



CDP Research Update -- May 30, 2013

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http://www.whitehouse.gov/sites/default/files/uploads/2013_interim_report_of_the_interagency_task_force_on_military_and_veterans_mental_health.pdf

Interagency Task Force on Military and Veterans Mental Health 2013 Interim Report

U.S. Department of Defense, U.S. Department of Veterans Affairs, U.S. Department of Health and Human Services

The Departments of Defense (DoD), Veterans Affairs (VA), and Health and Human Services (HHS) recently released the Interagency Task Force on Military and Veterans Mental Health 2013 Interim Report.

In response to President Obama's August, 31, 2012 Executive Order, this progress report outlines advances made to date to expand the quality and availability of mental health care services for active military service members, veterans, and their families. Highlights of the report include:

- Increasing the capacity of the Veterans Crisis Line
- Building partnerships between the VA and community-based mental health providers
- Increasing the number of VA mental health providers and peer specialists
- Implementing a national suicide prevention campaign.

<http://pediatrics.aappublications.org/content/early/2013/05/22/peds.2013-0940>

Health and Mental Health Needs of Children in US Military Families.

Benjamin S. Siegel, MD, Beth Ellen Davis, MD, MPH, THE COMMITTEE ON PSYCHOSOCIAL ASPECTS OF CHILD AND FAMILY HEALTH AND SECTION ON UNIFORMED SERVICES

Pediatrics

Published online May 27, 2013

The wars in Afghanistan and Iraq have been challenging for US uniformed service families and their children. Almost 60% of US service members have family responsibilities. Approximately 2.3 million active duty, National Guard, and Reserve service members have been deployed since the beginning of the wars in Afghanistan and Iraq (2001 and 2003, respectively), and almost half have deployed more than once, some for up to 18 months' duration. Up to 2 million US children have been exposed to a wartime deployment of a loved one in the past 10 years. Many service members have returned from combat deployments with symptoms of posttraumatic stress disorder, depression, anxiety, substance abuse, and traumatic brain injury. The mental health and well-being of spouses, significant others, children (and their friends), and extended family members of deployed service members continues to be significantly challenged by the experiences of wartime deployment as well as by combat mortality and morbidity. The medical system of the Department of Defense provides health and mental health services for active duty service members and their families as well as activated National Guard and Reserve service members and their families. In addition to military pediatricians and civilian pediatricians employed by military treatment facilities, nonmilitary general pediatricians care for >50% of children and family members before, during, and after wartime deployments. This clinical report is for all pediatricians, both active duty and civilian, to aid in caring for children whose loved ones have been, are, or will be deployed.

http://www.apatraumadivision.org/newsletter/newsletter_2013_springsummer.pdf

APA Trauma Psychology Division 56 Newsletter -- Special Section: Trauma and Military Veterans

Spring/Summer 2013

This issue of the Trauma Psychology Newsletter focuses on military veterans, a population that has played a significant role in furthering the understanding of not only combat trauma but trauma in general. Clinicians and researchers working with returning Vietnam veterans contributed to the formalization of the PTSD diagnostic criteria in 1980. Some of the earliest studies on PTSD— on treatment, instrument development, epidemiology, and neurobiology, for example—were based on veteran samples. Those working with veterans have continued to advance the science and practice of trauma psychology around the world. We are fortunate that a number of these experts contributed to this special issue.

<http://www.ncbi.nlm.nih.gov/books/NBK137737/>

Screening for Suicide Risk in Primary Care: A Systematic Evidence Review for the U.S. Preventive Services Task Force

Evidence Syntheses, No. 103

Investigators: Elizabeth O'Connor, PhD, Bradley Gaynes, MD, MPH, Brittany U Burda, MPH, Clara Williams, MPA, and Evelyn P Whitlock, MD, MPH.

Kaiser Permanente Research Affiliates Evidence-based Practice Center, Kaiser Permanente Center for Health Research

Rockville (MD): Agency for Healthcare Research and Quality (US); April 2013.

Background:

In the United States, the annual burden of suicide is substantial, accounting for almost 37,000 deaths and an estimated 1.4 million years of potential life lost in recent years.

Purpose:

To systematically review evidence for the accuracy of suicide risk screening instruments, the efficacy and safety of screening for suicide risk, and the efficacy and safety of treatments to prevent suicide.

Methods:

We searched MEDLINE, PsycINFO, the Cochrane Central Register of Controlled Trials, and the Cumulative Index for Nursing Allied Health to identify literature that was published between January 2002 and July 17, 2012. We also examined the references from the previous review and additional relevant reviews, searched Web sites of government agencies, professional organizations, and other organizations for grey literature, and monitored health news Web sites and journal tables of contents to identify potentially eligible trials. Two investigators independently reviewed identified abstracts and full-text articles against a set of a priori inclusion and quality criteria. One investigator abstracted data into an evidence table and a second investigator checked these data. We conducted random effects meta-analyses to estimate the effect size of suicide prevention interventions on suicide attempts, suicidal ideation, depression, and global functioning. We grouped trials into 11 intervention types among three categories (psychotherapy, medication, and enhanced usual care).

Results:

We included 86 articles representing 56 unique studies. Very limited data showed no clear positive or negative immediate (1 to 14 days) effects of suicide risk screening. Limited data suggest that there are screening instruments with acceptable performance characteristics for adults and possibly older adults; however, positive predictive value was below 40 percent in all cases where sensitivity was 80 percent or higher. No effects of treatment were seen on suicide deaths, though reporting was sparse and trials were underpowered for this rare outcome. Psychotherapy reduced the risk of suicide attempts by 32 percent compared with usual care in adults, but did not show a benefit in adolescents, and four of 11 adolescent trials reporting on suicide attempts showed statistically nonsignificant increases in the risk of suicide attempt by 22 percent or more. Depression was improved in both adults (standardized mean difference [SMD], -0.37 [95% CI, -0.55 to -0.19]) and adolescents (SMD, -0.36 [95% CI, -0.63 to -0.08]), but there was little or no consistent effect on suicidal ideation. Other outcomes were sparsely reported. The single trial of lithium in adults was limited by high attrition. Practice-based interventions in primary care settings targeting older adults showed some benefits; however, a variety of other approaches to enhance usual care showed no consistent benefit.

Conclusions:

Suicide screening is of high national importance. It is very difficult, however, to predict who will die from suicide, and there are many inherent difficulties in establishing the effectiveness of treatment to reduce suicide and suicide attempts. Limited evidence suggests that primary care-feasible screening instruments may be able to identify adults at increased risk of suicide, and psychotherapy targeting suicide prevention can be an effective treatment in adults. Evidence was more limited in older adults and adolescents; additional research is urgently needed.

<http://www.ncbi.nlm.nih.gov/pubmed/23712724>

Curr Psychiatry Rep. 2013 Jul;15(7):373. doi: 10.1007/s11920-013-0373-4.

PTSD in Primary Care-An Update on Evidence-based Management.

Sonis J.

Source: Department of Social Medicine, CB#7240, School of Medicine, University of North Carolina at Chapel Hill, Chapel Hill, NC, 27599-7240, USA, jsonis@med.unc.edu.

Posttraumatic stress disorder (PTSD) is common in primary care but it is frequently not detected or treated adequately. There is insufficient evidence to recommend universal screening for PTSD in primary care, but clinicians should remain alert to PTSD among patients exposed to trauma, and among those with other psychiatric disorders, irritable bowel syndrome, multiple somatic symptoms and chronic pain. A two-stage process of screening (involving the PC-PTSD), and, for those with a positive screen, a diagnostic evaluation (using the PTSD-Checklist), can detect most patients with PTSD with few false positives. Evidence-based recommendations are provided for treatment in primary care or referral to mental health.

<http://www.biomedcentral.com/1471-244X/13/154/abstract>

Malingering and PTSD: Detecting malingering and war related PTSD by Miller Forensic Assessment of Symptoms Test (M-FAST).

Khodabakhsh Ahmadi, Zeynab Lashani, Mohammad Hassan Afzali, S Abbas Tavalai and Jafar Mirzaee

BMC Psychiatry 2013, 13:154

Background

Malingering is prevalent in PTSD, especially in delayed-onset PTSD. Despite the attempts to detect it, indicators, tools and methods to accurately detect malingering need extensive scientific and clinical research. Therefore, this study was designed to validate a tool that can detect malingering of war-related PTSD by Miller Forensic Assessment of Symptoms Test (M-FAST).

Methods

In this blind clinical diagnosis study, one hundred and twenty veterans referred to War Related PTSD Diagnosis Committee in Iran in 2011 were enrolled. In the first step, the clients received Psychiatry diagnosis and were divided into two groups based on the DSM-IV-TR, and in the second step, the participants completed M-FAST.

Results

The t-test score within two groups by M-FAST Scale showed a significant difference ($t = 14.058$, $P < 0.0001$), and 92% of malingering war-related PTSD participants scored more than 6 and %87 of PTSD group scored less than 6 in M-FAST Scale.

Conclusions

M-FAST showed a significant difference between war-related PTSD and malingering participants. The ≥ 6 score cutoff was suggested by M-FAST to detect malingering of war-related PTSD.

<http://curationis.org.za/index.php/curationis/article/view/122/1161>

The role of social support in the relationship between mental health and posttraumatic stress disorder amongst orthopaedic patients.

Vhuhwavho M. Maselesele, Erhabor S. Idemudia

Curationis, North America, 36, May. 2013.

Background:

Some life-event experiences such as injuries in car accidents, gun shots and the like, can be life changing and traumatic.

Objectives:

The article investigated the relationship between mental health and posttraumatic stress disorder (PTSD) symptoms after orthopaedic trauma, and attempted to understand whether social support moderates the relationship between mental health and PTSD.

Method:

A cross-sectional research model was used. Two hundred participants were selected using simple randomisation within a hospital complex in Gauteng, South Africa. The sample consisted of 110 men and 90 women ($\bar{x} = 37.8$ years, $s.d. = 12.9$ years). Data were collected using the Revised Civilian Mississippi Scale for PTSD, the Multidimensional Scale of Perceived Social Support (MSPSS), and the General Health Questionnaire version 28.

Results:

The findings of the study indicated that there is a statistically significant relationship between mental health and PTSD after orthopaedic trauma, and a positive correlation between poor mental health and

PTSD ($r = 0.52$, $n = 200$, $p < 0.05$). However, perceived social support did not moderate mental health or PTSD, indicating that perceived social support did not significantly influence mental health or PTSD, (MSPSS $B = 0.07$, $p = 0.66$). Those with high scores on social support had a lower regression coefficient ($B = 0.19$) for mental health and PTSD than those who reported low social support ($B = 0.26$).

Conclusion:

There is a significant relationship between mental health and PTSD of orthopaedic patients, and social support did not moderate the relationship between mental health and PTSD.

<http://mds.marshall.edu/etd/481/>

Traumatic Brain Injury: The Relationship of Psychosocial Variables and Location of Injury to Post-Injury Depression.

Smith, Alicia L.

Theses, Dissertations and Capstones. Paper 481.

Marshall University

2013

Traumatic Brain Injury (TBI) affects nearly 1.4 million people in the United States annually, and of these, 10% to 77% will experience post-injury depression. Psychosocial variables such as previous substance and alcohol abuse, prior mental illness, low educational attainment, and poverty have been identified as possible risk factors. Additionally, the location of injury appears to play a key role particularly if the injury occurs in the left hemisphere. This study examined archival data from brain-injured patients in an effort to better understand the factors related to post-TBI depression. Past medical records of brain-injured adults ($N = 52$) were reviewed and coded for location of injury, demographic and psychosocial variables, as well as the presence of depression. Results did not reveal significant relationships between past substance or alcohol abuse, prior mental illness, or level of education and post-TBI depression. In addition, there was no significant relationship between location of injury and post-TBI depression; however, results highlighted a possible trend toward left-sided lesions and depression. Further research is needed to shed light on the complexity of affective sequelae following TBI.

<http://www.sciencedirect.com/science/article/pii/S0167876013001475>

Sleep and Emotions: Bidirectional Links and Underlying Mechanisms.

Michal Kahn, Gal Sheppes, Avi Sadeh

International Journal of Psychophysiology, Available online 24 May 2013

A growing body of literature suggests that sleep and emotions are closely linked, and that the relationship between these two domains is complex and bidirectional. This review synthesizes some of the most current empirical findings with regard to the effects of sleep (with an emphasis on sleep deprivation) on subsequent emotional state, and the effects of emotions on subsequent sleep. Furthermore, we review a selection of possible mechanisms underlying some of these associations. Finally, suggestions are made for future research as part of the effort to develop a more comprehensive theory for this emerging field.

<http://www.tandfonline.com/doi/abs/10.1080/00981389.2012.714447>

Mild Traumatic Brain Injury: Implications for Social Work Research and Practice With Civilian and Military Populations.

Megan Moore MSW PhD

Social Work in Health Care

Volume 52, Issue 5, 2013

Over one million mild traumatic brain injuries (mTBI) are treated in U.S. hospitals each year. In addition, mTBI has affected thousands of soldiers returning from the Iraq and Afghanistan wars. Many individuals experience post-concussive symptoms immediately after mTBI; some experience severe and prolonged symptoms. Symptom etiology is not well understood, and effective psychosocial interventions have not been well developed. Because of the high incidence of mTBI, many social workers in health care settings will come in contact with mTBI patients and need specialized knowledge to provide appropriate services. Social work researchers can contribute to improved services by elucidating symptom course, and developing and testing effective interventions aimed at preventing or alleviating symptoms. This article provides an overview of civilian- and military-related mTBI outcomes and psychosocial interventions. Recommendations for current social work practice and research are made with the goal of improving the care of persons with mTBI.

<http://link.springer.com/article/10.1007/s12207-013-9156-9>

PCS, Iatrogenic Symptoms, and Malingering Following Concussion.

Scott D. Bender, Marlena Matusewicz

Psychological Injury and Law

May 2013

In postconcussive syndrome (PCS), subjective experience of symptoms seems to surpass objective evidence of those symptoms. For many years, clinicians and researchers have suspected both neurologic

and psychologic forces in PCS. While the neurologic symptoms tend to resolve, psychological factors appear to have a more complex and difficult to characterize course. We argue in this paper that this complexity leads to diagnostic problems when considering PCS. We review several difficulties with current nosology regarding PCS and related conditions, as well as the inter-related and complicating roles of iatrogenic factors and malingering. We conclude that PCS is of insufficient diagnostic specificity and that it is prone to misdiagnosis, even causing new and possibly unrelated symptoms to develop in some cases. Further research on PCS and the factors that affect its course is needed.

<http://ap.psychiatryonline.org/article.aspx?articleID=1691069>

A Medical Interviewing Curriculum Intervention for Medical Students' Assessment of Suicide Risk.

Jess G. Fiedorowicz, M.D., Ph.D.; Jodi Tate, M.D.; Anthony C. Miller, M.D.; Ellen M. Franklin, M.A., M.B.A., M.M.E.; Ryan Gourley, B.S., B.A.; Marcy Rosenbaum, Ph.D.

Academic Psychiatry

May 24, 2013

Objective

Effective communication strategies are required to assess suicide risk. The authors determined whether a 2-hour simulated-patient activity during a psychiatry clerkship improved self-assessment of medical interviewing skills relevant to suicide risk-assessment.

Methods

In the 2-hour simulated-patient intervention, at least one psychiatrist, a non-clinician communication expert, and a specifically-trained simulated patient worked with groups of 4–6 students to address student-identified challenges with patient encounters involving suicide risk-assessment. Six of twelve clerkships between July 2010 and October 2011 were assigned to this educational intervention in addition to a communications curriculum.

Results

On a retrospective pre–post self-assessment, the 61 of 118 students assigned to the intervention group reported greater improvements in relevant skills. The process of discovering/responding to patients' feelings and identifying/addressing verbal and nonverbal cues specifically improved.

Conclusion

The psychiatry clerkship provides a unique opportunity to reinforce and develop communications skills with a formal, skills-based curriculum.

<http://injuryprevention.bmj.com/content/early/2013/05/23/injuryprev-2012-040742.abstract>

Using media to promote suicide prevention hotlines to Veteran households.

Elizabeth Karras, Brady Stephens, Janet E Kemp, Robert M Bossarte

Injury Prevention

Published Online First 24 May 2013

This article presents preliminary evidence that media campaigns are valuable in promoting suicide prevention hotlines to Veteran households by reporting data from 2526 telephone surveys. Findings from this study underscore the need for further investigation of the use of media campaigns to support suicide prevention initiatives aimed at Veteran populations.

<http://sap.sagepub.com/content/43/2/182.short>

Post-traumatic stress disorder in patients with spinal-cord injuries.

Nancy Moodley and Basil J Pillay

South African Journal of Psychology

June 2013 43: 182-197

The majority of spinal-cord injuries result from traumatic incidents such as motor vehicle accidents, falls, and acts of violence such as stab and gunshot wounds. Given the traumatic and life-threatening nature of most spinal-cord injuries, especially in a country like South Africa, where there is a high level of violent crime, post-traumatic stress disorder can be a common consequence for many patients. Using a prospective design, a total of 112 traumatic spinal-cord-injured patients, drawn from government hospitals in the Durban (South Africa) metropolitan and surrounding areas, were assessed. The control group consisted of 79 patients who had amputations. Post-traumatic stress disorder was assessed using the Impact of Event Scale–Revised and Post-Traumatic Diagnostic Scale. In addition, a semi-structured interview was conducted and supplementary data were obtained from each patient’s file. The results indicated a high rate of post-traumatic stress disorder following traumatic spinal-cord injuries. Road traffic accidents were the most common cause of traumatic spinal-cord injuries. Single young males were found to be at greater risk of sustaining such injuries. The results and discussion emphasise the ubiquitous multicultural issues that influence outcomes. This study highlights the need for psychological intervention following traumatic spinal-cord injuries due to the high rate of post-traumatic stress disorder symptoms.

<http://onlinelibrary.wiley.com/doi/10.1002/jts.21811/abstract>

Feasibility and Desirability of Web-Based Mental Health Screening and Individualized Education for Female OEF/OIF Reserve and National Guard War Veterans.

Sadler, A. G., Mengeling, M. A., Torner, J. C., Smith, J. L., Franciscus, C. L., Erschens, H. J. and Booth, B. M.

Journal of Traumatic Stress

Article first published online: 20 MAY 2013

Operation Enduring Freedom/Operation Iraqi Freedom (OEF/OIF) Reserve and National Guard (RNG) service members have an increased risk for postdeployment mental health (MH) and readjustment problems, yet most do not access needed care. It is unknown if RNG servicewomen experiencing postdeployment readjustment symptoms are aware these may signify treatable MH concerns or if this knowledge activates care-seeking. The aims of this proof-of-concept study were to determine the feasibility of web-based MH screening for postdeployment MH symptoms to inform individualized psychoeducation, and to assess user perceptions about the online instrument and process, MH care access, and VA and other MH care. A midwestern sample (N = 131) of recently deployed (past 24 months) OEF/OIF RNG Army and Air Force servicewomen participated. High rates of combat experiences (95%) and military sexual trauma (50%) were reported. Positive screens for key symptoms of MH problems were prevalent. One third (31%) of satisfaction survey completers indicated online information reduced discomfort with seeking MH care; 42% reported they would subsequently seek MH assessment. Participants interviewed by telephone indicated that stigma and limited knowledge about women-specific services were key reasons servicewomen do not use MH care. This study demonstrated web-based screenings with individualized psychoeducation are implementable and favorable to RNG servicewomen.

<http://link.springer.com/article/10.1007/s10942-013-0163-2>

Warrior Resilience and Thriving (WRT): Rational Emotive Behavior Therapy (REBT) as a Resiliency and Thriving Foundation to Prepare Warriors and Their Families for Combat Deployment and Posttraumatic Growth in Operation Iraqi Freedom, 2005–2009.

Thomas A. Jarrett

Journal of Rational-Emotive & Cognitive-Behavior Therapy

May 2013

Warrior Resilience and Thriving (WRT) and Warrior Family Resilience and Thriving were the U.S. Army's first combat Soldier and Family cognitive resiliency training classes based on Rational Emotive Behavior Therapy (REBT). WRT, as a pilot program, was designed to enhance soldier and family resiliency, thriving and posttraumatic growth prior to, during and following combat deployments. WRT allows REBT self-

coaching, Army Warrior Ethos, Stoic, survivor and resiliency strategies to teach and promote advanced resiliency, emotional management and critical thinking to soldiers and their families. This article will describe efforts initiated by the author, who served twice in Operation Iraqi Freedom where he developed WRT, as well as training he conducted for over 12,500 Warriors as the Prevention Team Leader for the 98th Combat Stress Control Detachment serving Baghdad. Risk Factors for Army Warriors and families and the advantages of existential and philosophically-based interventions like REBT are described along with a brief inventory of Army resiliency initiatives.

<http://www.sciencedirect.com/science/article/pii/S0163834313001023>

Inpatient suicide on mental health units in Veterans Affairs (VA) hospitals: avoiding environmental hazards.

Peter D. Mills, Ph.D., M.S., Lori A. King, B.S., Bradley V. Watts, M.D., M.P.H., Robin R. Hemphill, M.D., M.P.H.

General Hospital Psychiatry, Available online 20 May 2013

Introduction

One thousand five hundred suicides take place on inpatient psychiatry units in the United States each year, over 70% by hanging. Understanding the methods and the environmental components of inpatient suicide may help to reduce its incidence.

Methods

All Root Cause Analysis reports of suicide or suicide attempts in inpatient mental health units in Veterans Affairs (VA) hospitals between December 1999 and December 2011 were reviewed. We coded the method of suicide, anchor point and lanyard for cases of hanging, and implement for cutting, and brought together all other reports of inpatient hazards from VA staff for review.

Results

There were 243 reports of suicide attempts and completions: 43.6% (106) were hanging, 22.6% (55) were cutting, 15.6% (38) were strangulation, and 7.8% (19) were overdoses. Doors accounted for 52.2% of the anchor points used for the 22 deaths by hanging; sheets or bedding accounted for 58.5% of the lanyards. In addition, 23.1% of patients used razor blades for cutting.

Conclusions

The most common method of suicide attempts and completions on inpatient mental health units is hanging. It is recommended that common lanyards and anchor points be removed from the environment of care. We provide more information about such hazards and introduce a decision tree to help healthcare providers to determine which hazards to remove.

<http://scholarship.law.wm.edu/cgi/viewcontent.cgi?article=1365&context=wmjowl>

Veterans Affairs Benefits for Sexually Assaulted Male Veterans.

RC Schweitzer

William & Mary Journal of Women and the Law

Volume 19 | Issue 3 Article 6

The purpose of this Note is twofold. The first purpose is to explore the status of and particular issues that affect male veterans who have experienced MST as related to the VA. Specifically, this Note will address the special problems that veterans who have experienced MST encounter when applying for disability benefits related to sexual trauma. The second purpose is to assess current efforts to improve the resources aimed at survivors of sexual assault and veterans' access to them.

<http://psycnet.apa.org/journals/mil/25/2/116/>

The protective value of hardiness on military posttraumatic stress symptoms.

Escolas, Sandra M.; Pitts, Barbara L.; Safer, Martin A.; Bartone, Paul T.

Military Psychology, Vol 25(2), Mar 2013, 116-123.

This study examined the protective effects of hardiness (dispositional resilience) on self-reported posttraumatic stress disorder (PTSD) symptoms in a sample of postdeployed service members. Hardiness was negatively related to PTSD symptoms. Time in the military, number of deployments, and total time spent on deployment were all positively related to PTSD symptoms. Hardiness moderated the effects of time in the military on PTSD symptoms, such that time in the military had no effect on those who were high in hardiness. Hardiness did not moderate the effects of either deployment measure. Suggestions to modify current military resilience training programs to most effectively enhance the benefits of hardiness are discussed. (PsycINFO Database Record (c) 2013 APA, all rights reserved)

<http://psycnet.apa.org/journals/mil/25/2/148/>

Resilience training in a population of deployed personnel.

Carr, Walter; Bradley, Devvon; Ogle, Alan D.; Eonta, Stephanie E.; Pyle, Bryan L.; Santiago, Patcho

Military Psychology, Vol 25(2), Mar 2013, 148-155.

The U.S. military has developed prophylactic interventions to mitigate effects from stress. The project reported is a first of its kind descriptive assessment of the delivery of resilience training in a deployed environment. The Connor-Davidson Resilience Scale and an inventory of stress, morale, performance,

and use of specific behaviors were administered before and after resilience training was implemented for all personnel assigned to a military facility in Afghanistan. There was a small positive relation between resilient thinking and self-reported morale, but, despite the training, both resilient thinking and morale were observed to decline across the deployment period. This descriptive effort can provide some baseline for commanders' expectations in implementation of resilience training. (PsycINFO Database Record (c) 2013 APA, all rights reserved)

<http://link.springer.com/article/10.1007/s10615-013-0445-2>

DSM-5: An Overview of Changes and Controversies.

Jerome C. Wakefield

Clinical Social Work Journal

June 2013, Volume 41, Issue 2, pp 139-154

The DSM-5 offers many changes in the criteria and categories used in clinical diagnosis. The provocative and sometimes controversial nature of the changes has enlivened debate in the mental health field about how we should best understand our clients. I selectively survey what is new in DSM-5, why changes were made, and what about them is so controversial. First, I summarize the main metastructural and organizational changes, including elimination of the multiaxial system and changed chapter groupings. Second, I survey the most important new categories of disorder and the most important changes to the diagnostic criteria for existing categories of disorder. I focus on particularly controversial changes, such as those to substance use and addictive disorders, autism spectrum disorders, and posttraumatic stress disorder. Pros and cons are provided for changes in criteria as well as for the addition of new disorder categories, such as hoarding disorder and binge eating disorder. Finally, I offer a more in-depth review and analysis of the changes to the depressive disorders chapter, which was subject to some of the most intense controversies and had some of the most extensive changes.

<http://www.sciencedirect.com/science/article/pii/S0376871613001452>

Comorbidity of posttraumatic stress disorder with alcohol dependence among US adults: Results from National Epidemiological Survey on Alcohol and Related Conditions.

Carlos Blanco, Yang Xu, Kathleen Brady, Gabriela Pérez-Fuentes, Mayumi Okuda, Shuai Wang

Drug and Alcohol Dependence, Available online 20 May 2013

Background

Despite the high rates of comorbidity of post-traumatic stress disorder (PTSD) and alcohol dependence

(AD) in clinical and epidemiological samples, little is known about the prevalence, clinical presentation, course, risk factors and patterns of treatment-seeking of co-occurring PTSD-AD among the general population.

Methods

The sample included respondents of the Wave 2 of the National Epidemiologic Survey on Alcohol and Related Conditions (NESARC). Weighted means, frequencies and odds ratios (ORs) of sociodemographic correlates, prevalence of psychiatric disorders and rates of treatment-seeking were computed.

Results

In the general population, the lifetime prevalence of PTSD only, AD only and PTSD-AD was 4.83%, 13.66% and 1.59%, respectively. Individuals with comorbid PTSD-AD were more likely than those with PTSD or AD only to have suffered childhood adversities and had higher rates of Axis I and II disorders and suicide attempts. They also met more PTSD diagnostic criteria, had earlier onset of PTSD and were more likely to use drugs and alcohol to relieve their PTSD symptoms than those with PTSD only; they also met more AD diagnostic criteria than those with AD only and had greater disability. Individuals with PTSD-AD had higher rates of treatment seeking for AD than those with AD only, but similar rates than those with PTSD only.

Conclusion

PTSD-AD is associated with high levels of severity across a broad range of domains even compared with individuals with PTSD or AD only, yet treatment-seeking rates are very low. There is a need to improve treatment access and outcomes for individuals with PTSD-AD.

<http://www.ncbi.nlm.nih.gov/pubmed/23705935>

Memory. 2013 May 24. [Epub ahead of print]

A comparison of the quality of intrusive memories in post-traumatic stress disorder and depression.

Parry L, O'Kearney R.

Source: Research School of Psychology , The Australian National University , Canberra , ACT , Australia.

As in post-traumatic stress disorder (PTSD), intrusive memories (IMs) also play an important role in depression. Evidence about the comparative quality of IMs in PTSD and depression is limited and inconsistent. A total of 28 adults with PTSD, 29 with depression, and 30 controls identified intrusive and voluntary segments of narrative memories of key events. Self-report and language measures of memory quality were obtained. Depressed and PTSD participants reported higher frequency of IMs and higher IM-related interference than controls. IMs in PTSD participants were distinguished from depressed and control participants by higher self-rated distress, higher self-rated sensory quality, and a higher proportion of sensory words in the narrative. The depressed and control groups did not differ on IM quality. PTSD IM segments had more sensory content than voluntary segments and fewer temporal

markers. The IM segments of the depressed and control groups had fewer temporal markers than the voluntary segments. Depression severity predicted fewer sensory words in the IM after considering peri-event dissociation and arousal but did not add to the prediction of other IM qualities. A strong sensory quality is a distinctive feature of IMs in PTSD but not in depression. Basic sensory processes contribute to the intrusiveness of remembering in PTSD but not in depression.

<http://www.ncbi.nlm.nih.gov/pubmed/23520581>

J Fam Pract. 2013 Mar;62(3):120-5.

Victims of military sexual trauma--you see them, too.

Baltrushes N, Karnik NS.

Source: University of Chicago, Pritzker School of Medicine, IL, USA.

Sexual assault while serving in the military is not uncommon, and the effects linger long after veterans are home--and seeing civilian physicians like you.

<http://www.ncbi.nlm.nih.gov/pubmed/23707109>

Mil Med. 2013 Mar;178(3):246-253.

Development of a Measure to Inform Return-to-Duty Decision Making After Mild Traumatic Brain Injury.

Radomski MV, Weightman MM, Davidson LF, Finkelstein M, Goldman S, McCulloch K, Roy TC, Scherer M, Stern EB.

Source: Sister Kenny Research Center, 800 East 28th Street @ Chicago Avenue, Minneapolis, MN 55407.

Mild traumatic brain injury (mTBI), a principal injury of the wars in Iraq and Afghanistan, can result in significant morbidity. To make accurate return-to-duty decisions for soldiers with mTBI, military medical personnel require sensitive, objective, and duty-relevant data to characterize subtle cognitive and sensorimotor injury sequelae. A military-civilian research team reviewed existing literature and obtained input from stakeholders, end users, and experts to specify the concept and develop a preliminary assessment protocol to address this need. Results of the literature review suggested the potential utility of a test based on dual-task and multitask assessment methods. Thirty-three individuals representing a variety of military and civilian stakeholders/experts participated in interviews. Interview data suggested that reliability/validity, clinical feasibility, usability across treatment facilities, military face validity, and capacity to challenge mission-critical mTBI vulnerabilities were important to ultimate adoption. The research team developed the Assessment of Military Multitasking Performance, a tool composed of eight dual and multitasking test-tasks. A concept test session with 10 subjects indicated preliminary face

validity and informed modifications to scoring and design. Further validation is needed. The Assessment of Military Multitasking Performance may fill a gap identified by stakeholders for complex cognitive/motor testing to assist return-to-duty decisions for service members with mTBI.

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<http://www.ncbi.nlm.nih.gov/pubmed/23707287>

Pain. 2013 May 11. pii: S0304-3959(13)00232-7. doi: 10.1016/j.pain.2013.04.046. [Epub ahead of print]

One night of total sleep deprivation promotes a state of generalized hyperalgesia - a surrogate pain model to study the relationship of insomnia and pain.

Schuh-Hofer S, Wodarski R, Pfau DB, Caspani O, Magerl W, Kennedy JD, Treede RD.

Source: Institute of Neurophysiology, Center of Biomedicine and Medical Technology Mannheim, Heidelberg University, Mannheim, Germany; Zentrum für Neurologie, Abteilung Epileptologie, Universitätsklinikum Tübingen der Eberhard Karls Universität, Germany.

Sleep disturbances are highly prevalent in chronic pain patients. Understanding their relationship has become an important research topic since poor sleep and pain are assumed to closely interact. To date, human experimental studies exploring the impact of sleep disruption/deprivation on pain perception have yielded conflicting results. This inconsistency may be due to the large heterogeneity of study populations and study protocols previously used. In addition, none of the previous studies investigated the entire spectrum of nociceptive modalities. To address these shortcomings, a standardized comprehensive quantitative sensory protocol was used in order to compare the somatosensory profile of 14 healthy subjects (6 female, 8 male, 23.5 ± 4.1 yr; mean \pm SD) after a night of total sleep deprivation (TSD) and a night of habitual sleep in a cross-over design. One night of TSD significantly increased the level of sleepiness ($p < 0.001$) and resulted in higher scores of the State Anxiety Inventory ($p < 0.01$). In addition to previously reported hyperalgesia to heat ($p < 0.05$) and blunt pressure ($p < 0.05$), study participants developed hyperalgesia to cold ($p < 0.01$) and increased mechanical pain sensitivity to pinprick stimuli ($p < 0.05$) but no changes in temporal summation. Paradoxical heat sensations or dynamic mechanical allodynia were absent. TSD selectively modulated nociception, since detection thresholds of non-nociceptive modalities remained unchanged. Our findings show that a single night of TSD is able to induce generalized hyperalgesia and to increase State Anxiety scores. In the future, TSD may serve as a translational pain model to elucidate the pathomechanisms underlying the hyperalgesic effect of sleep disturbances.

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<http://www.ncbi.nlm.nih.gov/pubmed/23706838>

J Affect Disord. 2013 May 23. pii: S0165-0327(13)00342-X. doi: 10.1016/j.jad.2013.04.041. [Epub ahead of print]

The role of beliefs and attitudes about sleep in seasonal and nonseasonal mood disorder, and nondepressed controls.

Roeklein KA, Carney CE, Wong PM, Steiner JL, Hasler BP, Franzen PL.

Source: University of Pittsburgh, Department of Psychology, 210 South Bouquet Street, Pittsburgh, PA 15260, United States. Electronic address: kroecklein@gmail.com.

BACKGROUND:

Unhelpful sleep-related cognitions play an important role in insomnia and major depressive disorder, but their role in seasonal affective disorder has not yet been explored. Therefore, the purpose of this study was to determine if individuals with seasonal affective disorder (SAD) have sleep-related cognitions similar to those with primary insomnia, and those with insomnia related to comorbid nonseasonal depression.

METHODS:

Participants (n=147) completed the Dysfunctional Beliefs and Attitudes about Sleep 16-item scale (DBAS-16) and the Structured Interview Guide for the Hamilton Depression Rating Scale, Seasonal Affective Disorder Version (SIGH-SAD), which assesses self reported sleep problems including early, middle, or late insomnia, and hypersomnia in the previous week. All participants were assessed in winter, and during an episode for those with a depressive disorder.

RESULTS:

Individuals with SAD were more likely to report hypersomnia on the SIGH-SAD, as well as a combined presentation of hypersomnia and insomnia on the Pittsburgh Sleep Quality Index (PSQI). The SAD group reported DBAS-16 scores in the range associated with clinical sleep disturbance, and DBAS-16 scores were most strongly associated with reports of early insomnia, suggesting circadian misalignment.

LIMITATIONS:

Limitations include the self-report nature of the SIGH-SAD instrument on which insomnia and hypersomnia reports were based.

CONCLUSIONS:

Future work could employ sleep- or chronobiological-focused interventions to improve clinical response in SAD.

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<http://www.ncbi.nlm.nih.gov/pubmed/23701581>

Soc Work Health Care. 2013;52(5):498-518. doi: 10.1080/00981389.2012.714447.

Mild traumatic brain injury: implications for social work research and practice with civilian and military populations.

Moore M.

Source: School of Social Work , University of Washington , Seattle , Washington , USA.

Over one million mild traumatic brain injuries (mTBI) are treated in U.S. hospitals each year. In addition, mTBI has affected thousands of soldiers returning from the Iraq and Afghanistan wars. Many individuals experience post-concussive symptoms immediately after mTBI; some experience severe and prolonged symptoms. Symptom etiology is not well understood, and effective psychosocial interventions have not been well developed. Because of the high incidence of mTBI, many social workers in health care settings will come in contact with mTBI patients and need specialized knowledge to provide appropriate services. Social work researchers can contribute to improved services by elucidating symptom course, and developing and testing effective interventions aimed at preventing or alleviating symptoms. This article provides an overview of civilian- and military-related mTBI outcomes and psychosocial interventions. Recommendations for current social work practice and research are made with the goal of improving the care of persons with mTBI.

<http://www.ncbi.nlm.nih.gov/pubmed/23698207>

Clin Ter. 2013 Mar-Apr;164(2):133-7. doi: 10.7417/CT.2013.1532.

On the role of noradrenergic system in PTSD and related sleep disturbances. The use of terazosin in PTSD related nightmares: a case report.

Salviati M, Pallagrosi M, Valeriani G, Carlone C, Todini L, Biondi M.

Source: Department of Neurology and Psychiatry, "Sapienza" University, Rome, Italy.

In PTSD, sleep disorders represent an important symptoms dimension which is associated with more severe PTSD and increased risk of relapse. The basic treatment for PTSD is not always associated to an improvement of sleep disturbances and nightmares. Alpha-blockers, and more specifically Prazosin, have shown a specific action on sleep disorders in PTSD. We report the clinical case of a young women with PTSD, who was suffering from severe sleep disorder and distressing nightmare. The patient was treated with Terazosin, a congener of Prazosin, and has shown symptom remission. Further studies on the use of alpha-blokers might reveal new therapeutic options in PTSD. Clin Ter 2013; 164(2):133-137.

<http://www.samhsa.gov/data/2K13/Spotlight/Spot118-suicidal-thoughts.pdf>

Suicidal Thoughts among Asians, Native Hawaiians, or Other Pacific Islanders.

Substance Abuse and Mental Health Services Administration

May 10, 2013

Suicide affects Americans of every racial and ethnic group. Each year millions of adults think about and attempt suicide. Raising awareness within racial and ethnic groups can help prevent suicide. One such group is the Asian, Native Hawaiian, or other Pacific Islander population. According to the combined 2008 to 2011 National Surveys on Drug Use and Health, each year about 8.5 million adults aged 18 or older had serious thoughts of suicide. This number includes about 315,000 Asians, Native Hawaiians, or other Pacific Islanders each year. Asians, Native Hawaiians, or other Pacific Islanders had a lower rate of suicidal thoughts (2.8 percent) than the national average (3.7 percent). Rates of Asians, Native Hawaiians, or other Pacific Islanders making suicide plans or suicide attempts did not differ from the national averages.

<http://www.plosmedicine.org/article/info%3Adoi%2F10.1371%2Fjournal.pmed.1001454>

Comparative Efficacy of Seven Psychotherapeutic Interventions for Patients with Depression: A Network Meta-Analysis.

Barth J, Munder T, Gerger H, Nüesch E, Trelle S, et al.

PLoS Med 10(5): e1001454.

Background

Previous meta-analyses comparing the efficacy of psychotherapeutic interventions for depression were clouded by a limited number of within-study treatment comparisons. This study used network meta-analysis, a novel methodological approach that integrates direct and indirect evidence from randomised controlled studies, to re-examine the comparative efficacy of seven psychotherapeutic interventions for adult depression.

Methods and Findings

We conducted systematic literature searches in PubMed, PsycINFO, and Embase up to November 2012, and identified additional studies through earlier meta-analyses and the references of included studies. We identified 198 studies, including 15,118 adult patients with depression, and coded moderator variables. Each of the seven psychotherapeutic interventions was superior to a waitlist control condition with moderate to large effects (range $d = -0.62$ to $d = -0.92$). Relative effects of different psychotherapeutic interventions on depressive symptoms were absent to small (range $d = 0.01$ to $d = -0.30$). Interpersonal therapy was significantly more effective than supportive therapy ($d = -0.30$, 95% credibility interval [CrI] $[-0.54$ to $-0.05]$). Moderator analysis showed that patient characteristics had no influence on treatment effects, but identified aspects of study quality and sample size as effect modifiers. Smaller effects were found in studies of at least moderate ($\Delta d = 0.29$ $[-0.01$ to $0.58]$; $p =$

0.063) and large size ($\Delta d = 0.33$ [0.08 to 0.61]; $p = 0.012$) and those that had adequate outcome assessment ($\Delta d = 0.38$ [-0.06 to 0.87]; $p = 0.100$). Stepwise restriction of analyses by sample size showed robust effects for cognitive-behavioural therapy, interpersonal therapy, and problem-solving therapy (all $d > 0.46$) compared to waitlist. Empirical evidence from large studies was unavailable or limited for other psychotherapeutic interventions.

Conclusions

Overall our results are consistent with the notion that different psychotherapeutic interventions for depression have comparable benefits. However, the robustness of the evidence varies considerably between different psychotherapeutic treatments.

<http://www.ncbi.nlm.nih.gov/pubmed/23712210>

Psychother Psychosom. 2013 May 22;82(4):234-245. [Epub ahead of print]

Emotion Regulation Skills Training Enhances the Efficacy of Inpatient Cognitive Behavioral Therapy for Major Depressive Disorder: A Randomized Controlled Trial.

Berking M, Ebert D, Cuijpers P, Hofmann SG.

Source: Philipps-University, Marburg, Germany.

Background:

Deficits in emotion regulation skills are possible factors maintaining major depressive disorder (MDD). Therefore, the aim of the study was to test whether integrating a systematic emotion regulation training (ERT) enhances the efficacy of routine inpatient cognitive behavioral therapy (CBT) for MDD.

Methods:

In a prospective randomized controlled trial, 432 inpatients meeting criteria for MDD were assigned to receive either routine CBT or CBT enriched with an intense emotion regulation skills training (CBT-ERT).

Results:

Participants in the CBT-ERT condition demonstrated a significantly greater reduction in depression (response rates - CBT: 75.5%, CBT-ERT: 84.9%; remission rates - CBT: 51.1%, CBT-ERT: 65.1%). Moreover, CBT-ERT participants demonstrated a significantly greater reduction of negative affect, as well as a greater increase of well-being and emotion regulation skills particularly relevant for mental health.

Conclusions:

Integrating strategies that target emotion regulation skills improves the efficacy of CBT for MDD.

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<http://www.ncbi.nlm.nih.gov/pubmed/23712593>

J Clin Psychol Med Settings. 2013 May 28. [Epub ahead of print]

The Role of Injury and Trauma-Related Variables in the Onset and Course of Symptoms of Posttraumatic Stress Disorder.

Sijbrandij M, Engelhard IM, de Vries GJ, Luitse JS, Carlier IV, Gersons BP, Olff M.

Source: Department of Clinical Psychology, VU University Amsterdam, Van der Boechorststraat 1, 1081 BT, Amsterdam, The Netherlands, e.m.sijbrandij@vu.nl.

Posttraumatic stress disorder (PTSD) affects a minority of trauma-exposed persons and is associated with significant impairment. This longitudinal study examined risk factors for PTSD. We tested whether the presence of injuries resulting from trauma exposure predicted the course of PTSD symptoms. In addition, we tested whether gender, trauma type, perceived life threat, and peritraumatic dissociation predicted the onset of PTSD symptoms. 236 trauma-exposed civilians were assessed for PTSD symptoms with a structured interview at four occasions during 6 months posttrauma. Path analysis showed that a model in which the female gender, assault, perceived life threat, and peritraumatic dissociation predicted PTSD severity at 1 week, and injury predicted PTSD severity 8 weeks after the traumatic event showed the best fit. However, a similar model without injury showed comparable fit. It is concluded that injuries have a negligible effect on the course of PTSD.

<http://www.ncbi.nlm.nih.gov/pubmed/23712109>

Psychother Psychosom. 2013 May 22;82(4):221-233. [Epub ahead of print]

Dialectical Behaviour Therapy for Post-traumatic Stress Disorder after Childhood Sexual Abuse in Patients with and without Borderline Personality Disorder: A Randomised Controlled Trial.

Bohus M, Dyer AS, Priebe K, Krüger A, Kleindienst N, Schmahl C, Niedtfeld I, Steil R.

Source: Department of Psychosomatic Medicine and Psychotherapy, Central Institute of Mental Health, Medical Faculty Mannheim/Heidelberg University, Mannheim, Germany.

Background: Post-traumatic stress disorder (PTSD) with co-occurring severe psychopathology such as borderline personality disorder (BPD) is a frequent sequel of childhood sexual abuse (CSA). CSA-related PTSD has been effectively treated through cognitive-behavioural treatments, but it remains unclear whether success can be achieved in patients with co-occurring BPD. The aim of the present study was to determine the efficacy of a newly developed modular treatment programme (DBT-PTSD) that combines principles of dialectical behaviour therapy (DBT) and trauma-focused interventions. Methods: Female patients (n = 74) with CSA-related PTSD were randomised to either a 12-week residential DBT-PTSD programme or a treatment-as-usual wait list. About half of the participants met the criteria for co-occurring BPD. Individuals with ongoing self-harm were not excluded. The primary outcomes were

reduction of PTSD symptoms as assessed by the Clinician-Administered PTSD Scale (CAPS) and by the Posttraumatic Stress Diagnostic Scale (PDS). Hierarchical linear models were used to compare improvements across treatment groups. Assessments were carried out by blinded raters at admission, at end of treatment, and at 6 and 12 weeks post-treatment. Results: Under DBT-PTSD the mean change was significantly greater than in the control group on both the CAPS (33.16 vs. 2.08) and the PDS (0.70 vs. 0.14). Between-group effect sizes were large and highly significant. Neither a diagnosis of BPD nor the severity or the number of BPD symptoms was significantly related to treatment outcome. Safety analyses indicated no increase in dysfunctional behaviours during the trial. Conclusion: DBT-PTSD is an efficacious treatment of CSA-related PTSD, even in the presence of severe co-occurring psychopathology such as BPD.

<http://utmj.org/ojs/index.php/UTMJ/article/viewFile/1524/1307>

Scroll Of Life: My PTSD and the Doctor Who Saved Me.

Oliver Ryan Clow

University of Toronto Medical Journal

Volume 90, Number 4, May 2013

This article is about the role of the medical professional in the treatment of mental illness, from a patient's point of view. Developing post-traumatic stress disorder (PTSD) has been one of the most profound experiences of my life. Many factors have contributed to the reversal of my fate – the love of my wife, the hard work I put in, and sheer luck in finding kind souls – but above all, one person, my family physician, saved my life. When I first consulted my doctor, he outlined his theory of treatment, which included physical as well as emotional, psychological, and spiritual dimensions. That type of thinking in a doctor may make some people cringe. But it is exactly that type of approach that works, at least in my case. There will always be those that remain unconvinced about PTSD. I offer anyone an open invitation to take a walk in my shoes. More importantly, as a medical professional, I hope that you develop an approach that allows you to help someone walk in my shoes.

Links of Interest

The War on Sleep; There's a military arms race to build soldiers who fight without fatigue

http://www.slate.com/articles/health_and_science/superman/2013/05/sleep_deprivation_in_the_military_modafinil_and_the_arms_race_for_soldiers.html

Marine captures emotional military homecomings

<http://blog.flickr.net/en/2013/05/23/marine-captures-emotional-military-homecomings/>

Why a Great Therapist Probably Beats a Great Antidepressant

<http://www.takepart.com/article/2013/05/24/best-therapy-for-depression-counseling-or-antidepressant>

Sunday Dialogue: Treating Mental Illness

<http://www.nytimes.com/2013/05/26/opinion/sunday/sunday-dialogue-treating-mental-illness.html> Study examines effectiveness of VRET on agoraphobia, panic disorder?pagewanted=all

Study examines effectiveness of VRET on agoraphobia, panic disorder

<http://www.news-medical.net/news/20130527/Study-examines-effectiveness-of-VRET-on-agoraphobia-panic-disorder.aspx>

Mood disorders: The dark night

http://www.nature.com/nature/journal/v497/n7450_supp/full/497S14a.html

Compassionate Care for the Newest Generation of Veterans

<http://www.chausa.org/publications/health-progress/article/may-june-2013/compassionate-care-for-the-newest-generation-of-veterans>

PTSD: The Sacred Wound

<http://www.chausa.org/publications/health-progress/article/may-june-2013/ptsd-the-sacred-wound>

Research Is a Fundamental Component of Suicide Prevention

<http://www.rand.org/commentary/2013/05/24/RAND1.html>

No holidays or parades for homeless women veterans

http://www.salon.com/2013/05/27/meet_americas_fastest_growing_homeless_population_women_veterans/

Migraine, Chronic Back Pain Tied to Higher Suicide Risk

http://www.nlm.nih.gov/medlineplus/news/fullstory_137094.html

Law School Clinics Help Veterans Escape Benefits Backlog

http://www.huffingtonpost.com/2013/05/27/law-school-clinics-veterans-backlog_n_3343559.html

Talk Therapy Can Ease Depression, But No Single Type Deemed 'Best'

http://www.nlm.nih.gov/medlineplus/news/fullstory_137249.html

P.T.S.D.'s Vexations

<http://nation.time.com/2013/05/30/p-t-s-d-s-vexations/>

Research Tip of the Week: [Deep Web Research and Discovery Resources 2013](#)

This resource is from the legal research blog, LLRX.com.

The Deep Web covers somewhere in the vicinity of 1 trillion plus pages of information located through the world wide web in various files and formats that the current search engines on the Internet either cannot find or have difficulty accessing. The current search engines find hundreds of billions of pages at the present time of this writing.

...

In the last several years, some of the more comprehensive search engines have written algorithms to search the deeper portions of the world wide web by attempting to find files such as .pdf, .doc, .xls, ppt, .ps. and others. These files are predominately used by businesses to communicate their information within their organization or to disseminate information to the external world from their organization. Searching for this information using deeper search techniques and the latest algorithms allows researchers to obtain a vast amount of corporate information that was previously unavailable or inaccessible.

...

This report and guide is designed to give you the resources you need to better understand the history of the deep web research, as well as various classified resources that allow you to search through the currently available web to find those key sources of information nuggets only found by understanding how to search the "deep web".

The screenshot shows the LLRX.com website interface. At the top left is the LLRX.com logo with the tagline "Law and technology resources for legal professionals". A search bar is located below the logo, with "LLRX.com" selected. A navigation menu includes links for Home, Court Rules, Forms & Dockets, Article Archives, Submit an Article, Subscribe, beSpecific Blog, About LLRX, and Contact LLRX. The main content area features the article title "Deep Web Research and Discovery Resources 2013" by Marcus P. Zillman, published on December 18, 2012. The article text discusses the Deep Web, search engines, and provides a list of resources. A right-hand sidebar contains several resource categories: "SUPPORT LLRX" with a "Donate" button, "Support Your Local Library", "LEGAL RESEARCH" (listing Federal Legislative Research, Foreign & Comparative Law, Legislative Research Guide, and United States Law), "LIBRARIAN RESOURCES" (listing Competitive Intelligence, Government Resources, Information Management, Law Library Management, Presentation Skills, and 9/11 News & Legal Resources), "LEGAL TECHNOLOGY" (listing E-Discovery, Gadgets & Gizmos, Intranets, Knowledge Management, and Websites, Blogs, & Wikis), and "FROM BE SPACIFIC.COM" (listing Daily Law & Technology News, New GAO Reports - Export-Import Bank, DOD's Workforce, UN Salaries, Worker Safety, and Dept. of...).

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