



CDP Research Update -- April 18, 2013

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- Risk Factors for Headache in the UK Military: Cross-Sectional and Longitudinal Analyses.
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- Overview of Veterans in California: March 2013
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- Research Tip of the Week -- Cheerleaders and Soldiers: Call Me Maybe

<http://www.psychologicalscience.org/index.php/publications/journals/pspi/ptsd.html>

Challenges and Successes in Dissemination of Evidence-Based Treatments for Posttraumatic Stress: Lessons Learned From Prolonged Exposure Therapy for PTSD.

By Edna B. Foa, Seth J. Gillihan, and Richard A. Bryant

Psychological Science in the Public Interest

May 2013 vol. 14 no. 2 65-111

Each year, millions of individuals experience a trauma — whether it is a car accident, an assault, an injury, or a natural disaster. Although many individuals recover from a traumatic event, others go on to develop posttraumatic stress disorder (PTSD) — an anxiety disorder characterized by severe and persistent stress reactions in response to the trauma.

The individual and societal effects of PTSD are great; therefore, it is imperative to treat PTSD using the best and most effective methods available, as backed by psychological science. In this report, Edna B. Foa (University of Pennsylvania), Seth J. Gillihan (University of Pennsylvania), and Richard A. Bryant (University of New South Wales) review research examining evidence-based treatments (EBTs) for PTSD and the challenges disseminating these treatments on a local, national, and international scale.

One EBT specifically identified by the authors as having consistent success in reducing PTSD symptoms is a type of cognitive behavioral therapy known as prolonged exposure (PE). In PE therapy, individuals are asked to approach — in both imaginary and real-life settings — situations, places, and people they have been avoiding. The repeated exposure to the perceived threat disconfirms individuals' expectations of experiencing harm and over time leads to a reduction in their fear.

Despite the existence of highly effective treatments such as PE therapy, few clinicians use such treatments. Why might this be the case? The authors cite lack of training in EBTs, skepticism that EBTs work better than currently used treatments, and significant costs associated with dissemination models.

Although there are many barriers to adopting and spreading the use of EBTs, the authors describe several examples of their own successful dissemination of PE therapy in both developed and developing countries. These real-world examples highlight the barriers that can occur during the dissemination of EBTs and provide guidance on how common obstacles can be overcome.

Although the authors have had success disseminating PE therapy on a smaller scale, larger scale dissemination efforts will require the cooperation of many different agencies, including training and professional organizations, government agencies, insurers, health care providers, and the media. Working together, these organizations can help spread the use of effective treatments for PTSD and reduce the individual and public health burden associated with this disorder.

See also: Editorial

Achieving the Promise of Evidence-Based Psychotherapies for Posttraumatic Stress Disorder and Other Mental Health Conditions for Veterans.

Bradley E. Karlin and Madhulika Agarwal

<http://psi.sagepub.com/content/14/2/62.full?ijkey=a60FE3tapM6PU&keytype=ref&siteid=spps>

<http://ps.psychiatryonline.org/article.aspx?articleid=1654323>

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

Tracy Stecker, Ph.D.; Brian Shiner, M.D., M.P.H.; Bradley V. Watts, M.D., M.P.H.; Meissa Jones, B.A.; Kenneth R. Conner, Psy.D., M.P.H.

Psychiatric Services, VOL. 64, No. 3

Objectives:

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

Methods:

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

Results:

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

Conclusions:

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

<http://ps.psychiatryonline.org/article.aspx?articleID=1557666>

Racial Differences in Veterans' Satisfaction With Examination of Disability From Posttraumatic Stress Disorder.

Marc I. Rosen, M.D.; David R. Afshartous, Ph.D.; Samuel Nwosu, M.S.; Melanie C. Scott, Psy.D.; James C. Jackson, Psy.D.; Brian P. Marx, Ph.D.; Maureen Murdoch, M.D., M.P.H.; Patricia L. Sinnott, P.T., Ph.D.; Theodore Speroff, Ph.D.

Psychiatric Services, VOL. 64, No. 4

Objective

The examination that determines if a veteran has service-connected posttraumatic stress disorder

(PTSD) affects veterans' lives for years. This study examined factors potentially associated with veterans' perception of their examination's quality.

Methods

Veterans (N=384) being evaluated for an initial PTSD service-connection claim were randomly assigned to receive either a semistructured interview or the examiner's usual interview. Immediately after the interview, veterans completed confidential ratings of the examinations' quality and of their examiners' interpersonal qualities and competence. Extensive data characterizing the veterans, the 33 participating examiners, and the examinations themselves were collected.

Results

Forty-seven percent of Caucasian veterans and 34% of African-American veterans rated their examination quality as excellent. African Americans were less likely than Caucasians to assign a higher quality rating (odds ratio=.61, 95% confidence interval=.38-.99, p=.047). Compared with Caucasians, African Americans rated their examiners as having significantly worse interpersonal qualities but not lower competence. Ratings were not significantly related to the veterans' age, gender, marital status, eventual diagnosis of PTSD, Global Assessment of Functioning score, the examiner's perception of the prevalence of malingering, or the presence of a third party during the examination.

Conclusions

Ratings of disability examinations were generally high, although ratings were less favorable among African-American veterans than among Caucasian veterans.

<http://ajp.psychiatryonline.org/article.aspx?articleID=1478352>

Sleep Disturbances as the Hallmark of PTSD: Where Are We Now?

Anne Germain, Ph.D.

The American Journal of Psychiatry, VOL. 170, No. 4

The hypothesis that rapid eye movement (REM) sleep disturbances are the hallmark of posttraumatic stress disorder (PTSD), proposed by Ross and colleagues in 1989, has stimulated a wealth of clinical, preclinical, and animal studies on the role of sleep in the pathophysiology of PTSD. The present review revisits this influential hypothesis in light of clinical and experimental findings that have since accumulated. Polysomnographic studies conducted in adults with PTSD have yielded mixed findings regarding REM sleep disturbances, and they generally suggest modest and nonspecific sleep disruptions. Prospective and treatment studies have provided more robust evidence for the relationship between sleep disturbances and psychiatric outcomes and symptoms. Experimental animal and human studies that have probed the relationship between REM sleep and fear responses, as well as studies focused more broadly on sleep-dependent affective and memory processes, also provide strong support for the hypothesis that sleep plays an important role in PTSD-relevant processes. Overall, the literature suggests that disturbed REM or non-REM sleep can contribute to maladaptive stress and trauma responses and

may constitute a modifiable risk factor for poor psychiatric outcomes. Clinicians need to consider that the chronic sleep disruption associated with nightmares may affect the efficacy of first-line PTSD treatments, but targeted sleep treatments may accelerate recovery from PTSD. The field is ripe for prospective and longitudinal studies in high-risk groups to clarify how changes in sleep physiology and neurobiology contribute to increased risk of poor psychiatric outcomes.

<http://ps.psychiatryonline.org/article.aspx?articleid=1555238>

Mental Health Treatment Experiences of U.S. Service Members Previously Deployed to Iraq and Afghanistan.

Eunice C. Wong, Ph.D.; Terry L. Schell, Ph.D.; Lisa H. Jaycox, Ph.D.; Grant N. Marshall, Ph.D.; Terri Tanielian, M.A.; Jeremy N. V. Miles, Ph.D.

Psychiatric Services, VOL. 64, No. 3

Objective

This study examined the mental health treatment experiences of active-duty U.S. service members who received treatment from primary care or specialty mental health providers.

Methods

A national sample of active-duty service members (N=1,659) was surveyed about mental health treatment experiences.

Results

About 17% of respondents reported receipt of mental health care in the prior 12 months. Three times as many service members had seen a specialty mental health provider (14%) as had seen a primary care provider (5%). Of those who had seen a specialty provider, 79% thought treatment helped “a lot or some” and none stated that treatment was “not at all” helpful. Of those who had seen a primary care provider, only 51% thought treatment had helped a lot or some and 15% viewed treatment as not helping at all.

Conclusions

Patterns of utilization and perceptions of treatment should be considered when addressing the unmet mental health needs of service members.

<http://www.scitechnol.com/2324-8947/2324-8947-2-101.php>

A Brief Nosological History of PTSD.

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J Trauma Stress Disor Treat 2:1

The modern conceptualization of what we now call posttraumatic stress disorder (PTSD) originated with the European neurologists Jean-Martin Charcot and Hermann Oppenheim, who treated victims of railroad and industrial accident in the late nineteenth century. Both Charcot and Oppenheim regarded the disorder as stemming from an acute fright or emotional shock. Charcot used the term “traumatic hysteria” to describe a condition of the mind that occurred in mentally defective individuals and stemmed not from the physical effects of the traumatic accident but rather from the idea his patients had formed of it. Oppenheim rejected the hysterical nature of the condition but rather considered that the acute emotional shock induced by the traumatic event injured the nervous system. Both DSM-I and DSM-II failed to recognize these earlier insights, and they did not dignify the condition with a diagnosis. The introduction of the PTSD diagnosis into DSMIII represented a breakthrough in that it a) recognized a common syndrome or pathway shared by victims of disparate traumatic events, b) formulated specific criteria for its diagnosis, c) did not imply a pre-existing mental defect, and d) did not regard the condition as necessarily temporary. By introducing the requirement that the traumatic event induce an acute response of “intense fear, helplessness, or horror,” DSM-IV re-introduced Charcot’s and Oppenheim’s original insight into the causal role of acute emotional shock, but this requirement has now been dropped from DSM-5.

<http://onlinelibrary.wiley.com/doi/10.1002/j.2161-1939.2013.00036.x/abstract>

Taking the Fear Out of Suicide Assessment and Intervention: A Pedagogical and Humanistic Practice.

MILLER, L. G., McGLOTHLIN, J. M. and WEST, J. D.

The Journal of Humanistic Counseling

Volume 52, Issue 1, pages 106–121, April 2013

This article provides ideas for teaching suicide assessment and intervention according to differing student learning styles and preferences. The authors discuss how considering the learning styles and uniqueness of counselors-in-training while assessing the complexity of suicidality can contribute to the literature on humanism and lead to more effective counselor instruction.

<http://www.woundedwarriorproject.org/media/477614/aar-march-2013.pdf>

After Action

(Wounded Warrior Project)

Spring 2013

Articles in the latest edition include:

- ✓ Road to Recovery: Changes we need today for a lifetime of quality warrior care
- ✓ What you can do tonight to get a good night's sleep
- ✓ War Rhino: How one wounded warrior went from rock bottom to prize fighter

<http://www.ncbi.nlm.nih.gov/pubmed/23586730>

J Consult Clin Psychol. 2013 Apr 15. [Epub ahead of print]

National Dissemination of Cognitive Behavioral Therapy for Insomnia in Veterans: Therapist- and Patient-Level Outcomes.

Karlin BE, Trockel M, Taylor CB, Gimeno J, Manber R.

Abstract

Objective:

To evaluate the effects of national training in and implementation of Cognitive Behavioral Therapy for Insomnia (CBT-I) in the U.S. Department of Veterans Affairs (VA) health care system on clinicians' competency and patients' insomnia severity, symptoms of depression, and quality of life.

Method:

A prospective cohort of 102 VA clinicians (including mental health staff in various mental health and primary care settings) participated in the VA CBT-I Training Program during 2011 and 2012. Patients included 182 veterans treated by clinicians enrolled in the training. Clinicians were rated on taped therapy sessions, using a standardized competency rating form. Patients' symptoms were assessed using the Insomnia Severity Index (ISI) and standardized measures of depression and quality of life.

Results:

Of 102 clinicians attending workshop training, 94 (92%) met all training requirements, including minimum competency score criteria. Of 182 patients, 122 (67%) completed treatment. The mixed effects model revealed significant reductions in average patient ISI score (from 19.9 to 10.2, standard error = 3.0). Patients also improved on measures of depression and quality of life.

Conclusion:

National training in and implementation of CBT-I resulted in a significant increase in therapist competency to deliver CBT-I for almost all clinicians and in a large reduction in insomnia severity and improvement in depression and quality of life among veterans. Observed effect sizes are comparable to results of randomized clinical trials. These results suggest CBT-I can be feasibly and effectively disseminated to routine clinical settings, with very favorable patient outcomes. (PsycINFO Database Record (c) 2013 APA, all rights reserved).

<http://www.ncbi.nlm.nih.gov/pubmed/23584165>

Med Sci Monit. 2013 Apr 15;19:269-75. doi: 10.12659/MSM.883885.

Cognitive intervention results in web-based videophone treatment adherence and improved cognitive scores.

Riegler LJ, Neils-Strunjas J, Boyce S, Wade SL, Scheifele PM.

Source: Department of Communication Sciences and Disorders, University of Cincinnati, Cincinnati, OH, U.S.A. and Cincinnati Veterans Medical Center, Cincinnati, OH, U.S.A.

Abstract

Background

We report findings from an intervention study using telehealth modalities to determine whether provision of telehealth services can improve access to care and increase adherence to cognitive therapy in veterans with mild traumatic brain injury (TBI) while matching traditional care in terms of outcomes.

Material and Methods

Veterans who were initially non-adherent to clinic-based cognitive therapy were offered a newly developed treatment. The control participants were selected from patient records of veterans who had completed cognitive treatment and matched to MOPS-VI participants on the basis of age, marital or relationship status, and composite memory index score. Baseline and post-treatment cognitive functioning as assessed by the Test of Memory and Learning 2nd Edition (TOMAL-2) was obtained for all participants. The MOPS-VI modules were designed to increase understanding of TBI and elicit problem-solving skills for attention and memory impairment.

Results

Sixty-seven percent of veterans (who were assigned to the MOPS-VI treatment group because they were initially non-adherent with the clinic-based treatment) completed the MOPS-VI telemedicine treatment. Results of a two-way analysis of Variance (ANOVA) comparing baseline and follow-up scores on the TOMAL-2 in the MOPS-VI and control groups revealed there was a significant pre-post assessment effect, indicating that participant's memory and learning improved after treatment for both MOPS-VI and standard treatment groups. There was no significant difference between clinic-based treatment and MOPS-VI therapy.

Conclusions

Preliminary evidence supports the efficacy of the treatment, defined as increased compliance in completing the treatment program, and improvements in standardized memory and learning test results comparable to those following clinic-based treatment.

<http://www.ingentaconnect.com/content/springer/vav/2013/00000028/00000002/art00004>

Symptom Responses to a Continuum of Sexual Trauma.

Carretta, Carrie M.; Burgess, Ann W.

Violence and Victims, Volume 28, Number 2, 2013 , pp. 248-258(11)

This study reports the findings of an anonymous web-based survey to test differences in symptom presentation (depression, anxiety, posttraumatic stress disorder [PTSD]) among women who experienced different types of sexual trauma (forcible, pressured, sex stress). The study used a descriptive cross-sectional design with an online convenience sample of 243 adult females living primarily in the United States. The findings revealed that there was a statistically significant difference among type of sexual trauma groups for depression ($p = .013$) and PTSD ($p = .044$) but not for anxiety ($p = .183$). Post hoc analysis of the overall difference in depression revealed that the multiple rape type group ($p = .010$) and the forcible sex group ($p = .016$) had higher levels of depression.

<http://www.sciencedirect.com/science/article/pii/S0735675713001538>

Risk factors for ED use among homeless veterans.

Jack Tsai,, Robert A. Rosenheck

The American Journal of Emergency Medicine

Available online 5 April 2013

Despite national concern about homeless veterans, there has been little examination of their use of emergency department (ED) services. This study examines factors related to the use of ED services in the Veterans Affairs (VA) healthcare system, where insurance is not a barrier to ambulatory healthcare. National VA administrative data from fiscal year 2010 are used to describe the proportions of ED users among homeless and domiciled VA patients. A case-control design is then used to compare homeless ED and non-ED users on sociodemographic and clinical correlates, as well as use of ambulatory care and psychotropic medications. Sixteen percent of domiciled VA patients used EDs at least once during the year and 1% were frequent ED users (> 4 ED visits) compared to 45% of homeless VA patients, 10% who were frequent ED users. Among homeless VA patients, those who used EDs were more likely to have a range of psychiatric and medical conditions, and had more service visits and psychotropic medication prescriptions than non-ED users. Multivariate analyses suggest their risk for psychiatric and medical conditions increase their likelihood of using ED services. The high rate of ED use among homeless veterans is associated with significant morbidity, but also greater use of ambulatory care and psychotropics suggesting their ED use may reflect unmet psychosocial needs.

<http://www.sciencedirect.com/science/article/pii/S0149763413000845>

Current status on behavioral and biological markers of PTSD: A search for clarity in a conflicting literature.

Phillip R. Zoladz, David M. Diamond

Neuroscience & Biobehavioral Reviews

Available online 5 April 2013

Extensive research has identified stereotypic behavioral and biological abnormalities in post-traumatic stress disorder (PTSD), such as heightened autonomic activity, an exaggerated startle response, reduced basal cortisol levels and cognitive impairments. We have reviewed primary research in this area, noting that factors involved in the susceptibility and expression of PTSD symptoms are more complex and heterogeneous than is commonly stated, with extensive findings which are inconsistent with the stereotypic behavioral and biological profile of the PTSD patient. A thorough assessment of the literature indicates that interactions among myriad susceptibility factors, including social support, early life stress, sex, age, peri- and post-traumatic dissociation, cognitive appraisal of trauma, neuroendocrine abnormalities and gene polymorphisms, in conjunction with the inconsistent expression of the disorder across studies, confounds attempts to characterize PTSD as a monolithic disorder. Overall, our assessment of the literature addresses the great challenge in developing a behavioral and biomarker-based diagnosis of PTSD.

<http://www.ncbi.nlm.nih.gov/pubmed/23584194>

Addict Behav. 2013 Mar 21;38(7):2325-2332. doi: 10.1016/j.addbeh.2013.03.006. [Epub ahead of print]

Intimate partner violence outcomes in women with PTSD and substance use: A secondary analysis of NIDA Clinical Trials Network "Women and Trauma" Multi-site Study.

Cohen LR, Field C, Campbell AN, Hien DA.

Source: Counseling and Psychological Services, Health Services at Columbia, 2920 Broadway, Mail Code 2606, New York, NY 10027, United States. Electronic address: lc2130@columbia.edu.

Abstract

Studies have shown strong associations between intimate partner violence (IPV) and both posttraumatic stress disorder (PTSD) and substance use disorders (SUD). Despite these linkages, research on the dual diagnosis of PTSD-SUD and its relationship to IPV is in an early stage, and little is known about how PTSD-SUD treatment might influence IPV outcomes. The current study is a secondary analysis of a larger NIDA Clinical Trials Network study exploring the effectiveness of two behavioral interventions for women with comorbid PTSD-SUD. Participants (n=288) were randomly assigned to Seeking Safety (SS), a

cognitive-behavioral treatment that focuses on trauma and substance abuse symptoms, or to Women's Health Education, a psychoeducational group. Logistic regressions were used to examine how treatment condition, identified risk factors and their interactions were related to IPV. Results showed that participants who were abstinent at baseline were significantly less likely to experience IPV over the 12-month follow-up period, whereas participants living with someone with an alcohol problem were significantly more likely to experience IPV over follow-up. Findings also showed that at a trend level participants with recent interpersonal trauma at baseline and higher total of lifetime trauma exposures were more likely to report IPV during follow-up. Although there was no main effect for treatment condition, a significant interaction between treatment condition and baseline abstinence was found. Participants who were abstinent at baseline and in the SS condition were significantly less likely to report IPV over follow-up. These findings indicate that an integrated treatment for PTSD and SUD was associated with significantly better IPV outcomes for a subset of individuals. The possibility that women with PTSD-SUD may differentially benefit from SS has important clinical implications. Further research examining the intersection of PTSD, SUD and IPV, and the impact of treatment on a range of outcomes is needed.

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<http://www.ncbi.nlm.nih.gov/pubmed/23581868>

Psychiatry Clin Neurosci. 2013 Apr;67(3):167-73. doi: 10.1111/pcn.12030.

Anxiety disorders and drug dependence: Evidence on sequence and specificity among adults.

Goodwin RD, Stein DJ.

Source: Department of Psychology, Queens College and The Graduate Center, City University of New York (CUNY); Department of Epidemiology, Mailman School of Public Health, Columbia University, New York, USA.

Abstract

AIM:

The goal of this study was to investigate the relation between specific anxiety disorders and substance dependence, adjusting for potentially confounding demographic factors (e.g. sex) and comorbidity (e.g. alcohol dependence, major depression), among adults in the USA.

METHODS:

Data were drawn from the National Comorbidity Survey (NCS), a nationally representative population sample of the US adult population aged 15-54. The temporal sequence of onset of anxiety and substance dependence disorders was examined.

RESULTS:

Substance dependence temporally precedes several anxiety disorders, particularly panic disorder. Specifically, a history of past substance dependence predicts current panic disorder (odds ratio [OR] = 2.62, 95% confidence interval [CI] = 1.29, 5.32), social phobia (OR = 1.7, 95%CI = 1.12, 2.41), and agoraphobia (OR = 1.78, 95%CI = 1.08, 2.94). Conversely, in more than 50% of substance abuse disorder cases, in nearly 40% of post-traumatic stress disorder (PTSD) cases, and in nearly 30% of generalized anxiety disorder (GAD) cases, the anxiety disorder has first onset. Similarly, a lifetime history of social phobia, PTSD, or GAD significantly predicts lifetime substance dependence (OR = 1.51 for social phobia, 2.06 for PTSD, 1.45 for GAD).

CONCLUSION:

For any particular anxiety disorder, a diagnosis of substance abuse can occur prior to or subsequent to an anxiety disorder. Nevertheless, there is also evidence for the specificity of some associations between anxiety and substance dependence disorders; these are independent of the effects of sex and other comorbid disorders, may be causal in nature, and deserve particular attention in clinical settings. The possibility that within a particular anxiety disorder there are a variety of mechanisms of association with various substances should be addressed in future work.

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<http://www.ncbi.nlm.nih.gov/pubmed/23450286>

Am J Psychiatry. 2013 Mar 1;170(3):256-62. doi: 10.1176/appi.ajp.2012.12081064.

Telepsychiatry: videoconferencing in the delivery of psychiatric care.

Shore JH.

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Abstract

The provision of psychiatric treatment via live interactive videoconferencing, frequently termed telepsychiatry, is a viable option for psychiatrists to provide care to individual patients, populations, and communities faced with limited access and to move the point of care delivery into patients' living environments. Psychiatric providers new to videoconferencing should not be intimidated by the technology or its encompassing logistics, but they do need to develop an awareness of the salient regulatory, administrative, and clinical issues that arise in the practice of videoconferencing-based telepsychiatry. This article provides an overview of the current evidence base in telepsychiatry and reviews administrative and clinical issues in videoconferencing-based treatment. These points are then highlighted in a case example.

<http://www.ncbi.nlm.nih.gov/pubmed/23063627>

Clin Psychol Rev. 2012 Dec;32(8):741-53. doi: 10.1016/j.cpr.2012.09.002. Epub 2012 Sep 11.

Connecting active duty and returning veterans to mental health treatment: interventions and treatment adaptations that may reduce barriers to care.

Zinzow HM, Britt TW, McFadden AC, Burnette CM, Gillispie S.

Source: Department of Psychology, Clemson University, Clemson, SC 29634, USA.
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Abstract

Recent military operations in Afghanistan and Iraq have involved multiple deployments and significant combat exposure, resulting in high rates of mental health problems. However, rates of treatment-seeking among military personnel are relatively low, and the military environment poses several obstacles to engaging in effective clinical interventions. The current paper first reviews barriers and facilitators of treatment-seeking and engagement among military personnel, including stigma, practical barriers, perceptions of mental health problems, and attitudes towards treatment. Next, this paper reviews treatment adaptations and other interventions that are intended to reduce barriers to care among active duty and returning military personnel. These include early interventions, brief formats, integrating clinicians into the medical and military context, technology-based interventions, addressing negative treatment perceptions, screening/early identification, and enlisting unit support.

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<http://www.ncbi.nlm.nih.gov/pubmed/23017498>

Clin Psychol Rev. 2012 Dec;32(8):677-89. doi: 10.1016/j.cpr.2012.08.002. Epub 2012 Sep 6.

Intimate partner abuse and suicidality: a systematic review.

McLaughlin J, O'Carroll RE, O'Connor RC.

Source: University of Stirling, Suicidal Behaviour Research Laboratory, School of Natural Sciences, University of Stirling, Stirling, FK9 4LA, UK. jennifer.mclaughlin@stir.ac.uk

Abstract

Research has demonstrated an association between intimate partner abuse and suicidality, presenting a serious mental health issue. However, studies have differed widely in the samples and methods employed, and in the depth of the investigation. Given the level of heterogeneity in the literature, this

systematic review examines, for the first time, the nature of the relationship between intimate partner abuse and suicidality. The three main psychological and medical databases (PsychInfo 1887-March 2011; Medline, 1966-March 2011; Web of Knowledge 1981-March 2011) were searched. Thirty-seven papers on the topic of intimate partner abuse and suicidality were found. With only one exception, all of the studies found a strong and consistent association between intimate partner abuse and suicidality. Significantly, this relationship held irrespective of study design, sample and measurement of abuse and suicidality, thus demonstrating a consistently strong relationship between intimate partner abuse and suicidality. This review highlights that intimate partner abuse is a significant risk factor for suicidal thoughts and behaviours, which has important clinical implications.

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<http://www.ncbi.nlm.nih.gov/pubmed/23583625>

Int J Psychophysiol. 2013 Apr 11. pii: S0167-8760(13)00074-3. doi: 10.1016/j.ijpsycho.2013.04.002.
[Epub ahead of print]

The microstructure of sleep in primary insomnia: an overview and extension.

Feige B, Baglioni C, Spiegelhalder K, Hirscher V, Nissen C, Riemann D.

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Abstract

The present review was undertaken to summarize studies elucidating sleep microstructural differences in chronic insomnia. The etiology of insomnia is still unknown, whereas the hyperarousal concept has gained much attention with respect to pathophysiology. According to this model, insomnia is characterized by significant hyperarousal on an autonomous and central nervous level. Objective findings derived from polysomnography frequently show much less severe differences to good sleepers than subjective sleep complaints assessed by self-rating questionnaires. However, using more fine-grained methods to characterize the electrophysiology of sleep in insomnia, rather distinct differences between the sleep of good sleepers and patients with insomnia have been noted. These methods include the spectral analysis of the sleep EEG, micro-arousal and CAP (cyclic alternating pattern) analysis as well as the assessment of event-related potentials (ERPs) during night-sleep. The application of these methods shows stronger correlations with the subjective experience of disturbed sleep than standard sleep EEG scoring. An overview of the relevant empirical evidence is presented, previous investigations are extended and a theoretical synthesis within the framework of the hyperarousal concept of insomnia is attempted.

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<http://www.biomedcentral.com/1471-244X/13/113/abstract>

Is computerised CBT really helpful for adult depression?-A meta-analytic re-evaluation of CCBT for adult depression in terms of clinical implementation and methodological validity.

BMC Psychiatry 2013, 13:113

Background

Depression is a major cause of disability worldwide, and computerised cognitive behavioural therapy (CCBT) is expected to be a more augmentative and efficient treatment. According to previous meta-analyses of CCBT, there is a need for a meta-analytic reevaluation of the short-term effectiveness of this therapy and for an evaluation of its long-term effects, functional improvement and dropout.

Methods

Five databases were used (MEDLINE, PsycINFO, EMBASE, CENTRAL and CiNii). We included all RCTs with proper concealment and blinding of outcome assessment for the clinical effectiveness of CCBT in adults (aged 18 and over) with depression. Using Cohen's method, the standard mean difference (SMD) for the overall pooled effects across the included studies was estimated with a random effect model. The main outcome measure and the relative risk of dropout were included in the meta-analysis.

Results

Fourteen trials met the inclusion criteria, and sixteen comparisons from these were used for the largest meta-analysis ever. All research used appropriate random sequence generation and Intention-to-Treat analyses (ITT), and employed self-reported measures as the primary outcome. For the sixteen comparisons (2807 participants) comparing CCBT and control conditions, the pooled SMD was -0.48 [95% IC -0.63 to -0.33], suggesting similar effect to the past reviews. Also, there was no significant clinical effect at long follow-up and no improvement of function found. Furthermore, a significantly higher drop-out rate was found for CCBT than for controls. When including studies without BDI as a rating scale and with only modern imputation as sensitivity analysis, the pooled SMD remained significant despite the reduction from a moderate to a small effect. Significant publication bias was found in a funnel plot and on two tests (Begg's $p = 0.09$; Egger's $p = 0.01$). Using a trim and fill analysis, the SMD was -0.32 [95% CI -0.49 to -0.16].

Conclusion

Despite a short-term reduction in depression at post-treatment, the effect at long follow-up and the function improvement were not significant, with significantly high drop-out. Considering the risk of bias, our meta-analysis implied that the clinical usefulness of current CCBT for adult depression may need to be re-considered downwards in terms of practical implementation and methodological validity.

<http://www.ncbi.nlm.nih.gov/pubmed/23577913>

Subst Abus. 2013 Apr-Jun;34(2):179-87. doi: 10.1080/08897077.2012.746255.

Randomized trial of web-based training to promote counselor use of cognitive behavioral therapy skills in client sessions.

Larson MJ, Amodeo M, Locastro JS, Muroff J, Smith L, Gerstenberger E.

Source: Schneider Institutes for Health Policy, Heller School , Brandeis University , Waltham , Massachusetts , USA.

Abstract

Background and Methods:

The authors designed and delivered an innovative Web course on cognitive behavioral therapy (CBT), a specific empirically based treatment, to a diverse group of addiction counselors and supervisors in 54 addiction units across the country, and conducted a randomized controlled trial of its effectiveness with 127 counselors. The primary focus of the trial was to assess "adequate adherence to CBT practice" after training as judged by raters blinded to training condition who listened to audiotapes of actual client sessions. Counselors who passed were judged to satisfy 2 criteria: (a) low pass or greater on at least 1 of 3 "CBT-generic skills" assessing session structure; and (b) low pass or greater on at least 1 of 3 "CBT-specific skills" related to use of functional analysis, cognitive skills practice, or behavioral skills practice.

Results:

Although the counselors' use of CBT skills in sessions increased after Web course training, it was not statistically significant and not larger than the gain of control-group counselors trained with a written CBT manual.

<http://www.ncbi.nlm.nih.gov/pubmed/23577903>

Subst Abus. 2013 Apr-Jun;34(2):108-17. doi: 10.1080/08897077.2012.691445.

Dissemination and implementation of cognitive behavioral therapy for stimulant dependence: a randomized trial comparison of 3 approaches.

Rawson RA, Rataemane S, Rataemane L, Ntlhe N, Fox RS, McCuller J, Brecht ML.

Source: Integrated Substance Abuse Programs , University of California , Los Angeles , California , USA.

Abstract

Background:

This study evaluated the effectiveness of 3 approaches to transferring cognitive behavioral therapy (CBT) to addiction clinicians in the Republic of South Africa (RSA).

Methods:

Clinicians (N = 143) were assigned to 3 training conditions: (1) an in vivo (IV) approach in which clinicians received in-person training and coaching; (2) a distance learning (DL) approach providing training via videoconference and coaching through teleconferencing; and (3) a control condition (C) providing a manual and 2-hour orientation.

Results:

Frequency of use of CBT skills increased significantly with the IV and DL approaches compared with the C approach, and the IV approach facilitated greater use of CBT skills than the DL approach. During the active phase of the study, skill quality declined significantly for clinicians trained in the C condition, whereas those in the DL approach maintained skill quality and those in the IV approach improved skill quality. After coaching was discontinued, clinicians in the IV and DL approaches declined in skill quality. However, those in the IV approach maintained a higher level of skill quality compared with the other approaches. Cost of the IV condition was double that of the DL condition and 10 times greater than the C condition.

Conclusions:

In vivo supervision and distance learning methods appear to be effective dissemination and implementation strategies, and distance learning has significant potential to be less costly.

<http://www.ncbi.nlm.nih.gov/pubmed/23580131>

J Gen Intern Med. 2013 Apr 12. [Epub ahead of print]

Trust is the Basis for Effective Suicide Risk Screening and Assessment in Veterans.

Ganzini L, Denneson LM, Press N, Bair MJ, Helmer DA, Poat J, Dobscha SK.

Source: Portland Center for the Study of Chronic, Comorbid Physical and Mental Disorders, Portland Veterans Affairs Medical Center, Portland VA Medical Center, P.O. Box 1034 (R&D 66), Portland, OR, 97207, USA, linda.ganzini@va.gov.

Abstract

BACKGROUND:

To reduce suicides among Veterans, the Department of Veterans Affairs (VA) has designated suicide risk assessments for Veterans who screen positive for depression or post-traumatic stress disorder as a national performance goal. Many VA Medical Centers (VAMCs) are using brief suicidal ideation screens, administered in non-mental health ambulatory care settings, as the first step in the assessment process.

OBJECTIVE:

To explore Veterans' perceptions of the suicide screening and risk assessment process, the barriers and

facilitators to disclosing suicidal thoughts, and perceptions of possible consequences of revealing suicidal thoughts.

DESIGN:

Investigators recorded one semi-structured interview with each Veteran. Transcripts were analyzed using a modified grounded theory approach.

PARTICIPANTS:

Thirty-four Operation Enduring Freedom/Operation Iraqi Freedom (OEF/OIF) Veterans who screened positive for suicidal ideation in non-mental health ambulatory care settings in 2009 and 2010.

KEY RESULTS:

Veterans accepted the need to assess suicide risk. They increasingly experienced attempts to suppress and avoid thoughts of suicide as burdensome and exhausting. Despite this, Veterans often failed to disclose severe and pervasive suicidal thoughts when screened because: (1) they considered suicidal thoughts as shameful and a sign of weakness; (2) they believed suicidal thoughts were private and not to be divulged to strangers; (3) they worried that disclosure would lead to unwanted hospitalization or medication recommendations; and (4) the templated computer reminder process was perceived as perfunctory and disrespectful. In contrast, admitting and discussing thoughts of suicide with a health provider who focused on building a relationship, demonstrated genuineness and empathy, offered information on the rationale for suicide risk assessment, and used straightforward and understandable language, all promoted trust that resulted in more honest disclosure of suicidal thoughts.

CONCLUSION:

In ambulatory care settings, both provider behaviors and system modifications may lead to more honest disclosure of suicidal thoughts.

<http://www.ncbi.nlm.nih.gov/pubmed/23574030>

Headache. 2013 Apr 10. doi: 10.1111/head.12101. [Epub ahead of print]

Risk Factors for Headache in the UK Military: Cross-Sectional and Longitudinal Analyses.

Rona RJ, Jones M, Goodwin L, Hull L, Wessely S.

Source: King's Centre for Military Health Research, Department of Psychological Medicine, King's College, London, UK.

Abstract

AIMS:

To assess the importance of service demographic, mental disorders, and deployment factors on headache severity and prevalence, and to assess the impact of headache on functional impairment.

BACKGROUND:

There is no information on prevalence and risk factors of headache in the UK military. Recent US reports suggest that deployment, especially a combat role, is associated with headache. Such an association may have serious consequences on personnel during deployment.

METHODS:

A survey was carried out between 2004 and 2006 (phase 1) and again between 2007 and 2009 (phase 2) of randomly selected UK military personnel to study the health consequences of the Iraq and Afghanistan wars. This study is based on those who participated in phase 2 and includes cross-sectional and longitudinal analyses. Headache severity in the last month and functional impairment at phase 2 were the main outcomes.

RESULTS:

Forty-six percent complained of headache in phase 2, half of whom endorsed moderate or severe headache. Severe headache was strongly associated with probable post-traumatic stress disorder (multinomial odds ratio [MOR] 9.6, 95% confidence interval [CI] 6.4-14.2), psychological distress (MOR 6.15, 95% CI 4.8-7.9), multiple physical symptoms (MOR 18.2, 95% CI 13.4-24.6) and self-reported mild traumatic brain injury (MOR 3.5, 95% CI 1.4-8.6) after adjustment for service demographic factors. Mild headache was also associated with these variables but at a lower level. Moderate and severe headache were associated with functional impairment, but the association was partially explained by mental disorders. Mental ill health was also associated with reporting moderate and severe headache at both phase 1 and phase 2. Deployment and a combat role were not associated with headache.

CONCLUSION:

Moderate and severe headache are common in the military and have an impact on functional impairment. They are more strongly associated with mental disorders than with mild traumatic brain injury.

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<http://onlinelibrary.wiley.com/doi/10.1111/head.12101/abstract>

Risk Factors for Headache in the UK Military: Cross-Sectional and Longitudinal Analyses.

Rona, R. J., Jones, M., Goodwin, L., Hull, L. and Wessely, S.

Headache: The Journal of Head and Face Pain

Article first published online: 10 APR 2013

Aims

To assess the importance of service demographic, mental disorders, and deployment factors on headache severity and prevalence, and to assess the impact of headache on functional impairment.

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Conclusion

Moderate and severe headache are common in the military and have an impact on functional impairment. They are more strongly associated with mental disorders than with mild traumatic brain injury.

<http://www.hqlo.com/content/pdf/1477-7525-11-59.pdf>

Minimal clinically important differences for the EQ-5D and QWB-SA in Post-traumatic Stress Disorder (PTSD): results from a Doubly Randomized Preference Trial (DRPT).

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Jason N Doctor (jdoctor@healthpolicy.usc.edu) Lori A Zoellner (zoellner@uw.edu) Norah C Feeny (norah.feeny@case.edu)

Health and Quality of Life Outcomes 2013, 11:59

Objective

To determine the minimal clinically important difference (MCID) for the health-utility measures EuroQol-5 dimensions (EQ-5D) and Quality of Well Being Self-Administered (QWB-SA) Scale in PTSD patients.

Research design and methods

Two hundred patients aged 18 to 65 years with PTSD enrolled in a doubly randomized preference trial (DRPT) examining the treatment and treatment-preference effects between cognitive behavioral therapy and pharmacotherapy with sertraline and completed the EQ-5D and QWB-SA at baseline and 10-week post-treatment. The anchor-based methods utilized a Clinical Global Impression-Improvement (CGI-I) and Clinical Global Impression-Severity. We regressed the changes in EQ-5D and QWB-SA scores on changes in the anchors using ordinary least squares regression. The slopes (beta coefficients) were the rates of change in the anchors as functions of change in EQ-5D and QWB, which represent our estimates of MCID. In addition, we performed receiver operating characteristic (ROC) curve analysis to examine the relationship between the changes in EQ-5D and QWB-SA scores and treatment-response status. The MCIDs were estimated from the ROC curve where they best discriminate between treatment responders and non-responders. The distribution-based methods used small to moderate effect size in terms of 0.2 and 0.5 of standard deviation of the pre-treatment EQ-5D and QWB-SA scores.

Clinical trial registration Clinicaltrials.gov; Identifier: NCT00127673.

Results

The anchor-based methods estimated the MCID ranges of 0.05 to 0.08 for the EQ-5D and 0.03 to 0.05 for the QWB. The MCID ranges were higher with the distribution-based methods, ranging from 0.04 to 0.10 for the EQ-5D and 0.02 to 0.05 for the QWB-SA.

Conclusions

The established MCID ranges of EQ-5D and QWB-SA can be a useful tool in assessing meaningful changes in patient's quality of life for researchers and clinicians, and assisting health-policy makers to make informing decision in mental health treatment.

<http://online.liebertpub.com/doi/abs/10.1089/cyber.2013.1504>

Veteran Perceptions of Virtual Reality to Assess and Treat Posttraumatic Stress Disorder.

Teresa L. Kramer, Patricia E. Savary, Jeffrey M. Pyne, Timothy A. Kimbrell, and Susan M. Jegley

Cyberpsychology, Behavior, and Social Networking.

April 2013, 16(4): 293-301.

Implementation of evidence-based treatments (EBT) is necessary to address posttraumatic stress disorder (PTSD) in Operation Enduring Freedom/Operation Iraqi Freedom (OEF/OIF) military service personnel. Because virtual reality (VR) offers a promising tool for delivery of one type of EBT—exposure therapy—this study explored veterans' perceptions of VR as an assessment tool and treatment adjunct. We conducted semi-structured interviews with 14 OEF/OIF veterans being treated for PTSD after viewing two 3 minute VR scenarios as part of a larger research study. Veterans reported a capacity for immersion in VR in both combat and civilian environments, characterized by self-reported physiological

reactivity, thoughts/behaviors similar to those experienced in Iraq, and triggered memories. Although participants were generally positive about VR, they expressed concerns about the possibility of negative reactions after viewing VR. Findings are discussed in the context of further development of VR aided interventions in veteran healthcare systems.

<http://www.sciencedirect.com/science/article/pii/S0005791613000190>

Cognitive Vulnerability to Anxiety in the Stress Generation Process: Further Investigation of the Interaction Effect between the Looming Cognitive Style and Anxiety Sensitivity.

John H. Riskind, Evan M. Kleiman, Hilary Weingarden, Alexander F. Danvers

Journal of Behavior Therapy and Experimental Psychiatry

Available online 10 April 2013

Background and objectives

The goal of the present study was to replicate and extend previous research on the relationship between stress generation and two well-documented anxiety related cognitive vulnerabilities, Looming Cognitive Style (LCS) and Anxiety Sensitivity (AS). We first sought to replicate findings that LCS and AS augment each other's stress generation effect. Next, we expanded upon these findings by conducting fine grained analyses not possible in the prior study, by using the third edition of the Anxiety Sensitivity Index (Taylor et al., 2007) and examined the individual facets of AS, which includes: Mental Incapacitation (fear of mental impairment), Physical (fear of catastrophic outcomes such as death), and Social (fear of being noticed for trembling, blushing) facets. Methods: We followed 99 female undergraduates who were assessed twice over a six-week interval.

Results

First, the results replicated a previous study and showed that LCS and AS magnified each other's impact on stress generation. Second, analyses using the individual subscales of AS indicated significant interactions between LCS and the Mental Incapacitation and Physical facets of AS but not the Social facet.

Limitations

Limitations of the present study include reliance on self-report measures and the use of a female only sample. Using such a sample is consistent with previous literature, but limits generalizability to males.

Conclusions

The present findings are consistent with the emerging view that stress generation is an active, transactional process and that anxiety-related cognitive styles (much like depressive styles) contribute to stress generation.

<http://www.library.ca.gov/crb/13/S-13-009.pdf>

Overview of Veterans in California: March 2013

Rebecca E. Blanton, Senior Policy Analyst

California Research Bureau

Testimony before the Joint Hearing of the Assembly Committee on Veterans Affairs and the Assembly Committee on Housing and Community Development

March 20, 2013

California is home to nearly 1.9 million veterans, by far the largest veteran population in the country. We have both numerically more veterans than any other state and a disproportionate share of veterans. This population is diverse, growing and their needs are changing.

By and large, our veterans are doing well. They come home from their service, reintegrate to the civilian world, find jobs, find housing and live their lives like the rest of us. However, some veterans have difficulty finding work, securing necessary education and training, finding necessary health care and finding and maintaining housing. These veterans are entitled to benefits through their service to the country and many need help accessing their benefits to help them through difficult periods.

<http://www.indepreview.com/wp-content/uploads/2013/04/014-229-Posttraumatic-stress-disorder-PTSD.pdf>

Posttraumatic Stress Disorder (PTSD)

Humera Siddique

Indep Rev Jan-Mar 2013;15(1-3) 107-131

Posttraumatic Stress Disorder, or PTSD, is a psychiatric disorder that can occur following the experience or witnessing of life-threatening events such as military combat, natural disasters, terrorist incidents, serious accidents, or violent personal assaults like rape.

PTSD is marked by clear biological changes as well as psychological symptoms. PTSD is complicated by the fact that it frequently occurs in conjunction with related disorders such as depression, substance abuse, problems of memory and cognition, and other problems of physical and mental health. The disorder is also associated with impairment of the person's ability to function in social or family life, including occupational instability, marital problems and divorces, family discord, and difficulties in parenting.

Posttraumatic stress disorder (PTSD) is a severe anxiety disorder that can develop after exposure to any event those results in psychological trauma. This event may involve the threat of death to oneself or to

someone else, or to one's own or someone else's physical, sexual, or psychological integrity, overwhelming the individual's ability to cope. As an effect of psychological trauma, PTSD is less frequent and more enduring than the more commonly seen acute stress response. Diagnostic symptoms for PTSD include re-experiencing the original trauma(s) through flashbacks or nightmares, avoidance of stimuli associated with the trauma, and increased arousal—such as difficulty falling or staying asleep, anger, and hyper vigilance. Formal diagnostic criteria (both DSM-IV-TR and ICD-10) require that the symptoms last more than one month and cause significant impairment in social, occupational, or other important areas of functioning.

(Shirl's note: Contains extensive bibliography)

<http://www.scirp.org/journal/PaperInformation.aspx?PaperID=29636>

Traumatic Brain Injury in the Military.

Aden McLaughlin

Open Journal of Modern Neurosurgery, Vol. 3 No. 2, 2013, pp. 23-28.

Traumatic brain injury (TBI) is a devastating and extraordinarily expensive entity. It is becoming increasingly burdensome in the military setting with societal costs of managing the sequelae of TBI running into the billions of dollars (US\$) each year. Increasing awareness among non-neurosurgical medical personnel of the pathophysiology of TBI and rapid and appropriate assessment, triage and treatment will increase the likelihood of a better outcome in any given head injured patient. Careful attention to prevention of secondary injury is vital if further decline following the initial insult is to be achieved. Early and repeated neurological assessment, and aggressive management of intracranial hypertension and disorders affecting airway and cardiorespiratory systems are the mainstay of managing moderate to severe TBI. This management may involve medical and surgical options and often requires battlefield assessment prior to aeromedical evacuation. The unique profile and epidemiology of TBI in the military, necessitates ongoing research into primary prevention and appropriate, cost-effective means of assessing and treating these often debilitating injuries. Improvements in the prevention and care of these individuals will lead to enormous individual and societal gains.

Links of Interest

Abnormal Is the New Normal; Why will half of the U.S. population have a diagnosable mental disorder?
http://www.slate.com/articles/health_and_science/medical_examiner/2013/04/diagnostic_and_statistical_manual_fifth_edition_why_will_half_the_u_s_population.html

Program Aims to Stop Military Sexual Assaults
<http://www.courthousenews.com/2013/04/10/56524.htm>

UNC system to make plans to attract more veterans

<http://www.dailytarheel.com/article/2013/04/unc-system-to-make-plans-to-attract-more-veterans>

Google Searches About Mental Illness Follow Seasonal Patterns

<http://www.sciencedaily.com/releases/2013/04/130409091226.htm>

Expectations Deter Vets From Mental Health Care

<http://journals.psychiatryonline.org/newsarticle.aspx?articleid=1676239>

Don't Cut Drug-Abuse Research, Experts Tell Hill Staffers

<http://journals.psychiatryonline.org/newsarticle.aspx?articleid=1676234>

Reactivating Memories During Sleep: Memory Rehearsal During Sleep Can Make a Big Difference in Remembering Later

<http://www.sciencedaily.com/releases/2013/04/130412132428.htm>

O'Malley to tackle veteran unemployment; Governor wants to cut rate to 3 percent by end of 2015

<http://www.baltimoresun.com/news/maryland/bs-md-veteran-unemployment-20130416,0,2253697.story>

Acute Stress Primes Brain for Better Cognitive and Mental Performance

<http://www.sciencedaily.com/releases/2013/04/130416204546.htm>

Resilience Does Tend to Follow Horror

<http://www.theatlanticcities.com/neighborhoods/2013/04/boston-resilience-will-follow-horror/5303/>

Conduct at Issue as Military Officers Face a New Review

<http://www.nytimes.com/2013/04/14/us/militarys-top-officers-face-review-of-their-character.html>

Mindfulness therapy might help veterans with combat-related post-traumatic stress disorder

http://www.eurekalert.org/pub_releases/2013-04/uomh-mtm041713.php

Army synchronizes resources to strengthen readiness, resilience

http://www.army.mil/article/101151/Army_synchronizes_resources_to_strengthen_readiness_resilience/

Military Claims 'Zero Tolerance' for Sex Crimes

<http://www.courthousenews.com/2013/04/15/56702.htm>

Funding for mental health research yielding results

http://www.army.mil/article/100785/Funding_for_mental_health_research_yielding_results/

GW's First Senior Associate Dean for Military and Veterans Initiatives Named

<http://gwtoday.gwu.edu/gw's-first-senior-associate-dean-military-and-veterans-initiatives-named>

Excited Man Only 2 Therapy Sessions Away From Resolving Issues

<http://www.theonion.com/articles/excited-man-only-2-therapy-sessions-away-from-reso,32040/>

Research Tip of the Week: [Cheerleaders and Soldiers: Call Me Maybe](#)

Leave the research to me this week. Enjoy this instead.

This is fascinating. The Miami Dolphins Cheerleaders did a dance video to “Call Me Maybe.” U.S. troops stationed in Afghanistan saw it and did their own version, matching the cheerleaders scene-by-scene. Here are the two videos together.



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