, anxiety, and quality of life) were completed at pretreatment, posttreatment, and 12-wk follow-up. Linear mixed models indicated that sleep/wake diary sleep efficiency and total sleep time improved significantly at posttreatment in both groups and remained stable at 12-wk follow-up. More CBTI-Phone than IPC patients showed posttreatment improvements in unhelpful sleep-related cognitions ($P < 0.001$) and were classified as "in remission" from insomnia at follow-up ($P < 0.05$). Posttreatment effect sizes on most daytime symptoms were large (Cohen $d = 0.8-2.5$) for CBTI-Phone patients and small to moderate (Cohen $d = -0.1-0.6$) for IPC patients. All CBTI-Phone patients completed posttreatment and 12-wk follow-up assessments, but three IPC patients discontinued the study.

CONCLUSIONS:

The findings provide preliminary support for telephone-delivered CBTI in the treatment of chronic insomnia. Future larger-scale studies with more diverse samples are warranted. Some individuals with insomnia may also benefit from pamphlet-delivered CBTI with brief telephone support. CITATION: Arnedt JT; Cuddihy L; Swanson LM; Pickett S; Aikens J; Chervin RD. Randomized controlled trial of telephone-delivered cognitive behavioral therapy for chronic insomnia. 2013;36(3):353-362.

<http://www.ncbi.nlm.nih.gov/pubmed/23450326>

Psychiatr Serv. 2013 Mar 1. doi: 10.1176/appi.ps.001632012. [Epub ahead of print]

Multifamily Group Treatment for Veterans With Traumatic Brain Injury: What Is the Value to Participants?

Straits-Troster K, Gierisch JM, Strauss JL, Dyck DG, Dixon LB, Norell D, Perlick DA.

Abstract

OBJECTIVE

This study evaluated the feasibility, acceptability, and helpfulness of implementation of multifamily group treatment for traumatic brain injury (TBI) among veterans who sustained a TBI during the wars in Iraq and Afghanistan and their families or caregivers.

METHODS

Veterans and their family members who participated in an open clinical trial (August 2010-March 2011) of multifamily psychoeducation for TBI at two Veterans Affairs medical centers were invited to one of three focus groups. Participants were asked about problems experienced before and during the

intervention, aspects of treatment that were helpful, and improvements that would facilitate effective implementation of multifamily group treatment for TBI. Postintervention focus group transcripts were analyzed by utilizing qualitative content analysis.

RESULTS

Participants included eight veterans with TBI and eight family members. Five themes emerged: exploring common struggles and reducing isolation, building skills to cope with TBI and related problems, restoring relationships through communication and understanding, increasing understanding of the interconnection between TBI and posttraumatic stress disorder, and improving the multifamily group experience and increasing treatment engagement of veterans and families. Veterans and family members found multifamily group treatment for TBI highly acceptable and offered recommendations to improve and increase access to the program.

CONCLUSIONS

The results supported the feasibility and acceptability of multifamily group treatment for TBI. Specific recommendations to improve this psychoeducational intervention and its implementation are offered.

<http://www.ncbi.nlm.nih.gov/pubmed/23450320>

Psychiatr Serv. 2013 Mar 1. doi: 10.1176/appi.ps.001622012. [Epub ahead of print]

Implementation of Multifamily Group Treatment for Veterans With Traumatic Brain Injury.

Perlick DA, Straits-Troster K, Strauss JL, Norell D, Tupler LA, Levine B, Luo X, Holman C, Marcus T, Dixon LB, Dyck DG.

Abstract

OBJECTIVE

This study evaluated the initial efficacy and feasibility of implementing multifamily group treatment for veterans with traumatic brain injury (TBI).

METHODS

Veterans at two Veterans Affairs medical centers were prescreened by their providers for participation in an open trial of multifamily group treatment for TBI. Enrollment was limited to consenting veterans with a clinical diagnosis of TBI sustained during the Operation Enduring Freedom-Operation Iraqi Freedom era, a family member or partner consenting to participate, and a score ≥ 20 on the Mini-Mental State Examination. The nine-month (April 2010-March 2011) trial consisted of individual family sessions, an educational workshop, and bimonthly multifamily problem-solving sessions. Interpersonal functioning and symptomatic distress among veterans and family burden, empowerment, and symptomatic distress among families were assessed before and after treatment.

RESULTS

Providers referred 34 (58%) of 59 veterans screened for the study; of those, 14 (41%) met criteria and consented to participate, and 11 (32%) completed the study. Severity of TBI, insufficient knowledge about the benefits of family involvement, and access problems influenced decisions to exclude veterans or refuse to participate. Treatment was associated with decreased veteran anger expression ($p \leq .01$) and increased social support and occupational activity ($p \leq .05$), with effect sizes ranging from .6 to 1.0. Caregivers reported decreased burden ($p \leq .05$) and increased empowerment ($p \leq .01$).

CONCLUSIONS

The results supported implementation of a randomized controlled trial, building in education at the provider and family level.

<http://www.ncbi.nlm.nih.gov/pubmed/23451218>

PLoS One. 2013;8(2):e57394. doi: 10.1371/journal.pone.0057394. Epub 2013 Feb 25.

Susceptibility to Declarative Memory Interference is Pronounced in Primary Insomnia.

Griessenberger H, Heib DP, Lechinger J, Luketina N, Petzka M, Moeckel T, Hoedlmoser K, Schabus M.

Source: Laboratory for Sleep, Cognition and Consciousness Research, Department of Psychology, University of Salzburg, Salzburg, Austria.

Abstract

Sleep has been shown to stabilize memory traces and to protect against competing interference in both the procedural and declarative memory domain. Here, we focused on an interference learning paradigm by testing patients with primary insomnia ($N = 27$) and healthy control subjects ($N = 21$). In two separate experimental nights with full polysomnography it was revealed that after morning interference procedural memory performance (using a finger tapping task) was not impaired in insomnia patients while declarative memory (word pair association) was decreased following interference. More specifically, we demonstrate robust associations of central sleep spindles (in N3) with motor memory susceptibility to interference as well as (cortically more widespread) fast spindle associations with declarative memory susceptibility. In general the results suggest that insufficient sleep quality does not necessarily show up in worse overnight consolidation in insomnia but may only become evident (in the declarative memory domain) when interference is imposed.

<http://www.ncbi.nlm.nih.gov/pubmed/23450219>

J Clin Diagn Res. 2013 Jan;7(1):55-7. doi: 10.7860/JCDR/2012/5056.2669. Epub 2013 Jan 1.

The effect of yoga therapy on selected psychological variables among male patients with insomnia.

Sobana R, Parthasarathy S, Duraisamy, Jaiganesh K, Vadivel S.

Source: Assistant Professor, Department of Physiology, Mahatma Gandhi Medical College and Research Institute , Puducherry, Southern India .

Abstract

An estimated 30-50% of the general population is affected by insomnia and 10% have chronic insomnia. Yoga therapy is beneficial in such disorders and it has fewer side effects. The aim of this study was to find out the effect of yoga therapy on selected psychological variables among men with insomnia. Forty males with insomnia were divided randomly into 2 groups (the experimental and the control groups). The experimental group received eight weeks of yoga therapy, while the control group did not receive any therapy. The pre and post treatment stress and the self confidence scores were taken. There was a significant improvement in the stress scores and the self confidence scores in the experimental group. There were neither any side effects nor any drop outs. We conclude that yoga is an effective treatment option for the patients with insomnia. There are no major side effects.

<http://www.ncbi.nlm.nih.gov/pubmed/23379392>

Nurs Forum. 2013 Jan;48(1):17-25. doi: 10.1111/nuf.12007.

Military resilience: a concept analysis.

Simmons A, Yoder L.

Source: Brooke Army Medical Center, San Antonio, TX.

Abstract

BACKGROUND:

Since the events surrounding September 11, 2011, and natural disasters, research on resilience has shifted from children to adult resilience. The military began to embrace the concept in 2008 in an effort to decrease the number of military service member (SM) suicides.

PURPOSE:

The purpose of this article is to explain resilience as it relates to military SMs using the process for concept analysis outlined by Walker and Avant ().

FINDINGS:

Adaptive coping, personal control, hardiness, and social support are the attributes that characterize psychological resilience in SMs. Antecedents for resilience are life events such as serious accidents, prior deployments where death is witnessed, and combat involvement. Consequences of high resilience include decreased mental health symptoms and career and personal success, while consequences of low resilience include increased mental health symptoms and participating in high-risk behaviors.

PRACTICE IMPLICATIONS:

Understanding resilience as it relates to SMs is critical. Nurses must be able to assess SMs and be equipped to refer them or their family members to the most appropriate care. As more is learned about resilience in the military community, there may be broader implications to the civilian community. Improved understanding of psychological resilience may lead to improved interventions appropriate for both civilians and military SMs.

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<http://www.sciencedirect.com/science/article/pii/S0272735813000238>

A Systematic Review of Methods for Assessing Competence in Cognitive Behavioral Therapy.

Kate Muse, Freda McManus

Clinical Psychology Review, Volume 33, Issue 3, April 2013, Pages 484-499

Effective assessment of Cognitive Behavior Therapy (CBT) competence is crucial to the success of the current drive to expand CBT training and service provision, and to the widespread dissemination of CBT into routine practice. However, a lack of consensus about how CBT competence should be assessed has resulted in the use of numerous different methods, many of which have been widely criticized. This review describes and evaluates the various methods of assessing CBT competence. A systematic literature search identified 64 articles pertaining to a method of assessing competence in the provision of standard CBT interventions to adults experiencing mental health problems. Ten methods for assessing CBT therapist competence were identified from these articles and are presented within Miller's (Miller, G. E. [1990]. The assessment of clinical skills/competence/performance. *Academic Medicine*, 65, 63-67) framework for assessing clinical skill. The advantages and disadvantages of each method are examined in relation to reliability, validity and feasibility. The limitations of the current evidence base are outlined and priorities for future research are highlighted. Tentative recommendations for assessing therapist competence are made within the context of the limited evidence base and need for feasibility in clinical practice settings.

<http://cunyclinicalandhealthgrad.net/miranda/pdf/Miranda.Tsypes.Gallagher.Rajappa.inpress.pdf>

Rumination and Hopelessness as Mediators of the Relation Between Perceived Emotion Dysregulation and Suicidal Ideation.

Regina Miranda, Aliona Tsypes, Michelle Gallagher, Kristin Rajappa

Cogn Ther Res – Published Online 22 January 2013

The present study examined whether particular emotion dysregulation dimensions were associated with suicidal ideation through their effects on ruminative thinking and hopelessness. Emerging adults (ages 18–25) with (n = 32) and without (n = 111) a suicide attempt history completed an emotion dysregulation measure at baseline and measures of rumination, hopelessness, depressive symptoms, and suicidal ideation 2–3 years later. Multiple suicide attempters (n = 15) were distinguished by elevated scores on emotion dysregulation dimensions involving impulse control difficulties and inability to access effective emotion regulation strategies. The Strategies dimension, assessed at baseline, was significantly associated with both rumination and hopelessness at follow-up, and with higher ideation at follow-up. Rumination and hopelessness mediated the relation between Strategies and ideation, even when adjusting for depressive symptoms. Perceived inability to access emotion regulation strategies may increase vulnerability to suicidal ideation through its effects on rumination and hopelessness.

<http://anp.sagepub.com/content/47/2/114.short>

Information technology as the key to accelerating advances in mental health care.

Helen Christensen and Katherine Petrie

Aust N Z J Psychiatry February 2013 47: 114-116

Many major medical and scientific advances occur in association with technology. Cochlear implants, prosthetics and the human genome project have all come about because of investments in materials, electronics and biotechnologies, combined with medical and clinical knowledge. Computers, and indeed the Internet, are listed as some of the greatest inventions of all time, which have transformed medicine, the sciences and society. From the early 21st century, the Internet was seen to be transforming medicine, by improving communications between patients and clinicians, providing new devices, and facilitating information dissemination. Interestingly, papers written in the early 2000s in major journals such as the Journal of the American Medical Association now seem incredibly conservative in their predictions for Internet-enabled technologies and their use in health care (e.g. Baker et al., 2003).

In medicine, the recent NSW review chaired by Peter Wills (2012) and US-based reports on science highlight biotechnological developments as key drivers of innovation (Macilwain, 2010). However, information and communication technologies are just as likely to be as important as biotechnology, and particularly in population and mental health. Web 2.0 has quite literally 'created' the global village. The single largest website in the world is Facebook, which allows organisations and individuals across the globe to communicate (Owyang, 2012). Mental health research institutes have their own Facebook pages (e.g. Black Dog Institute). Access to specialised medical information has been democratised. This explosion in knowledge transfer and dissemination has, in part, been driven by the exponential rise in use of internet-enabled devices. More people own mobile phones than computers. In the developing world, mobile phones have overtaken laptops in volume, and provide the major source of communication technology. In Uganda alone, 10 million people, or about 30% of the population, own a mobile phone, a number that grows rapidly every year (Fox, 2011). Some 35% of the American

population have 'apps' on their smartphones (Purcell et al., 2010) and tablet use is growing at a faster rate than smartphone devices (Online Publishers Association, 2012).

<http://www.ncbi.nlm.nih.gov/pubmed/23372263>

Sleep. 2013 Feb 1;36(2):167-74. doi: 10.5665/sleep.2364.

Sleep disorders and associated medical comorbidities in active duty military personnel.

Mysliwiec V, McGraw L, Pierce R, Smith P, Trapp B, Roth BJ.

Source: Madigan Army Medical Center, Joint Base Lewis-McChord, Tacoma, WA.

Abstract

STUDY OBJECTIVES:

Describe the prevalence of sleep disorders in military personnel referred for polysomnography and identify relationships between demographic characteristics, comorbid diagnoses, and specific sleep disorders.

DESIGN:

Retrospective cross-sectional study.

SETTING:

Military medical treatment facility.

PARTICIPANTS:

Active duty military personnel with diagnostic polysomnogram in 2010.

MEASUREMENTS:

Primary sleep disorder rendered by review of polysomnogram and medical record by a board certified sleep medicine physician. Demographic characteristics and conditions of posttraumatic stress disorder (PTSD), mild traumatic brain injury (mTBI), anxiety, depression, and pain syndromes determined by medical record review.

RESULTS:

Primary sleep diagnoses (n = 725) included: mild obstructive sleep apnea (OSA), 207 (27.2%); insomnia, 188 (24.7%); moderate-to-severe OSA, 183 (24.0 %); and paradoxical insomnia, 39 (5.1%); behaviorally induced insufficient sleep syndrome, 68 (8.9%) and snoring, 40 (5.3%) comprised our control group. Short sleep duration (< 5 h) was reported by 41.8%. Overall 85.2% had deployed, with 58.1% having one or more comorbid diagnoses. Characteristics associated with moderate-to-severe OSA were age (adjusted odds ratio [OR], 1.03 [95% confidence interval {CI}, 1.0-1.05], sex (male) (adjusted OR, 19.97 [95% CI, 2.66-150.05], anxiety (adjusted OR, 0.58 [95% CI, 0.34-0.99]), and body mass index, BMI (adjusted OR 1.19 [95% CI, 1.13-1.25]; for insomnia, characteristics included PTSD (adjusted OR, 2.12

[95% CI, 1.31-3.44]), pain syndromes (adjusted OR, 1.48 [95%CI, 1.01-2.12]), sex (female) (adjusted OR, 0.22 [95% CI, 0.12-0.41]) and lower BMI (adjusted OR, 0.91 [95% CI, 0.87, 0.95]).

CONCLUSIONS:

Service-related illnesses are prevalent in military personnel who undergo polysomnography with significant associations between PTSD, pain syndromes, and insomnia. Despite having sleep disorders, almost half reported short sleep duration. Multidisciplinary assessment and treatment of military personnel with sleep disorders and service-related illnesses are required. CITATION: Mysliwiec V; McGraw L; Pierce R; Smith P; Trapp B; Roth BJ. Sleep disorders and associated medical comorbidities in active duty military personnel. SLEEP 2013;36(2):167-174.

<http://www.ncbi.nlm.nih.gov/pubmed/23379997>

Brain Behav Immun. 2013 Feb 4. pii: S0889-1591(13)00084-6. doi: 10.1016/j.bbi.2013.01.081. [Epub ahead of print]

Association between posttraumatic stress disorder and inflammation: A twin study.

Plantinga L, Bremner JD, Miller AH, Jones DP, Veledar E, Goldberg J, Vaccarino V.

Source: Department of Epidemiology, Rollins School of Public Health, Emory University, Atlanta, GA, United States; Laney Graduate School, Emory University, Atlanta, GA, United States.

Abstract

The association of posttraumatic stress disorder (PTSD) with cardiovascular disease risk may be mediated by inflammation. Our objective was to examine the association between PTSD and measures of inflammation and to determine whether these associations are due to shared familial or genetic factors. We measured lifetime history of PTSD using the Structured Clinical Interview for DSM-IV in 238 male middle-aged military veteran twin pairs (476 individuals), selected from the Vietnam Era Twins Registry, who were free of cardiovascular disease at baseline. We assessed inflammation using levels of high-sensitivity C-reactive protein (hsCRP), interleukin 6 (IL-6), fibrinogen, white blood cells, vascular cell adhesion molecule-1, and intercellular adhesion molecule-1 (ICAM-1). Geometric mean levels and percent differences by PTSD were obtained from mixed-model linear regression analyses with adjustment for potential confounders. Within-pair analysis was conducted to adjust for shared family environment and genetics (monozygotic pairs). Overall, 12.4% of participants had a lifetime history of PTSD. Adjusted mean levels of hsCRP and ICAM-1 were significantly higher among those with vs. without PTSD [hsCRP: 1.75 vs. 1.31mg/l (33% difference); ICAM-1: 319 vs. 293ng/ml (9% difference)]. Adjustment for depression rendered the association of PTSD with hsCRP non-statistically significant. For IL-6, no consistent association was seen. Within-pair analysis produced associations that were similar in direction for all three markers but lesser in magnitude for hsCRP and IL-6. There was no evidence of interaction by zygosity. Elevated hsCRP and ICAM-1 are associated with PTSD, and these associations may be confounded by shared non-genetic, antecedent familial and environmental factors.

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<http://www.ncbi.nlm.nih.gov/pubmed/23456542>

J Med Toxicol. 2013 Mar 2. [Epub ahead of print]

In the Zzz Zone: The Effects of Z-Drugs on Human Performance and Driving.

Gunja N.

Source: NSW Poisons Information Centre, The Children's Hospital at Westmead, Sydney, Australia, naren.gunja@sydney.edu.au.

Abstract

Despite their improved pharmacokinetic profile, the Z-drugs, zolpidem, zopiclone, and zaleplon, have a spectrum of adverse effects comparable to benzodiazepines. This review focuses on the impairment from Z-drugs on cognition, behavior, psychomotor performance, and driving ability. Z-drugs are short-acting GABA agonists that reduce sleep latency without disturbing sleep architecture. Bizarre behavioral effects have prompted warnings on the prescription, dispensation, and use of Z-drugs. Psychomotor impairment, falls, and hip fractures are more likely to occur with Z-drugs that have longer half-lives, that are taken at higher-than-recommended doses and when mixed with other psychoactive substances including alcohol. Zopiclone and higher doses of zolpidem are more likely to cause anterograde amnesia than zaleplon. Z-drugs, especially zolpidem, are associated with complex behaviors such as sleepwalking, sleep-driving, and hallucinations. Patients taking zopiclone and zolpidem have an increased risk of motor vehicle collisions, over double that of unexposed drivers. Driving impairment occurs with zopiclone and higher doses of zolpidem but is unlikely to occur after 4 h post-zaleplon administration. The residual effect of Z-drugs on next-day cognitive and psychomotor performance has significant impact on lifestyle, safety, and occupational considerations, including motor vehicle and machine operation. The risk-benefit analysis of Z-drugs in the treatment of insomnia, particularly in the elderly, may not favor treatment due to the increased risks of falls and motor vehicle collisions. Prescribers should warn patients taking Z-drugs of minimum time thresholds before they operate machinery or drive motor vehicles.

<http://www.ncbi.nlm.nih.gov/pubmed/23454536>

Prev Med. 2013 Feb 27. pii: S0091-7435(13)00067-4. doi: 10.1016/j.ypmed.2013.02.022. [Epub ahead of print]

Suicide Prevention Program for At-Risk Groups: Pointers from an epidemiological study.

Maniam T, Chinna K, Mariapun J.

Source: Universiti Kebangsaan Malaysia Medical Centre, Kuala Lumpur. Electronic address: karuthan@gmail.com.

Abstract

OBJECTIVES:

The aim of this paper is to identify at-risk groups for a focused suicide prevention program for Malaysia.

METHODS:

Data from 20,552 persons aged 16 years and above (Males 45.9%), was obtained using stratified, random sampling in a national survey of psychiatric morbidity using locally validated General Health Questionnaire (GHQ-28) which included questions on suicidal ideation.

RESULTS:

The overall prevalence of suicidal ideation (SI) was 6.3%, CI 6.1-6.8 (n=1288). Logistic regression analysis was performed with age, ethnicity, gender, urban/rural residence, age group, marital status, household income, type of household, presence of chronic pain, social dysfunction, somatic, anxiety or depressive symptoms, obesity, and chronic medical illnesses as independent variables. Only Insomnia, Religion, Marital Status, Depression, Social Dysfunction and Anxiety were seen to be significant predictors. Prevalence of SI was significantly higher among Indians (11.0%, CI 9.5-12.5), especially those of the Hindu faith (12.2%, CI 10.5-14.0), Chinese (9.7%, CI 8.8-10.7) and those having depressive symptoms.

CONCLUSION:

In a developing country with competing priorities, prudent allocation of resources requires focusing suicide prevention efforts on treating depression in vulnerable groups.

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<http://www.ncbi.nlm.nih.gov/pubmed/23454552>

J Behav Ther Exp Psychiatry. 2013 Jan 30;44(3):312-315. doi: 10.1016/j.jbtep.2013.01.003. [Epub ahead of print]

Reducing analogue trauma symptoms by computerized reappraisal training - Considering a cognitive prophylaxis?

Woud ML, Postma P, Holmes EA, Mackintosh B.

Source: Behavioural Science Institute, Radboud University Nijmegen, Montessorilaan 3, Room A07.03, 6525 HR Nijmegen, The Netherlands. Electronic address: M.Woud@psych.ru.nl.

Abstract

BACKGROUND AND OBJECTIVES:

Distressing intrusions are a hallmark of posttraumatic stress disorder (PTSD). Dysfunctional appraisal of

these symptoms may exacerbate the disorder, and conversely may lead to further intrusive memories. This raises the intriguing possibility that learning to 'reappraise' potential symptoms more functionally may protect against such symptoms. Woud, Holmes, Postma, Dalgleish, and Mackintosh (2012) found that 'reappraisal training' when delivered after an analogue stressful event reduced later intrusive memories and other posttraumatic symptoms. The present study aimed to investigate whether reappraisal training administered before a stressful event is also beneficial.

METHODS:

Participants first received positive or negative reappraisal training (CBM-App training) using a series of scripted vignettes. Subsequently, participants were exposed to a film with traumatic content. Effects of the CBM-App training procedure were assessed via three distinct outcome measures, namely: (a) post-training appraisals of novel ambiguous vignettes, (b) change scores on the Post Traumatic Cognitions Inventory (PTCI), and (c) intrusive symptom diary.

RESULTS:

CBM-App training successfully induced training-congruent appraisal styles. Moreover, those trained positively reported less distress arising from their intrusive memories of the trauma film during the subsequent week than those trained negatively. However, the induced appraisal bias only partly affected PTCI scores.

LIMITATIONS:

Participants used their own negative event as a reference for the PTCI assessments. The events may have differed regarding their emotional impact. There was no control group.

CONCLUSIONS:

CBM-App training has also some beneficial effects when applied before a stressful event and may serve as a cognitive prophylaxis against trauma-related symptomatology.

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<http://onlinelibrary.wiley.com/doi/10.1111/jmft.12017/abstract>

Military-Related Posttraumatic Stress Disorder and Intimate Relationship Behaviors: A Developing Dyadic Relationship Model.

Gerlock, A. A., Grimesey, J. and Sayre, G.

Journal of Marital and Family Therapy

Article first published online: 2 MAR 2013

The protracted conflict in Iraq and Afghanistan and an all-volunteer military has resulted in multiple war zone deployments for many service members. While quick redeployment turnaround has left little time

for readjustment for either the service member or family, dealing with the long-term sequelae of combat exposure often leaves families and intimate partners ill-prepared for years after deployments. Using a modified grounded theory approach, digitally recorded couple interviews of 23 couples were purposefully selected from a larger sample of 441 couples to better understand the impact of war zone deployment on the couple. The veteran sample was recruited from a randomly selected cohort of men in treatment for posttraumatic stress disorder (PTSD). Overall, it was found when veterans experiencing deployment-related PTSD reenter or start new intimate relationships they may bring with them a unique cluster of interrelated issues which include PTSD symptoms, physical impairment, high rates of alcohol and/or drug abuse, and psychological and physical aggression. These factors contributed to a dynamic of exacerbating conflict. How these couples approached relationship qualities of mutuality, balanced locus of control and weakness tolerance across six axes of caregiving, disability, responsibility, trauma, communication, and community impacted the couple's capacity to communicate and resolve conflict. This dyadic relationship model is used to help inform implications for clinical practice.

<http://www.ncbi.nlm.nih.gov/pubmed/23448596>

Suicide Life Threat Behav. 2013 Mar 1. doi: 10.1111/sltb.12021. [Epub ahead of print]

Experimental Test of Escape Theory: Accessibility to Implicit Suicidal Mind.

Tang J, Wu S, Miao D.

Source: Department of Psychology, Fourth Military Medical University, Xi'an, Shaanxi, China.

Abstract

This study tested the Escape Theory prediction that individuals blaming themselves for failure experience increased accessibility to implicit suicidal mind. One hundred and thirty-eight undergraduate medical students were randomly assigned to three groups: failure-related priming, success-related priming, and control. Following experimental conditions, participants completed a death/suicide Implicit Association Test. Results revealed significant differences between groups in accessibility to implicit suicidal mind. Furthermore, priming manipulation interacted with individual differences in locus of control (LOC). Significant differences in accessibility to implicit suicidal mind were observed in individuals with internal LOC, while effects of priming manipulation were eliminated in individuals with external LOC.

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<http://link.springer.com/article/10.1007%2Fs12671-013-0201-2>

Is Mindfulness Meditation Associated with "Feeling Less?"

Jonathan Greenberg, Nachshon Meiran

Mindfulness

March 2013

Following previous research which has suggested that mindfulness meditators are less affected by emotional stimuli, the current study examined the hypothesis that mindfulness meditation is associated with decreased emotional engagement, by inducing moods and asking participants to generate as many autobiographical memories opposite in valence as possible. Experienced mindfulness meditators took twice as long as non-meditators to generate the first opposite mood memory yet generated the same total number of memories as non-meditators. Contrary to the initial hypothesis, results indicate that mindfulness may be associated with increased emotional engagement, increased contact with emotions, and rapid recovery from the emotional experience. The effect of mindfulness on implicit and explicit aspects of emotion is discussed, as well as potential implications for treatment of related disorders.

<http://www.ncbi.nlm.nih.gov/pubmed/23459174>

Top Spinal Cord Inj Rehabil. 2012 Summer;18(3):253-263.

Risk Factors for Posttraumatic Stress Disorder in Persons With Spinal Cord Injury.

Otis C Phd, Marchand A Phd, Courtois F Phd.

Source: Department of Psychology, Université du Québec à Montréal , Montréal, Québec, Canada.

Abstract

PURPOSE:

Many of the events that cause spinal cord injury (SCI) are traumatic events that can result in posttraumatic stress disorder (PTSD). It therefore appears that most persons with SCI are at risk for developing PTSD. This study retrospectively examined risk factors for PTSD symptoms in a sample of 71 persons with SCI.

METHOD:

The Structured Clinical Interview for DSM-IV was used to assess full and partial PTSD diagnoses. Self-administered questionnaires were used to measure potential risk factors.

RESULTS:

Results indicated that 11% of the participants met the criteria for full PTSD, and an additional 20% met the criteria for partial PTSD at some point after their SCI. Hierarchical linear regression analyses revealed that trauma history, peritraumatic reactions, and intolerance of uncertainty predicted the number of PTSD symptoms.

CONCLUSION:

This study highlights the importance of trauma history, peritraumatic reactions, and intolerance of uncertainty in the development of PTSD symptoms. Patients at risk for PTSD should be identified early in the rehabilitation process and could benefit from psychological interventions with the aim of preventing PTSD development.

Links of Interest

Up All Night: The Science of Sleeplessness

http://www.newyorker.com/reporting/2013/03/11/130311fa_fact_kolbert?currentPage=all

Greeley vet faces jail time for using marijuana as treatment for PTSD

<http://www.greeleytribune.com/news/4992889-113/marijuana-jeremy-ptsd-probation>

Amputee Phantom Pain Linked to Brain Retaining Picture of Missing Limb

<http://www.sciencedaily.com/releases/2013/03/130305131034.htm>

Limiting access to alcohol reduces violence

http://www.eurekalert.org/pub_releases/2013-03/uoc--lat030413.php

Insomnia Is Linked to Increased Risk of Heart Failure

<http://www.sciencedaily.com/releases/2013/03/130305200310.htm>

Research Tip of the Week: [BrainLine Military](#)

BrainLineMilitary.org provides military-specific information and resources on traumatic brain injury to veterans, service members in the Army, Navy, Air Force, Marines, National Guard, Reserve, and their families. Through video, webcasts, articles, personal stories, research briefs, and current news, those whose lives have been affected by TBI can learn more about brain injury symptoms and treatment, rehabilitation, and family issues associated with TBI care and recovery.

BrainLine Military, funded by the [Defense and Veterans Brain Injury Center](#), offers a resource directory, a library of personal stories and informative articles, videos, a [Research Update](#) section, and a small collection of [annotated links](#).

A new feature, [Adam at Ease](#), is a blog by Adam Anicich, a former Army sergeant with a brain injury who is now working for the VA.



Adam at Ease



A Video Blog by Army Veteran Adam Anicich



Hi, I'm Adam Anicich

I'm a former Army Sergeant, a Department of Veterans Affairs employee, a service-disabled vet, and someone with a brain injury.

I'm here to share my story with you — along with some practical tips — and I hope that I can help

you in your own journey of recovery.

[Learn more about Adam >](#)

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Hear from Adam

Resources for Veterans with TBI

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