



CDP Research Update -- March 21, 2013

What's here:

- An Empirically Based Approach to the Assessment and Management of Suicidal Behavior.
- Diagnostic accuracy of brief PTSD screening instruments in military veterans.
- PTSD Research Quarterly (Lead story: The Role of Benzodiazepines in the Treatment of Posttraumatic Stress Disorder)
- Aligning clinical practice to PTSD treatment guidelines: medication prescribing by provider type.
- Army Drawdown and Restructuring: Background and Issues for Congress (CRS)
- Virtual Reality Applications to Address the Wounds of War.
- Cyberhugs: Creating a Voice for Chronic Pain Sufferers Through Technology.
- Influence of Combat Blast-Related Mild Traumatic Brain Injury Acute Symptoms on Mental Health and Service Discharge Outcomes.
- Co-occurring posttraumatic stress and depression symptoms after sexual assault: A latent profile analysis.
- Hippocampal volumes in patients with chronic combat-related posttraumatic stress disorder: a systematic review.
- Vulnerability imposed by diet and brain trauma for anxiety-like phenotype: implications for post-traumatic stress disorders.
- Attentional bias for trauma-related words: exaggerated emotional Stroop effect in Afghanistan and Iraq war veterans with PTSD.
- Iraq and Afghanistan veteran presentations to Combat Stress, since 2003.
- Interventions to reduce suicides at suicide hotspots: a systematic review.
- Humor, Self-Attitude, Emotions, and Cognitions in Group Art Therapy With War Veterans.
- Identifying Patients at Risk for Suicide: Brief Review

- Influence of Combat Blast-Related Mild Traumatic Brain Injury Acute Symptoms on Mental Health and Service Discharge Outcomes.
- Adverse Health Consequences of the Iraq War.
- Violent offending by UK military personnel deployed to Iraq and Afghanistan: a data linkage cohort study.
- Predicting Test of Memory Malingering and Medical Symptom Validity Test Failure within a Veterans Affairs Medical Center: Use of the Response Bias Scale and the Henry-Heilbronner Index.
- Combat blast injuries: Injury severity and posttraumatic stress disorder interaction on career outcomes in male servicemembers.
- Changes in Suicide Rates and in Mental Health Staffing in the Veterans Health Administration, 2005–2009.
- Behavioural activation for the treatment of depression in military personnel.
- “Strength at Home” Group Intervention for Military Populations Engaging in Intimate Partner Violence: Pilot Findings.
- Diagnosis, management and operational impact of panic disorder in the UK Armed Forces.
- Prevalence of post-traumatic stress disorder among the inpatients in a tertiary clinic and relationship with suicidal attempts.
- Combat-related posttraumatic stress disorder and criminal responsibility determinations in the post-Iraq era: a review and case report.
- Trauma histories, substance use coping, PTSD, and problem substance use among sexual assault victims.
- Alcohol use, military sexual trauma, expectancies, and coping skills in women veterans presenting to primary care.
- Control and coping in chronic insomnia: A daily diary study.
- Key Constructs in "Classical" and "New Wave" Cognitive Behavioral Psychotherapies: Relationships Among Each Other and With Emotional Distress.
- Acupuncture for posttraumatic stress disorder: a systematic review of randomized controlled trials and prospective clinical trials.
- Are Iraq and Afghanistan veterans using mental health services? New data from a national random-sample survey.

- Specific Pain Complaints in Iraq and Afghanistan Veterans Screening Positive for Post-Traumatic Stress Disorder.
- A new chronobiological approach to discriminate between acute and chronic depression using peripheral temperature, rest-activity, and light exposure parameters.
- Depictions of insomniacs' behaviors and thoughts in music lyrics.
- Links of Interest
- Research Tip of the Week: SAMHSA -- Military Families

<http://psycnet.apa.org/index.cfm?fa=buy.optionToBuy&id=2013-07728-001>

An Empirically Based Approach to the Assessment and Management of Suicidal Behavior.

By Ribeiro, Jessica D.; Bodell, Lindsay P.; Hames, Jennifer L.; Hagan, Christopher R.; Joiner, Thomas E.

Journal of Psychotherapy Integration, Mar 11 , 2013

Accurate assessment and management of risk is crucial to the prevention of suicidal behavior. In the present article, the interpersonal theory of suicide (T. E. Joiner, 2005, *Why people die by suicide*, Cambridge, MA: Harvard University Press; K. A. Van Orden, et al., 2010, *The interpersonal theory of suicide*, *Psychological Review*, 117, 575–600) is used as the main backdrop for conceptualizing targets for suicide risk assessment and attendant management strategies. In addition to providing an overview of the theory and its corroborating empirical evidence, we discuss its tenets in relation to three other leading theories of suicidal behavior. The shared features and unique strengths of the empirical approaches are noted. Following this, leading risk factors for imminent suicidal behavior are discussed and possible links to existing empirical perspectives are highlighted. In particular, evidence is reviewed for marked social withdrawal and key indicators of overarousal (namely, agitation, nightmares, and insomnia). We offer recommendations for appropriate empirically based assessment and intervention strategies and close with a discussion of future directions for research. (PsycINFO Database Record (c) 2013 APA, all rights reserved)

<http://www.ncbi.nlm.nih.gov/pubmed/23506779>

J Subst Abuse Treat. 2013 Mar 15. pii: S0740-5472(13)00033-0. doi: 10.1016/j.jsat.2013.01.010. [Epub ahead of print]

Diagnostic accuracy of brief PTSD screening instruments in military veterans.

Tiet QQ, Schutte KK, Leyva YE.

Source: National Center for PTSD, Dissemination and Training Division, VA Palo Alto Health Care System, Menlo Park, CA, USA; Center for Health Care Evaluation, VA Palo Alto Health Care System, Menlo Park, CA, USA; Department of Psychiatry, Stanford University School of Medicine, Stanford, CA, USA; California School of Professional Psychology at Alliant International University, San Francisco, CA, USA. Electronic address: Quyen.Tiet@va.gov.

Abstract

Post-traumatic stress disorder (PTSD) is prevalent but is under-detected and under-treated, despite available efficacious treatments. To improve detection rates, screening instruments such as the PTSD Checklist (PCL) and the Primary Care-PTSD (PC-PTSD) screen have been widely used. However, validation of these screening instruments among patients seeking treatment in substance use disorder (SUD) specialty treatment clinics and general mental health (MH) treatment clinics is limited. Therefore, this study assessed the area under the ROC curve (AUC), sensitivity, specificity, efficiency, and positive and negative predictive values of the PCL, PC-PTSD, and five abbreviated versions of the PCL in detecting PTSD among samples of patients seeking treatment in SUD specialty treatment (n=158) and general MH treatment settings (n=242). A computer-assisted structured diagnostic interview (C-DIS-IV) was used to ascertain patient DSM-IV PTSD diagnostic status. Based on the C-DIS-IV, prevalence of PTSD was found to be 36.7 and 52.9% in the SUD and MH samples, respectively. The PCL, PC-PTSD, and five abbreviated versions of the PCL were found to have adequate psychometric properties for screening patients in SUD (AUC ranged from 0.80 to 0.86) and MH (AUC ranged from 0.77 to 0.80) outpatient treatment settings.

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<http://www.ptsd.va.gov/professional/newsletters/research-quarterly/v23n4.pdf>

PTSD Research Quarterly

National Center for PTSD (VA)

VOLUME 23/NO. 4

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2013

Lead story: The Role of Benzodiazepines in the Treatment of Posttraumatic Stress Disorder (PTSD)

Benzodiazepines were introduced in the 1960's to replace barbiturates, which were effective as sedatives but were dangerous in overdosage and often abused. The stress-reducing and sedating properties of benzodiazepines made them seemingly an ideal drug to manage anxiety and insomnia symptoms and they became useful in addressing other clinical states such as epilepsy, spasmodic disorders, alcohol withdrawal, and anesthesia. Benzodiazepines rapidly became the most widely used of all psychotropic drugs; during the last 25 years it has been estimated that over 500 million people have

taken a course of benzodiazepine treatment. Historically benzodiazepines were the primary posttraumatic stress disorder (PTSD) treatment agent and their anxiety-reducing properties made them seem to be a model medication for the management of symptoms related to PTSD. Soon after the development of benzodiazepines, however, reports began to appear about potential withdrawal symptoms and risks of tolerance and dependence, which contributed to the continued controversy surrounding their use (for a historical review, see Lader, 2011).

<http://www.ncbi.nlm.nih.gov/pubmed/23474508>

Psychiatr Serv. 2013 Feb 1;64(2):142-8. doi: 10.1176/appi.ps.201200217.

Aligning clinical practice to PTSD treatment guidelines: medication prescribing by provider type.

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

Source: Center for Comprehensive Access and Delivery Research and Evaluation, Iowa City Veterans Affairs (VA) Health Care System, University of Iowa, Iowa City, IA 52246, USA. thad-abrams@uiowa.edu

Abstract

OBJECTIVE:

Veterans with posttraumatic stress disorder (PTSD) are frequently prescribed psychiatric medications that are currently not supported by a guideline developed by the U.S. Department of Veterans Affairs and the U.S. Department of Defense. To better understand this practice, this study examined prescribing frequencies for three classes of psychiatric medications and the proportion of prescribing attributable to various provider types.

METHODS:

This cross-sectional study analyzed fiscal year 2009 electronic pharmacy data from the Veterans Health Administration (VHA) for 356,958 veterans with PTSD who were receiving medications from VHA prescribers. Veterans had at least one VHA encounter with a diagnostic code of PTSD and evidence of continuous medication use. Medications of interest were selective serotonin-norepinephrine reuptake inhibitors (SSRI/SNRIs), second-generation antipsychotic medications, and benzodiazepines. Analyses described the proportion of prescribing attributable to mental health care providers and primary care providers for each medication class.

RESULTS:

In 2009, among all veterans with PTSD who had continuous VA medication use, 65.7% were prescribed SSRI/SNRIs, and 70.2% of this prescribing was attributable to mental health care providers. Second-generation antipsychotics were prescribed for 25.6% of these veterans, and 80.2% of the prescribing was attributable to mental health care providers. Benzodiazepines were prescribed for 37.0% of the sample, and 68.8% of the prescribing was attributable to mental health care providers.

CONCLUSIONS:

The findings indicate that veterans with PTSD were frequently prescribed medications not supported by existing guidelines. Most of these prescriptions were written by mental health care providers. Interventions to align prescribing with PTSD treatment guidelines should emphasize provider type.

<http://fpc.state.gov/documents/organization/206159.pdf>

Army Drawdown and Restructuring: Background and Issues for Congress

Andrew Feickert

Specialist in Military Ground Forces

Congressional Research Service

March 5, 2013

On January 26, 2012, senior DOD leadership unveiled a new defense strategy based on a review of potential future security challenges, current defense strategy, and budgetary constraints. This new strategy envisions a smaller, leaner Army that is agile, flexible, rapidly deployable, and technologically advanced. This strategy will rebalance the Army's global posture and presence, emphasizing where potential problems are likely to arise, such as the Asia-Pacific region and the Middle East.

As part of the Administration's proposal, two armored brigade combat teams (ABCTs) in Europe will be eliminated out of a total of eight BCTs that will be cut from Active Army force structure. The Army has stated that it may cut more than eight BCTs from the Army's current 44 Active BCTs. Army endstrength will go from 570,000 in 2010 to 490,000 during the Future Year Defense Plan (FYDP) period. As part of this reduction, the Army would no longer be sized to conduct large-scale, protracted stability operations but would continue to be a full-spectrum force capable of addressing a wide range of national security challenges. The Army National Guard and Army Reserves were not targeted for significant cuts. Army leadership stated the impending decrease in Active Duty Army force structure would place an even greater reliance on the National Guard and Reserves.

There will likely be a human dimension of the Army's drawdown. Troops have received an unprecedented level of support from the American public, and those soldiers leaving the service—voluntarily and perhaps involuntarily—might have strong personal feelings about leaving the Army and their comrades after multiple deployments to combat zones. The Army drawdown will likely be achieved in large degree by controlling accessions (i.e., the number of people allowed to join the Army). If limiting accessions is not enough to achieve the desired endstrength targets, the Army can employ a variety of involuntary and voluntary drawdown tools authorized by Congress, such as Selective Early Retirement Boards (SERBs) and Reduction-in-Force (RIF). Voluntary tools that the Army might use include the Voluntary Retirement Incentive, the Voluntary Separation Incentive, Special Separation Bonuses,

Temporary Early Retirement Authority, the Voluntary Early Release/Retirement Program, and Early Outs.

The Administration's proposals to drawdown and restructure the Army raise a number of potential issues for congressional consideration. With the possibility of sequestration and a continuing resolution for the remainder of FY2013, Army leadership has stated that readiness and maintenance will be negatively impacted, but nothing has been said about how these cuts could impact drawdown and restructuring initiatives. The Army plans to "regionally align" an unknown number of its units in both the Active and Reserve Components primarily by language and cultural training. Little is known about how the Army plans to accomplish this, how long it will take, how the Army will measure the effectiveness of regionalization, and how much this initiative will cost. The Army is emphasizing "engagement" as a means of better enabling our partners to address their regional security challenges. If the Army intends to focus much of its post-2014 efforts on engagement operations, should the Army posture the force more toward engagement and less towards state-on-state conflict? This report will be updated.

<http://www.healio.com/psychiatry/journals/PsycAnn/%7B4AC85B96-7C1C-4828-85A7-2B19D95372E0%7D/Virtual-Reality-Applications-to-Address-the-Wounds-of-War>

Virtual Reality Applications to Address the Wounds of War.

J. Galen Buckwalter, PhD; Eric Forbell, MS; Chris Reist, MD, MBA; JoAnn Difede, PhD; Barbara O. Rothbaum, PhD; Belinda Lange, PhD; Sebastian Koenig, PhD; Thomas Talbot, MD

Psychiatric Annals

March 2013 - Volume 43 · Issue 3: 123-138

Numerous reports indicate that the incidence of posttraumatic stress disorder (PTSD) in returning Operation Enduring Freedom/Operation Iraqi Freedom (OEF/OIF) military personnel is creating a significant behavioral health care challenge. These findings have served to motivate research on how to better develop and disseminate evidence-based treatments for PTSD. This article details how virtual reality applications are being designed and implemented across various points in the military deployment cycle to prevent, identify, and treat combat-related PTSD in OEF/OIF service members and veterans.

The summarized projects in these areas have been developed at the University of Southern California Institute for Creative Technologies (USC ICT), a US Army University Affiliated Research Center, and will detail efforts to use virtual reality to deliver exposure therapy and provide stress resilience training prior to deployment. A brief discussion will follow that details work developing and evaluating virtual human agents in the role of virtual patients that represent military personnel for training the next generation of clinical providers. As well, research and development creating virtual humans serving in the role of online health care guides that can be used to support anonymous access to military-relevant behavioral health care information will be discussed.

<http://online.liebertpub.com/doi/full/10.1089/cyber.2012.0361>

Cyberhugs: Creating a Voice for Chronic Pain Sufferers Through Technology.

Karin L. Becker. *Cyberpsychology, Behavior, and Social Networking*. February 2013, 16(2): 123-126.

Chronic pain is a pervasive and expensive public health problem affecting roughly one-third of the American population. The inability of language to accurately convey pain expressions combined with the social stigmas associated with discussing pain persuade many sufferers to remain silent about their pain. Gender politics and fear of professional repercussions further encourage silence. This article explores the need for a safe and secure place for chronic pain sufferers to talk of their pain experiences. The extent to which digital communication technology can fulfill this need is examined. This descriptive study examines the use of one online chronic pain management workshop for its ability to create an engaged community of choice. Workshop admittance was based on participants having a qualifying chronic pain condition. A thematic discourse analysis is conducted of all entries chronic pain participants posted. In addition to goal setting, participants discuss the ways in which pain affects them on a daily basis. Two themes emerge: validation and encouragement. This study suggests that chronic pain users need a discursive space to legitimate their chronic pain identity. It confirms that online websites and virtual audiences facilitate disclosure and allow for authentic communication. The benefits of computer-mediated discussion as well as its limitations are examined.

<http://www.ncbi.nlm.nih.gov/pubmed/23489170>

J Neurotrauma. 2013 Mar 14. [Epub ahead of print]

Influence of Combat Blast-Related Mild Traumatic Brain Injury Acute Symptoms on Mental Health and Service Discharge Outcomes.

Eskridge SL, Macera CA, Galarneau MR, Holbrook TL, Woodruff SI, Macgregor AJ, Morton DJ, Shaffer RA.

Source: Naval Health Research Center, Department of Medical Modeling, Simulation, & Mission Support, 140 Sylvester Rd., San Diego, California, United States, 92106, 619-533-8427, 619-553-8551; susan.eskridge@med.navy.mil.

Abstract

Assessment of acute mild traumatic brain injury (mTBI) symptoms after a combat blast could aid diagnosis and guide follow-up care. Our objective was to document acute mTBI symptoms following a combat blast and to examine associations between acute symptoms and mental health and service discharge outcomes. A retrospective cohort study was conducted with 1656 service personnel who experienced a combat blast-related mTBI in Iraq. Acute mTBI symptoms were ascertained from point-of-injury medical records. The associations between acute symptoms and posttraumatic stress disorder

(PTSD), postconcussion syndrome (PCS), and type of service discharge were examined. Disability discharge occurred in 11%, while 36% had a non-disability discharge and 52% had no recorded discharge. A PTSD and PCS diagnosis was made in 19% and 15% of the sample, respectively. The most common acute mTBI symptoms were headache (62.8%), loss of consciousness (LOC) (34.5%), and tinnitus (33.2%). LOC was predictive of PTSD (odds ratio [OR] 1.54; 95% confidence interval [CI] 1.18, 2.00) and PCS (OR 2.08; 95% CI 1.56, 2.77), while altered mental status (OR 1.53; 95% CI 1.07, 2.17) and previous blast history (OR 1.83; 95% CI 1.15, 2.90) were also predictive of PCS. While no acute mTBI symptoms were associated with discharge outcomes, injury severity was associated with disability discharge. LOC after blast-related mTBI was associated with PTSD and PCS, and injury severity was predictive of disability discharge. The assessment of cognitive status immediately after a blast could assist in diagnosing mTBI and indicate a need for follow-up care.

<http://www.ncbi.nlm.nih.gov/pubmed/23489401>

J Affect Disord. 2013 Mar 8. pii: S0165-0327(13)00081-5. doi: 10.1016/j.jad.2013.01.026. [Epub ahead of print]

Co-occurring posttraumatic stress and depression symptoms after sexual assault: A latent profile analysis.

Au TM, Dickstein BD, Comer JS, Salters-Pedneault K, Litz BT.

Source: Department of Psychology, Boston University, MA, USA; VA Boston Healthcare System, Boston, MA, USA. Electronic address: tau@bu.edu.

Abstract

BACKGROUND:

Symptoms of posttraumatic stress disorder (PTSD) and depression frequently co-occur, but their distinctiveness following trauma remains unclear. We examined patterns of PTSD and depression symptoms after sexual assault to evaluate the extent to which assault survivors primarily reported symptoms of both disorders or whether there were meaningfully distinct subgroups with discordant PTSD and depression symptoms.

METHODS:

Latent profile analysis was used to examine self-reported PTSD and depression symptoms among 119 female sexual assault survivors at 1-, 2-, 3-, and 4-months post-assault.

RESULTS:

At all time points, a 4-class solution fit the data best, revealing four subgroups with low, low-moderate, high-moderate, and severe levels of both PTSD and depression symptoms. Within each subgroup, PTSD symptom severity co-occurred with comparable depression symptom severity. At no time point were there reliable subgroups with discordant PTSD and depression symptom severities. Emotional numbing,

hyperarousal, and overall PTSD symptom severity reliably distinguished each class from the others. Class membership at 1-month post-assault predicted subsequent class membership and functional impairment.

LIMITATIONS:

Additional research is needed to evaluate predictors of class membership, temporal stability of classes, and generalizability to other trauma populations.

CONCLUSIONS:

Co-occurring and comparably severe PTSD and depression symptoms are pervasive among female sexual assault survivors. The absence of a distinct subset of individuals with only PTSD or depression symptoms suggests that PTSD and depression may be manifestations of a general posttraumatic stress response rather than distinct disorders after trauma. Integrated treatments targeting both PTSD and depression symptoms may therefore prove more efficient and effective.

Published by Elsevier B.V.

<http://www.ncbi.nlm.nih.gov/pubmed/23487189>

J Neuropsychiatry Clin Neurosci. 2013 Mar 1;25(1):12-25. doi: 10.1176/appi.neuropsych.12010003.

Hippocampal volumes in patients with chronic combat-related posttraumatic stress disorder: a systematic review.

Childress JE, McDowell EJ, Dalai VV, Bogale SR, Ramamurthy C, Jawaid A, Kunik ME, Qureshi SU, Schulz PE.

Abstract

The authors and others have recently demonstrated that veterans with chronic combat-related PTSD (CR-PTSD) have a twofold increased risk of dementia. To understand this increased incidence, they performed a systematic review of the literature on neuroanatomical differences between veterans with chronic CR-PTSD and control subjects (22 included studies). The hippocampus was most commonly and consistently reported to differ between groups, thereby suggesting the hypothesis that PTSD is associated with smaller hippocampi, which increases the risk for dementia. However, an alternate hypothesis is that smaller hippocampal volumes are a preexisting risk factor for PTSD and dementia. Studies are clearly needed to differentiate between these important possibilities.

<http://www.ncbi.nlm.nih.gov/pubmed/23483949>

PLoS One. 2013;8(3):e57945. doi: 10.1371/journal.pone.0057945. Epub 2013 Mar 6.

Vulnerability imposed by diet and brain trauma for anxiety-like phenotype: implications for post-traumatic stress disorders.

Tyagi E, Agrawal R, Zhuang Y, Abad C, Waschek JA, Gomez-Pinilla F.

Source: Department of Integrative Biology and Physiology, University of California Los Angeles, Los Angeles, California, United States of America.

Abstract

Mild traumatic brain injury (mTBI, cerebral concussion) is a risk factor for the development of psychiatric illness such as posttraumatic stress disorder (PTSD). We sought to evaluate how omega-3 fatty acids during brain maturation can influence challenges incurred during adulthood (transitioning to unhealthy diet and mTBI) and predispose the brain to a PTSD-like pathobiology. Rats exposed to diets enriched or deficient in omega-3 fatty acids (n-3) during their brain maturation period, were transitioned to a western diet (WD) when becoming adult and then subjected to mTBI. TBI resulted in an increase in anxiety-like behavior and its molecular counterpart NPY1R, a hallmark of PTSD, but these effects were more pronounced in the animals exposed to n-3 deficient diet and switched to WD. The n-3 deficiency followed by WD disrupted BDNF signaling and the activation of elements of BDNF signaling pathway (TrkB, CaMKII, Akt and CREB) in frontal cortex. TBI worsened these effects and more prominently in combination with the n-3 deficiency condition. Moreover, the n-3 deficiency primed the immune system to the challenges imposed by the WD and brain trauma as evidenced by results showing that the WD or mTBI affected brain IL1 β levels and peripheral Th17 and Treg subsets only in animals previously conditioned to the n-3 deficient diet. These results provide novel evidence for the capacity of maladaptive dietary habits to lower the threshold for neurological disorders in response to challenges.

<http://www.biomedcentral.com/1471-244X/13/86/abstract>

Attentional bias for trauma-related words: exaggerated emotional Stroop effect in Afghanistan and Iraq war veterans with PTSD.

Victoria Ashley, Nikki Honzel, Jary Larsen, Timothy Justus and Diane Swick

BMC Psychiatry 2013, 13:86

Background

Post-traumatic stress disorder (PTSD) involves debilitating symptoms that can disrupt cognitive functioning. The emotional Stroop has been commonly used to examine the impact of PTSD on attentional control, but no published study has yet used it with Afghanistan and Iraq war veterans, and only one previous study has compared groups on habituation to trauma-related words.

Methods

We administered the emotional Stroop, the Beck Depression Inventory (BDI), and the PTSD Checklist (PCL) to 30 veterans with PTSD, 30 military controls, and 30 civilian controls. Stroop word types included Combat, Matched-neutral, Neutral, Positive and Negative.

Results

Compared to controls, veterans with PTSD were disproportionately slower in responding to Combat words. They were also slower and less accurate overall, did not show interference on Negative or Positive words relative to Neutral, and showed a trend for delayed but successful habituation to Combat words. Higher PCL and BDI scores also correlated with larger interference effects.

Conclusions

Because of its specificity in detecting attentional biases to trauma-related words, the emotional Stroop task may serve as a useful pre- and post task with intervention studies of PTSD patients.

<http://www.ncbi.nlm.nih.gov/pubmed/23479566>

Occup Med (Lond). 2013 Mar 11. [Epub ahead of print]

Iraq and Afghanistan veteran presentations to Combat Stress, since 2003.

van Hoorn LA, Jones N, Busuttill W, Fear NT, Wessely S, Hunt E, Greenberg N.

Source: King's Centre for Military Health Research, Institute of Psychiatry, London SE5 9RW, UK.

Abstract

Background Recently, proposals have been made to improve mental health care for UK military veterans. Combat Stress (CS), a veteran's charity, has provided mental health services for veterans since 1919. Since 2003, service users have included veterans from the Iraq and Afghanistan conflicts; however, their pattern of help-seeking has not been evaluated. **Aims** To describe the characteristics of the veteran population of the recent Iraq or Afghanistan conflicts who sought help from CS between 2003 and May 2011. **Methods** CS Iraq and Afghanistan veteran clinical and welfare records were evaluated. **Results** Nine hundred and eighty-eight records were evaluated. The median time for veterans of recent conflicts to seek help from CS since discharge from military service was ~2 years, considerably shorter than the mean time of 14 years previously estimated by CS. Approximately, three-quarters of the veterans receiving a full clinical assessment (n = 114), received a diagnosis of post traumatic stress disorder (PTSD) (n = 87). Approximately half of the clinically assessed veterans self-referred to CS (51%); their most frequent diagnosis was PTSD. **Conclusions** Veterans who have served in Iraq and Afghanistan are presenting to Combat Stress sooner, and at a younger age, than veterans of previous conflicts and operations.

<http://www.biomedcentral.com/1471-2458/13/214/abstract>

Interventions to reduce suicides at suicide hotspots: a systematic review.

Georgina R Cox, Christabel Owens, Jo Robinson, Angela Nicholas, Anne Lockley, Michelle Williamson, Yee Tak Cheung and Jane Pirkis

BMC Public Health

Published: 9 March 2013

Background

'Suicide hotspots' include tall structures (for example, bridges and cliffs), railway tracks, and isolated locations (for example, rural car parks) which offer direct means for suicide or seclusion that prevents intervention.

Methods

We searched Medline for studies that could inform the following question: 'What interventions are available to reduce suicides at hotspots, and are they effective?'

Results

There are four main approaches: (a) restricting access to means (through installation of physical barriers); (b) encouraging help-seeking (by placement of signs and telephones); (c) increasing the likelihood of intervention by a third party (through surveillance and staff training); and (d) encouraging responsible media reporting of suicide (through guidelines for journalists). There is relatively strong evidence that reducing access to means can avert suicides at hotspots without substitution effects. The evidence is weaker for the other approaches, although they show promise.

Conclusions

More well-designed intervention studies are needed to strengthen this evidence base.

<http://www.tandfonline.com/doi/abs/10.1080/07421656.2013.757758>

Humor, Self-Attitude, Emotions, and Cognitions in Group Art Therapy With War Veterans.

Alexander Kopytin, Alexey Lebedev

Art Therapy

Vol. 30, Iss. 1, 2013

This article presents findings from a study of the therapeutic effects of group art therapy in a psychotherapy unit of a Russian hospital for war veterans. The researchers randomly assigned 112 veterans being treated for stress-related disorders to an experimental group (art therapy) and a control group. The emphasis was on the use of humor in the Draw A Story assessment and the Silver Drawing

Test with respect to cognition, emotions, creativity, and self-image. Findings included a high frequency of humorous responses in both groups, and an increase of humor in the art therapy group post treatment. Results suggest that image formation and artistic activity foster cognitive and creative problem solving and increased self-esteem, and that humor serves as an important therapeutic function in this population.

<http://origin.www.ahrq.gov/research/findings/evidence-based-reports/patientsftyupdate/ptsafetyIIchap26.pdf>

Identifying Patients at Risk for Suicide: Brief Review

Steven C. Bagley, M.D.

Chapter 26

Making Health Care Safer II: An Updated Critical Analysis of the Evidence for Patient Safety Practices

March 2013

This review addresses three important questions related to the safety of medical, surgical, and psychiatric inpatients at risk for suicide.

- What is the evidence that clinical, organizational, or environmental programs work to reduce attempts or completions for hospitalized patients?
- What is the state of programs in use at this time?
- What has been learned from their implementation?

<http://online.liebertpub.com.lrc1.usuhs.edu/doi/abs/10.1089/neu.2012.2537>

Influence of Combat Blast-Related Mild Traumatic Brain Injury Acute Symptoms on Mental Health and Service Discharge Outcomes.

Dr. Susan L Eskridge, Dr. Caroline A Macera, Mr. Michael R Galarneau, Dr. Troy L Holbrook, Dr. Susan I Woodruff, Dr. Andrew J MacGregor, Dr. Deborah J Morton, and Dr. Richard A Shaffer

Journal of Neurotrauma

Online Ahead of Editing: March 14, 2013

Assessment of acute mild traumatic brain injury (mTBI) symptoms after a combat blast could aid diagnosis and guide follow-up care. Our objective was to document acute mTBI symptoms following a combat blast and to examine associations between acute symptoms and mental health and service

discharge outcomes. A retrospective cohort study was conducted with 1656 service personnel who experienced a combat blast-related mTBI in Iraq. Acute mTBI symptoms were ascertained from point-of-injury medical records. The associations between acute symptoms and posttraumatic stress disorder (PTSD), postconcussion syndrome (PCS), and type of service discharge were examined. Disability discharge occurred in 11%, while 36% had a non-disability discharge and 52% had no recorded discharge. A PTSD and PCS diagnosis was made in 19% and 15% of the sample, respectively. The most common acute mTBI symptoms were headache (62.8%), loss of consciousness (LOC) (34.5%), and tinnitus (33.2%). LOC was predictive of PTSD (odds ratio [OR] 1.54; 95% confidence interval [CI] 1.18, 2.00) and PCS (OR 2.08; 95% CI 1.56, 2.77), while altered mental status (OR 1.53; 95% CI 1.07, 2.17) and previous blast history (OR 1.83; 95% CI 1.15, 2.90) were also predictive of PCS. While no acute mTBI symptoms were associated with discharge outcomes, injury severity was associated with disability discharge. LOC after blast-related mTBI was associated with PTSD and PCS, and injury severity was predictive of disability discharge. The assessment of cognitive status immediately after a blast could assist in diagnosing mTBI and indicate a need for follow-up care.

[http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(13\)60254-8/abstract?](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(13)60254-8/abstract?)

Adverse Health Consequences of the Iraq War.

Prof Barry S Levy MD and Prof Victor W Sidel MD

The Lancet

Volume 381, Issue 9870, Pages 949 - 958, 16 March 2013

The adverse health consequences of the Iraq War (2003—11) were profound. We conclude that at least 116 903 Iraqi non-combatants and more than 4800 coalition military personnel died over the 8-year course. Many Iraqi civilians were injured or became ill because of damage to the health-supporting infrastructure of the country, and about 5 million were displaced. More than 31 000 US military personnel were injured and a substantial percentage of those deployed suffered post-traumatic stress disorder, traumatic brain injury, and other neuropsychological disorders and their concomitant psychosocial problems. Many family members of military personnel had psychological problems. Further review of the adverse health consequences of this war could help to minimise the adverse health consequences of, and help to prevent, future wars.

[http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(13\)60354-2/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(13)60354-2/fulltext)

Violent offending by UK military personnel deployed to Iraq and Afghanistan: a data linkage cohort study.

Dr Deirdre MacManus MRCPsych, Prof Kimberlie Dean PhD, Margaret Jones BA, Roberto J Rona FFPH, Prof Neil Greenberg MD, Lisa Hull MSc, Prof Tom Fahy MD, Prof Simon Wessely FMedSci, Nicola T Fear DPhil [Oxon]

The Lancet - 16 March 2013 (Vol. 381, Issue 9870, Pages 907-917)

Background

Violent offending by veterans of the Iraq and Afghanistan conflicts is a cause for concern and there is much public debate about the proportion of ex-military personnel in the criminal justice system for violent offences. Although the psychological effects of conflict are well documented, the potential legacy of violent offending has yet to be ascertained. We describe our use of criminal records to investigate the effect of deployment, combat, and post-deployment mental health problems on violent offending among military personnel relative to pre-existing risk factors.

Methods

In this cohort study, we linked data from 13 856 randomly selected, serving and ex-serving UK military personnel with national criminal records stored on the Ministry of Justice Police National Computer database. We describe offending during the lifetime of the participants and assess the risk factors for violent offending.

Findings

2139 (weighted 17·0%) of 12 359 male UK military personnel had a criminal record for any offence during their lifetime. Violent offenders (1369 [11·0%]) were the most prevalent offender types; prevalence was highest in men aged 30 years or younger (521 [20·6%] of 2728) and fell with age (164 [4·7%] of 3027 at age >45 years). Deployment was not independently associated with increased risk of violent offending, but serving in a combat role conferred an additional risk, even after adjustment for confounders (violent offending in 137 [6·3%] of 2178 men deployed in a combat role vs 140 [2·4%] of 5797 deployed in a non-combat role; adjusted hazard ratio 1·53, 95% CI 1·15—2·03; $p=0\cdot003$). Increased exposure to traumatic events during deployment also increased risk of violent offending (violent offending in 104 [4·1%] of 2753 men with exposure to two to four traumatic events vs 56 [1·6%] of 2944 with zero to one traumatic event, 1·77, 1·21—2·58, $p=0\cdot003$; and violent offending in 122 [5·1%] of 2582 men with exposure to five to 16 traumatic events, 1·65, 1·12—2·40, $p=0\cdot01$; test for trend, $p=0\cdot032$). Violent offending was strongly associated with post-deployment alcohol misuse (violent offending in 120 [9·0%] of 1363 men with alcohol misuse vs 155 [2·3%] of 6768 with no alcohol misuse; 2·16, 1·62—2·90; $p<0\cdot0001$), post-traumatic stress disorder (violent offending in 25 [8·6%] of 344 men with post-traumatic stress disorder vs 221 [3·0%] of 7256 with no symptoms of post-traumatic stress disorder; 2·20, 1·36—3·55; $p=0\cdot001$), and high levels of self-reported aggressive behaviour (violent offending in 56 [6·7%] of 856 men with an aggression score of six to 16 vs 22 [1·2%] of 1685 with an aggression score of zero; 2·47, 1·37—4·46; $p=0\cdot003$). Of the post-traumatic stress disorder symptoms, the hyperarousal cluster was most strongly associated with violent offending (2·01, 1·50—2·70; $p<0\cdot0001$).

Interpretation

Alcohol misuse and aggressive behaviour might be appropriate targets for interventions, but any action

must be evidence based. Post-traumatic stress disorder, though less prevalent, is also a risk factor for violence, especially hyperarousal symptoms, so if diagnosed it should be appropriately treated and associated risk monitored.

Funding

Medical Research Council and the UK Ministry of Defence.

<http://www.ncbi.nlm.nih.gov/pubmed/23493404>

Arch Clin Neuropsychol. 2013 Mar 13. [Epub ahead of print]

Predicting Test of Memory Malingering and Medical Symptom Validity Test Failure within a Veterans Affairs Medical Center: Use of the Response Bias Scale and the Henry-Heilbronner Index.

Whitney KA.

Source: Richard L. Roudebush Veterans Affairs Medical Center, Indianapolis, IN, USA.

Abstract

The ability of the Response Bias Scale (RBS) and the Henry-Heilbronner Index (HHI), along with several other MMPI-2 validity scales, to predict performance on two separate stand-alone symptom validity tests, the Test of Memory Malingering (TOMM) and the Medical Symptom Validity Test (MSVT), was examined. Findings from this retrospective data analysis of outpatients seen within a Veterans Affairs medical center (N = 194) showed that group differences between those passing and failing the TOMM were largest for the RBS (d = 0.79), HHI (d = 0.75), and Infrequency (F; d = 0.72). The largest group differences for those passing versus failing the MSVT were greatest on the HHI (d = 0.83), RBS (d = 0.80), and F (d = 0.78). Regression analyses showed that the RBS accounted for the most variance in TOMM scores (20%), whereas the HHI accounted for the most variance in MSVT scores (26%). Nonetheless, due to unacceptably low positive and negative predictive values, caution is warranted in using either one of these indices in isolation to predict performance invalidity.

<http://www.rehab.research.va.gov/jour/2013/501/pdf/eskridge501.pdf>

Combat blast injuries: Injury severity and posttraumatic stress disorder interaction on career outcomes in male servicemembers.

Susan L. Eskridge, PT, PhD; Caroline A. Macera, PhD; Michael R. Galarnau, MS; Troy L. Holbrook, PhD; Susan I. Woodruff, PhD; Andrew J. MacGregor, PhD; Deborah J. Morton, PhD; Richard A. Shaffer, PhD

Journal of Rehabilitation Research & Development

Volume 50, Number 1, 2013

The purpose of this study was to describe career performance outcomes after combat blast injury and to examine the relationship between the injury severity and type of military discharge. A retrospective cohort study of 4,255 male servicemembers injured in a combat blast as a part of Operation Iraqi Freedom was completed. In the total sample, 37.8% experienced a normal discharge and 8.3% had an early discharge. Of the 2,229 members who had a discharge code, 29.8% experienced a disability discharge. Both early attrition and disability discharge proportions were higher in those with posttraumatic stress disorder (PTSD) than in those without PTSD. There was a significant interaction between PTSD and injury severity in the discharge disability outcome. In those without PTSD, there was a dose-response relationship between injury severity and disability discharge. In those with PTSD, injury severity predicted disability discharge. The relationship between injury severity and disability discharge was less striking in servicemembers with PTSD than without PTSD. The effect of PTSD and injury severity on career performance outcomes after blast injuries should be factored into outcome planning.

<http://ps.psychiatryonline.org/article.aspx?articleID=1668304>

Changes in Suicide Rates and in Mental Health Staffing in the Veterans Health Administration, 2005–2009.

Ira R. Katz, M.D., Ph.D.; Janet E. Kemp, R.N., Ph.D.; Frederic C. Blow, Ph.D.; John F. McCarthy, Ph.D.; Robert M. Bossarte, Ph.D.

Psychiatric Services

March 15, 2013

Objective

Between 2005 and 2009, the Veterans Health Administration (VHA) enhanced its mental health programs and increased outpatient mental health staffing by 52.8%. However, suicide rates among VHA patients remained the same. This study evaluated this finding by examining variability in staffing increases between VHA's 21 regional networks (Veterans Integrated Service Networks) (VISNs) and associations with suicide rates.

Methods

Suicide rates among VHA patients were derived from the National Death Index and VHA clinical and administrative records for 2005 and 2009. Comparisons across VISNs used measures of proportional change in mental health staffing (overall and in inpatient, residential, intensive case management, and outpatient programs) and comparable measures of mental health staffing per 1,000 mental health patients.

Results

Significant correlations were found between proportional changes from 2005 to 2009 in suicide rates

and outpatient mental health staffing ($r=-.453$, $p=.039$) and outpatient mental health staffing per 1,000 patients ($r=-.533$, $p=.013$). The ten VISNs above the median in proportional changes in mental health staffing had average decreases in suicide rates of 12.6% while those below had increases of 11.6% ($p=.005$). For proportional changes in mental health staffing per 1,000 patients, those above the median had decreases of 11.2% and those below had increases of 13.8% ($p=.014$). For the average VISN, it would have required a 27.5%–36.8% increase in outpatient staff over 2005 levels to decrease suicide rates by 10%.

Conclusions

Mental health enhancements in VHA were associated with decreases in suicide rates in VISNs where the increases in mental health outpatient staffing were greatest.

<http://www.ramcjournal.com/content/159/1/15.full>

Behavioural activation for the treatment of depression in military personnel.

Dean Whybrow

J R Army Med Corps 2013;159:1 15-20

Introduction

Depression is a common mental health problem in both civilian and military populations. Access to evidence based psychological therapies for treating common mental health problems such as depression may not be adequate at present. Behavioural Activation (BA) represents a National Institute for Clinical Excellence recommended, evidence-based treatment for depression. The aim of this review was to review the literature to determine how BA could work as a therapeutic approach for military personnel with depression.

Method

Five specialty-specific electronic databases were searched using the key words 'behavioural activation', 'activity scheduling' and 'depression'. Emerging themes were drawn out of the literature using a long table approach to thematic analysis.

Results

Seven themes were identified: Clinical Effectiveness, Cultural Competence, Co-morbidity, Cost Effectiveness, Alternatives to Face-to-Face Therapy, Training and Patient Experience.

Conclusions

Group based BA is a cost effective option that may build upon service personnel's cultural affinity to teamwork and peer support. Brief training workshops and supervision could be provided to military mental health nurses to deliver group based BA. However service delivery may also be enhanced by enabling some nurses to specialise as Cognitive Behavioural Psychotherapists. More research is needed

to understand whether this pragmatic, two pronged approach to training would result in the sustained dissemination of evidence based practice.

<http://link.springer.com/article/10.1007%2Fs10896-013-9496-y>

“Strength at Home” Group Intervention for Military Populations Engaging in Intimate Partner Violence: Pilot Findings.

Casey T. Taft, Alexandra Macdonald, Candice M. Monson, Sherry M. Walling, Patricia A. Resick, Christopher M. Murphy

Journal of Family Violence

April 2013, Volume 28, Issue 3, pp 225-231

In this brief report, we present information on the Strength at Home intervention to treat male active duty or military veteran perpetrators of intimate partner violence (IPV) as well as preliminary pilot study findings. Strength at Home is a 12-session cognitive-behavioral group intervention developed by the authors that is based on a social information processing model of IPV perpetration. Six men referred to two intervention groups and five collateral female partners participated in this pilot study. Findings indicated large reductions for most indices of physical and psychological IPV from pre-treatment to 6-month follow-up. These initial results are promising though the small sample size and other study limitations preclude our ability to draw firm conclusions.

<http://www.ramcjournal.com/content/159/1/40.full>

Diagnosis, management and operational impact of panic disorder in the UK Armed Forces.

Fiona E Smith and R H Coetzee

R Army Med Corps 2013;159:40-43

Panic Disorder, with or without agoraphobia, is a common anxiety disorder found in patients presenting in the Primary Care setting, and there is some evidence to suggest that it may not be a rare phenomenon in military populations. This article aims to discuss recognition of the disorder, awareness of its differential diagnoses, and management in Primary Care, particularly if secondary care referrals are not readily available. The National Institute for Clinical Excellence (NICE) Guidelines, both pharmacological and psychological, will be considered. Finally, the impact of Panic Disorder in relation to the Armed Forces in the training and deployed environment will be considered.

<http://www.sciencedirect.com/science/article/pii/S0941950013000055>

Prevalence of post-traumatic stress disorder among the inpatients in a tertiary clinic and relationship with suicidal attempts.

Onder Kavakci, Murat Semiz, Aysegul Kartal, Ayfer Dikici, Nesim Kugu

Neurology, Psychiatry and Brain Research

Available online 13 March 2013

Objective

To determine traumatic experiences, prevalence of post-traumatic stress disorder (PTSD) among psychiatric inpatients in a tertiary clinic and the relationship between suicidal attempts.

Material and methods

While a total of consecutive 175 patients (97 females, 78 males) who were hospitalized in the clinic for a period of six months were being assessed with usual diagnostic processes, they also filled out Posttraumatic Diagnostic Scale (PDS) and socio-demographic assessment form.

Results

While diagnosis of PTSD was made in 0.017% of the patients when they were evaluated with usual diagnostic methods of the clinic, 63.8% of females and 64.1% of males reported traumatic experiences when they were evaluated through scales. 30.3% of patients met criteria for PTSD according to PDS, and 8% of patients reported subthreshold PTSD symptoms. There was the history of suicidal attempts in 40.2% of females and in 30.8% of males. When evaluated with regression analysis, presence of PTSD according to PDS, physical violence, emotional abuse, exposure to economic abuse and high scores of PDS were found to be predictive factors for suicidal attempt. Three subjects who did not report traumatic experiences at the time of hospitalization reported sexual trauma during outpatient follow up.

Conclusion

PTSD is common among hospitalized psychiatric patients; diagnosis of PTSD is usually related with suicidal attempt. Diagnosis of PTSD is not recognized in many cases unless investigated especially.

<http://www.ncbi.nlm.nih.gov/pubmed/23503180>

J Am Acad Psychiatry Law. 2013;41(1):79-84.

Combat-related posttraumatic stress disorder and criminal responsibility determinations in the post-Iraq era: a review and case report.

Frierson RL.

Source: Department of Neuropsychiatry and Behavioral Science, University of South Carolina School of Medicine, 3555 Harden Street Extension, Suite 301, Columbia, SC 29203.
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Abstract

Since 2002, hundreds of thousands of United States troops have returned from the Iraq and Afghanistan theaters, many after multiple deployments. The high suicide rate and high prevalence of mood disorders, substance use disorders, and posttraumatic stress disorder (PTSD) in this population have been widely reported. Many returning soldiers have had difficulty adjusting to civilian life, and some have incurred legal charges. In this article, I review the prevalence and legal implications of combat-related PTSD in this population, including how symptoms of PTSD may be relevant in criminal responsibility determinations in jurisdictions that use a M'Naughten standard or American Law Institute (ALI) Model Penal Code test for criminal responsibility. Finally, an actual case in which a criminal defendant was found to lack criminal responsibility in a M'Naughten jurisdiction because of PTSD symptoms at the time of the alleged offense will be presented.

<http://www.ncbi.nlm.nih.gov/pubmed/23501138>

Addict Behav. 2013 Feb 13;38(6):2219-2223. doi: 10.1016/j.addbeh.2013.01.027. [Epub ahead of print]

Trauma histories, substance use coping, PTSD, and problem substance use among sexual assault victims.

Ullman SE, Relyea M, Peter-Hagene L, Vasquez AL.

Source: University of Illinois at Chicago 1007 West Harrison Street Chicago, IL 60607-7140, United States. Electronic address: seullman@uic.edu.

Abstract

Sexual assault history is associated with higher risk of problem drinking and drug use in women, yet little is known about mechanisms linking trauma histories in general to women's drinking or drug use problems. This study examined how various types of trauma, substance use coping, and PTSD relate to past-year problem drinking and drug use in women who experienced sexual assault. Data from a large, diverse sample of women who had experienced adult sexual assault were analyzed with structural equation modeling to test a theoretical model of the relationship between trauma types, substance use coping, PTSD symptoms, and past-year drinking and drug use (N=1863). Results show that PTSD symptoms fully mediated the association between non-interpersonal trauma and the use of substances to cope. However, the association between both interpersonal trauma and child sexual abuse severity on substance use to cope was only partially mediated by PTSD symptoms. In turn, use of substances to cope fully mediated the relationship between PTSD and problem drug use as well as partially mediated the effect of PTSD on problem drinking. These results suggest that different trauma types and substance

use coping may be important risk factors distinguishing sexually assaulted women who develop PTSD and problematic substance use from those who do not. Identifying women's histories of different traumas may help to identify those at greater risk for substance use problems.

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<http://www.ncbi.nlm.nih.gov/pubmed/23498717>

Addict Behav. 2013 Feb 26. pii: S0306-4603(13)00055-5. doi: 10.1016/j.addbeh.2013.02.006. [Epub ahead of print]

Alcohol use, military sexual trauma, expectancies, and coping skills in women veterans presenting to primary care.

Creech SK, Borsari B.

Source: Providence VA Medical Center, Building 32, 830 Chalkstone Avenue, Providence, RI 02908-4799, United States; Warren Alpert Medical School of Brown University, Campus Box G-VAMC, Brown University, Providence, RI 02912, United States; National Center for PTSD (116B-2), VA Boston Healthcare System, 150 South Huntington Ave., Boston, MA 02130, United States. Electronic address: Suzannah.creech@va.gov.

Abstract

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.

Published by Elsevier Ltd.

<http://www.ncbi.nlm.nih.gov/pubmed/23500895>

Behav Res Ther. 2013 Feb 26;51(6):240-246. doi: 10.1016/j.brat.2013.02.004. [Epub ahead of print]

Control and coping in chronic insomnia: A daily diary study.

Vincent N, Walsh K, Chiang D.

Source: Department of Clinical Health Psychology, University of Manitoba, Canada. Electronic address: NVincent@exchange.hsc.mb.ca.

Abstract

This daily diary study evaluated the relationships between perceived control over sleep, coping with sleeplessness, and subjective sleep in a sample of 45 adults with chronic insomnia. For seven consecutive days, newspaper-recruited adults completed daily self-report measures of perceived control, coping, general fatigue, mood, and sleep. Using a mixed-model analysis with SAS, we examined the lagged impact of perceived control and coping (either assimilative or accommodative) on next day sleep, mood, and fatigue. Results showed that perceived control over sleep was a significant predictor of next day sleep quality. For those with more chronic presentations, perceived control over sleep was a significant predictor of next day accommodative coping. Results indicated that those with more chronic presentations were more likely to use accommodative coping, and that this was associated with worsened next-day mood and no improvements in sleep. Implications of these findings are that changes

in perceived control precede, and do not follow from, changes in sleep. Additionally, results suggest that accommodative coping should be discouraged as it is more likely to worsen next-day mood.

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<http://www.ncbi.nlm.nih.gov/pubmed/23504665>

J Clin Psychol. 2013 Mar 15. doi: 10.1002/jclp.21976. [Epub ahead of print]

Key Constructs in "Classical" and "New Wave" Cognitive Behavioral Psychotherapies: Relationships Among Each Other and With Emotional Distress.

Cristea IA, Montgomery GH, Szamoskozi S, David D.

Source: Babes-Bolyai University, Cluj-Napoca; University of Pisa.

Abstract

OBJECTIVE:

We aimed to relate key constructs from three forms of cognitive behavioral therapy that are often placed in competition: rational emotive behavior therapy, cognitive therapy, and acceptance and commitment therapy. The key constructs of the underlying theories (i.e., irrational beliefs/unconditional self-acceptance, dysfunctional cognitions, experiential avoidance/psychological inflexibility) of these therapies have not been explicitly studied in their relationships to each other and with emotional distress.

METHOD:

We used a cross-sectional design. The variables were selected to indicate key constructs of the three major forms of therapy considered. Study 1 used a sample of 152 students, who were assessed during a stressful period of their semester (mean age = 21.71; 118 females), while Study 2 used a clinical sample of 28 patients with generalized anxiety disorder (mean age = 26.67; 26 females).

RESULTS:

Results showed that these constructs, central in the therapies considered, had medium to high associations to each other and to distress. Experiential avoidance was found to mediate the relationship between the other, schema-type cognitive constructs and emotional distress. Moreover, multiple mediation analysis in Study 2 seemed to indicate that the influence of the more general constructs on distress was mediated by experiential avoidance, whose effect seemed to be carried on further by automatic thoughts that were the most proximal to distress.

CONCLUSIONS:

Although each of the cognitive constructs considered comes with its underlying theory, the relationships between them can no longer be ignored and cognitive behavioral therapy theoretical models reliably accounting for these relationships should be proposed and tested.

<http://www.ncbi.nlm.nih.gov/pubmed/23476697>

Evid Based Complement Alternat Med. 2013;2013:615857. doi: 10.1155/2013/615857. Epub 2013 Feb 6.

Acupuncture for posttraumatic stress disorder: a systematic review of randomized controlled trials and prospective clinical trials.

Kim YD, Heo I, Shin BC, Crawford C, Kang HW, Lim JH.

Source: School of Korean Medicine, Pusan National University, Yangsan 626-870, Republic of Korea.

Abstract

To evaluate the current evidence for effectiveness of acupuncture for posttraumatic stress disorder (PTSD) in the form of a systematic review, a systematic literature search was conducted in 23 electronic databases. Grey literature was also searched. The key search terms were "" and "" No language restrictions were imposed. We included all randomized or prospective clinical trials that evaluated acupuncture and its variants against a waitlist, sham acupuncture, conventional therapy control for PTSD, or without control. Four randomized controlled trials (RCTs) and 2 uncontrolled clinical trials (UCTs) out of 136 articles in total were systematically reviewed. One high-quality RCT reported that acupuncture was superior to waitlist control and therapeutic effects of acupuncture and cognitive-behavioral therapy (CBT) were similar based on the effect sizes. One RCT showed no statistical difference between acupuncture and selective serotonin reuptake inhibitors (SSRIs). One RCT reported a favorable effect of acupoint stimulation plus CBT against CBT alone. A meta-analysis of acupuncture plus moxibustion versus SSRI favored acupuncture plus moxibustion in three outcomes. This systematic review and meta-analysis suggest that the evidence of effectiveness of acupuncture for PTSD is encouraging but not cogent. Further qualified trials are needed to confirm whether acupuncture is effective for PTSD.

<http://www.ncbi.nlm.nih.gov/pubmed/23475498>

Psychiatr Serv. 2013 Feb 1;64(2):134-41. doi: 10.1176/appi.ps.004792011.

Are Iraq and Afghanistan veterans using mental health services? New data from a national random-sample survey.

Elbogen EB, Wagner HR, Johnson SC, Kinneer P, Kang H, Vasterling JJ, Timko C, Beckham JC.

Source: Department of Psychiatry, University of North Carolina at Chapel Hill, CB 7167, Durham, NC 27599, USA. eric.elbogen@unc.edu

Abstract

OBJECTIVE:

This study analyzed data from a national survey of Iraq and Afghanistan veterans to improve understanding of mental health services use and perceived barriers.

METHODS:

The National Post-Deployment Adjustment Survey randomly sampled post-9/11 veterans separated from active duty or in the Reserves or National Guard. The corrected response rate was 56% (N=1,388).

RESULTS:

Forty-three percent screened positive for posttraumatic stress disorder (PTSD), major depression, or alcohol misuse. Past-year psychiatric treatment was reported by 69% of the PTSD group, 67% of the depression group, and 45% of those with alcohol misuse. Most received care at Veterans Affairs (VA) facilities, although women were more likely than men to seek non-VA services. Veterans with more severe symptoms reported greater treatment utilization. Eighteen percent saw a pastoral counselor (chaplain) in the past year. Veterans with mental health needs who did not access treatment were more likely to believe that they had to solve problems themselves and that medications would not help. Those who had accessed treatment were more likely to express concern about being seen as weak by others.

CONCLUSIONS:

Veterans in greatest need were more likely to access services. More than two-thirds with probable PTSD obtained past-year treatment, mostly at VA facilities. Treatment for veterans may be improved by increasing awareness of gender differences, integrating mental health and pastoral services, and recognizing that alcohol misuse may reduce utilization. Veterans who had and had not used services endorsed different perceptions about treatment, indicating that barriers to accessing care may be distinct from barriers to engaging in care.

<http://www.ncbi.nlm.nih.gov/pubmed/23473449>

Psychosomatics. 2013 Mar 6. pii: S0033-3182(13)00012-1. doi: 10.1016/j.psych.2013.01.011. [Epub ahead of print]

Specific Pain Complaints in Iraq and Afghanistan Veterans Screening Positive for Post-Traumatic Stress Disorder.

Moeller-Bertram T, Afari N, Mostoufi S, Fink DS, Johnson Wright L, Baker DG.

Source: VA Center of Excellence for Stress and Mental Health and VA San Diego Healthcare System, San Diego, CA; Department of Anesthesiology, University of California, San Diego, San Diego, CA; SDSU/UCSD Joint Doctoral Program in Clinical Psychology, San Diego, CA.

Abstract

BACKGROUND:

Post-traumatic stress disorder (PTSD) and pain are highly comorbid.

OBJECTIVE:

The purpose of this study was to examine the association of PTSD with specific pain complaints in veterans of Operations Enduring and Iraqi Freedom (OEF/OIF).

METHOD:

A total of 381 primarily male (88.5%) veterans with a mean age of 30 years completed a battery of self-report questionnaires. A positive PTSD screen was defined as a score of ≥ 40 on the Davidson Trauma Scale. Logistic regression was used to examine the association of positive PTSD screen with specific pain complaints.

RESULTS:

There were no significant demographic or physical and mental health differences between veterans who screened positive for PTSD only and those with PTSD and at least one pain complaint, although differences on rates of combat injury and depression approached significance. Veterans who screened positive for PTSD were 2 to 3 times more likely to report abdominal pain, muscle aches or cramps, and joint aches, even after controlling for age, gender, combat injury, and depression.

CONCLUSIONS:

Similar to findings in other populations, there is a relationship between PTSD and pain complaints in OEF/OIF veterans. Future research should examine the mechanisms that link PTSD with specific pain complaints, especially abdominal pain.

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<http://www.biomedcentral.com/1471-244X/13/77>

A new chronobiological approach to discriminate between acute and chronic depression using peripheral temperature, rest-activity, and light exposure parameters.

Cláudia Á Moraes, Trinitat Cambras, Antoni Diez-Noguera, Regina Schimitt, Giovana Dantas, Rosa Levandovski and Maria P Hidalgo

BMC Psychiatry 2013, 13:77

Background

Circadian theories for major depressive disorder have suggested that the rhythm of the circadian pacemaker is misaligned. Stable phase relationships between internal rhythms, such as temperature and rest/activity, and the external day-night cycle, are considered to be crucial for adapting to life in the external environmental. Therefore, the relationship and possible alterations among (i) light exposure, (ii)

activity rhythm, and (iii) temperature rhythm could be important factors in clinical depression. This study aimed to investigate the rhythmic alterations in depression and evaluate the ability of chronobiological parameters to discriminate between healthy subjects and depressed patients.

Methods

Thirty female subjects, including healthy subjects, depressed patients in the first episode, and major recurrent depression patients. Symptoms were assessed using Hamilton Depression Scale, Beck Depression Inventory and Montgomery-Åsberg Scale. Motor activity, temperature, and light values were determined for 7 days by actigraph, and circadian rhythms were calculated.

Results

Depressed groups showed a lower amplitude in the circadian rhythm of activity and light exposure, but a higher amplitude in the rhythm of peripheral temperature. The correlation between temperature and activity values was different in the day and night among the control and depressed groups. For the same level of activity, depressed patients had lowest temperature values during the day. The amplitudes of temperature and activity were the highest discriminant parameters.

Conclusions

These results indicate that the study of rhythms is useful for diagnosis and therapy for depressive mood disorders.

<http://www.ncbi.nlm.nih.gov/pubmed/23471424>

Sleep Disord. 2013;2013:106492. doi: 10.1155/2013/106492. Epub 2013 Jan 14.

Depictions of insomniacs' behaviors and thoughts in music lyrics.

Fung CH, Jouldjian S, Kierlin L.

Source: Geriatric Research Education and Clinical Center (GRECC), Veterans Administration Greater Los Angeles Healthcare System, North Hills, CA 91343, USA ; David Geffen School of Medicine, University of California, Los Angeles, CA 90095, USA.

Abstract

Studies have found that depictions of unhealthy behaviors (e.g., illicit substance use, violence) are common in popular music lyrics; however, we are unaware of any studies that have specifically analyzed the content of music lyrics for unhealthy sleep-related behaviors. We sought to determine whether behaviors known to perpetuate insomnia symptoms are commonly depicted in the lyrics of popular music. We searched three online lyrics sites for lyrics with the word "insomnia" in the title and performed content analysis of each of the lyrics. Lyrics were analyzed for the presence/absence of the following perpetuating factors: extending sleep opportunity, using counter fatigue measures, self-medicating, and engaging in rituals or anti-stimulus control behaviors. We analyzed 83 music lyrics. 47%

described one or more perpetuating factor. 30% described individual(s) engaging in rituals or antistimulus control strategies, 24% described self-medicating, 7% described engaging in counter fatigue measures, and 2% described extending sleep opportunity (e.g., napping during daytime). Maladaptive strategies known to perpetuate insomnia symptoms are common in popular music. Our results suggest that listeners of these sleep-related songs are frequently exposed to lyrics that depict maladaptive coping mechanisms. Additional studies are needed to examine the direct effects of exposing individuals to music lyrics with this content.

Links of Interest

Copyright Law + Using Images and Photos from Google

<http://www.copyrightlaws.com/creators/copyright-law-using-images-and-photos-from-google/>

Adding Antipsychotic Meds to Antidepressants Shows Risk, Little Benefit

<http://psychcentral.com/news/2013/03/14/adding-antipsychotic-meds-to-antidepressants-shows-risk-little-benefit/52597.html>

Why Higher Education Is More Difficult For Veterans

<http://stateimpact.npr.org/florida/2013/01/04/why-higher-education-is-more-difficult-for-veterans/>

Obtaining Copyright Permission to Use Digital and Online Content

<http://www.copyrightlaws.com/international/new-article-on-obtaining-copyright-permission-to-use-digital-and-online-content/>

What Is the Link Between SSRIs and Fear Extinction?

<http://psychnews.psychiatryonline.org/newsArticle.aspx?articleid=1668016>

Veterans Testify on Rapes and Scant Hope of Justice

<http://www.nytimes.com/2013/03/14/us/politics/veterans-testify-on-rapes-and-scant-hope-of-justice.html>

Furloughs Could Affect Army's Behavioral Health Care

<http://www.defense.gov/news/newsarticle.aspx?id=119527>

Vet who saved many in Iraq couldn't escape demons

http://m.apnews.com/ap/db_16029/contentdetail.htm

Soldiers and families can suffer negative effects from modern communication technologies

http://www.eurekalert.org/pub_releases/2013-03/uom-saf031813.php

Military Health System and TRICARE Reaching Millions through Social Media

http://www.health.mil/blog/13-03-15/Military_Health_System_and_TRICARE_Reaching_Millions_through_Social_Media.aspx

Army's 'Ready and Resilient Campaign' kicks off

http://www.army.mil/article/98315/Army_s_Ready_and_Resilient_Campaign_kicks_off/

The Journey of a Navy Neuropsychologist

<http://navymedicine.navylive.dodlive.mil/archives/4369>

TBI and PTSD: Navigating the Perfect Storm

http://www.brainlinemilitary.org/content/2013/03/tbi-and-ptsd-navigating-the-perfect-storm_page2.html

After decade of war, troops still struggling to find work

http://www.washingtonpost.com/national/after-decade-of-war-troops-still-struggling-to-find-work/2013/03/19/f064a0ba-8810-11e2-98a3-b3db6b9ac586_story.html

DVBIC Resource Guides Address TBI and Families

http://www.dcoe.health.mil/blog/13-03-15/DVBIC_Resource_Guides_Address_TBI_and_Families.aspx

Study finds Soldiers' PTSD diagnoses accurate

http://www.army.mil/article/98145/Study_finds_Soldiers_PSTD_diagnoses_accurate/

Vets' PTSD Affects Mental and Physical Health of Partners

<http://www.sciencedaily.com/releases/2013/03/130307124647.htm>

Statement of Sen. Bernie Sanders on VA Mental Health Care – Ensuring Timely Access to High-Quality Care

<http://vtdigger.org/2013/03/20/statement-of-sen-bernie-sanders-on-va-mental-health-care-ensuring-timely-access-to-high-quality-care/>

Research Tip of the Week: [SAMHSA -- Military Families](#)

The U.S. Department of Health and Human Services [Substance Abuse and Mental Health Services website](#) is very large and can be difficult to navigation. However, they've begun aggregating related resources together in special sections. The Military Families section is divided into several sections, which include annotated links to resources: Programs, Data, Publications & Multimedia, Grantee Projects, and Resources.

Military Families



Supporting America's service men and women—Active Duty, National Guard, Reserve, and Veteran—together with their families and communities by leading efforts to ensure that needed behavioral health services are accessible and that outcomes are positive.


[Leading Change: A Plan for SAMHSA's Roles and Actions 2011 - 2014 \(PDF 778KB\)](#)

Other Resources

- » [Learn More about How HHS is Supporting Military Families](#)
- » [SAMHSA's Service Members, Veterans, and their Families Technical Assistance Center](#)

WHAT WE ARE DOING

Programs

- [Service Members, Veterans, and their Families Technical Assistance Center](#): works with states, territories, and tribes develop effective, responsive behavioral health systems for service members, veterans, and their families.
- [Service Members, Veterans, and their Families Policy Academy Fact Sheet \(PDF - 187KB\)](#) . SMVF Policy Academies are managed through the SMVF TA Center (see above).
- [Veterans Crisis Line](#): In partnership with [SAMHSA's National Suicide Prevention Lifeline](#), the Veterans Crisis Line connects veterans in crisis and their families and friends with qualified, caring Department of Veterans Affairs responders through a confidential toll-free hotline, online chat, or text. Veterans and their loved ones can call 1-800-273-8255 and Press 1, *chat online*, or send a text message to 838255 to receive confidential support 24 hours a day, 7 days a week, 365 days a year.
- [Jail Diversion and Trauma Recovery Program - Priority to Veterans](#): supports local implementation and statewide expansion of trauma-informed jail diversion programs for people with post traumatic stress (PTSD) and other trauma-related disorders states, prioritizing veterans.

Featured Resource



[Report: Strengthening Our Military Families](#)

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