



## CDP Research Update -- June 13, 2013

### What's here:

- Stigma associated with PTSD: Perceptions of treatment seeking combat veterans.
- A Transdiagnostic Internet-Based Maintenance Treatment Enhances the Stability of Outcome after Inpatient Cognitive Behavioral Therapy: A Randomized Controlled Trial.
- Efficacy of "seeking safety" in a Dutch population of traumatized substance-use disorder outpatients: study protocol of a randomized controlled trial.
- Department of Defense Integrated Behavioral Health in the Patient-Centered Medical Home.
- Perceived military organizational support and peacekeeper distress: A longitudinal investigation.
- Emotion Regulation Difficulties Mediate Associations Between Betrayal Trauma and Symptoms of Posttraumatic Stress.
- Postdeployment military mental health training: Cross-national evaluations.
- Chronic Antidepressant Treatment Impairs the Acquisition of Fear Extinction.
- Sociodemographic, psychiatric and somatic risk factors for suicide: a Swedish national cohort study.
- Post Traumatic Story Disorder: Using the Power of Narrative to Heal the Invisible Wounds of War.
- Influence of trauma history on panic and posttraumatic stress disorder in returning veterans.
- Utilizing simulation curriculum to decentralize mental health concepts.
- Predictors of mental health care use among male and female veterans deployed in support of the wars in Afghanistan and Iraq.
- Veterans administration health care utilization among sexual minority veterans.
- Barriers to care for women veterans with posttraumatic stress disorder and depressive symptoms.
- A Conceptual Model of the Psychological Health System for U.S. Active Duty Service Members: An Approach to Inform Leadership and Policy Decision Making.

- Professional Quality of Life and Associated Factors Among VHA Chaplains.
- Psychometric Evaluation of the Moral Injury Events Scale.
- Short-term cognitive-behavioral treatment in multicultural primary care of patients with longstanding backache.
- Mild blast events alter anxiety, memory, and neural activity patterns in the anterior cingulate cortex.
- Family cohesion and posttraumatic intrusion and avoidance among war veterans: a 20-year longitudinal study.
- Targeting Nightmares: A Meta-Analysis Comparing Prazosin and Imagery Rehearsal Therapy on Sleep Quality and Nightmare Alleviation in Participants Exhibiting PTSD Symptomology.
- Needs and concerns of male combat Veterans with mild traumatic brain injury.
- Resilience: A Meta-Analytic Approach.
- Enhancing resilience and decreasing the risk of secondary trauma in psychology trainees: A training manual.
- Treatment of Comorbid Pain and PTSD in Returning Veterans: A Collaborative Approach Utilizing Behavioral Activation.
- Medical Care Utilization During 1 Year Prior to Death in Suicides Motivated by Physical Illnesses.
- Alcohol as an Acute Risk Factor for Recent Suicide Attempts: A Case-Crossover Analysis.
- Effectiveness of psychoeducation for depression: A systematic review.
- The Brain-Derived Neurotrophic Factor Val66Met Polymorphism Predicts Response to Exposure Therapy in Posttraumatic Stress Disorder.
- PTSD And Depression in Military Members and Recommendations for Program Evaluation of Evidence-Based Practice.
- Health Disparities Among Sexual Minority Women Veterans.
- Disseminating and implementing evidence-based practice.
- Heterogeneity in threat extinction learning: substantive and methodological considerations for identifying individual difference in response to stress.
- Gender differences in the impact of posttraumatic stress disorder symptoms on community couples' intimacy behaviors.

- Who Gets the Most Out of Cognitive Behavioral Therapy for Anxiety Disorders? The Role of Treatment Dose and Patient Engagement.
- Combining Imagination and Reason in the Treatment of Depression: A Randomized Controlled Trial of Internet-Based Cognitive-Bias Modification and Internet-CBT for Depression.
- Which treatment worked better for whom? Moderators of group cognitive behavioral therapy versus adapted mindfulness based stress reduction for anxiety disorders.
- Trends in the Epidemiology of Disability Related to Traumatic Brain Injury in the US Army and Marine Corps: 2005 to 2010.
- The Rehabilitation Institute of Chicago Military Traumatic Brain Injury Screening Instrument: Determination of Sensitivity, Specificity, and Predictive Value.
- Neuropsychological Effects of Self-Reported Deployment-Related Mild TBI and Current PTSD in OIF/OEF Veterans.
- Mathematical Models of Blast-Induced TBI: Current Status, Challenges, and Prospects.
- Physiological and medical findings in insomnia: Implications for diagnosis and care.
- Links of Interest
- Research Tip of the Week: Military Installations

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<http://www.ncbi.nlm.nih.gov/pubmed/23750758>

Psychiatr Rehabil J. 2013 Jun;36(2):86-92. doi: 10.1037/h0094976.

**Stigma associated with PTSD: Perceptions of treatment seeking combat veterans.**

Mittal D, Drummond KL, Blevins D, Curran G, Corrigan P, Sullivan G.

Source: Center for Mental Healthcare and Outcomes Research.

**Objective:**

Although stigma associated with serious mental illness, substance abuse disorders, and depression has been studied very little is known about stigma associated with Posttraumatic Stress Disorder (PTSD). This study explored stigma related to PTSD among treatment-seeking Operation Enduring Freedom and Operation Iraqi Freedom (OEF/OIF) combat veterans.

**Method:**

Sixteen treatment-seeking OEF/OIF veterans with combat-related PTSD participated in focus groups. We used qualitative methods to explore PTSD-related stigma.

#### Results:

Common perceived stereotypes of treatment-seeking veterans with PTSD included labels such as "dangerous/violent," or "crazy," and a belief that combat veterans are responsible for having PTSD. Most participants reported avoiding treatment early on to circumvent a label of mental illness. Participants initially reported experiencing some degree of self-stigma; however, following engagement in treatment they predominantly resisted these stereotypes. Although most participants considered combat-related PTSD as less stigmatizing than other mental illnesses, they reported difficulties with reintegration. Such challenges likely stem from both PTSD symptoms and veterans' perceptions of how the public views them. Most reported that fellow combat veterans best understood them.

#### Conclusions and Implications for Practice:

Awareness of public stereotypes impacts help seeking at least early in the course of illness. Peer-based outreach and therapy groups may help veterans engage in treatment early and resist stigma. (PsycINFO Database Record (c) 2013 APA, all rights reserved).

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<http://www.ingentaconnect.com/content/amsus/zmm/2013/00000178/00000006/art00014>

#### **A Conceptual Model of the Psychological Health System for U.S. Active Duty Service Members: An Approach to Inform Leadership and Policy Decision Making.**

Authors: Wang, Judy Y.; Glover, Wiljeana J.; Rhodes, Alison M.; Nightingale, Deborah

Source: Military Medicine, Volume 178, Number 6, June 2013 , pp. 596-606(11)

The influence of individual-level factors such as pretraumatic risk and protective factors and the availability of unit-level and enterprise-level factors on psychological health outcomes have been previously considered individually, but have not been considered in tandem across the U.S. Military psychological health system. We use the existing literature on military psychological health to build a conceptual system dynamics model of the U.S. Military psychological health system "service-cycle" from accession and deployment to future psychological health screening and treatment. The model highlights a few key observations, challenges, and opportunities for improvement for the system that relate to several topics including the importance of modeling operational demand combined with the population's psychological health as opposed to only physical health; the role of resilience and post-traumatic growth on the mitigation of stress; the positive and negative effects of pretraumatic risk factors, unit support, and unit leadership on the service-cycle; and the opportunity to improve the system more rapidly by including more feedback mechanisms regarding the usefulness of pre- and post-traumatic innovations to medical leaders, funding authorities, and policy makers.

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<http://www.ncbi.nlm.nih.gov/pubmed/23736751>

Psychother Psychosom. 2013 Jun 1;82(4):246-256. [Epub ahead of print]

**A Transdiagnostic Internet-Based Maintenance Treatment Enhances the Stability of Outcome after Inpatient Cognitive Behavioral Therapy: A Randomized Controlled Trial.**

Ebert D, Tarnowski T, Gollwitzer M, Sieland B, Berking M.

Source: Philipps University Marburg, Marburg, Germany.

**Background:**

High relapse rates following acute treatment for common mental health disorders support the importance of developing maintenance phase interventions. Internet-based interventions have been effective for a broad range of mental disorders, but less is known about their potential to enhance long-term outcomes of traditional face-to-face therapy. Therefore, the goal of the present study was to evaluate a transdiagnostic Internet-based maintenance treatment (TIMT) with the purpose of fostering long-term effects of inpatient psychotherapy.

**Method:**

In this pragmatic randomized controlled trial, a sample of 400 inpatients with affective, neurotic, and/or behavioral disorders was assigned to either 12 weeks of TIMT + treatment as usual (TAU) or to TAU-only following hospital discharge. TIMT consists of a self-management module, asynchronous patient-coach communication, online patient support group, and online-based monitoring of psychopathological symptoms. Self-ratings of psychopathological symptoms were conducted at the beginning of inpatient treatment (t1), at discharge from inpatient treatment/start of TIMT (t2), and at 3-month (t3) and 12-month follow-ups (t4).

**Results:**

The TIMT + TAU group was superior to the TAU-only group with regard to differences in change of general psychopathological symptom severity from discharge to 3- and 12-month follow-up. Moreover, participants of the TIMT + TAU group showed less frequent symptom deteriorations and were more often in remission/recovery than controls.

**Conclusion:**

TIMT effectively enhances long-term outcome of inpatient psychotherapy.

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<http://www.ncbi.nlm.nih.gov/pubmed/23735118>

BMC Psychiatry. 2013 Jun 4;13(1):162. [Epub ahead of print]

**Efficacy of "seeking safety" in a Dutch population of traumatized substance-use disorder outpatients: study protocol of a randomized controlled trial.**

Kok T, de Haan HA, van der Meer M, Najavits LM, Dejong CA.

**BACKGROUND:**

Traumatic experiences and, more specifically, posttraumatic stress disorder (PTSD) are highly prevalent among substance use disorder (SUD) patients. This comorbidity is associated with worse treatment outcomes in substance use treatment programs and more crisis interventions. International guidelines advise an integrated approach to the treatment of trauma related problems and SUD. Seeking Safety is an integrated treatment program that was developed in the United States. The aim of the current study is to test the efficacy of this program in the Netherlands in an outpatient SUD population.

**METHODS/DESIGN:**

A randomized controlled trial (RCT) will be used to test the efficacy of Seeking Safety compared to Cognitive Behavioral Therapy (CBT) in a population of SUD outpatients. Each treatment will consist of 12 group sessions. The primary outcome measure will be substance use severity. Secondary outcome measures are PTSD and trauma symptoms, coping skills, functioning, and cognitions. Questionnaires will be administered at the start of treatment, at the end of treatment (three months after the start of treatment) and at follow-up (six months after the start of treatment).

**DISCUSSION:**

This study protocol presents a RCT in which the efficacy of an integrated treatment for comorbid PTSD and SUD, Seeking Safety, is evaluated in a SUD outpatient population compared to CBT. It is expected that the intervention group will show significantly more improvement in substance use severity compared to the control group at end-of-treatment and at follow-up. Furthermore, a lower drop-out rate is expected for the intervention group. If the intervention proves to be effective, it can be implemented. A cost-effectiveness analysis will be conducted to evaluate the two treatments.

Trial registration: The protocol for this study is registered with the Netherlands Trial Register with number <http://www.trialregister.nl/trialreg/admin/rctview.asp?TC=3084> and approved by the local medical ethical committee (METC\11270.haa).

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[http://link.springer.com/content/pdf/10.1007/978-1-4614-6889-9\\_9.pdf](http://link.springer.com/content/pdf/10.1007/978-1-4614-6889-9_9.pdf)

**Department of Defense Integrated Behavioral Health in the Patient-Centered Medical Home.**

Christopher L. Hunter Ph.D., ABPP

Integrated Behavioral Health in Primary Care

2013, pp 189-205

The Department of Defense (DoD) is integrating 470 full-time behavioral health personnel in every military treatment facility patient-centered medical home with 1,500 or more enrollees. This chapter provides an overview of the DoD military health system's integrated behavioral health efforts. Areas including staffing and service delivery model, population served, finance, policy, and program evaluation are discussed. DoD efforts have broad applicability to other systems and can serve as a guide to developing and implementing integrated behavioral health care services in primary care.

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<http://psycnet.apa.org/journals/ser/10/2/177/>

**Perceived military organizational support and peacekeeper distress: A longitudinal investigation.**

Barnes, J. Ben; Nickerson, Angela; Adler, Amy B.; Litz, Brett T.

Psychological Services, Vol 10(2), May 2013, 177-185.

Many professions vital to the safety of society require workers to face high magnitude and potentially traumatizing events. Because this routine exposure can cause high levels of stress in workers, it is important to investigate factors that contribute to both risk of posttraumatic stress disorder (PTSD), and healthy responses to stress. Although some research has found social support to mitigate the effects of posttraumatic stress symptoms, scant research has investigated organizational support. The aim of the present study is to investigate the temporal relationship between stress symptoms and perceived organizational support in a sample of 1,039 service members deployed to the peacekeeping mission to Kosovo. Participants completed self-report measures of stress symptoms and perceived organizational support at 4 study time points. Bivariate latent difference score structural equation modeling was utilized to examine the temporal relationship among stress and perceived organizational support. In general, across the 4 time points, latent PCL scores evidenced a salient and negative relationship to subsequent POS latent difference scores. However, no significant relationship was found between latent POS variables and subsequent PCL latent difference scores. Findings suggest that prior stress symptoms are influencing service member's perceptions of the supportiveness of their organization such that increased prior stress is associated with worsening perceptions of support. These results illustrate that targeting stress directly may potentiate the positive influence of organizational support and that institutional support programs should be adapted to better account for the negative biases increased distress may encourage. (PsycINFO Database Record (c) 2013 APA, all rights reserved)

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<http://onlinelibrary.wiley.com/doi/10.1002/jts.21819/abstract>

**Emotion Regulation Difficulties Mediate Associations Between Betrayal Trauma and Symptoms of Posttraumatic Stress.**

Goldsmith, R. E., Chesney, S. A., Heath, N. M. and Barlow, M. R.

Journal of Traumatic Stress

Volume 26, Issue 3, pages 376–384, June 2013

Emotion regulation difficulties following trauma exposure have received increasing attention among researchers and clinicians. Previous work highlights the role of emotion regulation difficulties in multiple forms of psychological distress and identifies emotion regulation capacities as especially compromised among survivors of betrayal trauma: physical, sexual, or emotional maltreatment perpetrated by someone to whom the victim is close, such as a parent or partner. It is unknown, however, whether links between emotion regulation difficulties and psychological symptoms differ following exposure to betrayal trauma as compared with other trauma types. In the present study, 593 male and female university undergraduates completed the Difficulties with Emotion Regulation Scale (Gratz & Roemer, 2004), the Brief Betrayal Trauma Scale (Goldberg & Freyd, 2006), the Impact of Event Scale (Horowitz, Wilner, & Alvarez, 1979), and the Trauma Symptom Checklist (Elliott & Briere, 1992). A path analytic model demonstrated that betrayal trauma indirectly impacted symptoms of intrusion ( $\beta = .11$ ), avoidance ( $\beta = .13$ ), depression ( $\beta = .17$ ), and anxiety ( $\beta = .14$ ) via emotion regulation difficulties, an effect consistent with mediation. Emotion regulation difficulties did not mediate the relationship between other trauma exposure and psychological symptoms. Results may inform treatment-matching efforts, and suggest that emotion regulation difficulties may constitute a key therapeutic target following betrayal trauma.

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<http://psycnet.apa.org/journals/ser/10/2/152/>

#### **Postdeployment military mental health training: Cross-national evaluations.**

Foran, Heather M.; Garber, Bryan G.; Zamorski, Mark A.; Wray, Mariane; Mulligan, Kathleen; Greenberg, Neil; Castro, Carl Andrew; Adler, Amy B.

Psychological Services, Vol 10(2), May 2013, 152-160.

Deployments increase risk for adjustment problems in service members. To mitigate this increased risk, mental health training programs have been developed and implemented in several nations. As part of a coordinated effort, three nations adapted a U.S. mental health training program that had been validated by a series of group randomized trials demonstrating improvement in postdeployment adjustment. Implementation of evidence-based programs in a new context is challenging: How much of the original program needs to remain intact in order to retain its utility? User satisfaction rates can provide essential data to assess how well a program is accepted. This article summarizes service member ratings of postdeployment mental health training and compares ratings from service members across four nations. The participating nations (Canada, New Zealand, United Kingdom, and the United States) administered mental health training to active duty military personnel in their respective nations. Following the training, military personnel completed an evaluation of the training. Overall, across the four nations,



more than 70% of military personnel agreed or strongly agreed that they were satisfied with the mental health training. Although some differences in evaluations were observed across nations, components of training that were most important to overall satisfaction with the training were strikingly similar across nations. Fundamentally, it appears feasible that despite cultural and organizational differences, a mental health training program developed in one nation can be successfully adapted for use in other nations. (PsycINFO Database Record (c) 2013 APA, all rights reserved)

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[http://www.biologicalpsychiatryjournal.com/article/S0006-3223\(12\)00925-0/abstract](http://www.biologicalpsychiatryjournal.com/article/S0006-3223(12)00925-0/abstract)

### **Chronic Antidepressant Treatment Impairs the Acquisition of Fear Extinction.**

Nesha S. Burghardt, Torfi Sigurdsson, Jack M. Gorman, Bruce S. McEwen, Joseph E. LeDoux

Biological Psychiatry - 1 June 2013 (Vol. 73, Issue 11, Pages 1078-1086)

#### Background

Like fear conditioning, the acquisition phase of extinction involves new learning that is mediated by the amygdala. During extinction training, the conditioned stimulus is repeatedly presented in the absence of the unconditioned stimulus, and the expression of previously learned fear gradually becomes suppressed. Our previous study revealed that chronic treatment with a selective serotonin reuptake inhibitor (SSRI) impairs the acquisition of auditory fear conditioning. To gain further insight into how SSRIs affect fear learning, we tested the effects of chronic SSRI treatment on the acquisition of extinction.

#### Methods

Rats were treated chronically (22 days) or subchronically (9 days) with the SSRI citalopram (10 mg/kg/day) before extinction training. The results were compared with those after chronic and subchronic treatment with tianeptine (10 mg/kg/day), an antidepressant with a different method of action. The expression of the NR2B subunit of the N-methyl-D-aspartate receptor in the amygdala was examined after behavioral testing.

#### Results

Chronic but not subchronic administration of citalopram impaired the acquisition of extinction and downregulated the NR2B subunit of the N-methyl-D-aspartate receptor in the lateral and basal nuclei of the amygdala. Similar behavioral and molecular changes were found with tianeptine treatment.

#### Conclusions

These results provide further evidence that chronic antidepressant treatment can impair amygdala-dependent learning. Our findings are consistent with a role for glutamatergic neurotransmission in the final common pathway of antidepressant treatment.

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<http://journals.cambridge.org/action/displayAbstract?fromPage=online&aid=8902500>

**Sociodemographic, psychiatric and somatic risk factors for suicide: a Swedish national cohort study.**

C. Crump, K. Sundquist, J. Sundquista and M. A. Winkleby

Background

More effective prevention of suicide requires a comprehensive understanding of sociodemographic, psychiatric and somatic risk factors. Previous studies have been limited by incomplete ascertainment of these factors. We conducted the first study of this issue using sociodemographic and out-patient and in-patient health data for a national population.

Method

We used data from a national cohort study of 7140589 Swedish adults followed for 8 years for suicide mortality (2001–2008). Sociodemographic factors were identified from national census data, and psychiatric and somatic disorders were identified from all out-patient and in-patient diagnoses nationwide.

Results

There were 8721 (0.12%) deaths from suicide during 2001–2008. All psychiatric disorders were strong risk factors for suicide among both women and men. Depression was the strongest risk factor, with a greater than 15-fold risk among women or men and even higher risks (up to 32-fold) within the first 3 months of diagnosis. Chronic obstructive pulmonary disease (COPD), cancer, spine disorders, asthma and stroke were significant risk factors among both women and men (1.4–2.1-fold risks) whereas diabetes and ischemic heart disease were modest risk factors only among men (1.2–1.4-fold risks). Sociodemographic risk factors included male sex, unmarried status or non-employment; and low education or income among men.

Conclusions

All psychiatric disorders, COPD, cancer, spine disorders, asthma, stroke, diabetes, ischemic heart disease and specific sociodemographic factors were independent risk factors for suicide during 8 years of follow-up. Effective prevention of suicide requires a multifaceted approach in both psychiatric and primary care settings, targeting mental disorders (especially depression), specific somatic disorders and indicators of social support.

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<http://repositories.tdl.org/utmb-ir/handle/2152.3/534>

**Post Traumatic Story Disorder: Using the Power of Narrative to Heal the Invisible Wounds of War.**

Genovese, Jacqueline

The University of Texas Medical Branch at Galveston

Thesis – Masters, Medical Humanities

Soldiers traumatized by war often experience debilitating effects of invisible wounds such as post-traumatic stress disorder (PTSD). An obstacle to recovery from PTSD for male soldiers can be an inability to share their stories. This obstacle is exacerbated by the construct of American masculinity in the military and society. The purpose of this thesis is to explore the efficacy of the use of narrative to overcome male soldiers' inability to share their stories. Using psychiatrist Jonathan Shay's concepts of moral injury, the shrinking of the social and moral horizon, and the berserk state, this work illuminates the moral injury that can lead to PTSD and explores the brain injury associated with PTSD— two factors that can contribute to post-traumatic story disorder. The research methods used for this thesis included a literature review exploring the timelessness of war trauma, the experience of trauma and its effect on the physiology of the brain, and the effectiveness of narrative intervention. This review covered historical and contemporary narratives from wars in Ancient Greece, Renaissance Europe, the American Civil War, World War I, World War II, the Vietnam War, and the wars in Iraq and Afghanistan. I conducted interviews with service members and veterans with and without PTSD, health-care professionals treating soldiers with PTSD, and veterans currently using writing as a form of healing for themselves and others. I also participated in a conference employing the arts as a mode of expression for service members with PTSD. My research, interviews, and observations resulted in an understanding of the power of narrative to facilitate storytelling and listening, particularly for male soldiers. As an indirect form of communication, narrative can help soldiers tell their stories through the words and experiences of others, and provide tools to give shape and meaning to their own experiences. Narrative also offers a window to the world of war and war trauma that can facilitate understanding for civilian personnel caring for soldiers with PTSD. In conclusion, I propose the utilization of narrative interventions by military, medical and civilian communities in an effort to help soldiers recover from the invisible wounds of war.

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<http://psycnet.apa.org/journals/ser/10/2/168/>

### **Influence of trauma history on panic and posttraumatic stress disorder in returning veterans.**

Barrera, Terri L.; Graham, David P.; Dunn, Nancy Jo; Teng, Ellen J.

Psychological Services, Vol 10(2), May 2013, 168-176

The current study examined the role of predeployment sexual and physical abuse, combat exposure, and postdeployment social support in predicting panic disorder and PTSD diagnoses in a large sample of returning veterans. A chart review was conducted for 1740 OEF/OIF veterans who received mental health screenings at a large VA hospital between May 24, 2004 and March 26, 2008. Assessments included psychosocial evaluations conducted by psychiatrists, psychologists, and social workers in addition to self-report measures. Results suggested that the prevalence of panic disorder (6.1%) and PTSD (28.7%) are elevated among OEF/OIF veterans. Veterans reporting higher levels of combat experience were likely to be diagnosed with PTSD (odds ratio [OR], 1.17; 95% confidence interval [CI], 1.10–1.25;  $p < .001$ ) or comorbid panic disorder and PTSD (OR, 1.18; 95% CI, 1.04–1.33;  $p < .001$ ). Veterans endorsing predeployment sexual abuse were likely to be diagnosed with comorbid panic

disorder and PTSD (OR, 3.05; 95% CI, 1.15–8.08;  $p < .05$ ), as were veterans endorsing predeployment physical abuse (OR, 0.47; 95% CI, 0.22–1.00;  $p < .05$ ). Panic disorder was also found to be associated with greater risk for suicide attempts than PTSD ( $\chi^2 = 16.38$ ,  $p = .001$ ). These findings indicate a high prevalence of panic disorder among returning veterans and highlight the importance for clinicians to assess returning veterans routinely for panic disorder in addition to PTSD. (PsycINFO Database Record (c) 2013 APA, all rights reserved)

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<http://www.scirp.org/journal/PaperInformation.aspx?PaperID=32475>

### **Utilizing simulation curriculum to decentralize mental health concepts.**

D. M. H. Michelle Beckford

Open Journal of Nursing, 3, 227-229.

The International Society of Psychiatric Nurses as well as The American Psychiatric Nurses Association called for decentralization of psychiatric concepts in undergraduate nursing education. The author developed a series of simulation scenarios to address therapeutic communication and psychosocial needs in a variety of patient care settings. In terms of holistic care, psychological well-being is relevant to all realms of nursing practice. Mental health assessment and intervention need to be included in all areas of an undergraduate-nursing curriculum. The purpose of this project was to create a BSN curriculum that reflects the mental health needs of patients not only in acute care psychiatric facilities but also in medical-surgical disciplines, maternity units, and community settings. The curriculum is designed to also cover mental health throughout the lifespan-from infancy to end of life. A goal was to develop educational techniques, which translate into safe practice. A series of five simulations have been created with additional scenarios to be established in the following academic year. Topics include: alcohol withdrawal, end of life care, post-traumatic stress disorder, post-partum depression, serotonin syndrome, benzodiazepine over dose, elder abuse, depression in military veterans, and geriatric depression. All incorporate QSEN competencies [1]. The overall learning objectives are for undergraduate nursing students to initiate and implement an appropriate mental status assessment using therapeutic communication, and also to provide safe care by identifying risk factors and using clinical decision making to establish requisite nursing interventions. The methodology included relevant documentation through the use of appropriate assessment tools. Learning objectives were assessed through pre-simulation and post-simulation ten-question inventory and anecdotal feedback. QSEN competencies were utilized in creating scenarios as well as pre and post testing. Students voiced an ability to connect the didactic material to their clinical experiences following simulation.

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<http://psycnet.apa.org/journals/ser/10/2/145/>

### **Predictors of mental health care use among male and female veterans deployed in support of the wars in Afghanistan and Iraq.**

Di Leone, Brooke A. L.; Vogt, Dawne; Gradus, Jaimie L.; Street, Amy E.; Giasson, Hannah L.; Resick, Patricia A.

Psychological Services, Vol 10(2), May 2013, 145-151.

What factors predict whether Operation Enduring Freedom and Operation Iraqi Freedom (OEF/OIF) veterans who need mental health care receive that care? The present research examined factors associated with a need for care, sociodemographic characteristics, deployment experiences, and perceptions of care as gender-specific predictors of overall mental health care use and Veterans Affairs (VA) mental health care use for male and female OEF/OIF veterans (N = 1,040). Only veterans with a probable need for mental health care, as determined by scores on self-report measures of mental health symptomatology, were included in the sample. Overall, predictors of service use were similar for women and men. A notable exception was the finding that lower income predicted use of both overall and VA mental health care for women, but not men. In addition, sexual harassment was a unique predictor of VA service use for women, whereas non-White race was predictive of VA service use for men only. Knowledge regarding the factors that are associated with use of mental health care (broadly and at VA) is critical to ensuring that veterans who need mental health care receive it. (PsycINFO Database Record (c) 2013 APA, all rights reserved)

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<http://psycnet.apa.org/journals/ser/10/2/223/>

#### **Veterans administration health care utilization among sexual minority veterans.**

Simpson, Tracy L.; Balsam, Kimberly F.; Cochran, Bryan N.; Lehavot, Keren; Gold, Sari D.

Psychological Services, Vol 10(2), May 2013, 223-232.

According to recent census reports, nearly a million veterans have a same-sex partner, yet little is known about them or their use of Veterans Health Care Administration (VHA) services. Gay, lesbian, and bisexual (GLB) veterans recruited from the community (N = 356) completed an on-line survey to assess their rates of VHA utilization and whether they experience specific barriers to accessing VHA services. Andersen's model of health care utilization was adapted to provide an analytic and conceptual framework. Overall, 45.5% reported lifetime VHA utilization and 28.7% reported past-year VHA utilization. Lifetime VHA health care utilization was predicted by positive service connection, positive screen for both posttraumatic stress disorder (PTSD) and depression, and history of at least one interpersonal trauma during military service related to respondent's GLB status. Past-year VHA health care utilization was predicted by female gender, positive service connection, positive screen for both PTSD and depression, lower physical functioning, a history of military interpersonal trauma related to GLB status, and no history of stressful experiences initiated by the military to investigate or punish GLB status. Rates of VHA utilization by GLB veterans in this sample are comparable to those reported by VHA Central Office for all veterans. Of those who utilized VHA services, 33% reported open communication about their sexual orientation with VHA providers. Twenty-five percent of all participants reported

avoiding at least one VHA service because of concerns about stigma. Stigma and lack of communication between GLB veterans and their providers about sexual orientation are areas of concern for VHA. (PsycINFO Database Record (c) 2013 APA, all rights reserved)

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<http://psycnet.apa.org/journals/ser/10/2/203/>

**Barriers to care for women veterans with posttraumatic stress disorder and depressive symptoms.**

Lehavot, Keren; Der-Martirosian, Claudia; Simpson, Tracy L.; Sadler, Anne G.; Washington, Donna L.

Psychological Services, Vol 10(2), May 2013, 203-212.

As the number of women veterans continues to rise, an issue of concern is whether those with mental health symptoms experience disproportionate barriers to care. The purpose of this study was to examine unmet medical needs and barriers to health care among women veterans who screened positive for lifetime posttraumatic stress disorder (PTSD), current depressive symptoms, both or neither. Using the National Survey of Women Veterans dataset (N = 3,593), we compared women veterans corresponding to these 4 groups on whether they had unmet medical needs in the past year, reasons for unmet needs, and barriers to using VA care for those not currently doing so. The majority of women veterans who screened positive for both PTSD and depressive symptoms had unmet medical care needs in the prior 12 months (59%), compared to 30% of women with PTSD symptoms only, 18% of those with depressive symptoms only, and 16% of women with neither set of symptoms. Among those reporting unmet medical needs (n = 840), those with both PTSD and depressive symptoms were more likely than the other groups to identify affordability as a reason for going without or delaying care. Among women veterans not using VA health care (n = 1,677), women with both PTSD and depressive symptoms were more likely to report not knowing if they were eligible for VA benefits and were less likely to have health insurance to cover care outside of the VA. These data highlight specific areas of vulnerability of women veterans with comorbid PTSD and depressive symptoms and identify areas of concern as VA and other health facilities work to ensure equitable access to care. (PsycINFO Database Record (c) 2013 APA, all rights reserved)

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<http://www.ingentaconnect.com/content/amsus/zmm/2013/00000178/00000006/art00019>

**Professional Quality of Life and Associated Factors Among VHA Chaplains.**

Authors: Yan, Grace W.; Beder, Joan

Source: Military Medicine, Volume 178, Number 6, June 2013 , pp. 638-645(8)

Publisher: AMSUS - Association of Military Surgeons of the U.S.

Chaplains play a unique role in the Veterans Affairs (VA) health care systems and have numerous responsibilities. Compassion satisfaction (CS), compassion fatigue (CF), and burnout (BO) are three major phenomena that have been documented in other helping professions, but little is known about VA Chaplains' professional quality of life. This study examines a national sample of VA Chaplains and their professional quality of life along with associated factors. Two-hundred and seventeen VA Chaplains completed an anonymous Internet survey, and regression analyses were conducted to determine which variables affect professional quality of life. On average, participants report high levels of CS and low levels of CF and BO. Gender, perceived support from VA administration, and mental health (MH) integration were significant predictors for CS. MH integration and perceived support significantly affected CF. Age, MH integration, and perceived support affected BO. Significant interaction effects were found for CF and BO. In summary, younger Chaplains and Chaplains who report low levels of collaboration with MH professionals are most likely to develop CF and BO. This supports continued support from the VA for interdisciplinary initiatives and mentorship of younger Chaplains.

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<http://www.ingentaconnect.com/content/amsus/zmm/2013/00000178/00000006/art00020>

#### **Psychometric Evaluation of the Moral Injury Events Scale.**

Authors: Nash, William P.; Marino Carper, Teresa L.; Mills, Mary Alice; Au, Teresa; Goldsmith, Abigail; Litz, Brett T.

Source: Military Medicine, Volume 178, Number 6, June 2013 , pp. 646-652(7)

Literature describing the phenomenology of the stress of combat suggests that war-zone experiences may lead to adverse psychological outcomes such as post-traumatic stress disorder not only because they expose persons to life threat and loss but also because they may contradict deeply held moral and ethical beliefs and expectations. We sought to develop and validate a measure of potentially morally injurious events as a necessary step toward studying moral injury as a possible adverse consequence of combat. We administered an 11-item, self-report Moral Injury Events Scale to active duty Marines 1 week and 3 months following war-zone deployment. Two items were eliminated because of low item-total correlations. The remaining 9 items were subjected to an exploratory factor analysis, which revealed two latent factors that we labeled perceived transgressions and perceived betrayals; these were confirmed via confirmatory factor analysis on an independent sample. The overall Moral Injury Events Scale and its two subscales had favorable internal validity, and comparisons between the 1-week and 3-month data suggested good temporal stability. Initial discriminant and concurrent validity were also established. Future research directions were discussed.

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<http://www.ncbi.nlm.nih.gov/pubmed/23742650>

Scand J Psychol. 2013 Jun 6. doi: 10.1111/sjop.12061. [Epub ahead of print]

**Short-term cognitive-behavioral treatment in multicultural primary care of patients with longstanding backache.**

Taloyan M, Alinaghizadeh H, Löfvander M.

Source: Centre for Family and Community Medicine, Karolinska Institutet, Sweden.

The efficacy of cognitive-behavioral therapy in multi-cultural primary care patients with longstanding backache is not evaluated. The purpose of this study was to investigate the outcome of a four weekly-treatment given by primary care physicians regarding pain-related worry, depression and severe pain and to determine which social, clinical or gender factors were associated with outcome. The study group consisted of 245 patients in consecutive order from 19 countries, 18 to 45 years, entering rehabilitation program because of longstanding backache. Prevalences of pain-related worry and depression and severe pain was counted and compared before and after. Logistic regression was used to calculate the odds (OR; 95% CI) for persistent pain-related worry and/or persistent depression and severe pain (VAS  $\geq$  50). The prevalences of pain-related worry and depression were both significantly lower after treatment (pain-related worry 83% before vs. 38% after; depression 43% before vs. 31% after). Also the number of patients scoring  $\geq$  50 VAS was a little, but significantly, fewer (68% vs. 61%). Use of interpreter doubled the risk of having persistent pain-related worry (OR 2.1; 95% CI 1.1-4.1) but the risk was not significant regarding persistent depression (OR 1.8; 0.6-5.4). The rating of VAS rating  $\geq$  50 after treatment was twice as high, OR 2.3 (95% CI 1.1-4.6) in the 38-45 year old age group. To conclude, a focus on pain ideas reduced pain-related worry and depression in these patients with various sociocultural backgrounds and longstanding backache.

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<http://www.ncbi.nlm.nih.gov/pubmed/23741416>

PLoS One. 2013 May 31;8(5):e64907. doi: 10.1371/journal.pone.0064907. Print 2013.

**Mild blast events alter anxiety, memory, and neural activity patterns in the anterior cingulate cortex.**

Xie K, Kuang H, Tsien JZ.

Source: Brain and Behavior Discovery Institute and Department of Neurology, Medical College of Georgia, Georgia Regents University, Augusta, Georgia, United States of America ; Banna Biomedical Research Institute, Xi-Shuang-Ban-Na Prefecture, Yunnan Province, China.

There is a general interest in understanding of whether and how exposure to emotionally traumatizing events can alter memory function and anxiety behaviors. Here we have developed a novel laboratory-



version of mild blast exposure comprised of high decibel bomb explosion sound coupled with strong air blast to mice. This model allows us to isolate the effects of emotionally fearful components from those of traumatic brain injury or bodily injury typical associated with bomb blasts. We demonstrate that this mild blast exposure is capable of impairing object recognition memory, increasing anxiety in elevated O-maze test, and resulting contextual generalization. Our in vivo neural ensemble recording reveal that such mild blast exposures produced diverse firing changes in the anterior cingulate cortex, a region processing emotional memory and inhibitory control. Moreover, we show that these real-time neural ensemble patterns underwent post-event reverberations, indicating rapid consolidation of those fearful experiences. Identification of blast-induced neural activity changes in the frontal brain may allow us to better understand how mild blast experiences result in abnormal changes in memory functions and excessive fear generalization related to post-traumatic stress disorder.

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<http://www.ncbi.nlm.nih.gov/pubmed/22752110>

Soc Psychiatry Psychiatr Epidemiol. 2013 Feb;48(2):205-14. doi: 10.1007/s00127-012-0541-6. Epub 2012 Jul 3.

**Family cohesion and posttraumatic intrusion and avoidance among war veterans: a 20-year longitudinal study.**

Zerach G, Solomon Z, Horesh D, Ein-Dor T.

Source: Department of Behavioral Sciences, Ariel University Center of Samaria, 40700 Ariel, Israel.  
gadizy@gmail.com

**BACKGROUND:**

The bi-directional relationships between combat-induced posttraumatic symptoms and family relations are yet to be understood. The present study assesses the longitudinal interrelationship of posttraumatic intrusion and avoidance and family cohesion among 208 Israeli combat veterans from the 1982 Lebanon War.

**METHODS:**

Two groups of veterans were assessed with self-report questionnaires 1, 3 and 20 years after the war: a combat stress reaction (CSR) group and a matched non-CSR control group.

**RESULTS:**

Latent Trajectories Modeling showed that veterans of the CSR group reported higher intrusion and avoidance than non-CSR veterans at all three points of time. With time, there was a decline in these symptoms in both groups, but the decline was more salient among the CSR group. The latter also reported lower levels of family cohesion. Furthermore, an incline in family cohesion levels was found in both groups over the years. Most importantly, Autoregressive Cross-Lagged Modeling among CSR and non-CSR veterans revealed that CSR veterans' posttraumatic symptoms in 1983 predicted lower family cohesion in 1985, and lower family cohesion, in turn, predicted posttraumatic symptoms in 2002.

## CONCLUSIONS:

The findings suggest that psychological breakdown on the battlefield is a marker for future family cohesion difficulties. Our results lend further support for the bi-directional mutual effects of posttraumatic symptoms and family cohesion over time.

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<https://csulb-dspace.calstate.edu/handle/10211.14/33>

### **Targeting Nightmares: A Meta-Analysis Comparing Prazosin and Imagery Rehearsal Therapy on Sleep Quality and Nightmare Alleviation in Participants Exhibiting PTSD Symptomology.**

Macias, Scott D.

McNair Scholars Research Journal Vol. 17

Date: 2013-06-06

The current meta-analysis investigated the use of two contemporary treatments designed to target nightmares, Imagery Rehearsal Therapy (IRT) and the psychomedication prazosin, in those displaying post-traumatic stress disorder (PTSD) symptomology. IRT is a cognitive-behavioral treatment (CBT) in which participants write out recurring nightmares as a script, then rescript the nightmare into a less threatening dream. The psychopharmacological treatment, prazosin, inhibits the action of the cerebral  $\alpha_1$ -receptors, which are known to be involved in the human startle response and the emergence of traumatic nightmares during the sleep cycle. Using the random effects model outlined by Raju, Burke, Normand, and Langlois (1991), both IRT and prazosin were shown to significantly improve sleep quality, nightmare frequency, and nightmare intensity in those suffering from chronic nightmares. Further, a comparison of confidence intervals around the population effects shows that prazosin and IRT do not significantly differ from each other in these improvements (the results for sleep quality conditions, however, should be interpreted with caution as they suffer from low power). Based on study results, it was concluded that poor sleep quality and nightmares associated with PTSD symptomology may be ameliorated by direct therapeutic intervention using either CBT or medication.

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<http://www.rehab.research.va.gov/jour/2013/503/daggett503.html>

### **Needs and concerns of male combat Veterans with mild traumatic brain injury.**

Virginia S. Daggett, PhD, RN; Tamilyn Bakas, PhD, RN, FAHA, FAAN; Janice Buelow, PhD, RN, FAAN; Barbara Habermann, PhD, RN; Laura L. Murray, PhD, CCC-SLP

Journal of Rehabilitation Research & Development (VA)

Volume 50 Number 3, 2013

Pages 327 — 340

Traumatic brain injury (TBI) has emerged as a major cause of morbidity among U.S. servicemembers who have served in Iraq and Afghanistan. Even mild TBI (mTBI) can result in cognitive impairments that can affect the community reintegration of Veterans postdeployment. The purpose of this study was to explore the needs and concerns of combat Veterans with mTBI to provide support for an mTBI-specific conceptual model (Conceptual Model in the Context of mTBI) derived from Ferrans et al.'s health-related quality of life model and the TBI literature. Content analysis of qualitative interview data was conducted using a thematic matrix with a predetermined code list. Data saturation was achieved after interviews with eight male Veterans. Six key categories and predominant themes emerged: cognitive impairments, physical symptoms, emotions and behaviors, instrumental activities of daily living, interpersonal interactions, and community reintegration. Findings provide preliminary support for a new, context-specific conceptual model that has the potential to identify areas for future interventions to enhance community reintegration of combat Veterans with mTBI.

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<http://onlinelibrary.wiley.com/doi/10.1002/j.1556-6676.2013.00095.x/abstract>

### **Resilience: A Meta-Analytic Approach.**

Lee, J. H., Nam, S. K., Kim, A.-R., Kim, B., Lee, M. Y. and Lee, S. M.

Journal of Counseling & Development

Volume 91, Issue 3, pages 269–279, July 2013

This study investigated the relationship between psychological resilience and its relevant variables by using a meta-analytic method. The results indicated that the largest effect on resilience was found to stem from the protective factors, a medium effect from risk factors, and the smallest effect from demographic factors.

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[http://ir.stthomas.edu/caps\\_gradpsych\\_docproj/26/](http://ir.stthomas.edu/caps_gradpsych_docproj/26/)

### **Enhancing resilience and decreasing the risk of secondary trauma in psychology trainees: A training manual.**

Karsten Byers, University of St. Thomas, Minnesota

Professional Psychology Doctoral Projects. Paper 26.

Spring 5-23-2013

The literature (Figley, 1995; McCann & Pearlman, 1990) has long indicated that therapists who work with trauma survivors are at risk of developing symptoms resulting from exposure to clients' trauma narratives. Therapists may even develop symptoms of posttraumatic stress disorder. Psychology trainees are particularly at risk of developing symptoms given their limited experience and less-

developed cache of coping mechanisms. More recently, the literature (Lucero, 2002; Gottesman, 2008) has explored the construct of resilience as a protective factor for preventing the development of secondary trauma. Although it is understood that resilience can serve as protection from developing long-standing symptoms resulting from trauma, to date there are no training resources available that have been developed for promoting resiliency in psychology trainees. This resiliency training protocol, developed for psychology trainees, presents evidence-based, cognitive behavioral techniques for promoting resilience.

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<http://onlinelibrary.wiley.com/doi/10.1111/pme.12155/abstract>

### **Treatment of Comorbid Pain and PTSD in Returning Veterans: A Collaborative Approach Utilizing Behavioral Activation.**

Plagge, J. M., Lu, M. W., Lovejoy, T. I., Karl, A. I. and Dobscha, S. K.

Pain Medicine

Article first published online: 7 JUN 2013

Conflict of interest and acknowledgment of support: No author reports having any financial or other potential conflict of interest with this study. The views expressed in this article are those of the authors and do not necessarily reflect the position or policy of the Department of Veterans Affairs or the United States government. This work was supported by the Pacific Northwest Mental Illness Research and Education and Clinical Center (MIRECC) and VA Mental Health Services. The authors acknowledge Alex Linke, BS, for assistance with utilization data extraction, and Amy Wagner, PhD, for assistance in implementing behavioral activation and for reviewing the manuscript.

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<http://synapse.koreamed.org/DOIx.php?id=10.3961/jpmph.2013.46.3.147>

### **Medical Care Utilization During 1 Year Prior to Death in Suicides Motivated by Physical Illnesses.**

Cho J, Lee WJ, Moon KT, Suh M, Sohn J, Ha KH, Kim C, Shin DC, Jung SH.

J Prev Med Public Health. 2013 May;46(3):147-154. English

Objectives

Many epidemiological studies have suggested that a variety of medical illnesses are associated with suicide. Investigating the time-varying pattern of medical care utilization prior to death in suicides motivated by physical illnesses would be helpful for developing suicide prevention programs for patients with physical illnesses.

Methods

Suicides motivated by physical illnesses were identified by the investigator's note from the National

Police Agency, which was linked to the data from the Health Insurance Review and Assessment. We investigated the time-varying patterns of medical care utilization during 1 year prior to suicide using repeated-measures data analysis after adjustment for age, gender, area of residence, and socioeconomic status.

#### Results

Among 1994 suicides for physical illness, 1893 (94.9%) suicides contacted any medical care services and 445 (22.3%) suicides contacted mental health care during 1 year prior to suicide. The number of medical care visits and individual medical expenditures increased as the date of suicide approached ( $p < 0.001$ ). The number of medical care visits for psychiatric disorders prior to suicide significantly increased only in 40- to 64-year-old men ( $p = 0.002$ ), women  $< 40$  years old ( $p = 0.011$ ) and women 40 to 64 years old ( $p = 0.021$ ) after adjustment for residence, socioeconomic status, and morbidity.

#### Conclusions

Most of the suicides motivated by physical illnesses contacted medical care during 1 year prior to suicide, but many of them did not undergo psychiatric evaluation. This underscores the need for programs to provide psychosocial support to patients with physical illnesses.

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[http://www.jsad.com/jsad/article/Alcohol as an Acute Risk Factor for Recent Suicide Attempts A CaseCrossov/4830.html](http://www.jsad.com/jsad/article/Alcohol%20as%20an%20Acute%20Risk%20Factor%20for%20Recent%20Suicide%20Attempts%20A%20CaseCrossov/4830.html)

#### **Alcohol as an Acute Risk Factor for Recent Suicide Attempts: A Case-Crossover Analysis.**

Courtney L. Bagge, Han-Joo Lee, Julie A. Schumacher, Kim L. Gratz, Jennifer L. Krull, Garland Holloman, Jr.

Journal of Studies on Alcohol and Drugs

Volume 74, 2013 > Issue 4: July 2013

#### Objective:

The extent to which acute alcohol use is a unique risk factor for suicide attempts is unknown. The aims of the current study were to quantify the unique effect of acute alcohol use on suicide attempts when adjusting for other acute exposures (other drug use and negative life events).

#### Method:

The current study used a case-crossover design and participants included 192 (62% female) recent suicide attempters presenting to a Level 1 trauma hospital. A timeline followback methodology was used to assess acute exposures within the 48 hours before the suicide attempt.

#### Results:

Results indicated that individuals were at increased odds of attempting suicide soon after drinking (odds ratio [OR] = 6.34), adjusting for acute drug use and negative life events. Furthermore, higher levels of

drinking uniquely posed greater risk for a suicide attempt than lower levels of drinking (OR = 6.13) and no drinking (OR = 16.19) before the attempt.

Conclusions:

Findings suggest the importance of considering acute alcohol use when evaluating short-term risk for suicide attempts.

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<http://anp.sagepub.com/content/early/2013/06/04/0004867413491154.abstract>

### **Effectiveness of psychoeducation for depression: A systematic review.**

Mariana Flávia de Souza Tursi, Cristiane von Werne Baes, Fabio Ribeiro de Barros Camacho, Sandra Marcia de Carvalho Tofoli, and Mario Francisco Juruena

Aust N Z J Psychiatry June 5, 2013

Objective:

Pharmacological treatment is considered indispensable to major depressive disorder. In spite of this, a significant number of patients do not respond adequately to treatment based only on medication, presenting high relapse and recurrence rates. Therefore, psychosocial interventions, such as psychoeducation, have been increasingly recognized as an essential component in the treatment of depression, associated with pharmacological strategies. Thus, the aim of the present systematic review was to evaluate the effectiveness of psychoeducation for patients with unipolar depression, analyzing the evidence from the literature.

Method:

Searches were undertaken from April to October 2012 in LILACS, PsycINFO, PubMed, SCOPUS and ISI Web of Knowledge with keywords including 'psychoeducation', 'psychoeducational intervention' and 'depression', with no restriction regarding publishing dates.

Results:

Fifteen studies were included in the review, 13 of which evaluated the effectiveness of psychoeducation for patients with depression: 10 papers evaluated in-person psychoeducation approaches and three papers evaluated long-distance approaches. In addition to these 13 papers, one evaluated psychoeducational interventions for patients' families and patients' responses and another evaluated psychoeducational interventions for patients' families and families' responses. Findings suggest that increased knowledge about depression and its treatment is associated with better prognosis in depression, as well as with the reduction of the psychosocial burden for the family.

Conclusions:

Psychoeducation is a psychosocial treatment that has been well documented as an adjunct to pharmacological therapy. However, there are only a few studies regarding its effectiveness on adult patients with major depressive disorder. Although the publications in this area are still very limited, the

articles selected in this review suggest that psychoeducation is effective in improving the clinical course, treatment adherence, and psychosocial functioning of depressive patients.

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[http://www.biologicalpsychiatryjournal.com/article/S0006-3223\(12\)01034-7/abstract](http://www.biologicalpsychiatryjournal.com/article/S0006-3223(12)01034-7/abstract)

**The Brain-Derived Neurotrophic Factor Val66Met Polymorphism Predicts Response to Exposure Therapy in Posttraumatic Stress Disorder.**

Kim L. Felmingham, Carol Dobson-Stone, Peter R. Schofield, Gregory J. Quirk, Richard A. Bryant

Biological Psychiatry - 1 June 2013 (Vol. 73, Issue 11, Pages 1059-1063)

**Background**

The most effective treatment for posttraumatic stress disorder (PTSD) is exposure therapy, which aims to facilitate extinction of conditioned fear. Recent evidence suggests that brain-derived neurotrophic factor (BDNF) facilitates extinction learning. This study assessed whether the Met-66 allele of BDNF, which results in lower activity-dependent secretion, predicts poor response to exposure therapy in PTSD.

**Methods**

Fifty-five patients with PTSD underwent an 8-week exposure-based cognitive behavior therapy program and provided mouth swabs or saliva to extract genomic DNA to determine their BDNF Val66Met genotype (30 patients with the Val/Val BDNF allele, 25 patients with the Met-66 allele). We examined whether BDNF genotype predicted reduction in PTSD severity following exposure therapy.

**Results**

Analyses revealed poorer response to exposure therapy in the PTSD patients with the Met-66 allele of BDNF compared with patients with the Val/Val allele. Pretreatment Clinician Administered PTSD Scale severity and BDNF Val66Met polymorphism predicted response to exposure therapy using hierarchical regression.

**Conclusions**

This study provides the first evidence that the BDNF Val66Met genotype predicts response to cognitive behavior therapy in PTSD and is in accord with evidence that BDNF facilitates extinction learning.

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[http://arizona.openrepository.com/arizona/bitstream/10150/293458/1/azu\\_etd\\_12689\\_sip1\\_m.pdf](http://arizona.openrepository.com/arizona/bitstream/10150/293458/1/azu_etd_12689_sip1_m.pdf)

**PTSD And Depression in Military Members and Recommendations for Program Evaluation of Evidence-Based Practice.**

Heidi A McGuigan

A Practice Inquiry Project Submitted to the Faculty of the  
COLLEGE OF NURSING  
In Partial Fulfillment of the Requirements  
For the Degree of  
DOCTOR OF NURSING PRACTICE  
In the Graduate College  
THE UNIVERSITY OF ARIZONA  
2013

A critical review of evidence-based literature addressing screening, barriers to treatment, treatment modalities and programs of care for posttraumatic stress disorder and depression in active duty military members was conducted using the Galvan method. The ONS levels of evidence and the ONS weight of evidence scale were used to critique and analyze extant research. Programs of care and their evaluation were reviewed. Gaps in research were identified and suggestions for evidence-based treatment and program evaluation of evidence-based treatment of PTSD and depression in military members are proposed.

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<http://link.springer.com/content/pdf/10.1007/s12207-013-9158-7.pdf>

Are Forensic Evaluations “Health Care” and Are They Regulated by HIPAA?

Bruce G. Borkosky, Jon M. Pellett, Mark S. Thomas

Psychological Injury and Law

June 2013

Forensic mental health providers (FMHPs) typically do not release records to the examinee. The Health Insurance Portability and Accountability Act (HIPAA) federal regulations might change this position, given that they have created a basic right of access to health care records. This legislation has led to a disagreement regarding whether HIPAA regulates forensic evaluations. The primary argument (and the majority of scholarly citations) has been that such evaluations do not constitute “health care.” Specifically, in this position, the nature and purpose of forensic evaluations are not considered related to treatment (amelioration of psychopathology) of the patient. In addition, it asserts that HIPAA applies solely to treatment services; thus, forensic evaluations are inapplicable to HIPAA. We describe the evidence for and against this argument, the strengths and limitations of the evidence, and recent court decisions related to it. The weakest part of the “HIPAA does not regulate forensics” argument is that HIPAA has no exclusion criteria based on type of services. It only creates an inclusion criteria for providers; once “covered,” all services provided by that provider are thence forward “covered.” Authoritative evidence for patient access can be found in the HIPAA regulations themselves, the US Department of Health and Human Services’ commentaries, additional statements and disciplinary cases, the research literature, other agency opinion, and legal opinion. It appears that the evidence strongly



suggests that, for those forensic mental health practitioners who are covered entities, HIPAA does apply to forensic evaluations. The implication is that FMHPs potentially face various federal, state, and civil sanctions for refusing to permit patient access to records.

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<http://online.liebertpub.com/doi/abs/10.1089/jwh.2012.4214>

### **Health Disparities Among Sexual Minority Women Veterans.**

John Blosnich, Melissa Ming Foynes, and Jillian C. Shipherd

Journal of Women's Health

Online Ahead of Print: June 8, 2013

#### **Background:**

Lesbian and bisexual (i.e., sexual minority) identity is more common among women veterans than among male veterans. Unique health issues have been identified among women veterans and among sexual minority women, but little is known about women who are both sexual minorities and veterans. This study aimed to compare demographic and health information from sexual minority women veterans with sexual minority women non-veterans and heterosexual women veterans.

#### **Methods:**

Behavioral Risk Factor Surveillance Survey data were pooled from ten U.S. states that elected to ask sexual identity during 2010. The analytic sample was comprised of women who identified both their sexual identity and veteran status (n=1,908). Mental health indicators were frequent mental distress, sleep problems, low social/emotional support, and low satisfaction with life. Health risk indicators included current smoking, overweight, and obesity. Physical health status was defined by three components: disability requiring assistive equipment, >14 days of poor physical health in the past 30 days, and activity limitations.

#### **Results:**

Compared with heterosexual women veterans, sexual minority women veterans had higher odds of mental distress (odds ratio [OR]=3.03, 95% confidence interval [CI]: 1.61–5.70) and smoking (OR=2.31, 95%CI: 1.19–4.48). After adjusting for demographic correlates, sexual minority women veterans had three times the odds of poor physical health (OR=3.01, 95%CI: 1.51–5.99) than their sexual minority non-veteran peers.

#### **Conclusions:**

Results suggest sexual minority women veterans may experience unique health disparities relevant to provision of care in both Veterans Affairs (VA) and non-VA healthcare systems. Future research requires availability of data that include sexual minority status.

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<http://www.ncbi.nlm.nih.gov/pubmed/23755325>

Eur J Psychotraumatol. 2013 Jun 6;4. doi: 10.3402/ejpt.v4i0.21252. Print 2013.

**Disseminating and implementing evidence-based practice.**

Bisson JI.

Source: Institute of Psychological Medicine and Clinical Neurosciences, Cardiff University, Cardiff, Wales, UK. Abstract

The inconsistent implementation of evidence-based practice has become a significant concern in the traumatic stress field. The European Society for Traumatic Stress Studies (ESTSS) has played a major role in highlighting this issue and has contributed to a number of European initiatives to improve dissemination and implementation. Key initiatives include the introduction of the ESTSS General Certificate in Psychotrauma Psychotraumatology and the European Network for Traumatic Stress (TENTS); these are discussed in this paper.

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<http://www.ncbi.nlm.nih.gov/pubmed/23754992>

Front Behav Neurosci. 2013 May 29;7:55. doi: 10.3389/fnbeh.2013.00055. Print 2013.

**Heterogeneity in threat extinction learning: substantive and methodological considerations for identifying individual difference in response to stress.**

Galatzer-Levy IR, Bonanno GA, Bush DE, Ledoux JE.

Source: Department of Psychiatry, New York University School of Medicine New York, NY, USA.

Pavlovian threat (fear) conditioning (PTC) is an experimental paradigm that couples innate aversive stimuli with neutral cues to elicit learned defensive behavior in response to the neutral cue. PTC is commonly used as a translational model to study neurobiological and behavioral aspects of fear and anxiety disorders including Posttraumatic Stress Disorder (PTSD). Though PTSD is a complex multi-faceted construct that cannot be fully captured in animals PTC is a conceptually valid model for studying the development and maintenance of learned threat responses. Thus, it can inform the understanding of PTSD symptomatology. However, there are significant individual differences in posttraumatic stress that are not as of yet accounted for in studies of PTC. Individuals exposed to danger have been shown to follow distinct patterns: some adapt rapidly and completely (resilience) others adapt slowly (recovery) and others failure to adapt (chronic stress response). Identifying similar behavioral outcomes in PTC increases the translatability of this model. In this report we present a flexible methodology for identifying individual differences in PTC by modeling latent subpopulations or classes characterized by defensive behavior during training. We provide evidence from a reanalysis of previously examined PTC learning and extinction data in rats to demonstrate the effectiveness of this methodology in identifying outcomes analogous to those observed in humans exposed to threat. By utilizing Latent Class Growth

Analysis (LCGA) to test for heterogeneity in freezing behavior during threat conditioning and extinction learning in adult male outbred rats (n = 58) three outcomes were identified: rapid extinction (57.3%), slow extinction (32.3%), and failure to extinguish (10.3%) indicating that heterogeneity analogous to that in naturalistic human studies is present in experimental animal studies strengthening their translatability in understanding stress responses in humans.

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<http://www.ncbi.nlm.nih.gov/pubmed/23750534>

J Fam Psychol. 2013 Jun;27(3):525-30. doi: 10.1037/a0032890.

**Gender differences in the impact of posttraumatic stress disorder symptoms on community couples' intimacy behaviors.**

Hanley KE, Leifker FR, Blandon AY, Marshall AD.

Source: Department of Psychology, Pennsylvania State University.

Problems in intimate relationships frequently occur among individuals with posttraumatic stress disorder (PTSD). This study includes examination of whether deficits in the intimacy process occur among couples affected by PTSD, and whether gender differences exist in the association between PTSD symptom severity and intimate behaviors. Heterosexual community couples in which at least 1 partner was experiencing elevated symptoms of PTSD were video-recorded while discussing positive and negative aspects of their relationship. Each partner's intimacy behaviors (i.e., self-disclosure and support provision) were coded. Results of an actor-partner interdependence model indicate that husbands, but not wives, with greater PTSD symptom severity provided less support (i.e., expressions of understanding, validation, and caring) to their partners during discussions of negative aspects of their relationship. This finding supports prior literature while increasing generalizability beyond samples of male combat veterans and addressing a possible confound of prior research that has exclusively relied on self-reported intimacy. In addition, wives' PTSD symptom severity was associated with husbands engaging in more self-disclosure when discussing negative aspects of their relationship, which may have represented husbands' expression of more negative thoughts and feelings in this context. Overall, women appeared to be resilient against the potential negative impact of PTSD symptoms on their ability to continue providing intimacy behaviors to their partners. (PsycINFO Database Record (c) 2013 APA, all rights reserved).

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<http://www.ncbi.nlm.nih.gov/pubmed/23750465>

J Consult Clin Psychol. 2013 Jun 10. [Epub ahead of print]

**Who Gets the Most Out of Cognitive Behavioral Therapy for Anxiety Disorders? The Role of Treatment Dose and Patient Engagement.**

Glenn D, Golinelli D, Rose RD, Roy-Byrne P, Stein MB, Sullivan G, Bystritsky A, Sherbourne C, Craske MG.

**Objective:**

The present study explored treatment dose and patient engagement as predictors of treatment outcome in cognitive behavioral therapy (CBT) for anxiety disorders.

**Method:**

Measures of high versus low treatment dose and high versus low patient engagement in CBT were compared as predictors of 12- and 18-month outcomes for patients being treated for anxiety disorders with CBT (with or without concurrent pharmacotherapy) in primary care settings as part of a randomized controlled effectiveness trial of the Coordinated Anxiety Learning and Management (CALM) intervention. Measures of dose (attendance, exposure completion) and engagement in CBT (homework adherence, commitment) were collected throughout treatment, and blinded follow-up phone assessments of outcome measures (12-item Brief Symptom Inventory, Patient Health Questionnaire 8, Sheehan Disability Scale) were completed at 12 and 18 months. Propensity score weighting controlled for baseline differences in demographics and symptom severity between patients with high and low dose and engagement. These analyses included the 439 patients who selected CBT as treatment modality.

**Results:**

Completing exposures, having high attendance, and being more adherent to completing homework predicted better outcomes across all measures at 12 and 18 months, and high CBT commitment predicted better outcomes on all measures at 18 months.

**Conclusions:**

This study found that higher treatment dose and patient engagement in CBT for anxiety disorders were stable and robust predictors of greater reductions in anxiety symptoms, depression symptoms, and functional disability. (PsycINFO Database Record (c) 2013 APA, all rights reserved).

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<http://www.ncbi.nlm.nih.gov/pubmed/23750459>

J Consult Clin Psychol. 2013 Jun 10. [Epub ahead of print]

**Combining Imagination and Reason in the Treatment of Depression: A Randomized Controlled Trial of Internet-Based Cognitive-Bias Modification and Internet-CBT for Depression.**

Williams AD, Blackwell SE, Mackenzie A, Holmes EA, Andrews G.

**Objective:**

Computerized cognitive-bias modification (CBM) protocols are rapidly evolving in experimental medicine yet might best be combined with Internet-based cognitive behavioral therapy (iCBT). No research to date has evaluated the combined approach in depression. The current randomized controlled trial

aimed to evaluate both the independent effects of a CBM protocol targeting imagery and interpretation bias (CBM-I) and the combined effects of CBM-I followed by iCBT.

**Method:**

Patients diagnosed with a major depressive episode were randomized to an 11-week intervention (1 week/CBM-I + 10 weeks/iCBT; n = 38) that was delivered via the Internet with no face-to-face patient contact or to a wait-list control (WLC; n = 31).

**Results:**

Intent-to-treat marginal models using restricted maximum likelihood estimation demonstrated significant reductions in primary measures of depressive symptoms and distress corresponding to medium-large effect sizes (Cohen's  $d = 0.62-2.40$ ) following CBM-I and the combined (CBM-I + iCBT) intervention. Analyses demonstrated that the change in interpretation bias at least partially mediated the reduction in depression symptoms following CBM-I. Treatment superiority over the WLC was also evident on all outcome measures at both time points (Hedges  $g_s = .59-.98$ ). Significant reductions were also observed following the combined intervention on secondary measures associated with depression: disability, anxiety, and repetitive negative thinking (Cohen's  $d = 1.51-2.23$ ). Twenty-seven percent of patients evidenced clinically significant change following CBM-I, and this proportion increased to 65% following the combined intervention.

**Conclusions:**

The current study provides encouraging results of the integration of Internet-based technologies into an efficacious and acceptable form of treatment delivery. (PsycINFO Database Record (c) 2013 APA, all rights reserved).

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<http://www.ncbi.nlm.nih.gov/pubmed/23747582>

Behav Res Ther. 2013 May 2;51(8):434-442. doi: 10.1016/j.brat.2013.04.004. [Epub ahead of print]

**Which treatment worked better for whom? Moderators of group cognitive behavioral therapy versus adapted mindfulness based stress reduction for anxiety disorders.**

Arch JJ, Ayers CR.

Source: Department of Psychology and Neuroscience, University of Colorado Boulder, 345 UCB Muenzinger, Boulder, CO 80309-0345, USA. Electronic address: Joanna.Arch@Colorado.edu.

**OBJECTIVE:**

Identifying treatment moderators facilitates treatment matching and personalized medicine. No previous studies have investigated treatment moderators for a mindfulness-based versus traditional cognitive behavioral therapy (CBT) for anxiety disorders to determine for whom each is most effective. The current study examined three putative moderators of principal anxiety disorder severity outcomes

for adapted mindfulness based stress reduction (MBSR) and group CBT - baseline depression symptoms, anxiety sensitivity, and diagnostic severity.

**METHOD:**

Seventy-one patients with a DSM-IV anxiety disorder were randomized to adapted MBSR or group CBT and assessed at baseline, post-treatment, and 3-month follow up.

**RESULTS:**

CBT outperformed adapted MBSR among those with no to mild depressive symptoms and, at post-treatment only, among those with very high anxiety sensitivity. At follow up, adapted MBSR outperformed CBT among those with moderate to severe depressive symptoms and among those with average anxiety sensitivity (for this sample). Baseline severity affected post-treatment outcomes differently in CBT than in adapted MBSR.

**CONCLUSION:**

Baseline levels of depression, anxiety sensitivity, and to some extent diagnostic severity, differentially moderated outcomes in CBT and adapted MBSR for anxiety disorders. Recommendations and clinical implications are discussed.

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<http://www.ncbi.nlm.nih.gov/pubmed/23756433>

J Head Trauma Rehabil. 2013 Jun 10. [Epub ahead of print]

**Trends in the Epidemiology of Disability Related to Traumatic Brain Injury in the US Army and Marine Corps: 2005 to 2010.**

Gubata ME, Packnett ER, Blandford CD, Piccirillo AL, Niebuhr DW, Cowan DN.

Source: Department of Epidemiology, Preventive Medicine Program, Walter Reed Army Institute of Research, Silver Spring, Maryland (Drs Gubata, Niebuhr, and Cowan and Mss Packnett, Blandford, and Piccirillo); and Allied Technology Group, Inc, Rockville, Maryland (Mss Packnett, Blandford, and Piccirillo and Dr Cowan).

**BACKGROUND:**

Traumatic brain injury (TBI) has been recognized as a major public health issue for several decades. Despite technological advancements in protective equipment and medical care available during recent military conflicts, TBI is the most common neurological condition among Soldiers and Marines evaluated for discharge from service. This study describes the demographic, service-related, and disability characteristics of Soldiers and Marines referred for combat-related TBI disability evaluation.

**METHODS:**

Cross-sectional analysis of Soldiers and Marines evaluated for combat-related disability between

October 1, 2004 and September 30, 2010 was performed. Traumatic brain injury cases were identified using the Veterans Affairs Schedule for Rating Disabilities code for TBI and compared with other combat-related disabilities.

#### RESULTS:

Combat-related TBI disability rates have significantly increased in both the Army and the Marine Corps since 2005. Significantly more unfitting conditions are present on average in combat-related TBI cases than in other combat-related disability cases. Combat-related TBI disability cases are more likely to be medically retired than other types of combat-related disability.

#### CONCLUSIONS:

Because veterans with combat-related TBI disabilities are likely to require chronic care for TBI-associated medical conditions, disability evaluation policy and programs must ensure that combat-related TBI disabilities are accurately identified and compensated, and the potential long-term care needs are addressed.

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<http://www.ncbi.nlm.nih.gov/pubmed/23756432>

J Head Trauma Rehabil. 2013 Jun 10. [Epub ahead of print]

#### **The Rehabilitation Institute of Chicago Military Traumatic Brain Injury Screening Instrument: Determination of Sensitivity, Specificity, and Predictive Value.**

Zollman FS, Starr C, Kondiles B, Cyborski C, Larson EB.

Source: Memory and Cognitive Disorders Program, Department of Neurology, NorthShore University Health System, Glenview, Illinois (Dr Zollman); Rehabilitation Institute of Chicago, Chicago, Illinois (Mss Starr and Kondiles and Dr Larson); Rehabilitation Services, National Intrepid Center of Excellence, Bethesda, Maryland (Dr Cyborski); and Department of Physical Medicine and Rehabilitation, Feinberg School of Medicine, Northwestern University, Chicago, Illinois (Dr Larson).

#### BACKGROUND:

Traumatic brain injury (TBI) is referred to as the signature injury of the wars in Iraq and Afghanistan. Given the prevalence of TBI in military personnel, there is a need for validated instruments tailored to accurately screen for TBI in this population.

#### METHODS:

Three hundred service members or veterans underwent a novel screen and a comprehensive diagnostic assessment to identify the occurrence of TBI and/or the presence of posttraumatic stress disorder. Negative predictive value, positive predictive value, sensitivity, and specificity were calculated.

## RESULTS:

This screening tool for TBI yielded sensitivity of 96%, specificity of 64%, negative predictive value of 95%, and positive predictive value of 69%.

## CONCLUSION:

The Rehabilitation Institute of Chicago Military Traumatic Brain Injury Screening Instrument has a high negative predictive value and high sensitivity for TBI. This tool identifies individuals likely to have sustained a TBI. Moreover, it detects those who are likely not to have sustained such an injury and can be reassured in this regard. Because such distinction can be made with a high degree of accuracy in rapid and cost-effective fashion, it represents an important contribution to the armamentarium of TBI screening tools.

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<http://www.ncbi.nlm.nih.gov/pubmed/23755991?>

Clin Neuropsychol. 2013 Jun 11. [Epub ahead of print]

### **Neuropsychological Effects of Self-Reported Deployment-Related Mild TBI and Current PTSD in OIF/OEF Veterans.**

Shandera-Ochsner AL, Berry DT, Harp JP, Edmundson M, Graue LO, Roach A, High WM Jr.

Source: Department of Psychology , University of Kentucky , Lexington , KY , USA.

Current combat veterans are exposed to many incidents that may result in mild traumatic brain injury (mTBI) and/or posttraumatic stress disorder (PTSD). While there is literature on the neuropsychological consequences of PTSD only (PTSD-o) and mTBI alone (mTBI-o), less has been done to explore their combined (mTBI+PTSD) effect. The goal of this study was to determine whether Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF) veterans with mTBI+PTSD have poorer cognitive and psychological outcomes than veterans with PTSD-o, mTBI-o, or combat exposure-only. The final sample included 20 OIF/OEF veterans with histories of self-reported deployment mTBI (mTBI-o), 19 with current PTSD (PTSD-o), 21 with PTSD and self-reported mTBI (mTBI+PTSD), and 21 combat controls (CC) (no PTSD and no reported mTBI). Groups were formed using structured interviews for mTBI and PTSD. All participants underwent comprehensive neuropsychological testing, including neurocognitive and psychiatric feigning tests. Results of cognitive tests revealed significant differences in performance in the mTBI+PTSD and PTSD-o groups relative to mTBI-o and CC. Consistent with previous PTSD literature, significant differences were found on executive (switching) tasks, verbal fluency, and verbal memory. Effect sizes tended to be large in both groups with PTSD. Thus, PTSD seems to be an important variable affecting neuropsychological profiles in the post-deployment time period. Consistent with literature on civilian mTBI, the current study did not find evidence that combat-related mTBI in and of itself contributes to objective cognitive impairment in the late stage of injury.

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<http://www.ncbi.nlm.nih.gov/pubmed/23755039>

Front Neurol. 2013 May 30;4:59. doi: 10.3389/fneur.2013.00059. Print 2013.

### **Mathematical Models of Blast-Induced TBI: Current Status, Challenges, and Prospects.**

Gupta RK, Przekwas A.

Source: Department of Defense Blast Injury Research Program Coordinating Office, U.S. Army Medical Research and Materiel Command , Fort Detrick, MD , USA.

Blast-induced traumatic brain injury (TBI) has become a signature wound of recent military activities and is the leading cause of death and long-term disability among U.S. soldiers. The current limited understanding of brain injury mechanisms impedes the development of protection, diagnostic, and treatment strategies. We believe mathematical models of blast wave brain injury biomechanics and neurobiology, complemented with in vitro and in vivo experimental studies, will enable a better understanding of injury mechanisms and accelerate the development of both protective and treatment strategies. The goal of this paper is to review the current state of the art in mathematical and computational modeling of blast-induced TBI, identify research gaps, and recommend future developments. A brief overview of blast wave physics, injury biomechanics, and the neurobiology of brain injury is used as a foundation for a more detailed discussion of multiscale mathematical models of primary biomechanics and secondary injury and repair mechanisms. The paper also presents a discussion of model development strategies, experimental approaches to generate benchmark data for model validation, and potential applications of the model for prevention and protection against blast wave TBI.

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<http://www.ncbi.nlm.nih.gov/pubmed/23751272>

Sleep Med Rev. 2013 Jun 7. pii: S1087-0792(13)00026-9. doi: 10.1016/j.smrv.2013.02.003. [Epub ahead of print]

### **Physiological and medical findings in insomnia: Implications for diagnosis and care.**

Bonnet MH, Burton GG, Arand DL.

Source: Kettering Medical Center and Wright State University Boonshoft School of Medicine, Dayton, OH, USA. Electronic address: bonnetmichael@yahoo.com.

This review will examine objective physiological abnormalities and medical comorbidities associated with insomnia and assess the need to measure parameters associated with these abnormalities for diagnosis and to monitor treatment outcomes. Findings are used to develop a decision tree for the work-up of insomnia patients. Currently available measures and those with possible future predictive value will be discussed. Costs, advantages, and the development of screening laboratory tests will be presented. It is concluded that there is a need to differentially evaluate insomnia patients based upon

their comorbidities and the presence of objectively decreased total sleep time to direct optimal treatment. The development of objective diagnostic criteria and treatment outcome goals beyond subjective symptomatic relief will establish insomnia as a true medical problem and improve patient care.

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### **Links of Interest**

G.I. Jane's Other War

<http://www.gabrielegalimberty.com/projects/201-2/>

One out of every three American women soldiers serving in Iraq or Afghanistan has been the victim of sexual abuse on the part of male U.S. soldiers. 'and 71 to 90% say they were the object of harassment by their male comrades-in-arms, subjected to constant denigration, insults and vulgar slurs.' So writes Helen Benedict, Columbia University professor, in her book, *The Lonely Soldier, the private war of women serving in Iraq*, which has already unleashed fierce debate in the United States. In war zones, the ratio of woman soldiers is one to every ten men. "feeling as though you are a target 24 hours a day is not easy," Helen Benedict explains. 'the message the men are sending is 'we don't respect you. we don't want you here.' then comes the physical assault, and finally rape.' According to army statistics, 'only' 0.83 out of every thousand women in war zones have been the victims of sexual abuse. However, the army also makes it clear that those are just the reported cases, and that 90% of rapes are kept quiet. Usually, the aggressors are the women's superiors, and most often they are never brought to trial. In addition to all of this, it is also more difficult for women to gain access to health care, as only 14% of military clinics have departments dedicated to women's health issues. With the assistance of American associations that provide help and psychological support to female veterans suffering from MST (military sexual trauma), I carried out extensive research for this project. I was able to establish contact with many of these women, veterans of the latest wars in Iraq and Afghanistan, but also of earlier wars, all of them with stories to tell of rape and sexual abuse. I met with these women, interviewed them, and photographed them.

Physically Active Jobs Tied to Unusual Amounts of Sleep

[http://www.nlm.nih.gov/medlineplus/news/fullstory\\_137571.html](http://www.nlm.nih.gov/medlineplus/news/fullstory_137571.html)

Study: Internet-based Therapy Leads To Long-Term Recovery

<http://www.business2community.com/health-wellness/study-internet-based-therapy-leads-to-long-term-recovery-0516689>

What to Expect from Couples Therapy

<http://lifehacker.com/what-to-expect-from-couples-therapy-512019720>

Treatment of Mental Illness Lowers Arrest Rates, Saves Money

<http://www.sciencedaily.com/releases/2013/06/130610112722.htm>

Sexual problems may linger after rape

[http://www.nlm.nih.gov/medlineplus/news/fullstory\\_137640.html](http://www.nlm.nih.gov/medlineplus/news/fullstory_137640.html)

Posttraumatic Stress Disorder Treatment: Genetic Predictor of Response to Exposure Therapy

<http://www.sciencedaily.com/releases/2013/06/130611084107.htm>

Cognitive-behavioral therapy via e-mail helped anxiety

<http://www.clinicalpsychiatrynews.com/news/across-specialties/single-article/cognitive-behavioral-therapy-via-e-mail-helped-anxiety/46136498df7db3318b96264e880eed8e.html>

First major study of suicide motivations to advance prevention

[http://www.eurekalert.org/pub\\_releases/2013-06/uobc-msm061213.php](http://www.eurekalert.org/pub_releases/2013-06/uobc-msm061213.php)

Sleep Mechanism Identified That Plays Role in Emotional Memory

<http://www.sciencedaily.com/releases/2013/06/130612224140.htm>

New Tools Help Providers Manage PTSD, Opioid Therapy for Chronic Pain

[http://www.dcoe.health.mil/MediaCenter/News/details/13-06-12/New\\_Tools\\_Help\\_Providers\\_Manage\\_PTSD\\_Opioid\\_Therapy\\_for\\_Chronic\\_Pain.aspx](http://www.dcoe.health.mil/MediaCenter/News/details/13-06-12/New_Tools_Help_Providers_Manage_PTSD_Opioid_Therapy_for_Chronic_Pain.aspx)

Scan predicts whether therapy or meds will best lift depression

[http://www.eurekalert.org/pub\\_releases/2013-06/niom-spw061113.php](http://www.eurekalert.org/pub_releases/2013-06/niom-spw061113.php)

Scripps Research Institute team points to brain's 'dark side' as key to cocaine addiction

[http://www.eurekalert.org/pub\\_releases/2013-06/sri-sri061213.php](http://www.eurekalert.org/pub_releases/2013-06/sri-sri061213.php)

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

Here is a go-to directory of articles, photos, major unit listings and contacts for programs and services worldwide” at military installations, as well as “articles and local, state and national resource directories” about U.S. states.

You can type in the name of a specific installation or [view a directory](#) (by service branch). A second search box provides a dropdown menu so you can search for specific services -- Child Development Centers, Veterinary Services, ID/CAC Card Processing, etc. – before typing in the name of a specific installation.

# Military INSTALLATIONS

Your official DoD source for installation and state resources available to active duty, guard and reserve service and family members.

**Installations** • View articles, photos, major unit listings and contacts for programs and services worldwide. If you can't find an international location, try visiting the [Department of State](#) country information.

**States** • View articles and local, state and national resource directories

## Get started!

### Looking for particular installation or state?

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Or, enter a state

GO »

### Looking for specific program or service?

Select a program or service

Then, enter an installation [\[View a directory of installations\]](#)

Or, enter your postal code

Within

GO »

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Can't find what you are looking for? [Support](#) »

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Take control of your move. Use our customizable calendar tool to create a unique personal moving plan. The calendar contains to do lists, checklists, phone lists, and links to critical moving information from budget planners to choosing a school.

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Have you been assigned official sponsorship duties? Log on to the CAC enabled [eSponsorship Application Training \(eSAT\)](#) to get started »

Don't have a CAC card, but are interested in learning about how to become a sponsor? [Learn more about the process](#) »

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