



CDP Research Update -- June 27, 2013

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<http://www.ncbi.nlm.nih.gov/pubmed/23796172>

J Trauma Dissociation. 2013 July-September;14(4):404-422.

The Primary Prevention of PTSD: A Systematic Review.

Skeffington PM, Rees CS, Kane R.

Source: School of Psychology and Speech Pathology , Curtin Health Innovation Research Institute, Faculty of Health Sciences, Curtin University , Bentley , Western Australia.

There has been abundant research targeting the secondary and tertiary prevention and treatment of posttraumatic stress disorder (PTSD), including different forms of debriefing, treatments for acute stress disorder, and targeted intervention strategies (M. T. Feldner, C. M. Monson, & M. J. Friedman, 2007). However, there remains a scarcity of research pertaining to the primary, pretrauma prevention of PTSD. A systematic review was conducted in order to identify and synthesize all programs aimed at the primary prevention of PTSD to date. A broad search strategy was used, yielding 15,014 studies in 4 languages published between 1915 and 2012. Studies in which a resilience-building intervention was delivered prior to a potentially traumatic event, with data collected regarding psychological well-being, were eligible. A total of 7 studies were identified as meeting these criteria. Currently, there is no solid body of research on the primary prevention of PTSD to justify or guide interventions. The limitations and future directions of research in this domain are discussed.

<http://www.ncbi.nlm.nih.gov/pubmed/23784521>

JAMA Psychiatry. 2013 Jun 19:1-8. doi: 10.1001/jamapsychiatry.2013.1137. [Epub ahead of print]

A Multisite Analysis of the Fluctuating Course of Posttraumatic Stress Disorder.

Bryant RA, O'Donnell ML, Creamer M, McFarlane AC, Silove D.

IMPORTANCE

Delayed-onset posttraumatic stress disorder (PTSD) accounts for approximately 25% of PTSD cases.

Current models do not adequately explain the delayed increases in PTSD symptoms after trauma exposure.

OBJECTIVE

To test the roles of initial psychiatric reactions, mild traumatic brain injury (MTBI), and ongoing stressors on delayed-onset PTSD.

DESIGN, SETTING, AND PARTICIPANTS

In this prospective cohort study, patients were selected from recent admissions to 4 major trauma hospitals across Australia. A total of 1084 traumatically injured patients were assessed during hospital admission from April 1, 2004, through February 28, 2006, and 785 (72.4%) were followed up at 3, 12, and 24 months after injury.

MAIN OUTCOME AND MEASURE

Severity of PTSD was determined at each assessment with the Clinician-Administered PTSD Scale.

RESULTS Of those who met PTSD criteria at 24 months, 44.1% reported no PTSD at 3 months and 55.9% had subsyndromal or full PTSD. In those who displayed subsyndromal or full PTSD at 3 months, PTSD severity at 24 months was predicted by prior psychiatric disorder, initial PTSD symptom severity, and type of injury. In those who displayed no PTSD at 3 months, PTSD severity at 24 months was predicted by initial PTSD symptom severity, MTBI, length of hospitalization, and the number of stressful events experienced between 3 and 24 months.

CONCLUSIONS AND RELEVANCE

These data highlight the complex trajectories of PTSD symptoms over time. This study also points to the roles of ongoing stress and MTBI in delayed cases of PTSD and suggests the potential of ongoing stress to compound initial stress reactions and lead to a delayed increase in PTSD symptom severity. This study also provides initial evidence that MTBI increases the risk of delayed PTSD symptoms, particularly in those with no acute symptoms.

<http://www.tandfonline.com/doi/abs/10.1080/10911359.2013.795064>

Military Sexual Assault: An Ongoing and Prevalent Problem.

Carla Groves

Journal of Human Behavior in the Social Environment

Vol. 23, Iss. 6, 2013

Despite the fact that military sexual trauma (MST) is an ongoing and prevalent problem, it is a crime that is often under-reported because of biases inherent to the military machine, as well as being difficult to treat due to ineffective or inaccessible services. This article discusses the history and current prevalence rates of MST as well as possible factors contributing to the issue. Current legislation is discussed that, if

passed, would help to identify current needs and bring education, prevention, treatment, and access to care to effective levels within the military.

<http://www.ncbi.nlm.nih.gov/pubmed/23781905>

Brain Inj. 2013 Jun 19. [Epub ahead of print]

Predictors of health-related quality-of-life following traumatic brain injury.

Williamson ML, Elliott TR, Berry JW, Underhill AT, Stavrinou D, Fine PR.

Source: Department of Educational Psychology, Texas A&M University , College Station, TX , USA .

Primary objective:

To examine the predictive associations of family satisfaction, functional impairment, pain, and depression on health-related quality-of-life (HRQoL) among persons with traumatic brain injury (TBI) through structural equation modelling (SEM).

Research design:

Participants were part of a larger longitudinal study of adjustment following TBI. Direct and indirect effects of predictor variables on HRQoL were analyzed through SEM.

Methods and procedures:

The sample included 131 participants with TBI (89 men, 42 women) who had been discharged from an acute care hospital. The Sickness Impact Profile was administered to measure HRQoL at or beyond 24 months post-discharge. Predictor variable measures included the Functional Independence Measure, Family Satisfaction Scale and single items assessing the presence of pain and depression.

Main outcomes and results:

SEM revealed direct effects of functional impairment ($p < 0.001$), family satisfaction ($p < 0.01$), depression ($p < 0.05$) and pain ($p < 0.01$) on HRQoL. Indirect effects from functional impairment ($p < 0.05$) and pain ($p < 0.05$) to HRQoL through depression were also present.

Conclusions:

The presence of pain and depression, greater functional impairment and lower family satisfaction were predictively associated with lower HRQoL. Depression further mediated the effects of pain and functional impairment on HRQoL. The present study advances understanding of the ways in which pain, depression and functional impairment predict HRQoL.

<http://www.ncbi.nlm.nih.gov/pubmed/23784737>

J Psychopharmacol. 2013 Jun 19. [Epub ahead of print]

A review of the adverse effects and safety of noradrenergic antidepressants.

Whiskey E, Taylor D.

Source: Pharmacy Department, South London and Maudsley NHS Foundation Trust, London, UK.

There are a variety of noradrenergic antidepressants available, most of which act by inhibiting neuronal noradrenaline re-uptake, although few drugs are specific for this action. Where drugs have numerous actions the adverse effects of noradrenaline reuptake may be difficult to isolate, although in this respect the adverse effects of reboxetine, a specific noradrenaline re-uptake inhibitor, are illuminating.

Noradrenergic antidepressants typically cause minor changes in blood and heart rate, sweating and insomnia. Other pharmacological actions shown by non-specific antidepressants may act to worsen or mitigate these adverse effects. Noradrenergic drugs are less likely than selective serotonin reuptake inhibitors (SSRIs) to cause sexual dysfunction but more likely to cause urinary hesitancy. Doubts remain over the relative propensity for antidepressants with different modes of action to cause diabetes and hyponatraemia. Noradrenergic actions do not seem to confer a risk of death in overdose.

<http://www.ncbi.nlm.nih.gov/pubmed/23782590>

BMC Psychiatry. 2013 Jun 19;13(1):172. [Epub ahead of print]

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

van Dam D, Ehring T, Vedel E, Emmelkamp PM.

BACKGROUND:

This randomized controlled trial (RCT) investigated the effectiveness of a combined treatment for comorbid 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://www.ncbi.nlm.nih.gov/pubmed/22984850>

BMC Med Res Methodol. 2012 Sep 17;12:145. doi: 10.1186/1471-2288-12-145.

Reliability, validity and administrative burden of the community reintegration of injured service members computer adaptive test (CRIS-CAT)".

Resnik L, Borgia M, Ni P, Pirraglia PA, Jette A.

Source: Providence VA Medical Center, Providence, RI 02908, USA. Linda.Resnik@va.gov

BACKGROUND:

The Computer Adaptive Test version of the Community Reintegration of Injured Service Members measure (CRIS-CAT) consists of three scales measuring Extent of, Perceived Limitations in, and Satisfaction with community integration. The CRIS-CAT was developed using item response theory methods. The purposes of this study were to assess the reliability, concurrent, known group and predictive validity and respondent burden of the CRIS-CAT. The CRIS-CAT was developed using item response theory methods. The purposes of this study were to assess the reliability, concurrent, known group and predictive validity and respondent burden of the CRIS-CAT.

METHODS:

This was a three-part study that included a 1) a cross-sectional field study of 517 homeless, employed, and Operation Enduring Freedom/Operation Iraqi Freedom (OEF/OIF) Veterans; who completed all items in the CRIS item set, 2) a cohort study with one year follow-up study of 135 OEF/OIF Veterans, and 3) a 50-person study of CRIS-CAT administration. Conditional reliability of simulated CAT scores was calculated from the field study data, and concurrent validity and known group validity were examined using Pearson product correlations and ANOVAs. Data from the cohort were used to examine the ability of the CRIS-CAT to predict key one year outcomes. Data from the CRIS-CAT administration study were used to calculate ICC (2,1) minimum detectable change (MDC), and average number of items used during CAT administration.

RESULTS:

Reliability scores for all scales were above 0.75, but decreased at both ends of the score continuum.

CRIS-CAT scores were correlated with concurrent validity indicators and differed significantly between the three Veteran groups ($P < .001$). The odds of having any Emergency Room visits were reduced for Veterans with better CRIS-CAT scores (Extent, Perceived Satisfaction respectively: OR = 0.94, 0.93, 0.95; $P < .05$). CRIS-CAT scores were predictive of SF-12 physical and mental health related quality of life scores at the 1 year follow-up. Scales had ICCs >0.9 . MDCs were 5.9, 6.2, and 3.6, respectively for Extent, Perceived and Satisfaction subscales. Number of items (mn, SD) administered at Visit 1 were 14.6 (3.8) 10.9 (2.7) and 10.4 (1.7) respectively for Extent, Perceived and Satisfaction subscales.

CONCLUSION:

The CRIS-CAT demonstrated sound measurement properties including reliability, construct, known group and predictive validity, and it was administered with minimal respondent burden. These findings support the use of this measure in assessing community reintegration.

<http://www.ncbi.nlm.nih.gov/pubmed/23795758>

J Pers Disord. 2013 Jun 24. [Epub ahead of print]

Impact of Treatment Intensity on Suicidal Behavior and Depression in Borderline Personality Disorder: A Critical Review.

Davidson KM, Tran CF.

The effectiveness of less versus more intensive psychological therapies in reducing suicidal behavior and depression in suicidal patients with borderline personality disorder (BPD) was examined. Electronic databases were searched. Trials were separated into less versus more intensive therapies. Suicidal acts and depression outcome data were assessed. Six trials met search criteria (cognitive-behavioral therapy for personality disorder, mentalization-based therapy, dialectical behavior therapy). Seven measures of suicidal acts and two measures of depression were used in studies. Both less and more intensive therapies report significant decreases in suicidal behaviors. Apart from one small trial, both less and more intensive therapies report decreases in depression with no differences between therapies and control conditions. Two follow-up studies showed that reductions in suicidal behavior and depression are maintained over time. The authors conclude that both less and more intensive therapies are effective in treating depression and suicidal behaviors in patients with BPD. Clinicians should deliver the least intensive interventions that will provide these significant health gains.

<http://www.ncbi.nlm.nih.gov/pubmed/23797824>

J Clin Psychol. 2013 Jun 24. doi: 10.1002/jclp.22000. [Epub ahead of print]

Transient Insomnia Versus Chronic Insomnia: A Comparison Study of Sleep-Related Psychological/Behavioral Characteristics.

Yang CM, Lin SC, Cheng CP.

Source: National Chengchi University, Taiwan.

OBJECTIVES:

Vulnerability to transient insomnia is regarded as a predisposing factor for chronic insomnia. However, most individuals with transient insomnia do not develop chronic insomnia. The current study investigated the differential contributing factors for these two conditions to further the understanding of this phenomenon.

METHOD:

Chronic insomnia patients and normal sleepers with high and low vulnerability to transient insomnia completed measures of pre-sleep arousal, dysfunctional sleep beliefs, and sleep-related safety behaviors.

RESULTS:

Both cognitive and somatic pre-sleep arousals were identified as significant predictors for transient insomnia. Dysfunctional beliefs regarding worry about insomnia and cognitive arousal were predictors for chronic insomnia. Sleep-related safety behavior, although correlated with insomnia severity, was not a significant predictor for both conditions.

CONCLUSIONS:

Dysfunctional beliefs associated with worry and losing control over sleep are the most critical factors in differentiating chronic insomnia from transient insomnia. These factors should be addressed to help prevent individuals with high sleep vulnerability from developing chronic sleep disturbance.

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<http://www.ncbi.nlm.nih.gov/pubmed/23797608>

Cell Biochem Biophys. 2013 Jun 25. [Epub ahead of print]

Efficacy of Repetitive Transcranial Magnetic Stimulation in the Treatment of Patients with Chronic Primary Insomnia.

Jiang CG, Zhang T, Yue FG, Yi ML, Gao D.

Source: Department of Sleep and Psychology, Institute of Surgery Research, Daping Hospital, Third Military Medical University, Chongqing, 400042, China.

This study assessed the efficacy of repetitive transcranial magnetic stimulation (rTMS) in the treatment of patients with chronic primary insomnia. Hundred and twenty patients with chronic primary insomnia were randomly assigned to three study groups (n = 40 per group): rTMS, medication, or psychotherapy treatment (both latter as controls). The treatments proceeded for 2 weeks, after which treatment

efficacies were assessed in each study group based on changes in polysomnography parameters, Pittsburgh sleep quality index, and indices of HPA and HPT axes (serum cortisol, adrenocorticotropic hormone, highly sensitive thyrotropin, free T3, and free T4). Further, the relapse and recurrence rates within 3 months after respective treatments were also measured. rTMS treatment significantly better ($p < 0.05$) improved stage III sleep and REM sleep cycle compared with both control groups. Further, rTMS treatment group was more advantageous in improving the indices of HPA and HPT axes ($p < 0.05$ vs. both control groups). In addition, the relapse and recurrence rates were also the lowest in rTMS treatment group. In conclusion, rTMS treatment is more advantageous than both medication and psychotherapy treatments in improving the sleep architecture. Further, rTMS significantly decreases the body awakening level and provides a better long-term treatment effect.

<http://www.ncbi.nlm.nih.gov/pubmed/23295550>

Psychother Psychosom. 2013;82(2):82-8. doi: 10.1159/000343131. Epub 2012 Dec 22.

Writing therapy for posttraumatic stress: a meta-analysis.

van Emmerik AA, Reijntjes A, Kamphuis JH.

Source: Department of Clinical Psychology, University of Amsterdam, Amsterdam, The Netherlands.
a.a.p.vanemmerik@uva.nl

BACKGROUND:

Face-to-face psychological treatments have difficulty meeting today's growing mental health needs. For the highly prevalent posttraumatic stress (PTS) conditions, accumulating evidence suggests that writing therapy may constitute an efficient treatment modality, especially when administered through the Internet. We therefore conducted a meta-analysis to investigate the efficacy of writing therapies for PTS and comorbid depressive symptoms.

METHODS:

The literature was searched using several structured and unstructured strategies, including key word searches of the PubMed, Web of Science, PsycINFO, and PILOTS databases. Six studies met eligibility criteria and were included in the analyses. These studies included a total of 633 participants, of which 304 were assigned to writing therapy.

RESULTS:

Across 5 direct comparisons of writing therapy to waiting-list control, writing therapy resulted in significant and substantial short-term reductions in PTS and comorbid depressive symptoms. There was no difference in efficacy between writing therapy and trauma-focused cognitive behavioral therapy, but we caution that this finding was based on only 2 direct comparisons.

CONCLUSIONS:

Writing therapy is an evidence-based treatment for PTS, and constitutes a useful treatment alternative

for patients who do not respond to other evidence-based treatments. Internet adaptations of writing therapy for PTS may be especially useful for reaching trauma survivors in need of evidence-based mental health care who live in remote areas or who prefer to retain their anonymity.

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<http://www.ncbi.nlm.nih.gov/pubmed/23792857>

Stud Health Technol Inform. 2013;191:125-7.

The effect of military motion-assisted memory desensitization and reprocessing treatment on the symptoms of combat-related post traumatic stress disorder: first preliminary results.

Vermetten E, Meijer L, van der Wurff P, Mert A.

Source: Military Mental Health - Research, Department of Defense, The Netherlands.

Although the symptoms of Post-Traumatic Stress Disorder (PTSD) in the general and military population seem very similar, combat-related PTSD (cr-PTSD) is typically thought to be more severe due to the repeated and prolonged exposure of traumatic events. Therapeutic adherence is reported a problem in military populations compromising treatment efficacy. Therefore, a new potential supplementary treatment is specially designed for patients with cr-PTSD. This intervention is called Military Motion Memory Desensitization and Reprocessing (3MDR). The treatment incorporates key elements of successful treatments as Virtual Reality Exposure (VRE) and Eye Movement Desensitization Reprocessing (EMDR) and adds motion to the condition. We aimed at designing a treatment procedure that preserved dual task processing principle, yet introduced new engagement by performing the desensitization during motion by to walking on a treadmill. Moreover, we aimed at exposure to real high-affect pictures of deployment setting. Subjects walk a repetitive cycle while walking and viewing high affect pictures of deployment scenes. Dual task processing was maintained by an oscillating ball. Aspects of presence are adhered to, to maximize possible positive outcome.

METHOD:

Two veterans with chronic PTSD, received four weekly sessions of 3MDR therapy. The indicator of effectiveness was difference in CAPS (Clinical Administrated PTSD Scale)-score. The treatment was designed on the Computer Assisted Rehabilitation Environment (CAREN) facility.

RESULTS:

The 3MDR treatment did further decrease PTSD symptoms. Patients were highly satisfied about the treatment and had no attention to drop out.

CONCLUSION:

The results of the two cases suggest that the 3MDR treatment is a successful, more additional treatment

that goes further into the patients affect where other treatment may stagnate. The presence was highly appreciated. Further research with more patients needs to be performed to obtain more reliable results.

<http://www.ncbi.nlm.nih.gov/pubmed/23792855>

Stud Health Technol Inform. 2013;191:115-9.

Heart Rate Response to Fear Conditioning and Virtual Reality in Subthreshold PTSD.

Roy MJ, Costanzo ME, Jovanovic T, Leaman S, Taylor P, Norrholm SD, Rizzo AA.

Source: Uniformed Services University of the Health Sciences, Department of Medicine, Bethesda, MD, USA.

Posttraumatic stress disorder (PTSD) is a significant health concern for U.S. military service members (SMs) returning from Afghanistan and Iraq. Early intervention to prevent chronic disability requires greater understanding of subthreshold PTSD symptoms, which are associated with impaired physical health, mental health, and risk for delayed onset PTSD. We report a comparison of physiologic responses for recently deployed SMs with high and low subthreshold PTSD symptoms, respectively, to a fear conditioning task and novel virtual reality paradigm (Virtual Iraq). The high symptom group demonstrated elevated heart rate (HR) response during fear conditioning. Virtual reality sequences evoked significant HR responses which predicted variance of the PTSD Checklist-Military Version self-report. Our results support the value of physiologic assessment during fear conditioning and combat-related virtual reality exposure as complementary tools in detecting subthreshold PTSD symptoms in Veterans.

<http://www.ncbi.nlm.nih.gov/pubmed/23792469>

Clin Psychol Rev. 2013 May 14;33(6):728-744. doi: 10.1016/j.cpr.2013.05.002. [Epub ahead of print]

Pretrauma risk factors for posttraumatic stress disorder: A systematic review of the literature.

Digangi JA, Gomez D, Mendoza L, Jason LA, Keys CB, Koenen KC.

Source: DePaul University, USA. Electronic address: jdigangi@depaul.edu.

As it has become clear that most individuals exposed to trauma do not develop PTSD, it has become increasingly important to examine pretrauma risk factors. However, PTSD research has overwhelmingly relied on retrospective accounts of trauma, which is beleaguered by problems of recall bias. To further our understanding of PTSD's etiology, a systematic review of 54 prospective, longitudinal studies of PTSD published between 1991 and 2013 were examined. Inclusion criteria required that all individuals were assessed both before and after an index trauma. Results revealed six categories of pretrauma predictor variables: 1) cognitive abilities; 2) coping and response styles; 3) personality factors; 4)

psychopathology; 5) psychophysiological factors; and 6) social ecological factors. The results indicated that many variables, previously considered outcomes of trauma, are pretrauma risk factors. The review considered these findings in the context of the extant retrospective PTSD literature in order to identify points of overlap and discrepancy. Pretrauma predictor categories were also used to conceptualize variable risk for PTSD. Limitations and directions for future research are discussed.

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<http://www.ncbi.nlm.nih.gov/pubmed/23790507>

Child Abuse Negl. 2013 Jun 18. pii: S0145-2134(13)00160-9. doi: 10.1016/j.chiabu.2013.05.006. [Epub ahead of print]

PTSD and marital satisfaction in military service members: Examining the simultaneous roles of childhood sexual abuse and combat exposure.

Miller AB, Schaefer KE, Renshaw KD, Blais RK.

Source: Department of Psychology, George Mason University, 4400 University Drive MS 3F5, Fairfax, VA 22203, USA.

Childhood sexual abuse (CSA) is relatively common and is associated with a multitude of negative outcomes in adulthood, including posttraumatic stress disorder (PTSD) and lower marital satisfaction. However, CSA has been understudied in military samples. The purpose of the present study was to examine the relative contributions of CSA and combat exposure to PTSD and marital satisfaction. Two hundred eighteen National Guard/Reserve veterans who deployed overseas between 2001 and 2008 completed self-report measures of CSA, marital satisfaction, combat exposure, and PTSD symptom severity. Data were analyzed using linear regression and path analysis to evaluate a comprehensive model including all variables. CSA accounted for unique variance in PTSD symptom severity independent of combat exposure. CSA also had a negative direct association with marital satisfaction, independent of combat exposure and PTSD symptom severity. In contrast, combat exposure had only a negative indirect association with marital satisfaction via PTSD when all variables were examined simultaneously. CSA accounted for unique variance in both PTSD symptom severity and marital satisfaction in this sample of combat veterans. Clinically, results suggest that assessment and treatment of CSA is indicated for military veterans suffering from PTSD. Further, treatment of CSA may improve marital satisfaction, which may positively affect psychological functioning in the veteran.

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<http://www.ncbi.nlm.nih.gov/pubmed/23788694>

Psychosom Med. 2013 Jun 20. [Epub ahead of print]

Effectiveness of Group Versus Individual Cognitive-Behavioral Therapy in Patients With Abridged Somatization Disorder: A Randomized Controlled Trial.

Moreno S, Gili M, Magallón R, Bauzá N, Roca M, Del Hoyo YL, Garcia-Campayo J.

Source: Institut Universitari d'Investigació en Ciències de la Salut (M.G., N.B., M.R.), University of Balearic Islands, Palma de Mallorca, Balears, Spain; Red de Investigación en Actividades Preventivas y Promoción de la Salud (M.G., R.M., M.R., Y.L.d.H., J.G.-C.), Barcelona, Spain; Facultad de Ciencias de la Salud (S.M.); University San Jorge, Zaragoza; Department of Psychology (Y.L.d.H.); Arrabal Health Center (R.M.), Department of Family Medicine; and Miguel Servet University Hospital (J.G.-C.), Instituto Aragonés de Ciencias de la Salud, Department of Psychiatry, University of Zaragoza, Zaragoza, Spain.

Objective

To evaluate the effectiveness and feasibility of a cognitive-behavioral program for patients in primary care units who were diagnosed as having abridged somatization disorder.

Method

A multicenter, randomized controlled trial was designed. One hundred sixty-eight patients were recruited from 29 primary care units and randomly assigned to one of three arms: treatment as usual (TAU), individual cognitive-behavioral therapy (CBT), and group CBT. Somatic symptoms were measured using the Screening for Somatoform Disorders and the Severity of Somatic Symptoms scale. The Hamilton Anxiety Rating Scale and the Hamilton Depression Rating Scale were used to assess the severity of anxiety and depression.

Results

Individual CBT achieves greater changes in the Screening for Somatoform Disorders posttreatment compared with group CBT (mean [95% confidence interval], 14.17 [11.9-16.3] versus 11.63 [9.4-13.7], $p < .001$). These improvements were observed at 6 and 12 months ($p < .001$ and $p < .001$, respectively). For individual CBT versus TAU, the number-needed-to-treat was 8, whereas for group CBT versus TAU, the number-needed-to-treat was 9. Individual CBT treatment resulted in lower anxiety scores compared with group CBT and TAU (7.33 [5.4-9.2] versus 11.47 [9.4-13.9] versus 13.07 [10.9-15.2], $p < .001$) posttreatment. Individual CBT and group CBT were associated with sustained benefits at 12-month follow-up compared with TAU (8.6 [6.6-10.6] versus 9.28 [7.2-11.2] versus 16.2 [13.9-18.5], $p < .001$). Depressive symptoms were lower for individual CBT posttreatment than for TAU (6.96 [5.3-8.6] versus 10.87-12.7], $p < .01$).

Conclusions

CBT in individual and group settings results in significant improvements in somatic symptoms among patients with somatoform abridged disorder compared with TAU. Individual CBT results in greater posttreatment improvements at 6-month and 12-month follow-ups.

Trial Registration current controlled trials identifier ISRCTN69944771.

<http://www.tandfonline.com/doi/abs/10.1080/10911359.2013.795068>

Spouse Psychological Well-Being: A Keystone to Military Family Health.

Sara Green, Paula S. Nurius, Patricia Lester

Journal of Human Behavior in the Social Environment

Vol. 23, Iss. 6, 2013

Understanding predictors of military spouse psychosocial vulnerability informs efforts to assess, identify, and support at-risk spouses and families. In this analysis, we test the effects of family stress and strain on military spouse psychological health, using a sample of female civilian spouses (n = 161). Regression findings confirm expectations of the significant contribution of family stressors, strain, and resources in explaining variation in spouses' psychological health, controlling for deployment and socioeconomic factors. Identifying the effects of family stress on military spouse psychological health supports the need for family-centered interventions and prevention programs.

<http://www.tandfonline.com/doi/abs/10.1080/10911359.2013.795078>

An Examination of a Case Study with a Military Family and its Involvement with Child Protective Services.

Amon O. Porter

Journal of Human Behavior in the Social Environment

Vol. 23, Iss. 6, 2013

This theoretical article examines a case study of a military family and the family's involvement with Child Protective Services. The study initially gives a general overview of child maltreatment including the definition of child maltreatment. The article then highlights the risk factors of child maltreatment in military families. Resiliency theory identifies the strengths that mitigate the risk factors. The article concludes by discussing the social work implications of child abuse investigations involving the military and public child welfare agencies.

<http://www.tandfonline.com/doi/abs/10.1080/07377363.2013.796262>

Move Out and Forget It: An Exploratory Look at the Effects of Deployment on the Education of Military Personnel.

James B. Thomason

The Journal of Continuing Higher Education

Vol. 61, Iss. 2, 2013

Situational and institutional barriers to adult learning are common. Some people circumvent these barriers. They save money or pursue scholarships to fund their education. They find ways to organize their time so that they can complete assignments while employed. They seek help at home with child care and household maintenance. They challenge the structures or circumstances that may prevent them from obtaining the education they want. However, there is a significant group of adult learners who must, as a matter of routine, delay or halt their education, and they have a severely limited ability to alter the circumstances in their favor. Today, members of the U.S. military, hereinafter referred to as "soldiers," face deployments away from their homes as a matter of routine, and these deployments often interrupt or stop the affected person's education, sometimes until the individual has left the military.

<https://digital.library.txstate.edu/bitstream/handle/10877/4648/Blackall,Anson.pdf>

Creating a Stronger Military Family

Honors Thesis

Presented to the Honors Committee of
Texas State University - San Marcos
in Partial Fulfillment of the Requirements
for Graduation in the Honors College

May 2013

I have chosen to write my thesis in a form of a proposal in order to help the families of Fort Hood. Being a future Army officer, I plan on having my own family one day. I want a program in place to help military families grow stronger with each other, so that when I leave to go serve my country, the experiences and memories I have had with them will resonate throughout my absence. Because of deployment, military families are separated for long lengths of time. PTSD, anxiety, and many other issues arise because of things like combat stress, and these problems could lead to a division of a family along with potential psychological disorders (Tanielian, 2008). Specifically at Ft. Hood, the "Family Readiness Groups" are not effective, and the MWR Programs are the primary aid for families on the base (Stogner, Personal Communication.). I have a passion for family. I have created something that is focused on the children of these families; this allows military families to become closer as a whole, to develop stronger relationships with each other in order to be successful and happy as a military family. My proposal is to create an annual camping trip that would create high morale and good memories for the families of Ft. Hood. This gives families opportunities to create a stronger family unit, and in turn, creating a stronger

soldier. It is my opinion that the families would be interested in this because of the fun and bonding aspect of the camp. This trip would help create an opportunity for a family to grow closer with each other as well as generate an unforgettable experience.

<http://www.tandfonline.com/doi/abs/10.1080/10911359.2013.795049>

A Bioecological Model of Deployment Risk and Resilience.

Nikki R. Wooten

Journal of Human Behavior in the Social Environment

Vol. 23, Iss. 6, 2013

A deployment risk and resilience model is proposed to describe military service and deployment-related factors influencing post-deployment reintegration and post-deployment behavioral health. Adapted from the resiliency model, it is a multiphasic framework consistent with biopsychosocial and strengths-based perspectives by focusing on vulnerability, risk, and resilience resulting from military service, deployment experiences, and feedback loops that occur over the life course. The article is divided into three broad sections that discuss (1) theoretical underpinnings of the model, (2) key components of the model, and (3) future directions for military social work practice.

<http://www.tandfonline.com/doi/abs/10.1080/10911359.2013.795046>

Army Social Work: Helping At-Risk Soldiers Come Home.

Derrick Arincorayan, Larry Applewhite, Erica DiJoseph, Audrey Ahlvers, Alexander Mangindin

Journal of Human Behavior in the Social Environment

Vol. 23, Iss. 6, 2013

In 2010, the Department of the Army implemented the Comprehensive Behavioral Health System of Care Campaign Plan designed, in part, to create a seamless system of behavioral health care. To execute the directive's intent to screen deployed soldiers at risk for domestic violence, depression, posttraumatic stress disorder, and substance abuse, Tripler Army Medical Center deployed a fourperson behavioral health team to Iraq to assist in screening soldiers preparing to redeploy home. This article describes the process employed by the team to conduct the mission and discusses strategies to assist at-risk soldiers to access care after a combat deployment.

<http://informahealthcare.com/doi/abs/10.3109/09638288.2013.802376>

Psychosocial outcomes of an inclusive adapted sport and adventurous training course for military personnel.

David Carless, Suzanne Peacock, Jim McKenna, and Carlton Cooke

Posted online on June 19, 2013. (doi:10.3109/09638288.2013.802376)

Purpose:

To explore the psychosocial outcomes of an inclusive adapted sport and adventurous training course that aims to support the rehabilitation and personal development of military personnel who have sustained physical and/or psychological disability.

Method:

Narrative life story interviews were conducted with 11 men aged 20–43 taking part in one of the 5-day courses. A thematic narrative analysis was conducted, focusing on accounts that provided insights into personally meaningful psychosocial outcomes of the course.

Findings:

We identified six themes, falling into two distinct clusters. “Bringing me back to myself” was achieved through the themes of (1) returning to activity, (2) rediscovering a sense of purpose, and (3) reconnecting to others. “New rooms to explore” was realised through (4) experiencing new activities, (5) being valued/respected/cared for and (6) being inspired by other people.

Conclusion:

Involvement in the course stimulated a balance of present- and future-oriented psychosocial outcomes through which participants both recreated aspects of themselves that had been lost through injury/trauma and moved forward with their lives as a result of new horizons of possibility.

Implications for Rehabilitation

This 5-day inclusive adapted sport and adventurous training course offered meaningful psychosocial outcomes among military personnel who had experienced physical and/or psychological disability.

The course helped participants recover aspects of their previous life and self through becoming physically active again, rediscovering a sense of purpose and reconnecting to others.

Participants describe a broadening of life horizons as a result of the course, through new activities, being valued/respected/cared for, and being inspired by other people.

<http://www.tandfonline.com/doi/abs/10.1080/10911359.2013.795054>

Traumatic Grief among African American Soldiers Exposed to Combat: Implications for Social Work Education.

Oliver J. Johnson, Imani Nia Johnson

Journal of Human Behavior in the Social Environment

Vol. 23, Iss. 6, 2013

Grief and loss issues are major concerns that trauma-affected African American service personnel may present to social workers. MSW graduate degree programs typically include context-specific and evidence-based training specific to the practice of effective work with families adversely affected by the same. Unfortunately, very little has appeared in the literature regarding either the content or the method for teaching grief and loss counseling in these preparation programs. According to the Congressional Quarterly Weekly, more U.S. servicemen committed suicide than were killed in combat in Afghanistan and Iraq in 2010.

<http://www.tandfonline.com/doi/abs/10.1080/10911359.2013.795073>

Social Media and Military Families: A Perspective.

Pat Matthews-Juarez, Paul D. Juarez, Roosevelt T. Faulkner

Journal of Human Behavior in the Social Environment

Vol. 23, Iss. 6, 2013

The role that social media plays in the lives of military families is enormous, whether the service person is on duty in the United States, overseas, or in a war zone. It also plays a role in the reintegration of military personnel into civilian life. Definitions and concepts of social media, health, and well-being are presented. The authors examine the military response to the phenomena of social media. The authors raise questions about the future role of research in documenting the potential effects of social media on the psychosocial health and well-being of service men and women and their families.

<http://www.tandfonline.com/doi/abs/10.1080/10911359.2013.795088>

The Army Internship Program: Enhancing Mission Readiness for Uniformed Army Social Workers.

Reginald W. Howard

Journal of Human Behavior in the Social Environment

Vol. 23, Iss. 6, 2013

Army uniformed social workers perform as members of the Army Medical Department's team of health care providers. Uniformed social workers of the past and those of today are involved in ensuring the well-being of soldiers and their families during peace and war. The training and development of the

post-MSW social worker is an area lacking attention in the literature. This article focuses on an innovative military post-MSW training program that simultaneously prepares the social worker for clinical work in multiple military practice areas while also preparing the trainee for independent social work licensure. In the 4 years since implementation, this 2-year training program has become the model for the professional development of new uniformed Army social workers.

<http://www.sciencedirect.com/science/article/pii/S0306460313001603>

Co-occurring Mental Health and Alcohol Misuse: Dual Disorder Symptoms in Combat Injured Veterans.

Kevin J. Heltemes, Mary C. Clouser, Andrew J. MacGregor, Sonya B. Norman, Michael R. Galarneau

Addictive Behaviors, Available online 18 June 2013

Objective

Service members face difficulties during military deployment potentially resulting in morbidities such as posttraumatic stress disorder (PTSD), depression, and alcohol misuse. The co-occurrence of alcohol misuse and mental health disorders is termed dual disorder and has been associated with adverse outcomes.

Methods

The study included 812 high-risk (i.e., endorsing combat exposure with documented combat injury) male U.S. veterans of Operation Iraqi Freedom, injured between October 2004 and November 2007, identified from the Expeditionary Medical Encounter Database.

Results

PTSD and depression symptoms were significant correlates of alcohol misuse. Veterans with dual disorder symptoms reported a significantly higher mean number of health complaints on the Post-Deployment Health Reassessment compared with those endorsing only mental health symptoms.

Conclusions

These results highlight how mental health disorders among injured service members increases the odds of problem drinking and those with dual disorder have elevated health complaints.

<http://www.sciencedirect.com/science/article/pii/S0306453013001510>

The ankyrin-3 gene is associated with posttraumatic stress disorder and externalizing comorbidity.

Mark W. Logue, Nadia Solovieff, Melanie P. Leussis, Erika J. Wolf, Efthymia Melista, Clinton Baldwin, Karestan C. Koenen, Tracey L. Petryshen, Mark W. Miller

Psychoneuroendocrinology, Available online 21 June 2013

Background

The ankyrin 3 gene (ANK3) produces the ankyrin G protein that plays an integral role in regulating neuronal activity. Previous studies have linked ANK3 to bipolar disorder and schizophrenia. A recent mouse study suggests that ANK3 may regulate behavioral disinhibition and stress reactivity. This led us to hypothesize that ANK3 might also be associated with stress-related psychopathology such as posttraumatic stress disorder (PTSD), as well as disorders of the externalizing spectrum such as antisocial personality disorder and substance-related disorders that are etiologically linked to impulsivity and temperamental disinhibition.

Methods

We examined the possibility of association between ANK3 SNPs and both PTSD and externalizing (defined by a factor score representing a composite of adult antisociality and substance abuse) in a cohort of white non-Hispanic combat veterans and their intimate partners ($n = 554$). Initially, we focused on rs9804190—a SNP previously reported to be associated with bipolar disorder, schizophrenia, and ankyrin G expression in brain. Then we examined 358 additional ANK3 SNPs utilizing a multiple-testing correction.

Results

rs9804190 was associated with both externalizing and PTSD ($p = 0.028$ and $p = 0.042$ respectively). Analysis of other ANK3 SNPs identified several that were more strongly associated with either trait. The most significant association with externalizing was observed at rs1049862 ($p = 0.00040$, $p_{corrected} = 0.60$). The most significant association with PTSD ($p = 0.00060$, $p_{corrected} = 0.045$) was found with three SNPs in complete linkage disequilibrium (LD)—rs28932171, rs11599164, and rs17208576.

Conclusions

These findings support a role of ANK3 in risk of stress-related and externalizing disorders, beyond its previous associations with bipolar disorder and schizophrenia.

<http://commons.pacificu.edu/cassoc/21/>

Veterans Treatment Courts: An Experiment in Therapeutic Jurisprudence for Combat Veterans.

Taylor Brummett, Pacific University

Date of Award

2013

Document Type

Capstone Project

Department

Sociology, Anthropology and Social Work

Combat veterans face significant obstacles upon their return home. The damage inflicted by combat duty can leave a veteran scarred and suffering from many mental health challenges, including PTSD, TBI, substance abuse, and depression—among others. Officials in the criminal justice system have noticed an increase in veteran arrests since the onset of the U.S. War on Terror. In the year 2011—in San Francisco County, CA alone—the county jail booked in an average of 97 veterans a day. Responding to this rising problem, a growing number of counties in the U.S. have begun developing Veteran Treatment Courts as a diversion program for combat veterans who have committed their first criminal offense. These programs are designed to hold veterans responsible for their criminal actions, while providing specialized services that acknowledge their service and the challenges they face as returning veterans. This Senior Capstone project examines the history, model, and evaluation of Veterans Treatment Courts and proposes the establishment of one in Washington County, Oregon.

<http://archpsyc.jamanetwork.com/article.aspx?articleID=1698779>

A Multisite Analysis of the Fluctuating Course of Posttraumatic Stress Disorder.

Bryant RA, O'Donnell ML, Creamer M, McFarlane AC, Silove D JAMA Psychiatry. 2013;():1-8.

Importance

Delayed-onset posttraumatic stress disorder (PTSD) accounts for approximately 25% of PTSD cases. Current models do not adequately explain the delayed increases in PTSD symptoms after trauma exposure.

Objective

To test the roles of initial psychiatric reactions, mild traumatic brain injury (MTBI), and ongoing stressors on delayed-onset PTSD.

Design, Setting, and Participants

In this prospective cohort study, patients were selected from recent admissions to 4 major trauma hospitals across Australia. A total of 1084 traumatically injured patients were assessed during hospital admission from April 1, 2004, through February 28, 2006, and 785 (72.4%) were followed up at 3, 12, and 24 months after injury.

Main Outcome and Measure

Severity of PTSD was determined at each assessment with the Clinician-Administered PTSD Scale.

Results

Of those who met PTSD criteria at 24 months, 44.1% reported no PTSD at 3 months and 55.9% had subsyndromal or full PTSD. In those who displayed subsyndromal or full PTSD at 3 months, PTSD severity at 24 months was predicted by prior psychiatric disorder, initial PTSD symptom severity, and type of injury. In those who displayed no PTSD at 3 months, PTSD severity at 24 months was predicted by initial PTSD symptom severity, MTBI, length of hospitalization, and the number of stressful events experienced between 3 and 24 months.

Conclusions and Relevance

These data highlight the complex trajectories of PTSD symptoms over time. This study also points to the roles of ongoing stress and MTBI in delayed cases of PTSD and suggests the potential of ongoing stress to compound initial stress reactions and lead to a delayed increase in PTSD symptom severity. This study also provides initial evidence that MTBI increases the risk of delayed PTSD symptoms, particularly in those with no acute symptoms.

<http://www.ncbi.nlm.nih.gov/pubmed/23348150>

J Clin Psychol. 2013 Jan 24. doi: 10.1002/jclp.21948. [Epub ahead of print]

The Future of Cognitive Behavioral Therapy for Insomnia: What Important Research Remains to Be Done?

Vitiello MV, McCurry SM, Rybarczyk BD.

Source: University of Washington.

The efficacy of cognitive-behavioral therapy for insomnia (CBT-I) to improve both short- and long-term outcomes in both uncomplicated and comorbid insomnia patients has been repeatedly and conclusively demonstrated. Further demonstrations of efficacy, per se, in additional comorbid insomnia populations are likely not the best use of limited energy and resources. Rather, we propose that future CBT-I research would be better focused on three key areas: (a) increasing treatment efficacy, particularly for more clinically relevant outcomes; (b) increasing treatment effectiveness and potential for translation into the community, with a particular focus on variants of CBT-I and alternative delivery modalities within primary healthcare systems; and (c) increasing CBT-I practitioner training and dissemination.

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<http://www.ncbi.nlm.nih.gov/pubmed/23801567>

J Clin Psychol. 2013 Jun 25. doi: 10.1002/jclp.22010. [Epub ahead of print]

From Bedside Back to Bench? A Commentary on: "The Future of Cognitive Behavioral Therapy for Insomnia: What Important Research Remains to Be Done?"

Kyle SD, Crawford MR, Espie CA.

Source: University of Manchester.

In this month's issue of the Journal of Clinical Psychology, Vitiello and colleagues articulate an important research agenda that will help advance cognitive-behavioral therapy for insomnia (CBT-I) research and clinical practice. In addition to this ambitious agenda, we also propose that pursuing a parallel research

program, focusing on treatment mechanisms and process will help move the CBT-I field forward and optimize therapeutic dissemination and uptake.

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<http://www.ncbi.nlm.nih.gov/pubmed/23798980>

Psychosoc Med. 2013 Jun 17;10:Doc03. Print 2013.

Emotional ambivalence and post-traumatic stress disorder (PTSD) in soldiers during military operations.

Jerg-Bretzke L, Walter S, Limbrecht-Ecklundt K, Traue HC.

Source: University of Ulm, Department of Psychosomatic Medicine and Psychotherapy, Medical Psychology, Ulm, Germany.

Objective:

This pilot study examined the extent to which a specific mechanism of emotion regulation - namely, ambivalence concerning the expressiveness of German soldiers' emotions - affects the severity of PTSD symptoms after a military operation.

Methodology:

A survey was conducted at three points in time among 66 soldiers deployed on military crisis operations. The Harvard Trauma Questionnaire (HTQ), the Ambivalence over Emotional Expressiveness Questionnaire (AEQ-G18), and a questionnaire on the particular stress of German soldiers during military operations were used.

Results:

The study showed a significant correlation between emotional ambivalence and traumatization. Furthermore, it was shown that the subjective stress of soldiers leading up to deployment is more pronounced when emotional ambivalence is stronger in the context of military operations. This particular stress is greater before and during the military operation than after. Compared to a male control sample, the average AEQ-G18 scores of the soldier sample examined here are considerably lower.

Conclusion:

This pilot study clearly indicates that the AEQ-G18 could be a suitable predictor of the psychological burden on soldiers. The correlations between emotional ambivalence on the one hand and the particular and post-traumatic stressors on the other hand are not only statistically significant in the present pilot study, but may also be relevant as risk factors. It is, therefore, necessary to conduct more extensive studies on soldiers participating in military operations to verify the results of this pilot study.

<http://onlinelibrary.wiley.com/doi/10.1111/bdi.12092/abstract>

Risk assessment and psychosocial interventions for suicidal patients.

Chesin M, Stanley B.

Bipolar Disorders

Article first published online: 20 JUN 2013

Objectives

Suicide is a leading cause of death in the USA. Although factors elevating long-term risk for suicide are known and include bipolar disorder, signs of imminent suicide risk are difficult to study and not well specified. Acute risk determinations must be made to determine the appropriate level of care to safeguard patients. To increase safety among at-risk patients in the short term and to decrease risk over time, psychosocial interventions to prevent suicide have been developed and tested in acute care and outpatient settings.

Method

A narrative review of studies of imminent risk factors for suicide, suicide risk decision-making, and psychosocial suicide prevention interventions was conducted.

Results

Although some long-term risk factors of suicide have been established, accurate identification of individuals at imminent risk for suicide is difficult. Therefore, prevention efforts targeting individuals at high suicide behavior risk discharging from acute care settings tend to be generic and focus on psychoeducation and supportive follow-up contact. Data regarding the effectiveness of brief interventions (i.e., those not requiring more than one individualized treatment session) are mixed, showing better outcomes in the shorter term and when the incidence of suicidal behavior or ideation is the outcome. With respect to longer-term suicide prevention interventions (i.e., those with a minimum of ten sessions), Dialectical Behavior Therapy has the largest evidence base.

Conclusions

To improve suicide prevention efforts, more rigorous study of imminent risk factors and psychosocial interventions is needed. Adaptations specific to individuals with bipolar disorder are possible and needed.

<http://tps.sagepub.com/content/early/2013/06/20/1363461513488077.abstract>

Coping in plain sight: Work as a local response to event-related emotional distress in contemporary U.S. society.

Douglas Hollan

Transcultural Psychiatry

Published online before print June 20, 2013

This article examines how middle-class psychotherapy clients in Southern California use work as a coping strategy in the aftermath of distressing life events. It begins by arguing why all such distress in the aftermath of unbidden and unanticipated events are “local” distresses, embedded in particular social and interpersonal contexts, and then discusses the various ways in which people may use cultural resources, including ordinary, mundane, everyday routines and practices, such as work, to express and cope with emotional distress. Three case studies are used to illustrate how work can be used to avoid emotional distress, to conceal it, and also to acknowledge and heal it.

Links of Interest

Miyoko Hikiji, Soldier, Author, and Model, Iowa

<http://www.the-beheld.com/2013/06/miyoko-hikiji-soldier-author-and-model.html>

Clues in the Cycle of Suicide

<http://well.blogs.nytimes.com/2013/06/24/clues-in-the-cycle-of-suicide/>

In Debate Over Military Sexual Assault, Men Are Overlooked Victims

<http://www.nytimes.com/2013/06/24/us/in-debate-over-military-sexual-assault-men-are-overlooked-victims.html>

Vietnam vets with PTSD more than twice as likely to have heart disease

<http://www.nih.gov/news/health/jun2013/nhlbi-25.htm>

Army initiating collaborative effort to address TBI, PTSD

http://www.army.mil/article/106212/Army_initiating_collaborative_effort_to_address_TBI_PSTD/

Counseling Options for Service Members and Their Families

http://www.militaryonesource.mil/casualty/relationship-challenges-transitions?content_id=268934

Questions to Ask a Veteran’s Health Care Providers

http://www.caregiver.va.gov/pdfs/Questions_to_Ask_a_Veterans_Health_Care_Providers.pdf

Traumatic Brain Injury: A Focus on Family and Caregivers

http://www.polytrauma.va.gov/downloads/VA_TBI_Caregiver_Factsheet.pdf

Research Tip of the Week: [Reuters Factboxes](#)

This is a direct link to the “just-the-facts-ma’am” info boxes that appear with Reuters news articles. Basically, it’s a continually updated collection of info-nuggets related to contemporary issues. Keyword searchable.

The screenshot shows the Reuters website interface. At the top, there is a navigation bar with the Reuters logo, a dropdown menu for 'EDITION: U.S.', and links for 'Register', 'Sign In', and social media icons. A search bar is located on the right side of the navigation bar. Below the navigation bar, there is a main menu with categories: Home, Business, Markets, World, Politics, Tech, Opinion, Breakingviews, Money, Life, Pictures, and Video. The main content area is titled 'Search Results for "factbox"'. It features a search input field containing 'factbox' and a 'SEARCH' button. To the right of the search input is a 'Symbol' field with a 'GET QUOTE' button. Below the search bar, there are tabs for 'NEWS', 'BLOGS', 'VIDEO', and 'PICTURES'. The 'NEWS' tab is selected. The search results are displayed in two columns. The left column shows five news items, each with a title, a brief description, and a date. The right column shows 'VIDEO RESULTS' and 'PICTURES RESULTS'. The 'VIDEO RESULTS' section shows three video thumbnails with titles and dates. The 'PICTURES RESULTS' section shows one picture thumbnail with a title and date.

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factbox SEARCH Symbol GET QUOTE

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Results 1 - 10 of 14100

Factbox: Major Supreme Court decisions on gay rights
- The Supreme Court was expected to issue rulings on Wednesday in two high-profile gay marriage cases in its latest review of discrimination based on sexual ...
Wed Jun 26, 2013 1:07am EDT

Factbox: List of states that legalized gay marriage
- Twelve of the 50 US states plus Washington, DC, have legalized gay marriage. The US Supreme Court was expected on Wednesday to ...
Wed Jun 26, 2013 1:07am EDT

FACTBOX: Tennis-Big men's shocks at Wimbledon
LONDON - Wimbledon has witnessed some seismic shocks down the years but the defeats suffered by defending champion Roger Federer and Rafa Nadal this week rank ...
Wed Jun 26, 2013 4:05pm EDT

Factbox: List of US states that permit gay marriage
- The US Supreme Court on Wednesday let stand a lower-court ruling throwing out California's voter-approved ban on gay marriage, while also striking down a ...
Wed Jun 26, 2013 12:41pm EDT

Factbox- Injured players out of Wimbledon on Day Three
LONDON - Wimbledon was hit by a record number of retirements and walkovers on Wednesday as injuries forced seven players to quit the singles events on Day ...
Wed Jun 26, 2013 1:13pm EDT

VIDEO RESULTS

Results 1 - 3 of 140

FACTBOX: The market carnage in the last 4 days thanks to the Fed
Tue, Jun 25 2013

FACTBOX: The Fed's financial shock wave
Thu, Jun 20 2013

FACTBOX: Big CEO breakups
Thu, Jun 13 2013

PICTURES RESULTS

Results 1 - 2 of 2

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File photo of Lewis Hamilton celebrating F1 Championship in Sau ...
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