



CDP Research Update -- March 28, 2013

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<http://www.med.navy.mil/sites/nmcsc/nccosc/healthProfessionalsV2/researchQuarterly/Documents/spring2013ResearchQuarterly.pdf>

Combat & Operational Stress Research Quarterly – Spring 2013

The Combat & Operational Stress Research Quarterly is a compilation of recent research that includes relevant findings on the etiology, course and treatment of Posttraumatic Stress Disorder (PTSD). The intent of this publication is to facilitate translational research by providing busy clinicians with up-to-date findings, with the potential to guide and inform evidence-based treatment.

http://www.nap.edu/catalog.php?record_id=13499

Returning Home from Iraq and Afghanistan: Assessment of Readjustment Needs of Veterans, Service Members, and Their Families

Institute of Medicine (National Research Council)
2013

The readjustment needs of service members, veterans, and families that have experienced deployment to OEF or OIF encompass a complex set of health, economic, and social issues. Below are the committee's key findings, which to a large extent are the focus of its recommendations.

- Many veterans return from deployment relatively unscathed by their experience, but others return from deployment with a multitude of complex health outcomes that present life-long challenges and hinder readjustment.
- Not all veterans who need treatment receive it despite the offering of evidence-based treatments by the VA and DOD health systems, because systemwide challenges exist. families often endure the adverse consequences of deployments, for example, health effects, family violence, and economic burdens.
- Numerous programs exist to respond to the needs of returning OEF and OIF active-duty personnel, veterans, and family members, but there is little evidence regarding their effectiveness.
- Unemployment and underemployment are acute problems for military veterans.
- Published data on the effects of deployment on military communities are sparse.
- DOD, VA, and other federal agencies have data that can answer many of the questions posed in the legislation; however, numerous barriers must be overcome to facilitate sharing and linking of data.

Military

<http://www.tandfonline.com/doi/abs/10.1080/00918369.2013.744931>

If We Ask, What They Might Tell: Clinical Assessment Lessons from LGBT Military Personnel Post-DADT

Maria Heliana Ramirez, Stephen Joseph Rogers, Harriet Lee Johnson, Jon Banks, Wanda Penny Seay, Billy Lee Tinsley, Andrew Warren Grant

Journal of Homosexuality
Vol. 60, Iss. 2-3, 2013

Following repeal of the Don't Ask Don't Tell Policy, nearly one million lesbian, gay, and bisexual veterans and service members may increasingly seek access to Veterans Affairs services (G. Gates, 2004; G. J. Gates, 2010). Limited data exist regarding lesbian, gay, bisexual, transgender (LGBT) military personnel posing a unique challenge to clinicians and healthcare systems serving veterans with evidence-based and culturally relevant practice. In an effort to fill this information void, participatory program evaluation is used to inform recommendations for LGBT-affirmative health care systems change in a post-DADT world.

<http://www.tandfonline.com/doi/abs/10.1080/00918369.2013.744933>

Transgender People in the Military: Don't Ask? Don't Tell? Don't Enlist!

Adam F. Yerke, Valory Mitchell

Journal of Homosexuality
Vol. 60, Iss. 2-3, 2013

The repeal of Don't Ask, Don't Tell offered legal equality to sexual minorities in the military. However, this big step forward had no impact on the policy of exclusion and rejection and the fear and secrecy that resulted for transgender people (whether lesbian, gay, bisexual, or heterosexual). In this article, we argue that transgender citizens should have equal opportunity to honorably serve their country, and to be treated with respect and sensitivity as they do so. Many transgender persons may be drawn to military service and its ethos of masculine values. However, they are currently not permitted entry, and, if they are to enter, must remain hidden or face dismissal, leaving them vulnerable to harassment. While they report both positive and negative experiences during their service, research documents discrimination in veterans' healthcare as well as mental health risks resulting from fear and harassment. In contrast to the United States, 11 countries include transgender people in their militaries. Drawing in part from their examples, we end with recommendations for change in the direction of respect and equality of opportunity.

<http://aapgrandrounds.aappublications.org/content/29/1/5.extract>

Increased Health Care Utilization in Children of Deployed Parents.

Commentary by: Deena E. Sutter

AAP Grand Rounds 2013; 29(1): 5; doi:10.1542/gr.29-1-5

Investigators from Brandeis University and the Department of Defense (DoD) reviewed health care utilization data of spouses and children of active duty US Army personnel to evaluate changes in utilization after their family member was deployed. Data from DoD medical records, reimbursement claims for care provided in civilian institutions, and pharmacy records were searched to determine the type and quantity of encounters for the families of US Army personnel deployed in fiscal year 2007. Health care utilization data in the 12 months prior to and 12 months after deployment were abstracted. Similar information was collected on a control group of spouses and children of active duty personnel who were not deployed. Changes in health care utilization in children and spouses ...

<https://repositories.lib.utexas.edu/handle/2152/19466>

Determining the relationships between resilience, spirituality, life events, disruptions, demographic characteristics, personal history, and mental health symptoms in active duty soldiers with a recent deployment history.

Simmons, Angela Marie

December 2012

Thesis – PhD, Nursing

University of Texas, Austin

Of the approximately 1 million Army Soldiers who deployed to Iraq or Afghanistan at least one time between 2001 and 2007, 18.5% screened positive for posttraumatic stress disorder symptoms post-deployment (Tanielian et al., 2008). Deployed Soldiers are at a high risk for unsuccessful reintegration as evidenced by the presence of mental health symptoms. Because of the lack of evidence demonstrating the relationships between resilience and other factors that may contribute to mental health outcomes in active duty Soldiers, the purpose of this study was to determine if relationships existed among these variables in Soldiers with a recent deployment history. An adaptation of Richardson's Metatheory of resilience guided this study. A convenience sample of 350 active duty army junior enlisted and Non-Commissioned Officers (NCOs) who were within 6 - 12 months from returning from deployment to Iraq or Afghanistan and stationed at Fort Campbell were recruited to participate in this cross-sectional, descriptive, correlational study. Seven self-report instruments were used to collect data: (1) Demographic Survey, (2) Connor-Davidson Resilience Scale, (3) Deployment Risk and Resiliency Inventory (DRRI), (4) Daily Spiritual Experiences Scale, (5) Generalized Anxiety Disorder-7, (6) Center for Epidemiological Studies Depression Scale, and (7) Post-Traumatic Stress Disorder Checklist-Military Version. Data were entered into SPSS 18 and analyzed using descriptive statistics, correlations, and hierarchical linear regression. Results revealed many statistically significant correlations. Ten predictors resulted from this analysis and were placed into separate regression analyses with the three mental health outcomes. Each of the mental health outcome variables (anxiety, depression, and PTSD symptoms) accounted for a significant amount of variance in the other. In addition to PTSD and depression, post-deployment life events, deployment environment, and resilience accounted for the most significant amount of variance in anxiety symptoms. In addition to anxiety and PTSD symptoms, post-deployment life events accounted for the most significant amount of variance in depression symptoms. Deployment environment, post-deployment life events, and post-deployment support accounted for the most significant amount of variance in PTSD symptoms, in addition to anxiety and depression. The implications of the findings and recommendations for future nursing practice, education, and research opportunities are abundant.

<http://www.futuremedicine.com/doi/abs/10.2217/npj.13.6>

Baseline and acute changes in the HPA system in patients with anxiety disorders: the current state of research.

Jens Plag, Sarah Schumacher, Ulrike Schmid, and Andreas Ströhle

Neuropsychiatry 2013 3:1, 45-62

Research into the role of the HPA system in mental disorders has recently increased. It has been found that hormones involved in regulation of the HPA system play an important role in stress-related disorders. In the past, baseline alterations were mainly inspected in patients with anxiety disorders. In

order to assess changes concerning the acute stress reaction in these subjects, many studies also applied stress protocols such as pharmacological or nonpharmacological challenges. This review aims to provide an overview of the results regarding HPA function in various anxiety disorders, such as panic disorder, generalized anxiety disorder, social anxiety disorder, specific phobia, obsessive-compulsive disorder and post-traumatic stress disorder. A PubMed-based literature search revealed 59 studies that met the inclusion criteria (i.e., double-blind randomized placebo-controlled trial; diagnosis based on DSM-III or -IV; and appropriate sample size – $n \geq 20$ in the verum group). Results are presented and integrated with regard to baseline HPA system activation and response to a challenge. Markers of interest reporting on HPA system functioning were cortisol and adrenocorticotrophic hormone. In addition, suggested explanations regarding pathophysiological mechanisms underlying these findings are discussed. The majority of current data do not point to an alteration of the HPA system in anxiety disorders. There is some evidence for an association between the magnitude of mental stress and a change in cortisol levels. Nevertheless, pharmacotherapeutical interventions affecting stress hormones might be promising, not only in augmentation of psychotherapy in a specific phobia, but also for secondary prevention in post-traumatic stress disorder.

<http://cpx.sagepub.com/content/early/2013/02/14/2167702612469355.abstract>

The Roles of Combat Exposure, Personal Vulnerability, and Involvement in Harm to Civilians or Prisoners in Vietnam War–Related Posttraumatic Stress Disorder.

Bruce P. Dohrenwend, Thomas J. Yager, Melanie M. Wall, and Ben G. Adams

Clinical Psychological Science 2167702612469355, first published on February 15, 2013

The diagnosis posttraumatic stress disorder was introduced in 1980 amid debate about the psychiatric toll of the Vietnam War. There is controversy, however, about its central assumption that potentially traumatic stressors are more important than personal vulnerability in causing the disorder. We tested this assumption with data from a rigorously diagnosed male subsample ($n = 260$) from the National Vietnam Veterans Readjustment Study. Combat exposure, prewar vulnerability, and involvement in harming civilians or prisoners were examined, with only combat exposure proving necessary for disorder onset. Although none of the three factors proved sufficient, estimated onset reached 97% for veterans high on all three, with harm to civilians or prisoners showing the largest independent contribution. Severity of combat exposure proved more important than prewar vulnerability in onset; prewar vulnerability was at least as important in long-term persistence. Implications for the primacy of the stressor assumption, further research, and policy are discussed.

<http://onlinelibrary.wiley.com/doi/10.1111/sltb.12019/abstract>

An Open Pilot Feasibility Study of a Brief Dialectical Behavior Therapy Skills–Based Intervention for Suicidal Individuals.

Ward-Ciesielski, Erin F.

Suicide and Life-Threatening Behavior

Article first published online: 15 FEB 2013

This open trial sought to develop and evaluate the preliminary feasibility and effectiveness of a brief, one-time, dialectical behavior therapy skills-based intervention with specific focus on ensuring acceptability to nontreatment-seekers. Treatment-seeking and nontreatment-seeking suicidal individuals were recruited successfully from the community. Both groups found the intervention valuable. Suicide ideation was significantly lower at the 1-month follow-up, while use of the specific skills taught in the intervention increased significantly across time points. These results suggest that the intervention is both acceptable to the target population and that it has potential effectiveness as an intervention for individuals experiencing suicidal ideation.

<http://www.ncbi.nlm.nih.gov/pubmed/23520354>

J Health Psychol. 2013 Mar 21. [Epub ahead of print]

Specific Traumatic Events during Childhood as Risk Factors for Post-Traumatic Stress Disorder Development in Adults.

Schoedl A, Costa M, Fossaluza V, Mari J, Mello M.

Source: Federal University of Sao Paulo, Brazil.

To evaluate differences in early life events (ELE) on adult victims of severe interpersonal violence among patients who developed posttraumatic stress disorder (PTSD) and control group. Adult victims of interpersonal violence were evaluated to diagnose the presence of PTSD and ELE. 308 subjects were included, 141 in patient's group (PTSD+) and 167 in control group (PTSD-). PTSD+ group had more severe PTSD, depressive symptoms and higher ETI scores than PTSD- group. Patients in PTSD+ group had a more frequent history of ELE. Some ELE were more significant for the development of this predisposition.

<http://www.ncbi.nlm.nih.gov/pubmed/23519864>

Occup Environ Med. 2013 Mar 21. [Epub ahead of print]

The impact of prior deployment experience on civilian employment after military service.

Horton JL, Jacobson IG, Wong CA, Wells TS, Boyko EJ, Smith B, Ryan MA, Smith TC; for the Millennium Cohort Study Team.

Source: Deployment Health Research Department, Naval Health Research Center, , San Diego, California, USA.

OBJECTIVE:

To determine if deployment to recent military operations or other health, demographic, or military-related characteristics were associated with employment after military service.

METHODS:

Former US active duty military service members participating in the Millennium Cohort Study, a population-based sample of US military personnel that began in July of 2001, were prospectively followed from the time of baseline health reporting to self-reported employment status after military separation.

RESULTS:

Of the 9099 separated personnel meeting inclusion criteria, 17% reported unemployment after military service. In multivariable modelling, prior deployment experiences, with or without reported combat, and post-traumatic stress disorder (PTSD) were not significantly associated with employment status postservice. Among those who routinely retired from service with a pension, positive screens for depression (OR, 1.67; 95% CI, 1.05 to 2.63) and panic/anxiety (OR, 1.63; 95% CI, 1.10 to 2.43) were significantly associated with subsequent unemployment. Poor physical health, female sex, black race, lower education and disabling illnesses/injuries were also predictive of postservice unemployment.

CONCLUSIONS:

After stratifying for reason for military separation, mental disorders like depression or panic/anxiety and poor physical health may have greater impact than prior deployment experiences or PTSD on the ability to find or maintain employment postservice. These findings may guide support for veterans most in need of job placement services after military service.

<http://www.ncbi.nlm.nih.gov/pubmed/23517445>

Cogn Emot. 2013 Mar 21. [Epub ahead of print]

Attentional interference by threat and post-traumatic stress disorder: The role of thought control strategies.

Wisco BE, Pineles SL, Shipherd JC, Marx BP.

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

Attentional interference by threat is associated with PTSD, but the mechanisms of this relationship remain unclear. Attentional interference might be related to increased use of maladaptive thought control strategies, such as suppressing unwanted thoughts (thought suppression) or replacing threatening thoughts with everyday concerns (worry), which increase PTSD risk. Conversely, attentional interference might be associated with reduced use of adaptive strategies, such as talking about threatening thoughts (social control), which decrease PTSD risk. This study tested if thought control strategies mediate the relationship between attentional interference and PTSD. Sixty-one male Vietnam-era veterans completed measures of PTSD symptoms and thought control strategies. Participants also completed a Visual Search Task measuring attentional interference, which required participants to identify a target letter string among a group of threat or neutral words. Attentional interference by

threat was related to PTSD symptoms, and mediation analyses revealed significant indirect effects of attentional interference through thought suppression and worry. Attentional interference was related to re-experiencing and avoidance, but not hyperarousal, symptom clusters. Thought suppression was a unique mediator for re-experiencing, whereas thought suppression and worry both mediated the relationship with avoidance. These results offer evidence for maladaptive thought control strategies as a mechanism linking attentional biases for threat to PTSD.

<http://www.ncbi.nlm.nih.gov/pubmed/23516078>

J Rehabil Res Dev. 2013 Jan;50(1):1-6.

Report of traumatic brain injury information sources among OIF/OEF Veterans undergoing polytrauma evaluations.

Spencer RJ, McGuire AP, Tree HA, Waldron-Perrine B, Pangilinan PH, Bieliauskas LA.

Source: Department of Mental Health Services, Department of Veterans Affairs (VA) Ann Arbor Healthcare System, Ann Arbor, MI.

Servicemembers returning from recent conflicts frequently report symptoms associated with traumatic brain injury (TBI) and are subsequently assessed within the Department of Veterans Affairs (VA) medical system. Information on potential cognitive and behavioral correlates of TBI is available from multiple sources. A Veteran's symptom presentation may be significantly influenced by the information he or she has received. Despite knowledge of the relationship between information source and symptom presentation, little work has focused on a characterization of where Veterans receive their information. The present study aims to fill this gap in the literature. We asked 152 Veterans who screened positive for possible TBI within the VA healthcare system about the sources of information they have encountered regarding TBI and its sequelae. "Friends in the military" was the most frequently cited source of information, followed by the Internet, medical professionals, and informational pamphlets. The results of this survey indicate that Veterans are being exposed to information about TBI prior to a formal evaluation and that this information comes from multiple sources of varying reliability. Future research should focus on evaluating and ultimately improving the reliability of this information in order to positively influence the treatment of Veterans.

<http://www.ncbi.nlm.nih.gov/pubmed/23513097>

J Inj Violence Res. 2012 Nov;4(3 Suppl 1). pii: Paper No. 12.

Better evaluation of PTSD by MRI.

Saeidiborjani HR, Shobeiri E, Aslani Z, Saeidiborjani S.

Source: Department of Neurosurgery , Kermanshah University of Medical Sciences, Kermanshah, Iran.

BACKGROUND:

Traumatic brain injury (TBI) is a common problem worldwide that most of traumatic patients suffer from mental and cognitive disorders. The most common trait of this disorder, defined by computed tomography (CT) scan is small hemorrhagic lesions in cerebral white matter of the patient. These hemorrhagic lesions seem to be an effective factor for occurrence of neuropsychiatric symptoms in Post Traumatic Stress Disorder patients. So far, several diagnostic modalities such as T2GE and T2SE have been employed to detect these lesions. The present study aims to compare the diagnostic efficacy of these two sequences for detection of brain hemorrhagic lesions in patients with a history of head trauma that have neuropsychiatric symptoms. Abnormal findings in the images obtained by T2SE and T2GE sequences of Magnetic Resonance Imaging (MRI) in chronic traumatic brain lesions.

METHODS:

Thirty patients with a history of head trauma, referred to neurosurgery department because of neuropsychiatric symptoms (PTSD) were prospectively assessed using MRI. Then, the correlation between the findings of T2GE and T2SE sequences and patient's clinical symptoms were analyzed by Wilcoxon Signed Ranks Test (all the patients had these symptoms at least three months after head trauma).

RESULTS:

The T2GE sequence showed a significant higher diagnostic efficacy (p less than 0/01) indicating 80% of patients had hemorrhagic lesions, compared to the T2SE sequence detecting in just 23% of patients. Therefore, the T2GE is significantly better than T2SE in detecting the cause of clinical symptoms in traumatic patients (p less than 0/01).

CONCLUSIONS:

The T2GE sequence showed a higher diagnostic efficacy, compared to the T2SE, for evaluating the neuropsychiatric symptoms in chronic traumatic patients with a previous history of head trauma. So this sequence could play a major role in diagnosis and treatment of PTSD patients especially in their legal problems. Based on the findings of the present study, it is recommended that T2GE sequence of MRI can be a reliable method for evaluation of chronic traumatic patients.

<http://www.ncbi.nlm.nih.gov/pubmed/23514322?>

Behav Sleep Med. 2013 Mar 20. [Epub ahead of print]

Insomnia Patients' Help-Seeking Experiences.

Cheung JM, Bartlett DJ, Armour CL, Glozier N, Saini B.

Source: Faculty of Pharmacy , The University of Sydney , Australia.

Timely access to appropriate treatment is important for optimizing insomnia management. To date, little is known about insomnia patients' treatment experiences or how they access and engage with the available health care resources. This study sought to capture the help-seeking experiences and behavioral patterns of patients with insomnia who are seeking or receiving specialist care. A purposive sample of 26 insomnia patients from specialist sleep and mental health clinics located in metropolitan

New South Wales, Australia was recruited. Participants completed a brief questionnaire, followed by an in-depth, semi-structured interview. Interviews were digitally recorded, transcribed verbatim, and analyzed using framework analysis. Three key themes emerged from the data: patients' sleep beliefs, treatment beliefs, and accessing specialized care. The findings show that daytime symptoms arising from insomnia serve as important illness cues for patients to seek medical help. In addition, participants' treatment pathways highlight factors that prevent the widespread use of cognitive behavioral therapy for insomnia (CBT-I), including limited awareness about CBT-I, tentative referral mechanisms, limited service providers, and the high cost of CBT-I.

<http://www.ncbi.nlm.nih.gov/pubmed/23514124>

Trials. 2013 Mar 21;14(1):82. [Epub ahead of print]

Cognitive-behavioral therapy vs. light therapy for preventing winter depression recurrence: study protocol for a randomized controlled trial.

Rohan KJ, Evans M, Mahon JN, Sitnikov L, Ho SY, Nillni YI, Postolache TT, Vacek PM.

BACKGROUND:

Seasonal affective disorder (SAD) is a subtype of recurrent depression involving major depressive episodes during the fall and/or winter months that remit in the spring. The central public health challenge in the management of SAD is prevention of winter depression recurrence. Light therapy (LT) is the established and best available acute SAD treatment. However, long-term compliance with daily LT from first symptom through spontaneous springtime remission every fall/winter season is poor. Time-limited alternative treatments with effects that endure beyond the cessation of acute treatment are needed to prevent the annual recurrence of SAD.

Methods/design:

This is an NIMH-funded R01-level randomized clinical trial to test the efficacy of a novel, SAD-tailored cognitive-behavioral group therapy (CBT) against LT in a head-to-head comparison on next winter outcomes. This project is designed to test for a clinically meaningful difference between CBT and LT on depression recurrence in the next winter (the primary outcome). This is a concurrent two-arm study that will randomize 160 currently symptomatic community adults with major depression, recurrent with seasonal pattern, to CBT or LT. After 6 weeks of treatment in the initial winter, participants are followed in the subsequent summer, the next winter, and two winters later. Key methodological issues surround timing study procedures for a predictably recurrent and time-limited disorder with a focus on long-term outcomes.

DISCUSSION:

The chosen design answers the primary question of whether prior exposure to CBT is associated with a substantially lower likelihood of depression recurrence the next winter than LT. This design does not test the relative contributions of the cognitive-behavioral treatment components vs. nonspecific factors to CBT's outcomes and is not adequately powered to test for differences or equivalence between cells at treatment endpoint. Alternative designs addressing these limitations would have required more patients, increased costs, and reduced power to detect a difference in the primary outcome. Trial registration: Clinicaltrials.gov identifier (<http://clinicaltrials.gov/ct2/show/NCT01714050>).

<http://www.ncbi.nlm.nih.gov/pubmed/23516079?>

J Rehabil Res Dev. 2013 Jan;50(1):7-16.

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

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

Source: Naval Health Research Center, 140 Sylvester Rd, San Diego, CA 92106.
susan.eskridge@med.navy.mil.

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://www.ncbi.nlm.nih.gov/pubmed/23516046>

Eur J Psychotraumatol. 2013;4. doi: 10.3402/ejpt.v4i0.19696. Epub 2013 Mar 15.

Police officers' experiences of supportive and unsupportive social interactions following traumatic incidents.

Evans R, Pistrang N, Billings J.

Source: Research Department of Clinical, Educational and Health Psychology, University College London, London, UK.

BACKGROUND:

Police officers are routinely exposed to potentially traumatic incidents yet the majority do not develop post-traumatic stress disorder (PTSD). Social support has been identified as one factor that may maintain wellbeing in this population, although what constitutes supportive or unsupportive interactions is unclear.

OBJECTIVE:

To explore police officers' experiences of supportive and unsupportive interactions following distressing incidents.

METHOD:

Semi-structured interviews were conducted with 19 police officers. Transcripts were analysed using Braun and Clarke's (2006) thematic analysis approach.

RESULTS:

Participants described a range of supportive interactions with colleagues, friends, and family, as well as social constraints that hindered interactions. Ambivalence about talking about the impact of distressing events was striking throughout the accounts. The context and source of available support, as well as beliefs about talking, influenced their interactions. Humour was a central feature of interactions with colleagues; more emotional talk occurred with partners and close family, albeit with officers limiting details in order to protect others.

CONCLUSIONS:

The findings provide tentative insights into the processes of social support that may contribute to the resilience of police officers following traumatic incidents. Further research is needed to examine whether the experiences of supportive and unsupportive interactions differ for those with and without PTSD.

<http://www.ncbi.nlm.nih.gov/pubmed/22691951>

Neurotoxicology. 2012 Oct;33(5):1096-105. doi: 10.1016/j.neuro.2012.06.001. Epub 2012 Jun 9.

Event-related potential patterns associated with hyperarousal in Gulf War illness syndrome groups.

Tillman GD, Calley CS, Green TA, Buhl VI, Biggs MM, Spence JS, Briggs RW, Haley RW, Hart J Jr, Kraut MA.

Source: Center for Brain Health, The University of Texas at Dallas, USA.

An exaggerated response to emotional stimuli is one of the several symptoms widely reported by veterans of the 1991 Persian Gulf War. Many have attributed these symptoms to post-war stress; others have attributed the symptoms to deployment-related exposures and associated damage to cholinergic, dopaminergic, and white matter systems. We collected event-related potential (ERP) data from 20 veterans meeting Haley criteria for Gulf War Syndromes 1-3 and from 8 matched Gulf War veteran controls, who were deployed but not symptomatic, while they performed an auditory three-condition oddball task with gunshot and lion roar sounds as the distractor stimuli. Reports of hyperarousal from the ill veterans were significantly greater than those from the control veterans; different ERP profiles emerged to account for their hyperarousability. Syndromes 2 and 3, who have previously shown brainstem abnormalities, show significantly stronger auditory P1 amplitudes, purported to indicate compromised cholinergic inhibitory gating in the reticular activating system. Syndromes 1 and 2, who have previously shown basal ganglia dysfunction, show significantly weaker P3a response to distractor stimuli, purported to indicate dysfunction of the dopaminergic contribution to their ability to inhibit distraction by irrelevant stimuli. All three syndrome groups showed an attenuated P3b to target stimuli,

which could be secondary to both cholinergic and dopaminergic contributions or disruption of white matter integrity.

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<http://onlinelibrary.wiley.com/doi/10.1002/jts.21802/abstract>

Gender Differences in Posttraumatic Stress Symptoms Among OEF/OIF Veterans: An Item Response Theory Analysis.

King, M. W., Street, A. E., Gradus, J. L., Vogt, D. S. and Resick, P. A.

Journal of Traumatic Stress

Article first published online: 22 MAR 2013

Establishing whether men and women tend to express different symptoms of posttraumatic stress in reaction to trauma is important for both etiological research and the design of assessment instruments. Use of item response theory (IRT) can reveal how symptom reporting varies by gender and help determine if estimates of symptom severity for men and women are equally reliable. We analyzed responses to the PTSD Checklist (PCL) from 2,341 U.S. military veterans (51% female) who completed deployments in support of operations in Afghanistan and Iraq (Operation Enduring Freedom/Operation Iraqi Freedom [OEF/OIF]), and tested for differential item functioning by gender with an IRT-based approach. Among men and women with the same overall posttraumatic stress severity, women tended to report more frequent concentration difficulties and distress from reminders whereas men tended to report more frequent nightmares, emotional numbing, and hypervigilance. These item-level gender differences were small (on average $d = 0.05$), however, and had little impact on PCL measurement precision or expected total scores. For practical purposes, men's and women's severity estimates had similar reliability. This provides evidence that men and women veterans demonstrate largely similar profiles of posttraumatic stress symptoms following exposure to military-related stressors, and some theoretical perspectives suggest this may hold in other traumatized populations.

<http://www.ncbi.nlm.nih.gov/pubmed/23512653>

J Trauma Stress. 2013 Mar 19. doi: 10.1002/jts.21793. [Epub ahead of print]

Validation of the Pittsburgh Sleep Quality Index Addendum for Posttraumatic Stress Disorder (PSQI-A) in U.S. Male Military Veterans.

Insana SP, Hall M, Buysse DJ, Germain A.

Source: Department of Psychiatr, University of Pittsburgh School of Medicin, Pittsburgh, Pennsylvania, USA.

Sleep disturbances are core symptoms of posttraumatic-stress disorder (PTSD), yet they bear less stigma than other PTSD symptoms. Given the growing number of returning military veterans, brief, valid assessments that identify PTSD in a minimally stigmatizing way may be useful in research and clinical practice. The study purpose was to evaluate the psychometric properties of the Pittsburgh Sleep Quality Index Addendum for PTSD (PSQI-A), and to examine its ability to identify PTSD cases among U.S. male military veterans. Male military veterans (N = 119) completed the PSQI-A, as well as measures of sleep quality, combat exposure, posttraumatic stress, depression, and anxiety. Veterans with PTSD had higher PSQI-A identified disruptive nocturnal behaviors than veterans without PTSD. The PSQI-A had good internal consistency and convergent validity with sleep quality, combat exposure, PTSD symptoms, depression, and anxiety. A cutoff score ≥ 4 provided an area under the curve = .81, with 71% sensitivity, 82% specificity, and 60% positive and 83% negative predictive value for a clinical diagnosis of PTSD; correct classification was 74%. The PSQI-A is a valid measure to possibly detect PTSD among male military veterans. Assessment of disruptive nocturnal behaviors may provide a cost-effective, nonstigmatizing approach to PTSD screening without directly probing for trauma exposure(s).
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<http://www.ncbi.nlm.nih.gov/pubmed/23524062>

Behav Res Ther. 2013 Mar 4;51(6):284-289. doi: 10.1016/j.brat.2013.02.005. [Epub ahead of print]

Cognitive behavioral therapy for PTSD and somatization: An open trial.

Pérez Benítez CI, Zlotnick C, Gomez J, Rendón MJ, Swanson A.

Source: University of Miami, 1507 Levante Avenue, 318-B Max Orovitz Bldg, Coral Gables, FL 33146, USA. Electronic address: c.perezbenitez@miami.edu.

No treatment, to date, has been developed to improve both posttraumatic stress disorder (PTSD) and medically unexplained physical symptoms (MUPS), despite mounting evidence of high comorbidity between PTSD and MUPS. This study assessed the feasibility, acceptability, and treatment outcomes of an adapted cognitive behavioral therapy for PTSD and abridged somatization in a sample of eight participants. Fifteen percent of completers did not meet PTSD criteria after treatment completion and 62.5% improved their somatic symptoms. There was a significant difference between pre- and post-treatment depression symptoms, as well as in psychological and physical functioning measures. Results indicated a small to moderate effect size ($d = 0.27-0.78$) in PTSD severity scores, and moderate to large effect size in depression symptoms and psychosocial and physical functioning variables ($d = 0.39-1.12$). Preliminary evidence of acceptability indicates that the current CBT intervention may be suitable for Latinos individuals with PTSD and MUPS.

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<http://www.ncbi.nlm.nih.gov/pubmed/23524877>

J Head Trauma Rehabil. 2013 Mar 21. [Epub ahead of print]

Assessment of Veteran and Caregiver Knowledge About Mild Traumatic Brain Injury in a VA Medical Center.

Block C, Fabrizio K, Bagley B, Hannah J, Camp S, Mindingall N, Labbe D, Lokken K.

Source: Department of Psychology, Division of Medical-Clinical Psychology, The University of Alabama at Birmingham, Birmingham (Ms Block, Drs Fabrizio and Labbe); and Department of Physical Medicine & Rehabilitation, Birmingham Veterans' Affairs Medical Center, Birmingham, Alabama (Drs Bagley, Hannah, and Lokken and Mss Camp and Mindingall).

OBJECTIVE:

To examine the accuracy of knowledge about mild traumatic brain injury (TBI) of veterans and their friends/family members.

SETTING:

VA Medical Center.

PARTICIPANTS:

One hundred veterans and 50 of their friends/family members.

DESIGN:

Cross-sectional survey.

MAIN MEASURES:

A 60-item questionnaire was created by drawing both from the Neurobehavioral Symptom Inventory and from a brain injury knowledge survey developed for use with the general public.

RESULTS:

Both groups were equally able to identify true mild TBI items, but both also endorsed numerous items not typical of a mild injury. Self-reported prior TBI and receipt of TBI education were unrelated to the level of knowledge. For both groups, knowing another individual with TBI was unrelated to other aspects of mild TBI knowledge. Only 1 in 5 veterans endorsed receiving brain injury education while in the military.

CONCLUSION:

Results of this study may assist in the development of targeted TBI educational interventions for veterans and their friends/family members within the Veterans Affairs system. Ultimately, increased knowledge about mild TBI improves the likelihood that veterans receive care congruent with their needs and may potentially improve outcomes for those with mild TBI.

<http://www.ncbi.nlm.nih.gov/pubmed/23526322>

J Spec Oper Med. 2013 Spring;13(1):49-54.

Evaluation of a Removable Intraoral Soft Stabilization Splint for the Reduction of Headaches and Nightmares in Military PTSD Patients: A Large Case Series.

Moeller DR.

This large case series reports the results of using a removable soft intraoral stabilization splint in the treatment of chronic headaches and chronic nightmares in 60 military post-traumatic stress disorder (PTSD) patients of the Vietnam, Desert Storm, Operation Iraqi Freedom, and Operation Enduring Freedom conflicts. Patient treatment criteria included meeting all of the following requirements: minimum of three headaches per week; minimum of three nightmares per week; minimum of three sleep interruptions per week; minimum of three intraoral or extraoral (craniofacial) trigger points; and previous PTSD diagnosis by the U.S. Army or Veterans Administration with duration of this disorder for a minimum of three years. Significant reduction (60%-90%) in headache and nightmare severity, intensity, and duration was obtained in 75% of the 44 patients who completed the three-month follow-up.

<http://www.ncbi.nlm.nih.gov/pubmed/23523947>

J Anxiety Disord. 2013 Mar 4;27(2):240-251. doi: 10.1016/j.janxdis.2013.02.005. [Epub ahead of print]

PTSD and conflict behavior between veterans and their intimate partners.

Miller MW, Wolf EJ, Reardon AF, Harrington KM, Ryabchenko K, Castillo D, Freund R, Heyman RE.

Source: National Center for PTSD at VA Boston Healthcare System & Boston University School of Medicine, United States. Electronic address: mark.miller5@va.gov.

This study examined the influence of trauma history and PTSD symptoms on the behavior of veterans and their intimate partners (287 couples; N=574) observed during conflict discussions and coded using the Rapid Marital Interaction Coding System (Heyman, 2004). Dyadic structural equation modeling analyses showed that PTSD was associated with more frequent displays of hostility and psychological abuse and fewer expressions of acceptance and humor in both veterans and their partners. Findings provide new insight into the social and emotional deficits associated with PTSD and emphasize the importance of addressing the trauma histories and PTSD of both partners when treating veteran couples with relationship disturbance.

Published by Elsevier Ltd.

<http://www.ncbi.nlm.nih.gov/pubmed/23529862>

J Trauma Stress. 2013 Mar 25. doi: 10.1002/jts.21798. [Epub ahead of print]

Salivary Cortisol Lower in Posttraumatic Stress Disorder.

Wahbeh H, Oken BS.

Source: Department of Neurology, Oregon Health & Science University, Portland, Oregon, USA.

Altered cortisol has been demonstrated to be lower in those with posttraumatic stress disorder (PTSD) in most studies. This cross-sectional study evaluated salivary cortisol at waking and 30 minutes after, and at bedtime in 51 combat veterans with PTSD compared to 20 veterans without PTSD. It also examined the relationship of cortisol to PTSD symptoms using 2 classifications: the Diagnostic and Statistical Manual of Mental Disorders (4th ed., DSM-IV; American Psychiatric Association, 1994) and the more recent 4-factor classification proposed for DSM-5. The PTSD group had lower cortisol values than the control group, $F(6, 69) = 3.35, p = .006$. This significance did not change when adding age, body mass index, smoking, medications affecting cortisol, awakening time, sleep duration, season, depression, perceived stress, service era, combat exposure, and lifetime trauma to the model. Post hoc analyses revealed that the PTSD group had lower area-under-the-curve ground and waking, 30 min, and bedtime values; the cortisol awakening response and area-under-the-curve increase were not different between groups. The 4-factor avoidance PTSD symptom cluster was associated with cortisol, but not the other symptom clusters. This study supports the finding that cortisol is lower in people with PTSD.

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<http://www.ncbi.nlm.nih.gov/pubmed/23529776>

J Clin Psychol. 2013 Mar 25. doi: 10.1002/jclp.21988. [Epub ahead of print]

Treating Complex Trauma Among Veterans: Three Stage-Based Treatment Models.

Landes SJ, Garovoy ND, Burkman KM.

Source: National Center for PTSD, VA Palo Alto Health Care System.

This article addresses the issue of complex trauma in veterans and treatments for symptom presentations resulting from complex trauma exposure. While various definitions have been proposed for complex trauma, the clinical issues related to it are relevant for veterans as they are at risk for cumulative trauma exposures such as multiple combat deployments and military sexual trauma. Several treatments were either developed to address and/or implemented with complex trauma. This article discusses three of these treatments that share a stage-based approach, focusing on the present (e.g., skills training and psychoeducation), which can then be followed, if needed, with a past-focused (e.g., exposure-based) treatment: Dialectical Behavior Therapy (Linehan, 1993), Seeking Safety (Najavits, 2002), Skills Training in Affective and Interpersonal Regulation (STAIR) Narrative Therapy (Cloitre, Cohen, & Koenen, 2006). This article also discusses what is currently being done to address symptom

presentations resulting from complex trauma exposure and challenges and possible solutions to implementing this care.

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<http://www.ncbi.nlm.nih.gov/pubmed/23528305>

Int J Psychophysiol. 2013 Mar 22. pii: S0167-8760(13)00059-7. doi: 10.1016/j.ijpsycho.2013.03.009. [Epub ahead of print]

The Effects of Exposure to Traumatic Stressors on Inhibitory Control in Police Officers: A Dense Electrode Array Study Using a Go/NoGo Continuous Performance Task.

Covey TJ, Shucard JL, Violanti JM, Lee J, Shucard DW.

Source: Division of Cognitive and Behavioral Neurosciences, Department of Neurology, School of Medicine and Biomedical Sciences, University at Buffalo, Buffalo, USA; Neuroscience Program, University at Buffalo, Buffalo, USA. Electronic address: tjcovey@buffalo.edu.

Exposure to psychologically stressful and traumatic experiences and the requirement of heightened attention to environmental stimuli are common in police work. Police officers are at increased risk for stress-related disorders such as Post-Traumatic Stress Disorder (PTSD). Traumatic experiences can result in changes to brain structure and function associated with attention and cognitive control processes (such as response inhibition). Despite the significance that these cognitive functions may have on job performance in police officers, few studies have examined the effects of exposure to traumatic events on top-down cognitive control functions in police. In the present study, a dense electrode array system was used to examine the N2 and P3 components of the event-related potential (ERP) during a Go/NoGo continuous performance task (Go/NoGo CPT) in trauma-exposed police officers who did not meet criteria for a current diagnosis of PTSD and in non-trauma exposed civilian controls. Amplitude and latency were obtained to Go, NoGo, and non-target trials. The major between-group findings were for P3 amplitude. There were no group effects for N2. Both groups had an enhanced fronto-central P3 amplitude to NoGo compared to Go trials. However, police had greater P3 amplitude compared to controls for all trial types (Go, NoGo, non-target). PTSD symptom scores in police officers were positively correlated with fronto-central NoGo P3 amplitude, but not with posterior NoGo amplitude. This study provides evidence of heightened attention and/or arousal in police officers as indicated by the generally greater P3 amplitude in police compared to controls during a task requiring sustained attention and inhibitory control. Greater PTSD symptom severity in trauma-exposed individuals may affect frontal cognitive control systems related to response inhibition.

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<http://psycnet.apa.org/index.cfm?fa=buy.optionToBuy&id=2013-08684-001>

Outcomes of Participation in the REACH Multifamily Group Program for Veterans With PTSD and Their Families.

By Fischer, Ellen P.; Sherman, Michelle D.; Han, Xiaotong; Owen Jr., Richard R.

Professional Psychology: Research and Practice, Mar 18 , 2013

Posttraumatic stress disorder (PTSD) is prevalent among users of the Veterans Affairs (VA) health care system. Effective approaches to involving family in care for PTSD are critical because family functioning both affects and is affected by treatment outcomes. Although multifamily group treatment is an evidence-based practice for schizophrenia and other serious mental illnesses, no data have been published on its effectiveness for those living with PTSD and their family members. This study examined the impact of participation in REACH (Reaching out to Educate and Assist Caring, Healthy Families), an adaptation of the multifamily group psychoeducation program tailored for delivery to veterans with PTSD and their family members. One hundred veterans with PTSD and 96 family members who participated in the 9-month, 3-phase clinical program between 2006 and 2010 also participated in this longitudinal evaluation. Veterans showed significant ($p < .05$) improvements over time on all measures (empowerment, family problem solving and communication, relationship satisfaction, social support, symptom status, knowledge of PTSD, self-efficacy in coping with PTSD, and quality of life). Family members showed similar statistically significant improvements on most measures. Changes over time in individual participants' relationship satisfaction, social support, symptom status, and quality of life were attributable to changes in program-targeted knowledge and skills. Study results suggest that multifamily group psychoeducation is useful in treatment of PTSD, leading to increases in targeted PTSD knowledge and skills, as well as improving family functioning and symptom status for both veterans and family members. Implications for clinicians and recommendations for further evaluation of this promising intervention are described. (PsycINFO Database Record (c) 2013 APA, all rights reserved)

<http://www.ncbi.nlm.nih.gov/pubmed/23494766>

J Behav Health Serv Res. 2013 Mar 15. [Epub ahead of print]

Master Resilience Training and Its Relationship to Individual Well-Being and Stress Buffering Among Army National Guard Soldiers.

Griffith J, West C.

Source: Soldier and Family Support Division, Army National Guard Bureau, Arlington, VA, USA, james.e.griffith@us.army.mil.

To better enable soldiers to adapt to stressors of military life, Master Resilience Training has been offered to soldiers since 2009. Few studies have examined whether the training achieves its intended effects. To fill this gap, resilience-trained Army National Guard soldiers and civilians (N = 611) completed online questionnaires about their resilience training experience (72% completion rate, N = 441). Respondents (92% or more) indicated the training was helpful and improved resilience competencies

that enhanced coping with stressful circumstances. Respondents (97% or more) indicated that these competencies were subsequently used in their military and civilian jobs. A measure of resilience competencies was developed and showed self-reported changes largely pertained to increased self-awareness and strength of character, including improved optimism, mental agility, and connection with others. Self-reported change in resilience competencies was associated with fewer behavioral health symptoms, especially, for those reporting more current stressful events (known as the buffering effect). Findings are discussed in terms of resilience's potency of training, content of the training, and the need to elaborate on resilience's relationship to specific stressors.

<http://health.usf.edu/NR/rdonlyres/B2EFCD0F-4550-4C5C-A392-F887842E9293/45197/VeteransPoster.pdf>

Characterizations of Veteran's Poisonings in the State of Florida

University of South Florida College of Public Health

An estimated 1.6 million military personnel have served in the Iraq and Afghanistan wars, from which at least 300,000 troops have returned with some type of mental health issue, be it post-traumatic stress disorder (PTSD), depression, traumatic brain injury, or some type of substance abuse problem. According to Cohen, et al. (2010). "PTSD was the most common mental health diagnosis... (21.5%), followed by depression (18.3%), adjustment disorder (11.1%), anxiety disorder (10.6%), substance use disorder (8.4%), and alcohol use disorder (7.3%)

Substance use disorders (SUD) can exist solely or co-morbid with other psychiatric disorders such as PTSD or physical disorders such as traumatic brain injury. The age group that bears the most significant burden is the youngest; 25 percent (6.4 million) of all veterans aged 18 to 25 were defined as having SUD within the past year. Between the years 2001 and 2005, one fifth of all veterans who received care from the Veteran's Administration (VA) were diagnosed with SUD. 4 Addressing the specific issue of substance abuse, in 2008 the Department of Veterans Affairs requested a budget of \$465.042 million to be allocated for the treatment of veterans with SUD. Total spending on SUD treatment for veterans accounts for just 0.49% of the agency's total projected budget (\$94.045 billion) for 2009.

Pharmaceutical treatment of PTSD, and other mental and physical disorders has led to additional poisoning risks. Prescription medications have been cited as the cause of both intentional deaths and unintentional deaths in veterans, often as a result of inappropriately combining prescriptions. Some veterans may be at greater risk from poisonings than others. A mortality study by the CDC (Boscarino, 2006) found that for Vietnam theater veterans, a greater number of deaths from "unintentional poisonings" occurred in the first five years after discharge from active duty than for veterans of the same general era.

An evaluation of poisoning patterns among veterans may lend insight into potential interventions that affect both the incidence of poisonings and the outcomes of poisonings. The Florida Poison Information Centers provide emergency department consultation for suspected poisoning cases presenting to hospital emergency rooms, including Veteran's Administration (VA) hospitals. The objective of this study was to characterize patterns associated with poisonings in veterans presenting to VA hospital emergency rooms.

<http://www.pennstatelawreview.org/print-issues/117-penn-st-l-rev-895-2013/>

Leaving No Veteran Behind: Policies and Perspectives on Combat Trauma, Veterans Courts, and the Rehabilitative Approach to Criminal Behavior.

Mark A. McCormick-Goodhart

Penn State Law Review
117 Penn St. L. Rev. 895 (2013)

As of June 2012, at least 104 jurisdictions spanning 28 states have created specialized criminal courts for veterans. Known as Veterans Treatment Courts (VTCs), these courts focus on rehabilitation, rather than incarceration, to address the root causes of criminal behavior. Although other articles have described the emergence of VTCs, few, if any, have focused on the jurisdictional differences between them. This Comment addresses the basic treatment process and jurisdictional differences among VTCs in the United States, with a particular focus on VTCs in Pennsylvania. This Comment also discusses trends in the VTC movement, the effectiveness of VTCs to date, perspectives from both critics and advocates, and the need for greater awareness efforts regarding the unique purposes of these courts.

<http://www.intechopen.com/books/new-insights-into-anxiety-disorders/current-state-of-the-art-in-treatment-of-posttraumatic-stress-disorder>

Current State of the Art in Treatment of Posttraumatic Stress Disorder

Ebru Şalcıoğlu and Metin Başoğlu

Chapter 15, New Insights into Anxiety Disorders

Edited by Federico Durbano, ISBN 978-953-51-1053-8, Hard cover, 444 pages, Publisher: InTech, Published: March 20, 2013 under CC BY 3.0 license

Posttraumatic stress disorder (PTSD) is the most common mental health problem among people exposed to traumatic events. Since its introduction into the psychiatric classification system in the 1980s various treatments have been tested for PTSD. Meta-analyses based on randomized controlled trials (RCTs) concluded that trauma-focused psychotherapies are most effective treatments for PTSD [1-3]. The most widely used trauma-focused psychotherapies are exposure treatment, cognitive therapy, cognitive behavioural treatment (CBT) involving a combination of exposure and cognitive interventions, and Eye Movement Desensitization and Reprocessing (EMDR). In this chapter we briefly review these treatments in terms of their theoretical background, application, efficacy, tolerability, and length of delivery.

<http://ije.oxfordjournals.org/content/early/2013/03/15/ije.dyt021.abstract>

The effectiveness of structural interventions at suicide hotspots: a meta-analysis.

Jane Pirkis, Matthew J Spittal, Georgina Cox, Jo Robinson, Yee Tak Derek Cheung, and David Studdert

Int. J. Epidemiol. first published online March 15, 2013 doi:10.1093/ije/dyt021

Background

Certain sites have gained notoriety as 'hotspots' for suicide by jumping. Structural interventions (e.g. barriers and safety nets) have been installed at some of these sites. Individual studies examining the effectiveness of these interventions have been underpowered.

Method

We conducted a meta-analysis, pooling data from nine studies.

Results

Following the interventions, there was an 86% reduction in jumping suicides per year at the sites in question (95% CI 79% to 91%). There was a 44% increase in jumping suicides per year at nearby sites (95% CI 15% to 81%), but the net gain was a 28% reduction in all jumping suicides per year in the study cities (95% CI 13% to 40%).

Conclusions

Structural interventions at 'hotspots' avert suicide at these sites. Some increases in suicide are evident at neighbouring sites, but there is an overall gain in terms of a reduction in all suicides by jumping.

http://ejhp.bmj.com/content/20/Suppl_1/A11.1.short

GRP-029 Assessment of the Therapeutic Management of Patients on Weekend Leave.

A Camerlynck, S Allemon-Dewulf, V Herlin, M Delobel

Eur J Hosp Pharm 2013;20:Suppl 1 A11doi:10.1136/ejhpharm-2013-000276.029

Background

A patient's suicide attempt with benzodiazepines was reported to our quality department. The patient ingested a bottle of drops given for his weekend leave. According to French regulations, patients are allowed to leave hospital for at most 48 hours but administratively they are still hospitalised and under the director's responsibility. Their medicines must be provided for this period.

Purpose

To assess the therapeutic management of patients on weekend leave in order to highlight opportunities for improvement.

Materials and Methods

We performed an audit of the medical management of patients on weekend leave. The audit was performed using a form containing open questions. One nurse from each department was audited.

Results

Although nurses can't refer to any procedures on this topic, all care units provide medicines by strictly following the prescription. Multidose vials (drops, syrups, etc.) are not unpacked and are given in their entirety. One care unit out of nine mentioned that patients are stated to be on leave in the patient's medical record. Only 22% of audited nurses systematically put the treatment in a pillbox. Several nurses reported that pillboxes weren't available which resulted in treatments being bulk packed in a bag by 66% of wards or in a plastic pot by 11%. 56% of treatments were delivered with the care plan coming from the patient record.

Conclusions

The audit highlighted the need to standardise practises (traceability, packaging of treatment and the presence of a care plan) and improve safety, to purchase daily pillboxes for all wards and to solve technical problems for delivering multidose medicines.

The pharmacy, in cooperation with the quality department, wrote a procedure in order to refocus the medical management of patients going on leave. The pharmacy is now responsible for delivering oral syringes for drinkable solutions in order to prevent such an accident from happening again, by delivering the exact amount prescribed.

<http://ict.usc.edu/pubs/Virtual%20Reality%20Applications%20to%20Address%20the%20Wounds%20of%20War.pdf>

Virtual Reality Applications to Address the Wounds of War.

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

Psychiatric Annals
March 2013

Numerous reports indicate that the incidence of posttraumatic stress disorder (PTSD) in re - turning 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://www.ncbi.nlm.nih.gov/pubmed/23494973>

Depress Anxiety. 2013 Mar 14. doi: 10.1002/da.22072. [Epub ahead of print]

Association of Mental Health Problems with Gastrointestinal Disorders in Iraq and Afghanistan Veterans.

Maguen S, Madden E, Cohen B, Bertenthal D, Seal K.

Source: San Francisco VA Medical Center, San Francisco, California; Department of Psychiatry, University of California, San Francisco, California.

BACKGROUND:

Gastrointestinal disorders (GIDs) represent a large public health burden, affecting an estimated 60-70 million Americans annually. Our goal was to examine the relationship between GID and the most common mental health disorders in a national group of newly returning veterans. We also evaluated gender differences in the association of mental health disorders and GID.

METHODS:

We utilized a retrospective, longitudinal cohort analysis of veterans' health records. Participants were 603,221 Iraq and Afghanistan veterans who were new users of VA healthcare from October 7, 2001 (start of the war in Afghanistan) to December 31, 2010.

RESULTS:

The prevalence of GID in newly returning veterans was nearly 20%, and veterans with a mental health disorder were at least twice as likely to have a GID as those without mental health disorders. For women, the increased risk of all GIDs was greatest among those with depression. Among men, the increased risk of irritable bowel syndrome (IBS) was greatest among those with posttraumatic stress disorder. IBS was the GID most strongly associated with mental health conditions among both genders.

CONCLUSIONS:

The large proportion of newly returning veterans with GIDs and comorbid mental health diagnoses is concerning. Successful detection and treatment of GIDs associated with mental health disorders will require integrated efforts from primary care and mental health.

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<http://www.jaapl.org/content/41/1/79.short>

Combat-Related Posttraumatic Stress Disorder and Criminal Responsibility Determinations in the Post-Iraq Era: A Review and Case Report.

Richard L. Frierson, MD

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

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.

Links of Interest

Air Force commander grapples with servicemember's suicide

<http://www.stripes.com/news/air-force-commander-grapples-with-servicemember-s-suicide-1.212761>

Gulf War Illness Linked to Physical Changes in Brain Fibers That Process Pain

<http://www.sciencedaily.com/releases/2013/03/130320212812.htm>

Off The Battlefield, Military Women Face Risks From Male Troops

<http://www.npr.org/2013/03/20/174756788/off-the-battlefield-military-women-face-risks-from-male-troops>

Adults With Mental Illness or Substance Use Disorder More Likely to Smoke

<http://www.sciencedaily.com/releases/2013/03/130320133323.htm>

Looking for Evidence That Therapy Works

<http://well.blogs.nytimes.com/2013/03/25/looking-for-evidence-that-therapy-works/>

'Invisible wounds' taking toll, Congress told

http://www.army.mil/article/99244/Invisible_wounds_taking_toll_Congress_told/

Officials Unveil Resilience Mobile App for Health Care Providers

http://www.health.mil/blog/13-03-27/Officials_Unveil_Resilience_Mobile_App_for_Health_Care_Providers.aspx

Research Tip of the Week: CDP in the Social Space

Like the Research Update? Want to keep up with what's happening at CDP? You can follow us on Twitter (<https://twitter.com/DeploymentPsych>), LinkedIn (<http://www.linkedin.com/company/center-for-deployment-psychology>), and Facebook (<http://www.facebook.com/DeploymentPsych>).

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