



CDP Research Update -- June 20, 2013

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- Critical concerns in Iraq/Afghanistan war veteran-forensic interface: combat-related postdeployment criminal violence.

- Combat Disclosure in Intimate Relationships: Mediating the Impact of Partner Support on Posttraumatic Stress.
- The Relation between Insomnia Symptoms, Mood, and Rumination about Insomnia Symptoms.
- Trauma-focused treatment for posttraumatic stress disorder combined with CBT for severe substance use disorder: a randomized controlled trial.
- Critical Concerns in Iraq/Afghanistan War Veteran-Forensic Interface: Veterans Treatment Court as Diversion in Rural Communities.
- Links of Interest
- Research Tip of the Week: USU Archives

<http://www.ncbi.nlm.nih.gov/pubmed/23764125>

J Anxiety Disord. 2013 May 20. pii: S0887-6185(13)00096-0. doi: 10.1016/j.janxdis.2013.04.010. [Epub ahead of print]

Evaluating treatment of posttraumatic stress disorder with cognitive processing therapy and prolonged exposure therapy in a VHA specialty clinic.

Jeffreys MD, Reinfeld C, Nair PV, Garcia HA, Mata-Galan E, Rentz TO.

Source: South Texas Veterans Healthcare System, 5788 Eckhert Road, San Antonio, TX 78240, United States. Electronic address: Matthew.Jeffreys@va.gov.

This retrospective chart review evaluates the effectiveness of manualized cognitive processing therapy (CPT) protocols (individual CPT, CPT group only, and CPT group and individual combined) and manualized prolonged exposure (PE) therapy on veterans' posttraumatic stress disorder (PTSD) symptoms in one Veterans Health Administration (VHA) specialty clinic. A total of 517 charts were reviewed, and analyses included 178 charts for CPT and 85 charts for PE. Results demonstrated CPT and PE to significantly reduce PTSD Checklist (PCL) scores. However, PE was significantly more effective than CPT after controlling for variables of age, service era, and ethnicity. Additional findings included different outcomes among CPT formats, decreased treatment dropouts for older veterans, and no significant differences in outcome between Hispanic and White veterans. Study limitations and future research directions are discussed.

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<http://www.auditor.ca.gov/pdfs/reports/2012-119.pdf>

California Department of Veterans Affairs: It Has Initiated Plans to Serve Veterans Better and More Cost-Efficiently, but Further Improvements Are Needed

California State Auditor

May 2013

As requested by the Joint Legislative Audit Committee, the California State Auditor presents this audit report concerning the California Department of Veterans Affairs' (CalVet) management of the California veterans homes, including its efforts to improve operational efficiencies and revenue generation, and its planning efforts to leverage resources to serve more veterans.

This report concludes that although CalVet generated revenues to offset less than half of the cost to operate its veterans homes between fiscal years 2009–10 and 2011–12, it did not begin developing standardized policies and procedures to monitor and increase the amount of revenue generated at all of the homes until 2012. In addition, state laws and CalVet policies limit its ability to recover the full cost of providing care to veterans (members) while they are living at a home and from using funds collected from members' estates after they pass away to offset the costs of their care. We further identified that statutory licensing requirements and budget constraints have limited the number of beds available in the homes, resulting in unused space. Although CalVet has taken some steps to better utilize this unused space through lease agreements and a public-private partnership agreement with another entity to serve more veterans than it currently serves, it needs to formalize its process for increasing utilization of unused space and monitoring the success of its partnership agreements. Moreover, our legal counsel identified several state and federal legal restrictions that may limit CalVet's ability to utilize the unused space at the homes.

Further, we noted that limited resources have impeded CalVet's outreach efforts to connect veterans with their benefits and services. In addition, we identified that CalVet needs to enhance its oversight and guidance for referring veterans needing long-term care to other facilities when it cannot admit them to one of its homes. We also identified weaknesses in CalVet's oversight and guidance to ensure that purchases made at the homes follow state purchasing requirements; CalVet took steps during the audit to address these weaknesses. Finally, CalVet has not conducted a formal analysis of its current purchasing model for the homes to ensure that it is the most efficient and cost-effective way to purchase goods and services.

<http://www.ncbi.nlm.nih.gov/books/NBK143624/>

Multidisciplinary Rehabilitation Programs for Moderate to Severe Traumatic Brain Injury in Adults: Future Research Needs

Identification of Future Research Needs from Comparative Effectiveness Review No. 72

Future Research Needs Papers, No. 36

Investigators: Michelle Brasure, PhD, MLIS, Greg J Lamberty, PhD, LP, ABPP, Nina A Sayer, PhD, Nathaniel W Nelson, PhD, ABPP, Jeannine Ouellette, MS, Mary E Butler, PhD, MBA, and Timothy J Wilt, MD, MPH.

Agency for Healthcare Research and Quality

January 2013

This Future Research Needs (FRN) project is a followup to the recently completed Comparative Effectiveness Review (CER) "Multidisciplinary Postacute Rehabilitation for Moderate to Severe Traumatic Brain Injury in Adults." The CER was motivated by uncertainty around the effectiveness and comparative effectiveness of rehabilitation programs for adult patients with sustained impairments from moderate to severe traumatic brain injury (TBI). This FRN project aims to identify and prioritize specific gaps in the current literature about the effectiveness and comparative effectiveness of multidisciplinary rehabilitation programs for which additional research would aid decisionmakers. We used a deliberative process to identify evidence gaps, translate gaps into researchable questions, and solicit stakeholder opinion on the importance of research questions. This report proposes specific research needs along with research design considerations that could advance research in this field.

<http://www.ncbi.nlm.nih.gov/pubmed/23758543>

Brain Inj. 2013 Jun 12. [Epub ahead of print]

Treatment challenges with profound behaviour disturbance after traumatic brain injury: A case report.

Dvorkin AY, Pacini S, Hsu N, Larson EB.

Source: Rehabilitation Institute of Chicago , Chicago, IL , USA and.

Background:

Severe behavioural disturbances exhibited during the earliest stages of recovery from severe traumatic brain injury often limit the ability to provide standard care. Studies that focus on treatment options for inpatients with such behaviours are scarce. There is limited guidance on how to approach therapy that will maximize the patient's tolerance and participation and how to measure meaningful progress.

Case report:

This case study describes how the use of an innovative treatment approach to improve attention was beneficial in rehabilitation of a patient with severe traumatic brain injury whose profound behaviour disturbances substantially precluded participation in traditional therapies. The study shows how rehabilitation utilizing an interactive virtual reality-robotics environment that minimized distractions

was associated with improved engagement in therapy, decreased disruptive behaviour during treatment and more sensitive measurement of progress.

Conclusion:

These results may be instructive in how technology can be used to modify therapy sessions to make them accessible to patients with profound behaviour disturbance and how meaningful progress can be measured even in the absence of gains in traditional metrics.

<http://www.ncbi.nlm.nih.gov/pubmed/23758261>

Brain Inj. 2013 Jun 12. [Epub ahead of print]

An exploratory prospective study of the association between communication skills and employment outcomes after severe traumatic brain injury.

Rietdijk R, Simpson G, Togher L, Power E, Gillett L.

Source: Brain Injury Rehabilitation Unit, Liverpool Health Service , NSW , Australia .

Primary objective:

The aim of this pilot study was to explore possible correlations between measures of functional communication skills in the first year post-injury and later employment outcome. Design: A preliminary observational study employing a prospective longitudinal design.

Methods:

Fourteen adults with traumatic brain injury completed an assessment involving two functional communication measures: an objective test of cognitive communication skills (Functional Assessment of Verbal Reasoning and Executive Strategies, FAVRES) and self-ratings of communication impairment (LaTrobe Communication Questionnaire, LCQ). Follow-up of participants' employment outcome was conducted 9-18 months after the initial assessment.

Results:

At follow-up, eight participants had returned to employment (working a similar number of hours to their pre-injury status), five were unemployed and one was lost to follow-up. Employment status at follow-up was strongly correlated with both FAVRES Total Accuracy scores ($r = 0.833$) and Total Rationale scores ($r = 0.837$), but there were no correlations with FAVRES Time and Reasoning scores or with the LCQ.

Conclusions:

The FAVRES shows initial promise as an assessment that may be associated with successful employment outcome following traumatic brain injury. Further research with larger samples is required to provide further information on the prognostic utility of measures such as the FAVRES and the LCQ.

<http://www.ncbi.nlm.nih.gov/pubmed/23762357>

PLoS One. 2013 Jun 10;8(6):e65391. doi: 10.1371/journal.pone.0065391. Print 2013.

The Role of Intelligence in Posttraumatic Stress Disorder: Does it Vary by Trauma Severity?

Breslau N, Chen Q, Luo Z.

Source: Department of Epidemiology and Biostatistics, College of Human Medicine, Michigan State University, East Lansing, Michigan, United States of America.

BACKGROUND:

Only a small minority of trauma victims develops post-traumatic stress disorder (PTSD), suggesting that victims vary in their predispositions to the PTSD response to stressors. It is assumed that the role of predispositions in PTSD varies by trauma severity: when stressors are less severe, predispositions play a bigger role. In this study, we test whether the role of intelligence in PTSD varies by trauma severity. Specifically, does low intelligence play a bigger part among victims of lower magnitude stressors than among victims of extreme stressors?

METHODS:

Data come from a longitudinal study of randomly selected sample in Southeast Michigan (n = 713). IQ was measured at age 6. PTSD was measured at age 17, using the NIMH-DIS for DSM-IV. Stressors were classified as extreme if they involved assaultive violence (e.g. rape, sexual assault, threatened with a weapon); other stressors in the list (e.g. disaster, accidents) were classified as lower magnitude. Assaultive violence victims had experienced assaultive violence plus other event types or only assaultive violence. Victims of other stressors were participants who had never experienced assaultive violence. We compared the influence of age 6 IQ on PTSD among persons exposed to assaultive violence vs. other stressors, using multinomial logistic regression.

RESULTS:

Relative risk ratio (RRR) for PTSD associated with a one point drop in age 6 IQ among victims of assaultive violence was 1.04 (95% CI 1.01, 1.06); among victims of other stressors, it was 1.03 (95% CI 0.99, 1.06). A comparison of the two RRRs indicates no significant difference between the two estimates ($p=0.652$). IQ does not play a bigger role in PTSD among victims of other stressors than it does among victims of assaultive violence.

CONCLUSIONS:

Lower IQ exerts an adverse PTSD effect on trauma victims, with no evidence of variability by the severity of trauma they have experienced.

<http://www.ncbi.nlm.nih.gov/pubmed/23761065>

Depress Anxiety. 2013 Jun 12. doi: 10.1002/da.22138. [Epub ahead of print]

Apolipoprotein E Gene Polymorphism, Alcohol Use, And Their Interactions In Combat-related Posttraumatic Stress Disorder.

Kim TY, Chung HG, Shin HS, Kim SJ, Choi JH, Chung MY, An SK, Choi TK, So HS, Cho HS.

Source: Department of Neuropsychiatry, Veterans Health Service Medical Center, Seoul, Republic of Korea; Department of Psychiatry, Yonsei University College of Medicine, Seoul, Republic of Korea.

BACKGROUND:

The symptomatology of posttraumatic stress disorder (PTSD) is related not only to the intensity of the causative trauma, but also to alcohol use and genetic factors. Among the many candidate genes, the apolipoprotein E gene (APOE) is thought to be associated with stress reactivity.

METHODS:

Korean veterans of the Vietnam War with (n = 128) or without (n = 128) PTSD participated in this study. The Clinician-Administered PTSD Scale and Combat Exposure Scale were administered, and the severity of alcohol use was assessed among these veterans. The APOE polymorphism and clinical variables of the subjects were compared, and associations between PTSD and potential explanatory variables were tested using logistic regression analysis.

RESULTS:

Higher frequencies of APOE ϵ 2 alleles and a greater number of individuals with the ϵ 2 allele were found in the PTSD group. Among patients with PTSD, ϵ 2-allele noncarriers consumed alcohol in greater amounts and more frequently than did ϵ 2-allele carriers. Regression analysis revealed a significant interaction effect between harmful drinking and the absence of the ϵ 2 allele associated with PTSD risk.

CONCLUSIONS:

These results suggest that the APOE ϵ 2 allele operates as a susceptibility gene for combat-related PTSD, with the relationship between alcohol use and PTSD differing according to the ϵ 2-allele status. Future studies should determine the role of the APOE in adaptation to extreme stress, the development of PTSD, and comorbid alcohol-related disorders.

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<http://www.ncbi.nlm.nih.gov/pubmed/23761021>

Depress Anxiety. 2013 Jun 12. doi: 10.1002/da.22133. [Epub ahead of print]

Understanding Heterogeneity In PTSD: Fear, Dysphoria, And Distress.

Zoellner LA, Pruitt LD, Farach FJ, Jun JJ.

Source: Department of Psychology, University of Washington, Seattle, Washington.

Fear, dysphoria, and distress are prominent components in the conceptualization of posttraumatic stress disorder (PTSD). However, because our diagnostic categories are open concepts, relying on observed patterns of symptoms for classification, it is unclear whether these components represent core or auxiliary features of the disorder. Convergence across multiple indices is critical for this understanding. In this paper, we examine these components of PTSD across observed symptom patterns, broader theoretical conceptualizations, underlying information processing mechanisms of attention and memory, and underlying learning and neurobiological mechanisms. For each, evidence for similarity or distinctiveness of PTSD with other anxiety disorders and depression is examined. Throughout the review, key points of similarity to the anxiety disorders and divergence with depression argue for a distinction between core fear symptoms and auxiliary dysphoria and distress symptoms. Implications are discussed, noting that, as heterogeneity increases, core characteristics will become more diffused and ancillary constructs will gain an inflated degree of importance.

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<http://www.ncbi.nlm.nih.gov/pubmed/23760905>

Clin Child Fam Psychol Rev. 2013 Jun 12. [Epub ahead of print]

Using Multidimensional Grief Theory to Explore the Effects of Deployment, Reintegration, and Death on Military Youth and Families.

Kaplow JB, Layne CM, Saltzman WR, Cozza SJ, Pynoos RS.

Source: Department of Psychiatry and Depression Center, University of Michigan, Rachel Upjohn Building, 4250 Plymouth Road, Ann Arbor, MI, 48109-5765, USA, julieb@med.umich.edu.

To date, the US military has made major strides in acknowledging and therapeutically addressing trauma and post-traumatic stress disorder (PTSD) in service members and their families. However, given the nature of warfare and high rates of losses sustained by both military members (e.g., deaths of fellow unit members) and military families (e.g., loss of a young parent who served in the military), as well as the ongoing threat of loss that military families face during deployment, we propose that a similar focus on grief is also needed to properly understand and address many of the challenges encountered by bereaved service members, spouses, and children. In this article, we describe a newly developed theory of grief (multidimensional grief theory) and apply it to the task of exploring major features of military-related experiences during the phases of deployment, reintegration, and the aftermath of combat death-especially as they impact children. We also describe implications for designing preventive interventions during each phase and conclude with recommended avenues for future research. Primary aims are to illustrate: (1) the indispensable role of theory in guiding efforts to describe, explain, predict, prevent, and treat maladaptive grief in military service members, children, and families; (2) the relevance of multidimensional grief theory for addressing both losses due to physical death as well as

losses brought about by extended physical separations to which military children and families are exposed during and after deployment; and (3) a focus on military-related grief as a much-needed complement to an already-established focus on military-related PTSD.

<http://www.ncbi.nlm.nih.gov/pubmed/23758060>

Metab Syndr Relat Disord. 2013 Jun 11. [Epub ahead of print]

Metabolic Syndrome in People Suffering from Posttraumatic Stress Disorder: A Systematic Review and Meta-Analysis.

Bartoli F, Carrà G, Crocamo C, Carretta D, Clerici M.

Source: Department of Surgery and Interdisciplinary Medicine, University of Milano-Bicocca , Milano, Italy

Background:

Previous reports showed a high prevalence of obesity, diabetes, hypertension, and dyslipidemia among people suffering from posttraumatic stress disorder (PTSD). However, there is a lack of reviews that systematically analyze the relationship between PTSD and metabolic syndrome. We conducted a systematic review and meta-analysis aimed at estimating the association between PTSD and metabolic syndrome.

Methods:

We systematically searched PubMed, Embase, and Web of Science. We included observational studies assessing the prevalence of metabolic syndrome in a sample with PTSD and in a comparison group without PTSD. Data were analyzed using Review manager 5.1. Odds ratios (OR) with 95% confidence intervals were used as an association measure for pooled analysis, based on a random-effects model.

Results:

Six articles were eligible according to the inclusion criteria, for an overall number of 528 individuals suffering from PTSD and 846 controls without PTSD. The pooled OR for metabolic syndrome for people with PTSD was 1.37 (1.03-1.82). Statistical heterogeneity between the included studies was low ($I^2=22\%$).

Conclusions:

Despite some limitations, the findings of this systematic review and meta-analysis confirmed our hypothesis that individuals suffering from PTSD have a greater risk of metabolic syndrome. The potential role of unknown factors or mediators that might clarify the nature of this association needs further research.

<http://www.ncbi.nlm.nih.gov/pubmed/23759035>

Trials. 2013 Jun 11;14(1):169. [Epub ahead of print]

Log in and breathe out: efficacy and cost-effectiveness of an online sleep training for teachers affected by work-related strain - study protocol for a randomized controlled trial.

Thiart H, Lehr D, Ebert DD, Sieland B, Berking M, Riper H.

BACKGROUND:

Insomnia and work-related stress often co-occur. Both are associated with personal distress and diminished general functioning, as well as substantial socio-economic costs due to, for example, reduced productivity at the work place and absenteeism. Insomnia complaints by people experiencing work-related stress are correlated with a deficient cognitive detachment from work. Diffuse boundaries between work and private life can additionally complicate the use of recreational activities that facilitate cognitive detachment. Cognitive behavioral therapy for insomnia is effective but rarely implemented. Internet-based cognitive behavioral therapy for insomnia could potentially reduce this deficit given its demonstrated effectiveness. Less is known, however, about the efficacy of internet-based cognitive behavioral therapy for insomnia in populations affected by high work stress. Thus, the aim of the present study is to evaluate the efficacy and cost-effectiveness of a newly developed, guided online training which is based on Cognitive Behavioral Therapy for insomnia and tailored to teachers affected by occupational stress.

METHODS:

In a two-arm randomized controlled trial (N = 128), the effects of a guided online sleep training will be compared to a waitlist-control condition. German teachers with significant clinical insomnia complaints (Insomnia Severity Index ≥ 15) and work-related rumination (Irritation Scale, subscale Cognitive Irritation ≥ 15) will be included in the study. The primary outcome measure will be insomnia severity. Additionally, an economic evaluation from a societal perspective will be conducted. Data from the intention-to-treat sample will be analyzed two and six months after randomization.

DISCUSSION:

To the best of our knowledge, this is the first study to evaluate an online sleep training tailored to a specific population with work stress, that is, teachers. If this type of intervention is effective, it could reduce the paucity of cognitive behavioral therapy for insomnia and augment the support for teachers in coping with their insomnia problems. Trial registration: German Clinical Trial Register (DRKS): DRKS00004700.

<http://www.ncbi.nlm.nih.gov/pubmed/23759450>

J Clin Psychiatry. 2013 May;74(5):470-6. doi: 10.4088/JCP.12m08053.

"Subthreshold" depression: is the distinction between depressive disorder not otherwise specified and adjustment disorder valid?

Zimmerman M, Martinez JH, Dalrymple K, Chelminski I, Young D.

Source: 146 West River St, Providence, RI 02904 mzimmerman@lifespan.org.

OBJECTIVE:

Patients with clinically significant symptoms of depression who do not meet the criteria for major depressive disorder or dysthymic disorder are considered to have subthreshold depression. According to DSM-IV, such patients should be diagnosed with depressive disorder not otherwise specified (NOS) if the development of the symptoms is not attributable to a stressful event or with adjustment disorder if the symptoms follow a stressor. Research on the treatment of subthreshold depression rarely addresses the distinction between depressive disorder NOS and adjustment disorder. In the present report from the Rhode Island Methods to Improve Diagnostic Assessment and Services (MIDAS) project, we examined the validity of this distinction.

METHOD:

From December 1995 to June 2011, 3,400 psychiatric patients presenting to the Rhode Island Hospital outpatient practice were evaluated with semistructured diagnostic interviews for DSM-IV Axis I and Axis II disorders and measures of psychosocial morbidity.

RESULTS:

Slightly less than 10% (n = 300) of the 3,400 patients were diagnosed with depressive disorder NOS or adjustment disorder with depressed mood. The patients with depressive disorder NOS were significantly more often diagnosed with social phobia (P < .05) and a personality disorder (P < .01). The patients with depressive disorder NOS reported more anhedonia, increased appetite, increased sleep, and indecisiveness, whereas the patients with adjustment disorder reported more weight loss, reduced appetite, and insomnia. There was no significant difference between the groups in overall level of severity of depression or impaired functioning. The patients with depressive disorder NOS had a nonsignificantly elevated morbid risk of depression in their first-degree relatives.

DISCUSSION:

Clinically significant subthreshold depression was common in psychiatric outpatients, and the present results support the validity of distinguishing between depressive disorder NOS and adjustment disorder with depressed mood. Future studies of the treatment of subthreshold depression should account for this diagnostic distinction.

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<http://www.ncbi.nlm.nih.gov/pubmed/23755745>

Int J Immunopathol Pharmacol. 2013 Apr-Jun;26(2):299-304.

Is there a role for agomelatine in the treatment of anxiety disorders? a review of published data.

De Berardis D, Conti CM, Marini S, Ferri F, Iasevoli F, Valchera A, Fornaro M, Cavuto M, Srinivasan V, Perna G, Carano A, Piersanti M, Martinotti G, Di Giannantonio M.

Source: Department of Mental Health, Psychiatric Service of Diagnosis and Treatment, Hospital G. Mazzini, ASL 4 Teramo, Italy.

Anxiety disorders (ADs) are the most common type of psychiatric disorders, Pharmacologic options studied for treating ADs may include benzodiazepines, tricyclic antidepressants (TCA), selective serotonin reuptake inhibitors (SSRIs), noradrenergic and specific serotonergic antidepressants (NaSSA) and serotonin and noradrenaline reuptake inhibitors (SNRIs). Agomelatine, a new melatonergic antidepressant, has been shown effective in various types of mood disorders. Moreover, some evidence points towards a possible efficacy of such a drug in the treatment of ADs. Therefore, the aim of this review was to elucidate current (facts and views) data on the role of agomelatine in the treatment of ADs. The trials evaluating agomelatine in the treatment of generalized anxiety disorder are few but, overall, encouraging in regards to its efficacy. However, further randomized, placebo-controlled studies on larger samples use are needed. Apart from some interesting case reports, no large studies are, to date, present in literature regarding agomelatine in the treatment of other ADs, such as panic disorder, social anxiety disorder, obsessive-compulsive disorder and post-traumatic stress disorder. Therefore, the clinical efficacy and the relative good tolerability of agomelatine in generalized anxiety (GAD) warrants further investigation in ADs.

http://www.dodig.mil/pubs/report_summary.cfm?id=5188

Assessment of DoD Wounded Warrior Matters – Joint Base Lewis-McChord

U.S. Department of Defense, Office of Inspector General

05-31-2013

What We Did

We assessed whether the programs for the care, management, and transition of Soldiers in the Warrior Transition Battalion, Joint Base Lewis-McChord, Washington (hereafter the Warrior Transition Battalion [WTB]) were managed effectively and efficiently. Specifically, we evaluated the missions, policies, and processes in place to assist Warriors in Transition with their return to duty status or transition to civilian life, and the DoD programs for Service members affected with Traumatic Brain Injury (TBI) and Post Traumatic Stress Disorder (PTSD).

What We Found

We identified several initiatives implemented at both the WTB and Madigan Army Medical Center (MAMC) that we believed to be noteworthy practices for supporting the comprehensive care, healing, and transition of Soldiers.

We also identified a number of significant challenges that we recommend the Under Secretary of Defense for Personnel and Readiness, Assistant Secretary of the Army, Manpower and Reserve Affairs; Commander, Human Resources Command (HRC); Western Regional Medical Command (WRMC); Commander, United States Army Medical Department Center and School; Warrior Transition Command (WTC); MAMC and WTB leadership address, and which if resolved, should increase program effectiveness.

What We Recommend

We recommend that the Under Secretary of Defense for Personnel and Readiness; Assistant Secretary of the Army, Manpower and Reserve Affairs; HRC; WRMC; United States Army Medical Department Center and School; WTC; MAMC and WTB leadership:

- Develop policy guidance for Reserve Component (RC) Soldiers who volunteer for WTB positions to attend training prior to, or in route to their assignment at the WTB
- Periodically evaluate the effectiveness of the WTB leadership and cadre training curricula to ensure it is relevant and meets the needs of WTB staff
- Evaluate current and future manning requirements of WTBs to ensure they are appropriately staffed to meet the mission and have experienced cadre in place to effectively manage and support Soldiers during their healing and transition
- Conduct an analysis to determine if WTBs have adequate resources and funding to support appropriate manpower levels, ongoing staff training requirements, and support services in order to maintain staffing levels/ ratios to meet the mission
- Review the Comprehensive Transition Plan policy and guidance for relevant and effective content in supporting Soldier transition needs
- Complete the migration of the Comprehensive Transition Plan from the Army Knowledge Online to the Army Warrior Care and Transition System
- Evaluate the effectiveness of the WTB leadership and cadre in actively engaging the Soldiers' CTP and encourage Soldiers' involvement and adherence to the plan for a successful transition
- Publish and implement DoD guidance for expanding Soldier internships to include Non-Federal opportunities
- Update command policies and provide interim measures to allow Soldiers assigned or attached to the WTB to participate in Non-Federal internship opportunities

- Track each phase of the Integrated Disability Evaluation System (IDES) process over time to identify and act upon barriers to timely IDES completion for Soldiers assigned or attached to WTBs
- Identify obstacles that inhibit prompt Medical Evaluation Board (MEB) completion, and request personnel resources that will eliminate the MEB backlog; acquire sufficient space to support staff requirements for effective MEB processing
- Educate Soldiers and families on the IDES process; establish a means for Soldiers' to track or be informed of his or her status in the IDES process
- Conduct an analysis to determine obstacles to specialty care access and delays encountered and then take appropriate steps to ensure WTB Soldiers' access to all specialty care meets or exceeds the Army Enhanced Access to Care standards

Management Comments and Our Response

Those offices listed on the recommendations table concurred with comments to our recommendations. Responses to seven recommendations were responsive and require no further action. Responses to eight recommendations were responsive, however, requiring additional comments.

<http://www.ncbi.nlm.nih.gov/pubmed/23515226>

Front Psychiatry. 2013;4:9. doi: 10.3389/fpsy.2013.00009. Epub 2013 Mar 18.

A Novel Training Program for Police Officers that Improves Interactions with Mentally Ill Individuals and is Cost-Effective.

Krameddine YI, Demarco D, Hassel R, Silverstone PH.

Source: Department of Psychiatry, University of Alberta Edmonton, AB, Canada.

Police and law enforcement providers frequently come into contact with individuals who have psychiatric disorders, sometimes with tragic results. Repeated studies suggest that greater understanding of psychiatric conditions by police officers would be beneficial. Here we present a novel approach to training police officers to improve their interactions with those who might have a mental illness. This approach involved developing a carefully scripted role-play training, which involved police officers (n = 663) interacting with highly trained actors during six realistic scenarios. The primary goal of the training was to improve empathy, communication skills, and the ability of officers to de-escalate potentially difficult situations. Uniquely, feedback was given to officers after each scenario by several individuals including experienced police officers, a mental health professional, and by the actors involved (with insights such as "this is how you made me feel"). Results showed that there were no changes in attitudes of the police toward the mentally ill comparing data at baseline and at 6 months after the training in those who completed both ratings (n = 170). In contrast, there were significant

improvements in directly measured behaviors (n = 142) as well as in indirect measurements of behavior throughout the police force. Thus, compared to previous years, there was a significant increase in the recognition of mental health issues as a reason for a call (40%), improved efficiency in dealing with mental health issues, and a decrease in weapon or physical interactions with mentally ill individuals. The training cost was \$120 per officer but led to significant cost savings (more than \$80,000) in the following 6 months. In conclusion, this novel 1-day training course significantly changed behavior of police officers in meaningful ways and also led to cost savings. We propose that this training model could be adopted by other police agencies.

<http://www.ncbi.nlm.nih.gov/pubmed/22744175>

Soc Psychiatry Psychiatr Epidemiol. 2013 Feb;48(2):225-32. doi: 10.1007/s00127-012-0543-4. Epub 2012 Jun 29.

Estimated rates of mental disorders in, and situational characteristics of, incidents of nonfatal use of force by police.

Kesic D, Thomas SD, Ogloff JR.

Source: Centre for Forensic Behavioural Science, School of Psychology and Psychiatry, Monash University, 505 Hoddle Street, Clifton Hill, VIC 3068, Australia. dragana.kesic@monash.edu

PURPOSE:

To examine the estimated rates of mental disorders and associated situational characteristics in people involved in nonfatal use of force incidents with police in VIC, Australia.

METHODS:

A random sample of 4,267 cases between 1995 and 2008 from a dedicated police Use of Force Register were linked with the state-wide public mental health database and a police contacts database. Rates of ICD 9 and ICD 10 mental disorders recorded on the public mental health database were examined, as well as rates of criminal offending and the characteristics of force used by both parties.

RESULTS:

More than a third of people on whom the police resorted to using force (n = 1,621, 38%) had a history of mental disorder. Significant overrepresentations of the estimated prevalence of psychosis [12.5%, OR = 9.03, 95% CI (7.41, 11.01), p < 0.001] and schizophrenia [9.1%, OR = 9.73, 95% CI (7.59, 12.47) p < 0.001] were found. Those diagnosed with mental disorders were 1.52 times more likely to use or threaten to use weapons on police, even after taking into account age, sex, substances intoxication and violent behaviour [95% CI (1.23, 1.91), p < 0.001]; however, they were no more likely to injure or be injured by police than those without a recorded history of mental disorder. There was a noted trend for police to use, or threaten to use, weapons on people with a history of psychosis (other than schizophrenia) [OR = 1.40, 95% CI (1.11, 1.78), p = 0.005].

CONCLUSIONS:

Psychoses and schizophrenia are dramatically overrepresented in cases where police resort to using force. Situational characteristics evident in the encounters are suggestive of a sub-group of people with mental disorders presenting with aggressive and otherwise problematic behaviours coupled with histories of criminal offending; this presents significant ongoing challenges for the police.

<http://psycnet.apa.org/journals/prj/36/2/86/>

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

Mittal, Dinesh; Drummond, Karen L.; Blevins, Dean; Curran, Geoffrey; Corrigan, Patrick; Sullivan, Greer
Psychiatric Rehabilitation Journal, Vol 36(2), Jun 2013, 86-92.

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)

<http://journals.sfu.ca/rpfs/index.php/rpfs/article/viewFile/260/259>

Engaging the Moral Injuries of War: A Call to Spiritual Leaders.

Gabriella Lettini

Reflective Practice: Formation and Supervision in Ministry

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That war affects the human soul is hardly new learning. Yet Western societies have mostly forgotten how to speak about the effects of war in moral terms, favoring clinical approaches that pathologize individual soldiers. Civilians must understand that we are not only to serve as witnesses of veterans' struggles, but we must also engage in our own ethical questioning in relation to war. Moral injury is an issue for civilians, not just veterans.

<http://journals.sfu.ca/rpfs/index.php/rpfs/article/viewFile/258/257>

What Spills Blood Wounds Spirit: Chaplains, Spiritual Care, and Operational Stress Injury.

Beth A. Stallinga

Reflective Practice: Formation and Supervision in Ministry

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In addition to response to post-traumatic stress, spiritual care for military personnel experiencing the wound of war should attend to what is now being called moral injury. Old beliefs about self and world shattered by modern warfare need transforming with the aid of sacred rituals and narratives.

<http://www.ncbi.nlm.nih.gov/pubmed/23766395>

Phys Ther. 2013 Jun 13. [Epub ahead of print]

Returning Service Members to Duty Following Mild Traumatic Brain Injury: Exploring the Use of Dual-Task and Multitask Assessment Methods.

Scherer MR, Weightman MM, Radomski MV, Davidson LF, McCulloch KL.

Source: M.R. Scherer, PT, PhD, NCS, Military Performance Division, US Army Research Institute of Environmental Medicine, 15 Kansas St, Natick, MA 01760 (USA).

Within the last decade, over 220,000 Service Members (SM) have sustained traumatic brain injury (TBI) in support of military operations in Iraq and Afghanistan. Mild TBI may result in subtle cognitive and sensorimotor deficits that adversely affect Warfighter performance, creating significant challenges for SM, Commanders and clinicians. In recent conflicts, physical and occupational therapists have played an important role in evaluating SM readiness to return-to-duty (RTD) incorporating research and best practices from the sports concussion literature. Because pre-morbid (baseline) performance metrics are not typically available for deployed SM as for athletes, clinicians commonly determine duty readiness based upon the absence of post-concussive symptoms and return to "normal" performance on clinical assessments not yet validated in the military population. While practices described in the sports concussion literature guide "return to play" determinations, resolution of symptoms or improvement of isolated impairments may be inadequate to predict readiness in a military operational environment. Existing clinical metrics informing RTD decision-making are limited because they fail to emphasize functional, Warrior Task demands and lack versatility to assess the effects of co-morbid deficits. Recently, a number of complex task-oriented RTD approaches have emerged from DoD laboratory and clinical settings to address this gap. Immersive virtual reality environments, field-based scenario-driven assessment programs, and militarized dual- and multitask based approaches have all been proposed for the evaluation of sensorimotor and cognitive function following TBI. There remains a need for clinically feasible assessment methods which can be used to verify functional performance and operational competence in a variety of practice settings. Complex and ecologically valid assessment techniques incorporating dual- and multitask methodologies may prove useful in validating return-to-activity requirements in civilian and military populations.

<http://www.ncbi.nlm.nih.gov/pubmed/23764699>

Am J Nurs. 2013 Jun 12. [Epub ahead of print]

Enhancing Veteran-Centered Care: A Guide for Nurses in Non-VA Settings.

Johnson BS, Boudiab LD, Freundl M, Anthony M, Gmerek GB, Carter J.

Source: Barbara S. Johnson is program director and Lina D. Boudiab is faculty with the VA Nursing Academy at Aleda E. Lutz VA Medical Center in Saginaw, MI. Margaret Freundl is program coordinator at the VA Nursing Academy at John D. Dingell VA Medical Center in Detroit, where Gregory B. Gmerek and Jemica Carter are faculty. Maureen Anthony is associate professor at the University of Detroit Mercy McAuley School of Nursing and was faculty with the VA Nursing Academy at the time of writing.

There are currently 22.5 million living U.S. military veterans, and this number is expected to increase dramatically as military personnel return from Iraq and Afghanistan. Although honorably discharged veterans may qualify for health care through the U.S. Department of Veterans Affairs (VA), only about 25% of all veterans take advantage of this benefit; a majority seek services in non-VA settings. It's imperative for nurses in all civilian care settings to understand the impact that military service has on veterans' health. This article provides an overview of veterans' unique health care issues, focusing

particularly on traumatic brain injury, polytrauma, hazardous exposures, chronic pain, posttraumatic stress disorder, military sexual trauma, substance use disorders, suicide, and homelessness. Evidence-based assessment tools and treatment guidelines for these health issues are discussed. A resource table provides telephone numbers and Web sites offering tools, educational materials, and veteran services. A second table provides detailed veteran-centered health assessment and screening questions.

<http://www.ncbi.nlm.nih.gov/pubmed/23766669>

Traumatology (Tallahass Fla). 2013 Mar 1;19(1):20-27.

Assessment of the Psychosocial Predictors of Health-Related Quality of Life in a PTSD Clinical Sample.

Nachar N, Guay S, Beaulieu-Prévost D, Marchand A.

Source: Trauma Study Center, Fernand-Seguin Research Center, Louis-H. Lafontaine Hospital, Montreal, Canada.

Although a wide array of the scientific literature explores the links between posttraumatic stress disorder (PTSD) symptoms, coping strategies, and social support and health-related quality of life (HRQoL) as an outcome variable, their connections remain unclear. It is unknown whether PTSD symptom severity, coping strategies, and social support explain each a unique portion of variance of HRQoL of individuals with PTSD. In the current study, based on pretreatment results of a broader study assessing a specific intervention for PTSD, 94 individuals with PTSD were screened for psychiatric disorders and completed several questionnaires concerning social support, coping strategies, PTSD symptoms, and HRQoL. Coping strategies, social support, and PTSD all appeared to be predictors of HRQoL; however, PTSD seemed to constitute the major predictor among these variables. Indeed, coping strategies and social support did not explain a unique share of variability of HRQoL beyond that of PTSD symptomatology. A causal pathway integrating these variables should be tested in future studies.

<http://www.ncbi.nlm.nih.gov/pubmed/23763110>

Violence Vict. 2013;28(2):248-58.

Symptom responses to a continuum of sexual trauma.

Carretta CM, Burgess AW.

Source: University of Medicine and Dentistry of New Jersey, Newark, NJ 07101-1709, USA.
carrie.carretta@gmail.com

This study reports the findings of an anonymous web-based survey to test differences in symptom presentation (depression, anxiety, posttraumatic stress disorder [PTSD]) among women who experienced different types of sexual trauma (forcible, pressured, sex stress). The study used a

descriptive cross-sectional design with an online convenience sample of 243 adult females living primarily in the United States. The findings revealed that there was a statistically significant difference among type of sexual trauma groups for depression ($p = .013$) and PTSD ($p = .044$) but not for anxiety ($p = .183$). Post hoc analysis of the overall difference in depression revealed that the multiple rape type group ($p = .010$) and the forcible sex group ($p = .016$) had higher levels of depression.

<http://www.tandfonline.com/doi/abs/10.1080/00098655.2013.782849>

Supporting Middle School Students Whose Parents Are Deployed: Challenges and Strategies for Schools.

Brenda Williams

The Clearing House: A Journal of Educational Strategies, Issues and Ideas

Volume 86, Issue 4, 2013

Middle school students from military families face unique challenges, especially when their parents are deployed. Among the challenges they experience are frequent relocations; issues that affect academic achievement; uncertainty; and changes in roles, responsibilities, and relationships at home.

Reunification involves issues of the returning parent's reintegration into the family, reacquainting with children, and recuperation. This article highlights the need for educators to recognize the unique matters surrounding military students, particularly those whose parents are deployed. It focuses on students' needs, challenges faced by families and schools, and support mechanisms in place.

Implications for practice and strategies for schools to use are provided.

<http://onlinelibrary.wiley.com/doi/10.1002/jcop.21555/abstract>

Delayed-Onset PTSD After Combat: The Role of Social Resources.

Horesh, D., Solomon, Z. and Ein-Dor, T.

Journal of Community Psychology

Volume 41, Issue 5, pages 532–548, July 2013

Delayed-onset posttraumatic stress disorder (DPTSD) has been under medico-legal debate for years. Previous studies examining the prevalence and underlying mechanisms of DPTSD have yielded inconclusive findings. This study examined the role of social resources and warzone exposure in DPTSD. Six hundred and seventy-five Israeli veterans from the 1982 Lebanon War, 369 with antecedent combat stress reaction (CSR) and 306 without CSR, were assessed prospectively, 1, 2, and 20 years after the war. Veterans were divided into 4 groups, according to the time of first PTSD onset (first onset at 1983, 1984, and 2002 and no-PTSD onset). Participants completed self-report questionnaires tapping various social

resources (social network support, family environment, military company environment, homecoming reception), as well as subjective and objective warzone exposure. Our results show that a significant portion (16.5%) of the veterans reported DPTSD. As hypothesized, social resources were found to be implicated in DPTSD. Interestingly, however, social resources accounted for long—not short—delays in PTSD onset. In addition, higher levels of both objective and subjective battle exposure were associated with a more immediate PTSD onset. Finally, CSR was found to be the most powerful predictor of DPTSD. Theoretical and clinical implications of these findings are discussed.

<http://link.springer.com/article/10.1007/s10567-013-0138-y>

Family Systems and Ecological Perspectives on the Impact of Deployment on Military Families.

Blair Paley, Patricia Lester, Catherine Mogil

Clinical Child and Family Psychology Review

June 2013

The scope of sustained military operations in Iraq and Afghanistan has placed great demands on the Armed Forces of the United States, and accordingly, military families have been faced with deployments in more rapid succession than ever before. When military parents fulfill occupational duties during wartime, military children and families face multiple challenges, including extended separations, disruptions in family routines, and potentially compromised parenting related to traumatic exposure and subsequent mental health problems. Such challenges can begin to exert a significant toll on the well-being of both individuals and relationships (e.g., marital, parent–child) within military families. In order to respond more effectively to the needs of military families, it is essential that mental health clinicians and researchers have a better understanding of the challenges faced by military families throughout the entire deployment experience and the ways in which these challenges may have a cumulative impact over multiple deployments. Moreover, the mental health field must become better prepared to support service members and families across a rapidly evolving landscape of military operations around the world, including those who are making the transition from active duty to Veteran status and navigating a return to civilian life and those families in which parents will continue to actively serve and deploy in combat zones. In this article, we utilize family systems and ecological perspectives to advance our understanding of how military families negotiate repeated deployment experiences and how such experiences impact the well-being and adjustment of families at the individual, dyadic, and whole family level.

<http://buildingcapacity.usc.edu/Lesterarticlepublished6132013.pdf>

The Promotional Role of School and Community Contexts for Military Students.

Ron Avi Astor • Kris Tunac De Pedro • Tamika D. Gilreath • Monica C. Esqueda • Rami Benbenishty

Clinical Child and Family Psychology Review

June 2013

This article examines how supportive public school environments can serve as a promotional context for the development of children and adolescents from military families. The authors integrate theory and research from multiple research strands (e.g., human development, studies of at-risk youth, educational reform, goodness of fit theory, and school climate) to outline how public schools can support the development of all children and adolescents. This article provides further support for the supposition that school climates and the social-ecological contexts surrounding a school (e.g., universities, communities, school districts) have the potential to protect at-risk children and adolescents from an array of negative social, emotional, and psychological outcomes. The authors draw linkages between these research domains and the development of military children and adolescents. Promotional civilian school environments embedded within supportive and inclusive contexts can create a social infrastructure that supports the development of military children and adolescents. The authors argue that this conceptual approach can create a foundation for interventions and research that focuses on schools as normative supportive developmental settings for military children and youth during challenging times of war (e.g., deployments and multiple school transitions). This article concludes with a discussion of future directions in research on the development of military children and adolescents. Based on a heuristic conceptual model that outlines areas needing further research, the authors call for a deeper theoretical and empirical integration of school climate and external contextual factors surrounding the school. Investigating the social and organizational dynamics within these contexts can result in a more comprehensive picture of the development of military children and adolescents.

<http://link.springer.com/article/10.1007/s10567-013-0143-1>

Using Multidimensional Grief Theory to Explore the Effects of Deployment, Reintegration, and Death on Military Youth and Families.

Julie B. Kaplow, Christopher M. Layne, William R. Saltzman, Stephen J. Cozza, Robert S. Pynoos

Clinical Child and Family Psychology Review

June 2013

To date, the US military has made major strides in acknowledging and therapeutically addressing trauma and post-traumatic stress disorder (PTSD) in service members and their families. However, given the nature of warfare and high rates of losses sustained by both military members (e.g., deaths of fellow unit members) and military families (e.g., loss of a young parent who served in the military), as well as the ongoing threat of loss that military families face during deployment, we propose that a similar focus on grief is also needed to properly understand and address many of the challenges encountered by

bereaved service members, spouses, and children. In this article, we describe a newly developed theory of grief (multidimensional grief theory) and apply it to the task of exploring major features of military-related experiences during the phases of deployment, reintegration, and the aftermath of combat death—especially as they impact children. We also describe implications for designing preventive interventions during each phase and conclude with recommended avenues for future research. Primary aims are to illustrate: (1) the indispensable role of theory in guiding efforts to describe, explain, predict, prevent, and treat maladaptive grief in military service members, children, and families; (2) the relevance of multidimensional grief theory for addressing both losses due to physical death as well as losses brought about by extended physical separations to which military children and families are exposed during and after deployment; and (3) a focus on military-related grief as a much-needed complement to an already-established focus on military-related PTSD.

<http://www.sciencedirect.com/science/article/pii/S1364661313001046>

A causal model of post-traumatic stress disorder: disentangling predisposed from acquired neural abnormalities.

Roe Admon, Mohammed R. Milad, Talma Hendler

Trends in Cognitive Sciences, Available online 12 June 2013

Discriminating neural abnormalities into the causes versus consequences of psychopathology would enhance the translation of neuroimaging findings into clinical practice. By regarding the traumatic encounter as a reference point for disease onset, neuroimaging studies of post-traumatic stress disorder (PTSD) can potentially allocate PTSD neural abnormalities to either predisposing (pre-exposure) or acquired (post-exposure) factors. Based on novel research strategies in PTSD neuroimaging, including genetic, environmental, twin, and prospective studies, we provide a causal model that accounts for neural abnormalities in PTSD, and outline its clinical implications. Current data suggest that abnormalities within the amygdala and dorsal anterior cingulate cortex represent predisposing risk factors for developing PTSD, whereas dysfunctional hippocampal–ventromedial prefrontal cortex (vmPFC) interactions may become evident only after having developed the disorder.

<http://www.sciencedirect.com/science/article/pii/S0165032713004230>

Julia M. Whealin, Rebecca Stotzer, Dawna Nelson, Fenfang Li, Hsin-Tine T. Liu-Tom, Robert H. Pietrzak

Evaluating PTSD prevalence and resilience factors in a predominantly Asian American and Pacific Islander sample of Iraq and Afghanistan Veterans.

Journal of Affective Disorders, Available online 13 June 2013

Background

This study examined the prevalence, and risk and resilience correlates of posttraumatic stress disorder (PTSD) in ethno-racially diverse Operation Enduring Freedom, Iraqi Freedom, and New Dawn (OEF/OIF/OND) Veterans in Hawai'i.

Methods

A total of 236 OEF/OIF/OND Veterans residing in Hawai'i completed a mail survey.

Results

The majority of Veterans identified themselves as Native Hawaiian/Pacific Islander (34.6%), Asian American (29.3%), or European American (24.5%). Asian American Veterans were significantly less likely to screen positive for PTSD than Native Hawaiian/Pacific Islanders and European Americans (16.4% vs. 44.4% and 39.2%, respectively). Results of hierarchical logistic regression analyses indicated that greater scores on measures of psychological resilience and social support were negatively associated with a positive screen for PTSD in the full sample and in the subsample of European Americans. However, only disclosure norms were associated with PTSD among Native Hawaiian/Pacific Islander Veterans, and none of the variables assessed were associated with PTSD in Asian Americans.

Limitations

All results are correlational and based on self-report measures; causal inferences cannot be made.

Conclusions

Culturally distinctive mechanisms likely underlie risk and resilience correlates of PTSD. Understanding these factors will help improve our ability to ameliorate the impact of PTSD, both within and across diverse groups of Veterans.

<http://www.sciencedirect.com/science/article/pii/S0306460313001615>

Quality of Life in Veterans with Alcohol Dependence and Co-occurring Mental Illness.

Elizabeth Ralevski, Mayumi O. Gianoli, Elissa McCarthy, Ismene Petrakis

Addictive Behaviors, Available online 13 June 2013

Quality of life is negatively impacted by diagnosis of mental illness. Those with mental illness report problems in physical, psychological, cognitive, social, and occupational functioning. This study was designed to examine changes in quality of life in veterans with dual diagnoses. All veterans participated in a treatment study designed to treat alcohol dependence with naltrexone, disulfiram, the combination of naltrexone/disulfiram or placebo for 12 weeks. Quality of life was assessed before treatment and at the end of treatment. Quality of life improved for all veterans and the improvement was more significant for those who abstained from alcohol throughout treatment. Severity of psychiatric symptom was associated with worse quality of life. This study demonstrates the importance of addressing social functioning in veterans with dual diagnosis.

http://ewic.bcs.org/upload/pdf/ewic_hci12_pcp_paper2.pdf

Towards Online Social Support for Former Military Personnel.

Morten Kringelbach, Hugh McManners, Christine Parsons

Scars of War Foundation,

Queens College, Oxford University

Published by BISL. Proceedings of BCS HCI 2012 Workshops People, Computers & Psychotherapy

The Armed Forces comprise a series of tight - knit communities sharing values and experiences, which provide a complete social and work - life network. Leaving the Forces is a significant life event, which in some people can lead to psychological and social problems, especially for younger members, those with existing mental disorders, and those who may be developing combat -related psychological conditions . We are examining the extent to which a dedicated online network constructed to reflect military social groupings might counter this, and provide connectivity between former comrades, plus a very wide range of useful information, from job seeking and family advice, to counselling and therapy. There are some 4.8m ex - Service personnel in the UK (McManus, Meltzer Brugha, Bebbingt on and Jenkins 2007,).

<http://www.ncbi.nlm.nih.gov/pubmed/23776505>

PLoS One. 2013 Jun 12;8(6):e65581. doi: 10.1371/journal.pone.0065581. Print 2013.

Deficits in facial emotion recognition indicate behavioral changes and impaired self-awareness after moderate to severe traumatic brain injury.

Spikman JM, Milders MV, Visser-Keizer AC, Westerhof-Evers HJ, Herben-Dekker M, van der Naalt J.

Source: Department of Clinical and Developmental Neuropsychology, University of Groningen, Groningen, The Netherlands ; Department of Neurology, University of Groningen, University Medical Center Groningen, Groningen, The Netherlands.

Traumatic brain injury (TBI) is a leading cause of disability, specifically among younger adults. Behavioral changes are common after moderate to severe TBI and have adverse consequences for social and vocational functioning. It is hypothesized that deficits in social cognition, including facial affect recognition, might underlie these behavioral changes. Measurement of behavioral deficits is complicated, because the rating scales used rely on subjective judgement, often lack specificity and many patients provide unrealistically positive reports of their functioning due to impaired self-awareness. Accordingly, it is important to find performance based tests that allow objective and early identification of these problems. In the present study 51 moderate to severe TBI patients in the sub-acute and chronic stage were assessed with a test for emotion recognition (FEEST) and a questionnaire

for behavioral problems (DEX) with a self and proxy rated version. Patients performed worse on the total score and on the negative emotion subscores of the FEEST than a matched group of 31 healthy controls. Patients also exhibited significantly more behavioral problems on both the DEX self and proxy rated version, but proxy ratings revealed more severe problems. No significant correlation was found between FEEST scores and DEX self ratings. However, impaired emotion recognition in the patients, and in particular of Sadness and Anger, was significantly correlated with behavioral problems as rated by proxies and with impaired self-awareness. This is the first study to find these associations, strengthening the proposed recognition of social signals as a condition for adequate social functioning. Hence, deficits in emotion recognition can be conceived as markers for behavioral problems and lack of insight in TBI patients. This finding is also of clinical importance since, unlike behavioral problems, emotion recognition can be objectively measured early after injury, allowing for early detection and treatment of these problems.

<http://www.ncbi.nlm.nih.gov/pubmed/23771941>

J Am Acad Psychiatry Law. 2013;41(2):274-86.

A forensic neuropsychiatric approach to traumatic brain injury, aggression, and suicide.

Wortzel HS, Arciniegas DB.

Source: VISN 19 MIRECC, Denver Veterans Hospital, 1055 Clermont Street, Denver, CO 80220.
hal.wortzel@ucdenver.edu.

Aggression is a common neuropsychiatric sequela of traumatic brain injury (TBI), one which interferes with rehabilitation efforts, disrupts social support networks, and compromises optimal recovery. Aggressive behavior raises critical safety concerns, potentially placing patients and care providers in harm's way. Such aggression may be directed outwardly, manifesting as assaultive behavior, or directed inwardly, resulting in suicidal behavior. Given the frequency of TBI and posttraumatic aggression and the potential medicolegal questions surrounding the purported causal relationships between the two, forensic psychiatrists need to understand and recognize posttraumatic aggression. They also must be able to offer cogent formulations about the relative contributions of neurotrauma versus other relevant neuropsychiatric factors versus combinations of both to any specific act of violence. This article reviews the relationships between TBI and aggression and discusses neurobiological and cognitive factors that influence the occurrence and presentation of posttraumatic aggression. Thereafter, a heuristic is offered that may assist forensic psychiatrists attempting to characterize the relationships between TBI and externally or internally directed violent acts.

<http://www.ncbi.nlm.nih.gov/pubmed/23771940>

J Am Acad Psychiatry Law. 2013;41(2):263-73.

Critical concerns in Iraq/Afghanistan war veteran-forensic interface: combat-related postdeployment criminal violence.

Sreenivasan S, Garrick T, McGuire J, Smee DE, Dow D, Woehl D.

Source: GLA-VA Medical Center, 11301 Wilshire Blvd., 116-AC, Los Angeles, CA 90073.
thomas.garrick@va.gov.

Identifying whether there is a nexus between Iraq and Afghanistan combat injuries and civilian violence on return from deployment is complicated by differences in reactions of individuals to combat exposure, the overlapping effects of traumatic brain injury (TBI) and posttraumatic stress disorder (PTSD), and the low base rate of civilian violence after combat exposure. Moreover, the overall prevalence of violence among returning Iraq and Afghanistan combat war veterans has not been well documented. Malingered symptoms and either exaggeration or outright fabrication of war zone exposure are challenges to rendering forensic opinions, with the risk reduced by accessing military documents that corroborate war zone duties and exposure. This article serves as a first step toward understanding what may potentiate violence among returning Iraq and Afghanistan veterans. We offer a systematic approach toward the purpose of forensic case formulation that addresses whether combat duty/war zone exposure and associated clinical conditions are linked to criminal violence on return to civilian life.

<http://www.ncbi.nlm.nih.gov/pubmed/23772847>

J Fam Psychol. 2013 Jun 17. [Epub ahead of print]

Combat Disclosure in Intimate Relationships: Mediating the Impact of Partner Support on Posttraumatic Stress.

Balderrama-Durbin C, Snyder DK, Cigrang J, Talcott GW, Tatum J, Baker M, Cassidy D, Sonnek S, Heyman RE, Smith Slep AM.

Although previous research has shown a negative relation between partner support and posttraumatic stress disorder (PTSD) symptom severity among military service members following deployment, the mediating mechanisms of this effect remain poorly understood. This study examined willingness to disclose deployment- and combat-related experiences as a mediating mechanism underlying the linkage between intimate partner support and PTSD symptom severity in a sample of 76 U.S. Air Force service members deployed to Iraq in a year-long, high-risk mission. Airmen's reports of overall social support, and partner support specifically, significantly predicted concurrent postdeployment PTSD symptom severity. Subsequent mediation analyses demonstrated that level of disclosure of deployment- and combat-related experiences by service members to their intimate partners accounted for a significant

portion of the relation between partner support and postdeployment PTSD symptom severity. The level of Airmen's disclosure was also inversely related to levels of relationship distress. Implications of these findings for prevention and intervention strategies and for further research are discussed. (PsycINFO Database Record (c) 2013 APA, all rights reserved).

<http://www.ncbi.nlm.nih.gov/pubmed/23772190>

J Clin Sleep Med. 2013 Jun 15;9(6):567-75. doi: 10.5664/jcsm.2752.

The Relation between Insomnia Symptoms, Mood, and Rumination about Insomnia Symptoms.

Carney CE, Harris AL, Falco A, Edinger JD.

Source: Ryerson University, Toronto, ON, Canada.

STUDY OBJECTIVES:

Research suggests that rumination may play an important role in insomnia. Whereas some have suggested that rumination mainly relates to depression, the evidence suggests that there may be insomnia-specific rumination. This paper explores insomnia symptom rumination across two distinct samples of varying levels of depressed mood and insomnia symptom severity.

METHODS:

The first sample consisted of nonclinical participants (N = 327) with a range of insomnia and depressed mood symptoms, and the second sample consisted of those who met both Major Depressive Disorder and Insomnia diagnoses (N = 66). Rather than relying on a measure developed for those with depression, we developed and tested an insomnia-specific measurement scale based on items from previous rumination studies and the addition of items derived from common daytime insomnia symptoms.

RESULTS:

Internal consistency was highly acceptable across the two samples for the new insomnia-specific rumination measure (Cronbach α was 0.93 and 0.94). In the first study, poor sleepers reported significantly higher levels of daytime symptom rumination than did good sleepers. Across both studies, rumination about daytime insomnia symptoms and depression were significantly correlated; however, insomnia rumination scores predicted insomnia even after controlling for depression. Moreover, in Study 2, insomnia-specific rumination was related to insomnia, but general depressive rumination was not predictive of insomnia.

CONCLUSIONS:

The findings provide support for the use of this insomnia-specific rumination scale; moreover the findings support previous observations regarding rumination about daytime insomnia symptoms that are not exclusive to depression. CITATION: Carney CE; Harris AL; Falco A; Edinger JD. The relation between

insomnia symptoms, mood, and rumination about insomnia symptoms. J Clin Sleep Med 2013;9(6):567-575.

<http://www.biomedcentral.com/1471-244X/13/172/abstract>

Trauma-focused treatment for posttraumatic stress disorder combined with CBT for severe substance use disorder: a randomized controlled trial.

Debora van Dam, Thomas Ehring, Ellen Vedel and Paul MG Emmelkamp

BMC Psychiatry 2013, 13:172

Published: 19 June 2013

Background

This randomized controlled trial (RCT) investigated the effectiveness of a combined treatment for co-morbid Posttraumatic Stress Disorder (PTSD) and severe Substance Use Disorder (SUD).

Methods

Structured Writing Therapy for PTSD (SWT), an evidence-based traumafocused intervention, was added on to Treatment As Usual (TAU), consisting of an intensive cognitive behavioral inpatient or day group treatment for SUD. The outcomes of the combined treatment (TAU + SWT) were compared to TAU alone in a sample of 34 patients.

Results

Results showed a general reduction of SUD symptoms for both TAU + SWT and TAU. Treatment superiority of TAU + SWT was neither confirmed by interaction effects (time x condition) for SUD or PTSD symptoms, nor by a group difference for SUD diagnostic status at post-treatment. However, planned contrasts revealed that improvements for PTSD severity over time were only significant within the TAU + SWT group. In addition, within the TAU + SWT group the remission of PTSD diagnoses after treatment was significant, which was not the case for TAU. Finally, at post-treatment a trend was noticed for between group differences for the number of PTSD diagnoses favoring TAU + SWT above TAU.

Conclusions

In sum, the current study provides preliminary evidence that adding a trauma-focused treatment on to standard SUD treatment may be beneficial.

<http://jaapl.org/content/41/2/256.short>

Critical Concerns in Iraq/Afghanistan War Veteran-Forensic Interface: Veterans Treatment Court as Diversion in Rural Communities.

Daniel E. Smee, BA, James McGuire, PhD, Thomas Garrick, MD, Shoba Sreenivasan, PhD, Daniel Dow, JD and Daniel Woehl, MSW, LCSW

J Am Acad Psychiatry Law 41:2:256-262 (June 2013)

The veteran-forensic interface is an emerging area of relevance to forensic clinicians assessing or treating returning Iraq and Afghanistan war veterans facing criminal sanctions. Veterans' Treatment Court (VTC) represents a recent diversion mechanism for low-level offenses that is based on a collaborative justice model. Thirty-nine percent of veterans who served in Iraq or Afghanistan and receiving VA services reside in rural areas. Rural veterans facing criminal justice charges may be at a disadvantage due to limited access to forensic psychiatrists with relevant expertise in providing veterans services for diversion. Therefore, widening the pool of forensic clinicians who have such expertise, as well as knowledge of the signature wounds of the wars as related to aggression and reckless behavior is necessary. This article presents an overview of VTCs and discusses the role of forensic clinicians as stakeholders in this process.

Links of Interest

Sleep better with cognitive behavioral therapy

<http://www.newsfix.ca/2013/06/13/sleep-better-with-cognitive-behavioral-therapy/>

Judge Rules Sailors Found Guilty of Sex Assault cannot be Dishonorably Discharged Due to Inappropriate Remarks by Obama

<http://www.allgov.com/news/controversies/judge-rules-sailors-found-guilty-of-sex-assault-cannot-be-dishonorably-discharged-due-to-inappropriate-remarks-by-obama-130617?news=850314>

Cheating Ourselves of Sleep

<http://well.blogs.nytimes.com/2013/06/17/cheating-ourselves-of-sleep/>

Utah military dads embrace change, growing families after deployment

<http://www.sltrib.com/sltrib/news/56450463-78/call-corver-family-guard.html.csp>

Army considers civilian victim advocates

http://www.army.mil/article/105511/Army_considers_civilian_victim_advocates/

Brain changes seen among patients having depression therapy

<http://www.newsfix.ca/2013/06/17/brain-changes-seen-among-patients-having-depression-therapy/>

Infections Increase Risk of Mood Disorders, Study Suggests

<http://www.sciencedaily.com/releases/2013/06/130617111303.htm>

Quality of Waking Hours Determines Ease of Falling Sleep

<http://www.sciencedaily.com/releases/2013/06/130617173133.htm>

Can Nature Heal People? It's a question the Green Road Project hopes to answer with the help of wounded warriors at Walter Reed.

<http://www.washingtonian.com/blogs/wellbeing/health/can-nature-heal-people.php>

Research Tip of the Week: [USU Archives](#)

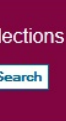
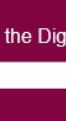
The University Archives for the Uniformed Services University of the Health Sciences collects, preserves, and makes available rare university materials; historical military medical and public health collections; and personal papers of enduring value from administrators, faculty, and alumni for the research use of the university and the general public. The archive collects manuscripts, oral histories, rare books, audio-visual materials, and artifacts relating to the history of the University and the history of military medicine.

Some items of particular interest here:

- [A Brief History of the Uniformed Services University of the Health Sciences](#)
- [USU Theses and Dissertations](#) (“every USU dissertation and thesis from 1981 through today”)
- [Faculty Publications](#) (“over 16,500 journal entries and 900 book entries”)
- [Oral Histories](#) (“interviews of prominent individuals connected to the University”)



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