



CDP Research Update -- August 15, 2013

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- Does caring for trauma patients lead to psychological stress in surgeons?
- Pre-deployment daytime and nighttime sleep complaints as predictors of post-deployment PTSD and depression in National Guard troops.
- Health Progress - Journal of the Catholic Health Association of the United States (May-June 2013 -- Special Section: Bringing Vets Home)
- Women's mental health clinic: a naturalistic description of the population attended in the San Diego VA Health Care System during a one year period.

- No role for initial severity on the efficacy of antidepressants: results of a multi-meta-analysis.
- Still Serving in Silence: Transgender Service Members and Veterans in the National Transgender Discrimination Survey
- Auricular Acupuncture: A Brief Introduction for Military Providers.
- Links of Interest
- Research Tip of the Week: Know Before You Go – Traffic Cameras

http://www.afhsc.mil/viewMSMR?file=2013/v20_n07.pdf

Medical Surveillance Monthly Report

Armed Forces Health Surveillance Center

July 2013 (Mental Health Issue)

Volume 20, Number 7

More than 2.6 million service members of the active component, National Guard and Reserve have deployed – many repeatedly – in support of combat operations in Iraq and Afghanistan over the last 12 years. It is well recognized that exposure to combat can increase the risk of developing mental health conditions. Although the majority of service members who have deployed will not develop depression, anxiety, or post-traumatic stress disorder (PTSD), everyone who has deployed will change to some degree and, once home, will find a new “normal” in a fairly quick amount of time.

For some service members, though, it doesn’t work that way. Some combat veterans have witnessed gruesome events. They might have seen their best efforts fail to prevent their friends from being killed or wounded by improvised explosive device (IED) explosions or other hostile fire. They have had to come to terms with the fact that any person, including women and children, could be their enemy. Even more disturbing, they may have been involved in the accidental deaths of innocent civilians including children.

Sometimes the reality of what these service members have experienced is indescribable and usually unimaginable to those who have not been to war and witnessed its horrors. When many service members return from deployments, they are confused and fearful and they experience high levels of depression, anxiety, or symptoms of PTSD they do not fully understand.

<http://www.sciencedirect.com/science/article/pii/S0306453013002266>

The use of biomarkers in the military: From theory to practice.

Rachel Yehuda, Thomas C. Neylan, Janine D. Flory, Alexander C. McFarlane

Psychoneuroendocrinology, Available online 5 August 2013

This paper provides a summary of relevant issues covered in the conference, “The Use of Biomarkers in the Military: Theory to Practice” held at the New York Academy of Science on September 14, 2012. The conference covered the state of the science in identification of PTSD biomarkers, including, the definition of different classes of biomarkers pertaining to PTSD. The aim of the satellite conference was to bring together researchers who have been supported by the Department of Defense, Veterans Administration, National Institutes of Health, and other agencies around the world, who are interested in the identification of biomarkers for PTSD risk, diagnosis, symptom severity and treatment response, for a discussion of salient issues regarding biomarker development for PTSD, as well as special considerations for the use of biomarkers in the military.

<http://www.sciencedirect.com/science/article/pii/S1877042813017801>

Effectiveness of Imagery Rescripting and Reprocessing Therapy on Suicidal Ideation in Individuals with Suicide Attempt History.

Shirin Rahnema, Morteza Tarkhan, Javad Khalatbari

Procedia - Social and Behavioral Sciences, Volume 84, 9 July 2013, Pages 1095–1099

Suicidal is consequence of mental pain over of individual endurance. Depressed and formerly suicidal patients reported experiencing detailed mental imagery. Imagery rescripting and reprocessing therapy is applied across a wide range of psychological disorders like suicidality. In this study two groups, each of them 13 patients were examined by Beck's depression and suicide scale inventories. Experimental group received 2-9 (mean 6.5) sessions of IRT. Univariate covariance analysis demonstrated large treatment effects. Omission of suicidal ideation was observed in the patients significantly. Our findings provide evidence that IRT is effective technique in treatment of suicidal ideation.

<http://www.healio.com/psychiatry/journals/PsycAnn/%7BFB860376-5B7D-4BC5-84F0-F9FB1C720E42%7D/The-Role-of-Service-Dog-Training-in-the-Treatment-of-Combat-Related-PTSD>

The Role of Service Dog Training in the Treatment of Combat-Related PTSD.

Rick Yount, MS, LSW; Elspeth Cameron Ritchie, MD, MPH; Matthew St. Laurent, MS, OTR; Perry Chumley, DVM, MPH; Meg Daley Olmert

Psychiatric Annals

June 2013 - Volume 43 · Issue 6: 292-295

In response to the critical need for adjunctive treatments for soldiers with refractory forms of mental injury — primarily posttraumatic stress disorder (PTSD) — the US military is developing complementary and alternative medicine (CAM) techniques, including animal-assisted intervention (AAI).

CAM modalities include therapies such as yoga, meditation, and creative art therapies, shown to have an effect on the mind's capacity to regulate the brain and body's response to social and environmental challenges by reducing stress and enhancing the immune function through the release of the neuropeptide oxytocin by the brain.

Oloff et al suggest PTSD symptom treatment would be improved by increasing endogenous levels of oxytocin through optimizing of social support. Studies show that dogs can provide such an optimization of social support and that positive interactions with dogs may offer a safe, effective, and relatively inexpensive way to increase endogenous levels of oxytocin and other important anti-stress agents in humans.

<http://psycnet.apa.org/journals/ocp/18/3/327/>

Longitudinal analysis of psychological resilience and mental health in Canadian military personnel returning from overseas deployment.

Lee, Jennifer E. C.; Sudom, Kerry A.; Zamorski, Mark A.

Journal of Occupational Health Psychology, Vol 18(3), Jul 2013, 327-337

The relationship between exposure to combat stressors and poorer postdeployment health is well documented. Still, some individuals are more psychologically resilient to such outcomes than others. Researchers have sought to identify the factors that contribute to resilience in order to inform resilience-building interventions. The present study assessed the criterion validity of a model of psychological resilience composed of various intrapersonal and interpersonal variables for predicting mental health among Canadian Forces (CF) members returning from overseas deployment. Participants included 1,584 male CF members who were deployed in support of the mission in Afghanistan between 2008 and 2010. Data on combat experiences and mental health collected through routine postdeployment screening were linked with historical data on the intrapersonal and interpersonal variables from the model. The direct and moderating effects of these variables were assessed using multiple linear regression analyses. Analyses revealed direct effects of only some intrapersonal and interpersonal resilience variables, and provided limited support for moderating effects. Specifically, results emphasized the protective nature of conscientiousness, emotional stability, and positive social interactions. However, other variables demonstrated unexpected negative associations with postdeployment mental health (e.g., positive affect and affectionate social support). Ultimately, results highlight the complexities of resilience, the limitations of previous cross-sectional research on resilience, and potential targets for resilience-building interventions. Additional longitudinal research on the stability of resilience is recommended to build a better understanding of how resilience processes may

change over time and contribute to mental health after adverse experiences. (PsycINFO Database Record (c) 2013 APA, all rights reserved)

<http://www.tandfonline.com/doi/abs/10.1080/15228835.2013.814750>

Development Guidelines from a Study of Suicide Prevention Mobile Applications (Apps).

Regina T. P. Aguirre, Mary K. McCoy, Michelle Roan

Journal of Technology in Human Services

Vol. 31, Iss. 3, 2013

Every day, Americans are inundated with advertisements and appeals to purchase the latest mobile technology in the form of smart phones, tablets, and their accompanying applications (apps). Human service organizations (HSOs) across the United States have begun to recognize that apps can provide a valuable resource for individuals and communities by addressing social issues. Additionally, forward-thinking HSOs are aware that apps are a fresh and important way of reaching a rapidly changing, tech-savvy population. But just like the marketplace at large yields a variety of apps that range from useful and engaging to poorly contrived and ineffective, HSOs' foray into app development has achieved mixed results. This report analyzes existing mobile applications available for one specific field of HSO service delivery—suicide prevention—in order to describe what is currently available and to generate beginning guidelines for the development, implementation, and evaluation of new suicide prevention apps for underserved populations. Twenty-seven apps were analyzed and recommendations for HSOs and future research are presented.

<http://www.ingentaconnect.com/content/amsus/zmm/2013/00000178/00000008/art00014>

Testing a Resilience Model Among Canadian Forces Recruits.

Authors: Skomorovsky, Alla; Stevens, Sonya

Source: Military Medicine, Volume 178, Number 8, August 2013 , pp. 829-837(9)

Evidence suggests that personal characteristics serve as resilience factors, and may protect military personnel against the development of psychological distress, even during stressful conditions. Structural equation modeling analyses were conducted on data from Canadian Forces candidates undertaking their basic training (N = 200) to test the fit of a model of resilience that is comprised of several individual characteristics, such as personality, hardiness, and coping. The most parsimonious model of resilience with the best fit to the data was identified. This model consisted of neuroticism, military hardiness, and problem-solving coping. The results of the study were consistent with previous research, showing that personality, military hardiness, and coping are important predictors of life satisfaction and health. The

proposed resilience model offers a useful approach for the development of training programs to enhance readiness and recovery in the military context.

<http://www.ingentaconnect.com/content/amsus/zmm/2013/00000178/00000008/art00015>

Psychological Health of Military Children: Longitudinal Evaluation of a Family-Centered Prevention Program to Enhance Family Resilience.

Authors: Lester, Patricia; Stein, Judith A.; Saltzman, William; Woodward, Kirsten; MacDermid, Shelley W.; Milburn, Norweeta; Mogil, Catherine; Beardslee, William

Source: Military Medicine, Volume 178, Number 8, August 2013 , pp. 838-845(8)

Family-centered preventive interventions have been proposed as relevant to mitigating psychological health risk and promoting resilience in military families facing wartime deployment and reintegration. This study evaluates the impact of a family-centered prevention program, Families OverComing Under Stress Family Resilience Training (FOCUS), on the psychological adjustment of military children. Two primary goals include (1) understanding the relationships of distress among family members using a longitudinal path model to assess relations at the child and family level and (2) determining pathways of program impact on child adjustment. Multilevel data analysis using structural equation modeling was conducted with deidentified service delivery data from 280 families (505 children aged 3-17) in two follow-up assessments. Standardized measures included service member and civilian parental distress (Brief Symptom Inventory, PTSD Checklist-Military), child adjustment (Strengths and Difficulties Questionnaire), and family functioning (McMaster Family Assessment Device). Distress was significantly related among the service member parent, civilian parent, and children. FOCUS improved family functioning, which in turn significantly reduced child distress at follow-up. Salient components of improved family functioning in reducing child distress mirrored resilience processes targeted by FOCUS. These findings underscore the public health potential of family-centered prevention for military families and suggest areas for future research.

<http://www.ingentaconnect.com/content/amsus/zmm/2013/00000178/00000008/art00016>

Changes in Stigma and Barriers to Care Over Time in U.K. Armed Forces Deployed to Afghanistan and Iraq Between 2008 and 2011.

Authors: Osório, Carlos; Jones, Norman; Fertout, Mohammed; Greenberg, Neil

Source: Military Medicine, Volume 178, Number 8, August 2013 , pp. 846-853(8)

Stigmatizing beliefs about seeking help for mental health conditions and perceived barriers to care (BTC) may influence the decision to seek support and treatment in U.K. military personnel. Many coalition partners, including the U.K. Armed Forces (UKAF), have made considerable efforts to reduce stigma/BTC

although the impact of these efforts over time has not been assessed. We surveyed a total of 23,101 UKAF personnel who deployed to Afghanistan and Iraq between 2008 and 2011 and examined whether stigma/BTC levels changed during this time. The results suggested that stigma, including the fear of being treated differently by commanders and loss of trust among peers, was greater than perceived BTC. The likelihood of reporting stigma/BTC, although significantly greater during deployment than postdeployment, reduced significantly over the survey period. A similar reduction was less apparent during postdeployment phase. These findings support the notion that UKAF's anti-stigma campaigns may have had some positive effects, particularly among deployed personnel. However, we suggest that stigma still plays a part in inhibiting help-seeking, particularly during deployment when stigma rates are higher, and that a careful balance must be struck between encouraging help-seeking and maintaining the operational effectiveness of deployed personnel.

<http://www.ingentaconnect.com/content/amsus/zmm/2013/00000178/00000008/art00017>

A Yoga Program for the Symptoms of Post-Traumatic Stress Disorder in Veterans.

Authors: Staples, Julie K.; Hamilton, Michelle F.; Uddo, Madeline

Source: Military Medicine, Volume 178, Number 8, August 2013 , pp. 854-860(7)

The purpose of this pilot study was to evaluate the feasibility and effectiveness of a yoga program as an adjunctive therapy for improving post-traumatic stress disorder (PTSD) symptoms in Veterans with military-related PTSD. Veterans (n = 12) participated in a 6 week yoga intervention held twice a week. There was significant improvement in PTSD hyperarousal symptoms and overall sleep quality as well as daytime dysfunction related to sleep. There were no significant improvements in the total PTSD, anger, or quality of life outcome scores. These results suggest that this yoga program may be an effective adjunctive therapy for improving hyperarousal symptoms of PTSD including sleep quality. This study demonstrates that the yoga program is acceptable, feasible, and that there is good adherence in a Veteran population.

<http://www.ingentaconnect.com/content/amsus/zmm/2013/00000178/00000008/art00028>

United States Military Service Members and Their Tattoos: A Descriptive Study.

Authors: Lande, R. Gregory; Bahroo, Bhagwan A.; Soumoff, Alyssa

Source: Military Medicine, Volume 178, Number 8, August 2013 , pp. 921-925(5)

To explore the characteristics of military service tattoos a descriptive study was conducted at Walter Reed Army Medical Center to collect information from a convenience sample. An investigator-developed questionnaire provided the data for this study. Over the ensuing 12 month-period the researchers collected 126 questionnaires. Typical respondents were enlisted men with at least one

deployment to an area of combat operations. Among the respondents, 57% acquired their tattoos before their deployment. One-quarter of the respondents reported only one tattoo, leaving the majority with multiple tattoos. Men received their first tattoo at an earlier age than women. The most common tattoo listed a person's name. Respondents did not regret their tattoos and rarely acquired the body art under the influence of alcohol or drugs. Little evidence was found to support a connection between tattoos and deployment. Few regretted their decisions and most all approached the tattoo experience free of any mind-altering substance. All this seems to suggest that military tattoos are a well-accepted means of self-expression.

<http://onlinelibrary.wiley.com/doi/10.1002/jts.21830/abstract>

Outcomes of Prolonged Exposure Therapy for Veterans With Posttraumatic Stress Disorder.

Goodson, J. T., Lefkowitz, C. M., Helstrom, A. W. and Gawrysiak, M. J.

Journal of Traumatic Stress

Volume 26, Issue 4, pages 419–425, August 2013

Prolonged Exposure (PE) is an evidenced-based psychotherapy for posttraumatic stress disorder (PTSD) that is being disseminated nationally within the U.S. Department of Veterans Affairs (VA) with promising initial results. Empirical evidence, however, regarding the effectiveness of PE for treatment of PTSD in military veterans is limited. Building on previous treatment outcome research, the current study investigated the effectiveness of PE in a diverse veteran sample. One-hundred fifteen veterans were enrolled in PE at an urban VA medical center and its surrounding outpatient clinics. PTSD and depression symptoms as well as quality of life were measured before and after treatment. Several baseline patient characteristics were examined as predictors of treatment response. Eighty-four participants completed treatment. Participants experienced a 42% reduction in PTSD symptoms, a 31% reduction in depression symptoms, and an increase in quality of life following PE. Veterans not prescribed psychotropic medication reported greater PTSD symptom reduction than veterans prescribed such medication. The implications of these results for treatment programs targeting PTSD in veterans are discussed.

<http://onlinelibrary.wiley.com/doi/10.1002/jts.21832/abstract>

Loving-Kindness Meditation for Posttraumatic Stress Disorder: A Pilot Study.

Kearney, D. J., Malte, C. A., McManus, C., Martinez, M. E., Felleman, B. and Simpson, T. L.

Journal of Traumatic Stress

Volume 26, Issue 4, pages 426–434, August 2013

Loving-kindness meditation is a practice designed to enhance feelings of kindness and compassion for self and others. Loving-kindness meditation involves repetition of phrases of positive intention for self and others. We undertook an open pilot trial of loving-kindness meditation for veterans with posttraumatic stress disorder (PTSD). Measures of PTSD, depression, self-compassion, and mindfulness were obtained at baseline, after a 12-week loving-kindness meditation course, and 3 months later. Effect sizes were calculated from baseline to each follow-up point, and self-compassion was assessed as a mediator. Attendance was high; 74% attended 9–12 classes. Self-compassion increased with large effect sizes and mindfulness increased with medium to large effect sizes. A large effect size was found for PTSD symptoms at 3-month follow-up ($d = -0.89$), and a medium effect size was found for depression at 3-month follow-up ($d = -0.49$). There was evidence of mediation of reductions in PTSD symptoms and depression by enhanced self-compassion. Overall, loving-kindness meditation appeared safe and acceptable and was associated with reduced symptoms of PTSD and depression. Additional study of loving-kindness meditation for PTSD is warranted to determine whether the changes seen are due to the loving-kindness meditation intervention versus other influences, including concurrent receipt of other treatments.

<http://onlinelibrary.wiley.com/doi/10.1002/jts.21822/abstract>

Reexperiencing Symptoms, Dissociation, and Avoidance Behaviors in Daily Life of Patients With PTSD and Patients With Panic Disorder With Agoraphobia.

Pfaltz, M. C., Michael, T., Meyer, A. H. and Wilhelm, F. H.

Journal of Traumatic Stress

Volume 26, Issue 4, pages 443–450, August 2013

Panic attacks are frequently perceived as life threatening. Panic disorder (PD) patients may therefore experience symptoms of posttraumatic stress disorder (PTSD). The authors explored this in 28 healthy controls, 17 PTSD patients, and 24 PD patients with agoraphobia who completed electronic diaries 36 times during 1 week. Patient groups frequently reported dissociation as well as thoughts, memories, and reliving of their trauma or panic attacks. PTSD patients reported more trauma/panic attack thoughts (incidence rate ratio [IRR] = 2.9) and memories (IRR = 2.8) than PD patients. Patient groups relived their trauma or panic attacks equally frequently, and reported comparable bodily reactions and distress associated with trauma or panic attack memories. Clinical groups avoided trauma or panic attack reminders more often than healthy controls (avoidance of trauma- or panic attack-related thoughts [IRR = 8.0]; avoidance of things associated with the trauma or panic attack [IRR = 40.7]). PD patients avoided trauma or panic attack reminders less often than PTSD patients (avoidance of trauma- or panic attack-related thoughts [IRR = 2.5]; avoidance of things associated with the trauma or panic attack [IRR = 4.1]), yet these differences were nonsignificant when controlling for functional impairment. In conclusion, trauma-like symptoms are common in PD with agoraphobia and panic attacks may be processed similarly as trauma in PTSD.

<http://onlinelibrary.wiley.com/doi/10.1002/jts.21828/abstract>

Gender Differences in Subjective Sleep After Trauma and the Development of Posttraumatic Stress Disorder Symptoms: A Pilot Study.

Kobayashi, I. and Delahanty, D. L.

Journal of Traumatic Stress

Volume 26, Issue 4, pages 467–474, August 2013

Women are at higher risk than men for developing posttraumatic stress disorder (PTSD) following certain types of trauma such as accidents and assaults. Sleep disturbances have been implicated in the development of PTSD. Although gender differences in objective sleep soon after trauma have been found in a prior polysomnographic study, gender differences in subjective sleep soon after trauma and their associations to the development of PTSD have not been examined. This pilot study prospectively examined whether gender moderated the relationship between subjective sleep soon after trauma and PTSD symptom development. Injury patients (17 women, 28 men) completed a sleep questionnaire and a 1-week sleep diary 2 weeks after their injuries, and the Clinician Administered PTSD Scale at 7-weeks postinjury. Results showed that women reported greater frequency of nightmares and disruptive nocturnal behaviors (e.g., hot flashes, memories/nightmares about trauma) following the trauma and more severe PTSD symptoms at 7 weeks. Further, gender moderated the relationship between sleep-onset latency and PTSD symptom severity, such that longer sleep-onset latency predicted more severe PTSD symptoms in men, but less severe PTSD symptoms in women. These findings suggest that gender-specific mechanisms may underlie the relationship between sleep impairment and the development of PTSD.

<http://onlinelibrary.wiley.com/doi/10.1002/jts.21834/abstract>

Spontaneous and Deliberate Dissociative States in Military Personnel: Are Such States Helpful?

Morgan, C. A. and Taylor, M. K.

Journal of Traumatic Stress

Volume 26, Issue 4, pages 492–497, August 2013

This study explored distinctions between spontaneous and deliberate dissociative states in 335 military personnel exposed to stressful survival training. Participants completed the Clinician-Administered Dissociative States Scale (CADSS) after a stressful mock-captivity event. They were also asked to indicate whether the dissociative experiences just happened (i.e., spontaneous), or whether they chose to have them happen (i.e., deliberate); and whether they appraised the dissociative experience as helpful (i.e.,

facilitative) or hurtful (i.e., debilitating) to their ability to cope with the stressful event. A majority (95.4%) endorsed dissociative states during stress. More than half (57.4%) described dissociative experiences as spontaneous, 13.0% as deliberate, and 29.5% endorsed neither. In Special Forces soldiers only, those who endorsed facilitative dissociation exhibited higher total CADSS scores than those who endorsed debilitating dissociation. Seventy-three percent of spontaneous dissociators described the experience as debilitating to coping with stress; conversely, 76% of deliberate dissociators said these experiences facilitated coping with stress. Individuals with prior trauma exposure tended to appraise dissociative states as more debilitating to coping. This research may enhance the fidelity of studies of dissociation constructs and may offer pivot points for prevention and treatment of stress-related disorders.

<http://onlinelibrary.wiley.com/doi/10.1002/jts.21827/abstract>

Relationships Among Predeployment Risk Factors, Warzone-Threat Appraisal, and Postdeployment PTSD Symptoms.

Franz, M. R., Wolf, E. J., MacDonald, H. Z., Marx, B. P., Proctor, S. P. and Vasterling, J. J.

Journal of Traumatic Stress

Volume 26, Issue 4, pages 498–506, August 2013

Funding was provided by the U.S. Army Medical Research and Materiel Command (DAMD 17-03-0020) and Department of Veterans Affairs (VA) Clinical Sciences Research and Development. The primary funding organizations had no role in the scientific aspects of the study or the preparation of the manuscript. Erika Wolf's efforts on this project were supported by a VA Career Development Award. The manuscript underwent scientific and administrative review within the U.S. Army Research Institute for Environmental Medicine. The views expressed in this article are those of the authors and do not reflect the official policy or position of the Department of the Army or Department of Veterans Affairs. We are grateful for the input provided by Drs. Kevin Brailey, Frank Castro, Laura Grande, Christopher Harte, Lewina Lee, Anica Pless Kaiser, Heather Kapson, Mary Alice Mills, and Dawne Vogt. Finally, we thank the soldiers for volunteering their time to participate in the study and for their military service.

<http://onlinelibrary.wiley.com/doi/10.1002/jts.21823/abstract>

Impact of Coping Style and PTSD on Family Functioning After Deployment in Operation Desert Shield/Storm Returnees.

Creech, S. K., Benzer, J. K., Liebsack, B. K., Proctor, S. and Taft, C. T.

Journal of Traumatic Stress

The relationship between military combat and postdeployment family functioning difficulties has been frequently investigated in the literature, as has the relationship between types of coping and posttraumatic stress disorder (PTSD). Few studies, however, have examined these variables together, and no studies of which we are aware have examined the effect of coping on family functioning after combat exposure. This study examined coping style measured immediately after return from deployment, and PTSD symptoms and family functioning 18–24 months after return from deployment in a sample of Operation Desert Shield/Storm veterans ($N = 2,949$). Structural equation models suggested that the relationships between distinct coping styles on family functioning were differentially mediated by postdeployment PTSD symptoms. Results are consistent with full mediation for avoidant coping ($\beta_{\text{direct}} = -.09$, $p = .07$; $\beta_{\text{indirect}} = -.17$, $p < .001$) and partial mediation for approach coping ($\beta_{\text{direct}} = .16$, $p < .001$; $\beta_{\text{indirect}} = .09$, $p < .001$). Results suggest that the strategies used to cope with a combat stress event may impact both PTSD and family functioning outcomes, and highlight the potential utility of pre- and postdeployment coping skills training.

<http://www.ncbi.nlm.nih.gov/pubmed/23924351>

Pain Med. 2013 Aug 7. doi: 10.1111/pme.12208. [Epub ahead of print]

Self-Reported Pain Complaints among Afghanistan/Iraq Era Men and Women Veterans with Comorbid Posttraumatic Stress Disorder and Major Depressive Disorder.

Runnals JJ, Van Voorhees E, Robbins AT, Brancu M, Straits-Troster K, Beckham JC, Calhoun PS.

Source: Mid-Atlantic Mental Illness Research Educational and Clinical Center (VISN 6 MIRECC), Durham, North Carolina; Durham Veterans Affairs Medical Center, Durham, North Carolina; Department of Psychiatry and Behavioral Sciences, Duke University Medical Center, Durham, North Carolina, USA.

OBJECTIVE:

Research has shown significant rates of comorbidity among posttraumatic stress disorder (PTSD), major depressive disorder (MDD), and pain in prior era veterans but less is known about these disorders in Iraq and Afghanistan war era veterans. This study seeks to extend previous work by evaluating the association among PTSD, MDD, and pain (back, muscle, and headache pain) in this cohort.

METHOD:

A sample of 1,614 veterans, recruited from 2005 to 2010, completed a structured clinical interview and questionnaires assessing trauma experiences, PTSD symptoms, depressive symptoms, and pain endorsement.

RESULTS:

Veterans with PTSD endorsed pain-related complaints at greater rates than veterans without PTSD. The

highest rate of pain complaints was observed in veterans with comorbid PTSD/MDD. Women were more likely to endorse back pain and headaches but no gender by diagnosis interactions were significant.

CONCLUSIONS:

Findings highlight the complex comorbid relationship between PTSD, MDD, and pain among Iraq and Afghanistan veterans. This observed association suggests that integrated, multidisciplinary treatments may be beneficial, particularly when multiple psychological and physical health comorbidities are present with pain. Further support may be indicated for ongoing education of mental health and primary care providers about these co-occurring disorders.

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<http://journal.publications.chestnet.org/article.aspx?articleid=1687333>

Sleep Disorders in US Military Personnel: A High Rate of Comorbid Insomnia and Obstructive Sleep Apnea.

Vincent Mysliwiec, MD, FCCP; Jessica Gill, PhD; Hyunhwa Lee, PhD; Tristin Baxter, AAS; Roslyn Pierce, BS; Taura L. Barr, PhD, RN; Barry Krakow, MD; Bernard J. Roth, MD, FCCP

Chest. 2013;144(2):549-557.

Background:

Sleep disturbances are among the most common symptoms of military personnel who return from deployment. The objective of our study was to determine the presence of sleep disorders in US military personnel referred for evaluation of sleep disturbances after deployment and examine associations between sleep disorders and service-related diagnoses of depression, mild traumatic brain injury, pain, and posttraumatic stress disorder (PTSD).

Methods:

This was a cross-sectional study of military personnel with sleep disturbances who returned from combat within 18 months of deployment. Sleep disorders were assessed by clinical evaluation and polysomnogram with validated instruments to diagnose service-related illnesses.

Results:

Of 110 military personnel included in our analysis, 97.3% were men (mean age, 33.6 ± 8.0 years; mean BMI, 30.0 ± 4.3 kg/m²), and 70.9% returned from combat within 12 months. Nearly one-half (47.3%) met diagnostic criteria for two or more service-related diagnoses. Sleep disorders were diagnosed in 88.2% of subjects; 11.8% had a normal sleep evaluation and served as control subjects. Overall, 62.7% met diagnostic criteria for obstructive sleep apnea (OSA) and 63.6% for insomnia. The exclusive diagnoses of insomnia and OSA were present in 25.5% and 24.5% of subjects, respectively; 38.2% had comorbid insomnia and OSA. Military personnel with comorbid insomnia and OSA were significantly

more likely to meet criteria for depression ($P < .01$) and PTSD ($P < .01$) compared with control subjects and those with OSA only.

Conclusions:

Comorbid insomnia and OSA is a frequent diagnosis in military personnel referred for evaluation of sleep disturbances after deployment. This diagnosis, which is difficult to treat, may explain the refractory nature of many service-related diagnoses.

<http://www.asianjournalofpsychiatry.com/article/S1876-2018%2813%2900194-9/abstract>

Suicide risk assessment and formulation: An update.

Vikas Menon

Asian Journal of Psychiatry - 09 August 2013

There continues to be a lack of clarity on how to assess individual cases for suicidal risk. Though a surfeit of information regarding patient risk factors for suicide is available, clinicians and mental health professionals face difficulties in integrating and applying this information to individuals, in order to come up with an assessment report that is at once comprehensive, operational and easily communicable. This article outlines the basic steps involved in risk assessment with a focus on applying and integrating them. Illustrative questions and examples are used to aid understanding where appropriate. The three major domains emphasized across all contemporary models of risk assessment are specific suicidal thoughts, risk factors and protective factors. Evidence based warning signs associated with near term risk of suicide are reviewed and various approaches proposed for risk formulation are discussed with the aim of providing usable and practical information regarding assessment and formulation of suicide risk. The importance of following a structured, systematic approach is highlighted.

<http://libres.uncg.edu/ir/listing.aspx?id=14170>

His and Hers: How Military Spouses Experience Physical Psychological and Relational Health.

Buchner, Lisa

Masters Thesis (2013)

East Carolina University

Within military couples military personnel and their civilian spouses experience both common and unique complexities due to their connection to the military; however the literature to date has only scratched the surface in investigating how the health of both members of the couple is influenced by this experience. The purpose of the present study was to extend what is currently known about the interface between biological psychological and relational health for military couples. Trends within the

literature reveal that civilian spouses often face significant challenges as a result of their connection to the military at a comparable level to their military husbands. The present study found that distress depression and physiological stress were significant predictors of wives' relational health factors (i.e. marital quality and marital satisfaction) but did not predict husbands' relational health. It is recommended that systemic assessments be developed to fully capture how each spouse's individual experiences inform the couple's relational health. In addition general mental health assessments including distress screenings should be implemented regularly for civilian spouses seeking services at military medical facilities. Lastly primary care military medical clinics should adopt an integrated care model to consider and treat medical and mental health concerns concurrently.

<http://link.springer.com/article/10.1007/s11606-013-2555-5>

Sexual Violence and Mental Health Symptoms Among National Guard and Reserve Soldiers.

Kate Walsh PhD, Karestan C. Koenen PhD, Gregory H. Cohen MSW, Robert Ursano MD, Robert K. Gifford PhD, Carol S. Fullerton PhD, Sandro Galea MD, DrPH

Journal of General Internal Medicine

August 2013

BACKGROUND

Reserve and National Guard (NG) soldiers report disproportionate mental health problems relative to active duty military upon returning from the Iraq and Afghanistan conflicts. However, few studies have examined whether exposure to particular types of traumatic events (e.g., lifetime sexual violence) is associated with this increased burden of psychopathology.

OBJECTIVE

The current study examined the prevalence of lifetime sexual violence exposure as well as the adjusted odds and population attributable fraction of psychopathology associated with sexual violence in a large sample of male and female Reserve and NG soldiers.

DESIGN

Baseline structured telephone interviews were conducted in 2009.

PARTICIPANTS

1,030 Reserve (23 % female) and 973 NG (15 % female) soldiers.

MAIN MEASURES

Four items assessed lifetime and deployment-related sexual violence. Probable lifetime and past-year posttraumatic stress disorder (PTSD) and depression were assessed with the PTSD Checklist and the Patient Health Questionnaire, respectively.

KEY RESULTS

Lifetime sexual violence prevalence was 37.4 % and 27.6 % among Reserve and NG women, and 4.3 % and 3.7 % among Reserve and NG men, respectively. Recent deployment-related sexual violence ranged from 1.4 to 2.6 % for women and 0 % for men. Regression analyses indicated that the adjusted odds of probable past-year and lifetime PTSD and depression were 1.2 to 3.5 times greater among those reporting sexual violence relative to non-victims. The proportion of probable lifetime PTSD and depression attributable to sexual violence was 45.2 % and 16.6 %, respectively, in the Reserves, and 10.3 % and 6.2 %, respectively, in the NG.

CONCLUSIONS

Lifetime sexual violence prevalence was high among female soldiers, with approximately one-third of Reserve and National Guard women reporting a history. The majority of sexual violence was not related to the most recent deployment; however, sexual violence contributed to a high burden of psychopathology. Findings emphasize a need to screen for lifetime sexual violence and associated mental disorders in military samples.

<http://onlinelibrary.wiley.com/doi/10.1002/da.22165/abstract>

Synchronous Telehealth Technologies in Psychotherapy for Depression.

Osenbach, J. E., O'Brien, K. M., Mishkind, M. and Smolenski, D. J.

Depression and Anxiety

Article first published online: 6 AUG 2013

Background

Many patients suffering from depression lack immediate access to care. The use of synchronous telehealth modalities to deliver psychotherapy is one solution to this problem. This meta-analysis examined differences in treatment efficacy for psychotherapy administered via synchronous telehealth as compared to standard nontelehealth approaches.

Method

We located 14 articles that met inclusion criteria of the use of a synchronous telehealth modality for treatment compared to a standard nontelehealth modality comparison group.

Results

Overall, a statistically significant systematic difference between modes of delivery was not identified ($g = 0.14$, $SE = 0.08$, $95\% \text{ CI} = [-0.03, 0.30]$, $P = .098$, $I^2 = 49.74\%$). Stratification methods and metaregression were used to analyze the contributions of type of comparison group, intervention modality, and targeted mental health outcome to moderation of effect size (ES) estimates and heterogeneity. Type of comparison group (face-to-face versus care-as-usual) had the strongest influence on observed heterogeneity and moderated the summary ES. The only detectable difference in efficacy was restricted

to studies that used care-as-usual as the comparison group ($g = 0.29$, $SE = 0.06$, $95\% \text{ CI} = [0.16, 0.41]$, $P < .001$, $I^2 = 5.14\%$).

Conclusions

Overall, we found no evidence to suggest that the delivery of psychotherapy via synchronous telehealth modalities is less effective than nontelehealth means in reducing depression symptoms.

<http://www.tandfonline.com/doi/abs/10.1080/00918369.2013.824322>

A Network Evaluation of Attitudes Toward Gays and Lesbians Among U.S. Military Cadets.

Kathryn A. Coronges, Katherine A. Miller, Christina I. Tamayo, Morten G. Ender

Journal of Homosexuality

Accepted author version posted online: 09 Aug 2013

The U.S. military's ban on open homosexuality has become an increasingly salient issue since its implementation in 1993 and its repeal in 2011. The military is an organization with a unique professional and social organization. Evaluating military attitudes from a network perspective may offer insight into the role of formal and informal leadership in engendering attitudinal change and cultural tolerance around homosexuality. This study evaluates the role of network centrality and network exposure across formal (command networks) and informal (friendship and perceived leadership networks) structures on attitudes towards homosexuality in the military. We analyze survey data from a single cadet company within the U.S. Military Academy ($n=139$) prior to the repeal of Don't Ask, Don't Tell. Results indicate that popular students tend to show tolerance towards homosexuality, while those who hold command leadership positions are more likely to have personal and professional opposition to homosexuality. In addition, formal superior-subordinate relations are somewhat more likely to suggest social contagion compared to informal leadership and friendship relations. Recommendations offer guidance for training strategies particularly with respect to a military leaders and socialization. Future research should monitor these issues relative to the post-DADT environment.

<http://www.ncbi.nlm.nih.gov/pubmed/23933107>

Behav Res Ther. 2013 Jul 13;51(10):669-679. doi: 10.1016/j.brat.2013.06.005. [Epub ahead of print]

Attentional bias and emotional reactivity as predictors and moderators of behavioral treatment for social phobia.

Niles AN, Mesri B, Burklund LJ, Lieberman MD, Craske MG.

Source: University of California, 1285 Franz Hall, Box 951563, Los Angeles, CA 90095-1563, United States. Electronic address: aniles@ucla.edu.

Cognitive behavioral therapy (CBT) is a well-established treatment for anxiety disorders, and evidence is accruing for the effectiveness of acceptance and commitment therapy (ACT). Little is known about factors that relate to treatment outcome overall (predictors), or who will thrive in each treatment (moderators). The goal of the current project was to test attentional bias and negative emotional reactivity as moderators and predictors of treatment outcome in a randomized controlled trial comparing CBT and ACT for social phobia. Forty-six patients received 12 sessions of CBT or ACT and were assessed for self-reported and clinician-rated symptoms at baseline, post treatment, 6, and 12 months. Attentional bias significantly moderated the relationship between treatment group and outcome with patients slow to disengage from threatening stimuli showing greater clinician-rated symptom reduction in CBT than in ACT. Negative emotional reactivity, but not positive emotional reactivity, was a significant overall predictor with patients high in negative emotional reactivity showing the greatest self-reported symptom reduction.

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<http://www.ncbi.nlm.nih.gov/pubmed/23341283>

J Rehabil Res Dev. 2012;49(7):1115-26.

Relationship of screen-based symptoms for mild traumatic brain injury and mental health problems in Iraq and Afghanistan veterans: Distinct or overlapping symptoms?

Maguen S, Lau KM, Madden E, Seal K.

Source: San Francisco VA Medical Center, 4150 Clement St 116-P, San Francisco, CA 94121, USA.
Shira.Maguen@va.gov

This study used factor analytic techniques to differentiate distinct from overlapping screen-based symptoms of traumatic brain injury (TBI), posttraumatic stress disorder (PTSD), and depression in Iraq and Afghanistan veterans. These symptoms were derived from screen results of 1,549 veterans undergoing Department of Veterans Affairs postdeployment screening between April 2007 and January 2010. Veterans with positive TBI screens were approximately twice as likely to also screen positive for depression and PTSD (adjusted relative risks = 1.9 and 2.1, respectively). Irritability was a shared symptom between TBI and PTSD, and emotional numbing was a shared symptom between PTSD and depression. Symptoms unique to TBI included dizziness, headaches, memory problems, and light sensitivity. Four separate constructs emerged: TBI, PTSD, depression, and a fourth construct consisting of hypervigilance and sleep problems. These findings illuminate areas of overlap between TBI and common postdeployment mental health problems. Discriminating symptoms of TBI from mental health problems may facilitate diagnosis, triage to specialty care, and targeted symptom management. The emergence of a fourth factor consisting of sleep problems and hypervigilance highlights the need to attend to specific symptoms in the postdeployment screening process.

<http://www.ncbi.nlm.nih.gov/pubmed/23934867>

J Rehabil Res Dev. 2013 Jul;50(4):463-70.

Driving simulator performance of Veterans from the Iraq and Afghanistan wars.

Amick MM, Kraft M, McGlinchey R.

Source: Translational Research Center for TBI and Stress Disorders, VA Boston Healthcare System (182-JP), 150 S. Huntington Ave, Boston, MA 02130. Melissa.Amick@va.gov.

Driving simulator performance was examined in Operation Iraqi Freedom/Operation Enduring Freedom (OIF/OEF) Veterans to objectively evaluate driving abilities among this cohort who self-report poorer driving safety postdeployment. OIF/OEF Veterans (n = 25) and age- and education-matched civilian controls (n = 25) participated in a 30 min driving simulator assessment that measured the frequency of minor, moderate, and severe driving errors. Frequency of errors in specific content domains (speed regulation, positioning, and signaling) was also calculated. All participants answered questions about number of lifetime traffic "warnings," moving violation tickets, and accidents. Veterans completed the Posttraumatic Stress Disorder (PTSD) Checklist-Military Version. On the driving simulator assessment, Veterans committed more minor, moderate, severe, and speeding errors and reported poorer lifetime driving records than the civilian control group. Exploratory analyses revealed an association between increasing errors on the driving simulator with increasing symptoms of PTSD, although statistically this correlation did not reach significance. These findings suggest that Veterans perform more poorly on an objective evaluation of driving safety and that the presence of PTSD could be associated with worse performance on this standardized driving simulator assessment.

<http://www.ncbi.nlm.nih.gov/pubmed/23931729>

Telemed J E Health. 2013 Aug 9. [Epub ahead of print]

Telemedicine: A Cost-Reducing Means of Delivering Psychotherapy to Rural Combat Veterans with PTSD.

Morland LA, Raab M, Mackintosh MA, Rosen CS, Dismuke CE, Greene CJ, Frueh BC.

Source: Pacific Islands Division, National Center for PTSD, Department of Veterans Affairs Pacific Islands Healthcare System, Honolulu, Hawaii.

Background:

Although effective psychotherapies for posttraumatic stress disorder (PTSD) exist, high percentages of Veterans in need of services are unable to access them. One particular challenge to providing cost-effective psychological treatments to Veterans with PTSD involves the difficulty and high cost of delivering in-person, specialized psychotherapy to Veterans residing in geographically remote locations.

The delivery of these services via clinical videoteleconferencing (CVT) has been presented as a potential solution to this access to care problem.

Materials and Methods:

This study is a retrospective cost analysis of a randomized controlled trial investigating telemedicine service delivery of an anger management therapy for Veterans with PTSD. The parent trial found that the CVT condition provided clinical results that were comparable to the in-person condition. Several cost outcomes were calculated in order to investigate the clinical and cost outcomes associated with the CVT delivery modality relative to in-person delivery.

Results:

The CVT condition was significantly associated with lower total costs compared with the in-person delivery condition. The delivery of mental health services via CVT enables Veterans who would not normally receive these services access to empirically based treatments. Additional studies addressing long-term healthcare system costs, indirect cost factors at the patient and societal levels, and the use of CVT in other geographic regions of the United States are needed.

Conclusions:

The results of this study provide evidence that CVT is a cost-reducing mode of service delivery to Veterans with PTSD relative to in-person delivery.

<http://www.ncbi.nlm.nih.gov/pubmed/23939512>

Contemp Clin Trials. 2013 Aug 9. pii: S1551-7144(13)00127-4. doi: 10.1016/j.cct.2013.08.003. [Epub ahead of print]

Enhancing exposure therapy for PTSD with yohimbine HCL: Protocol for a double-blind, randomized-controlled study implementing subjective and objective measures of treatment outcome.

Wangelin BC, Powers MB, Smits JA, Tuerk PW.

Source: Mental Health Service Line, Ralph H. Johnson Veterans Affairs Medical Center, 109 Bee St., Charleston, SC 29401; Department of Psychiatry and Behavioral Sciences, Medical University of South Carolina, 67 President St., Charleston, SC 29401. Electronic address: wangelin@musc.edu.

Prolonged Exposure therapy (PE) is considered a gold-standard protocol for the treatment of PTSD, and it is associated with large treatment effect sizes in combat veteran samples. However, considering high rates of PTSD in the present veteran population, it is important that ongoing research work toward improving treatment efficiency by decreasing time to symptom amelioration and increasing amount of symptom amelioration. The proposed research aims to enhance exposure therapy outcomes for veterans with PTSD via combination treatment with PE and yohimbine hydrochloride (HCL), an alpha-2 adrenergic receptor antagonist. The proposed investigation entails a randomized, placebo-controlled trial investigating the effect of a single administration of yohimbine HCL (paired with the first session of

imaginal exposure) on outcome of PE in 40 veterans with PTSD. An additional goal is to establish a pragmatic method of tracking psychophysiological measures over the course of therapy for incorporation into future clinical psychotherapy trials. Thus, in addition to traditional self- and clinician-reported psychological outcomes, heart rate and skin conductance reactivity will be measured during a standard trauma-specific imagery task before, during, and after PE treatment. We will further investigate whether changes in psychophysiological measures predict changes in patient- and clinician-reported outcome measures.

<http://www.ncbi.nlm.nih.gov/pubmed/23937345>

J Consult Clin Psychol. 2013 Aug 12. [Epub ahead of print]

D-Cycloserine Augmentation of Cognitive Behavioral Group Therapy of Social Anxiety Disorder: Prognostic and Prescriptive Variables.

Smits JA, Hofmann SG, Rosenfield D, Deboer LB, Costa PT, Simon NM, O'Leirigh C, Meuret AE, Marques L, Otto MW, Pollack MH.

Objective:

The aim of the current study was to identify individual characteristics that (a) predict symptom improvement with group cognitive behavioral therapy (CBT) for social anxiety disorder (SAD; i.e., prognostic variables) or (b) moderate the effects of d-cycloserine (DCS) versus placebo augmentation of CBT for SAD (i.e., prescriptive variables).

Method:

Adults with SAD (N = 169) provided Liebowitz Social Anxiety Scale scores in a trial evaluating DCS augmentation of group CBT. Rate of symptom improvement during therapy and posttreatment symptom severity were evaluated using multilevel modeling. As predictors of these 2 parameters, we selected the range of variables assessed at baseline (demographic characteristics, clinical characteristics, personality traits). Using step-wise analyses, we first identified prognostic and prescriptive variables within each of these domains and then entered these significant predictors simultaneously in 1 final model.

Results:

African American ethnicity and cohabitation status were associated with greater overall rates of improvement during therapy and lower posttreatment severity. Higher initial severity was associated with a greater improvement during therapy but also higher posttreatment severity (the greater improvement was not enough to overcome the initial higher severity). DCS augmentation was evident only among individuals low in conscientiousness and high in agreeableness.

Conclusions:

African American ethnicity, cohabitation status, and initial severity are prognostic of favorable CBT outcomes in SAD. DCS augmentation appears particularly useful for patients low in conscientiousness

and high in agreeableness. These findings can guide clinicians in making decisions about treatment strategies and can help direct research on the mechanisms of these treatments. (PsycINFO Database Record (c) 2013 APA, all rights reserved).

<http://www.ncbi.nlm.nih.gov/pubmed/23940866>

J Trauma Acute Care Surg. 2013 Jul;75(1):179-84.

Does caring for trauma patients lead to psychological stress in surgeons?

Warren AM, Jones AL, Shafi S, Roden-Foreman K, Bennett MM, Foreman ML.

Source: Division of Trauma, Baylor University Medical Center, Dallas, Texas 75246, USA.
annmariw@baylorhealth.edu

BACKGROUND:

Symptoms identical to posttraumatic stress disorder (PTSD) have been shown to occur in caregivers of trauma patients. Secondary traumatic stress (STS) characterizes those who exhibit PTSD symptoms related to indirect exposure to a stressor. We hypothesized that caring for trauma patients is associated with symptoms of PTSD/STS.

METHODS:

Surgeons in various specialties (n = 133) were surveyed from January to May 2012 at two regional surgical conferences. Symptoms of PTSD were identified using the Secondary Traumatic Stress Scale (STSS) using specific diagnostic criteria to measure the psychological impact of exposure to trauma patients. Resilience was measured using the Connor-Davidson Resilience Scale 10 items. The amount of time caring for trauma patients was used as a measure of risk exposure. The relationship between STSS, resilience, and exposure to trauma patients was measured with $p < 0.05$ considered significant.

RESULTS:

Twenty-eight surgeons (22%) met diagnostic symptom criteria for PTSD as measured by the STSS. Approximately two thirds of the surgeons (86 of 133, 65%) exhibited at least one symptom of STS. However, the magnitude of exposure to trauma patients was similar between surgeons with and without PTSD symptoms ($p = 0.2177$). Higher resilience scores were associated with lower STS scores ($r = -0.369$, $p < 0.0001$). Most importantly, surgeons who met symptom criteria for PTSD exhibited significantly lower resilience scores (31 [3.4] vs. 34 [3.9], $p < 0.0001$).

CONCLUSION:

Symptoms of PTSD as measured by the STSS were reported in two thirds of study participants but did not correlate with time spent for caring for trauma patients. One in five reported symptoms consistent with a PTSD. Lower resilience scores correlated with risk of symptoms and may be used to identify those surgeons most at risk. Efforts to better identify, address, and moderate these psychological

consequences of surgical care may improve both the emotional well-being and the vocational performance of surgeons.

<http://www.ncbi.nlm.nih.gov/pubmed/23939336>

J Anxiety Disord. 2013 Jul 24;27(5):512-519. doi: 10.1016/j.janxdis.2013.07.003. [Epub ahead of print]

Pre-deployment daytime and nighttime sleep complaints as predictors of post-deployment PTSD and depression in National Guard troops.

Koffel E, Polusny MA, Arbisi PA, Erbes CR.

Source: Minneapolis Veteran Affairs Health Care System, Minneapolis, MN, United States.

There is growing evidence that disturbed sleep is a risk factor for the development of a number of psychiatric diagnoses including depression, PTSD and substance use. The goal of this study was to use a subset of participants from a larger prospective longitudinal study to examine whether preexisting daytime and nighttime sleep disturbances predict depression, PTSD and substance use in US National Guard Soldiers deployed to Iraq. Data on daytime and nighttime sleep complaints, baseline symptoms and personality variables were gathered prior to deployment to Iraq. Measures of psychopathology were collected at three time points post-deployment over the course of two years using both questionnaires and interviews. Multiple regressions were used to predict diagnoses and symptoms of depression, PTSD and substance use. Pre-deployment daytime and nighttime sleep complaints contributed significantly to the prediction of PTSD and depression up to two years after deployment, but not substance use. This study suggests that daytime and nighttime sleep complaints are a risk factor for internalizing disorders including PTSD and depression.

Published by Elsevier Ltd.

<http://www.chausa.org/publications/health-progress/may-june-2013>

Health Progress

Journal of the Catholic Health Association of the United States

May-June 2013

Special Section: Bringing Vets Home

Giving Back to Vietnam: A Doctor's Story

BY CARL E. BARTECCHI, MD, MACP

Compassionate Care for the Newest Generation of Veterans

BY SR. THEA KRAUSE, CSFN, PH.D., ACNP-BC

Catholic Providers Reach Out to Vets

BY MARK CRAWFORD

Trauma Finds Expression Through Art Therapy

BY PATRICK J. MORRISSEY, AT-R, LCPC

Female Vets, Special Needs: More Vulnerable, Less Support

BY KATE DAHLSTEDT, LMHC

Female Vets, Special Needs: The Long Journey to Normal

BY JULIEHERA DESTEFANO

What Providers Should Know: Facts and Resources

Catholic Tradition and Veterans' Care

BY SR. ROSEMARY DONLEY, SC, PH.D., APRN, BC, FAAN

Rural Vets: Their Barriers, Problems, Needs

BY JOHN A. GALE, M.S. AND HILDA R. HEADY, MSW, ACSW

Evolving population trends — the aging of rural veterans, the growing number of female veterans and rates of homelessness among veterans — place significant demands on VA and rural delivery systems. Coordination among health care providers is essential to increasing the availability of services and expanding veteran outreach programs.

Helping Vets With Readjustment

BY DENISE M. MAHONE, M.A., M.F.A.

The warrior's story and pain require a deep listening and an acknowledgement that the actions and choices of our soldiers are held within a larger web of communal choices. Lacking affirmation from civilians, veterans must bear alone not only their own psychological

Suicide and Veterans: What We Know, How We Can Help

BY DAVID A. LITTS, O.D.

In contrast to previous generations, recent veterans are committing suicide at a higher rate than that of the civilian population, probably significantly higher. Catholic health care can lead the way in providing the compassionate life-affirming care that will reduce the suicide toll on our nation's veterans.

PTSD: The Sacred Wound

BY EDWARD TICK, PH.D.

Post-traumatic stress disorder, among the "invisible wounds" of modern warfare, is nothing short of a sacred wound to both the soul and society. It calls for therapy to be redefined, to move beyond conventional therapeutic practices toward a deeper, more holistic and spiritual approach.

<http://www.ncbi.nlm.nih.gov/pubmed/22889523>

J Affect Disord. 2012 Dec 15;142(1-3):31-5. doi: 10.1016/j.jad.2012.03.046. Epub 2012 Aug 11.

Women's mental health clinic: a naturalistic description of the population attended in the San Diego VA Health Care System during a one year period.

Correa R, Parry B.

Source: Department of Psychiatry, University of California San Diego (UCSD) and San Diego VA Healthcare Service, 9500 Gilman Drive, San Diego, CA 92093-0804, USA.

BACKGROUND:

Due to specific gender predispositions to present certain illnesses, increasing incorporation of women in the U.S. military system represents an important challenge to both medical and mental health providers. The aim of this report is to describe the main characteristics of the population attended in a mental health women's clinic at the San Diego Veterans Administration (VA) health care system.

METHOD:

Present study is a comprehensive clinical report based on a retrospective analysis of data. The authors searched the San Diego VA Health Care database to find the main epidemiological and clinical characteristics of the population attended during a one year period. Epidemiological and clinical features of the sample are presented. Authors also describe, using clinical examples, the most important psychopathological expressions.

RESULTS:

The most prevalent psychiatric diagnosis was major depressive disorder (n=28; 19.51%) followed by dysthymic disorder (n=8; 19.51%) and bipolar disorder (n=3; 7.31%). Authors discuss the importance of three variables: social isolation, quality of adaptive mechanisms and the role of self-stigmatization as crucial factors related to patient's clinical outcomes.

LIMITATIONS:

The main limitation of this review derives from its naturalistic and descriptive methodology.

CONCLUSIONS:

The majority of patients treated in our clinic experience some type of affective disorder. Main factors associated to recovery are: social integration and spiritual support, utilization of mature defense mechanisms and upper-level coping strategies and psycho-educational interventions directed to prevent self stigmatization. Clinicians should be aware of these factors in order to promote "upper-level coping strategies".

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<http://www.annals-general-psychiatry.com/content/12/1/26/abstract>

No role for initial severity on the efficacy of antidepressants: results of a multi-meta-analysis.

Konstantinos N Fountoulakis, Areti Angeliki Veroniki, Melina Siamouli and Hans-Jürgen Möller

Annals of General Psychiatry 2013, 12:26

Published: 13 August 2013

Introduction

During the last decade, a number of meta-analyses questioned the clinically relevant efficacy of antidepressants. Part of the debate concerned the method used in each of these meta-analyses as well as the quality of the data set.

Material and methods

The Kirsch data set was analysed with a number of different methods, and eight key questions were tackled. We fit random effects models in both Bayesian and frequentist statistical frameworks using raw mean difference and standardised mean difference scales. We also compare between-study heterogeneity estimates and produce treatment rank probabilities for all antidepressants. The role of the initial severity is further examined using meta-regression methods.

Results

The results suggest that antidepressants have a standardised effect size equal to 0.34 which is lower but comparable to the effect of antipsychotics in schizophrenia and acute mania. The raw HDRS difference from placebo is 2.82 with the value of 3 included in the confidence interval (2.21--3.44). No role of initial severity was found after partially controlling for the effect of structural (mathematical) coupling. Although data are not definite, even after controlling for baseline severity, there is a strong possibility that venlafaxine is superior to fluoxetine, with the other two agents positioned in the middle. The decrease in the difference between the agent and placebo in more recent studies in comparison to older ones is attributed to baseline severity alone.

Discussion

The results reported here conclude the debate on the efficacy of antidepressants and suggest that antidepressants are clearly superior to placebo. They also suggest that baseline severity cannot be utilized to dictate whether the treatment should include medication or not. Suggestions like this, proposed by guidelines or institutions (e.g. the NICE), should be considered mistaken.

<http://williamsinstitute.law.ucla.edu/research/military-related/still-serving-in-silence-lgbtq-policy-journal-2013/>

Still Serving in Silence: Transgender Service Members and Veterans in the National Transgender Discrimination Survey

By Jody L. Herman, Jack Harrison-Quintana

The Williams Institute, UCLA School of Law

August 2013

While transgender people serve in the military at a rate double the general population, they nonetheless face discrimination during and after service. Despite the repeal of 'Don't Ask, Don't Tell,' this study highlights the ongoing discrimination faced by transgender people who have served in the military. For example, nine percent of those who served reported that they were discharged on account of being transgender or gender non-conforming. While congressional legislation does not prohibit transgender people from military service, the military's medical code lays out regulations that can prevent transgender people from joining the military or serving openly. In this study, some transgender service members reported not serving openly for fear of discharge or verbal, physical, and sexual abuse.

The study utilized data collected through the National Transgender Discrimination Survey (NTDS), which was conducted by the National Center for Transgender Equality and the National Gay and Lesbian Task Force. 6,456 transgender and gender non-conforming people in the United States reported on their experiences of discrimination and abuse at work, at home, in school, and in the public sphere, amassing the largest transgender survey sample to date. The survey also asked respondents about their military service, whether they had been discharged due to anti-transgender bias, and their ability to update military discharge records.

<http://www.ingentaconnect.com/content/amsus/zmm/2013/00000178/00000008/art00019>

Auricular Acupuncture: A Brief Introduction for Military Providers.

Authors: King, Heather C.; Hickey, Anita H.; Connelly, Cynthia

Source: Military Medicine, Volume 178, Number 8, August 2013 , pp. 867-874(8)

Injured veterans returning from Operation Iraqi Freedom and Operation Enduring Freedom often require long-term medical management for a variety of complex physical and mental health conditions. These conditions can be challenging to treat with conventional Western medicine practices alone. Recently, complementary and alternative medicine practices have been used within military settings, and have been well received by veterans. Auricular acupuncture is a practice that has provided veterans with a new approach to manage symptoms associated with a wide range of health conditions. This treatment has become an attractive treatment option because of its low cost, portability, minimal side effect profile, and ease of use in clinical and operational settings. Although formally trained Oriental medicine practitioners have historically performed these treatments, military health care providers are now receiving education and training to administer these treatments. This education and training allows military health care providers to expand their knowledge of acupuncture and provide this treatment to veterans across the continuum of care. The purpose of this article is to provide a fundamental

description of auricular acupuncture and increase awareness of this treatment and its relevance to military settings.

Links of Interest

Raising Awareness of Sleep as a Healthy Behavior

http://www.cdc.gov/pcd/issues/2013/13_0081.htm

A Glut of Antidepressants

<http://well.blogs.nytimes.com/2013/08/12/a-glut-of-antidepressants/>

Tackling the Roots of Rape

<http://www.nytimes.com/2013/08/13/opinion/bruni-tackling-the-roots-of-rape.html>

Beating Combat Stress (video)

http://www.health.mil/blog/13-08-07/Beating_Combat_Stress.aspx

Video: The Daily Show Takes on Military Sexual Assault

<http://www.govexec.com/federal-news/fedblog/2013/08/video-daily-show-takes-military-sexual-assault/68402/>

Mind May Triumph Over Medication for Low Back Pain

<http://www.tele-management.ca/2013/08/mind-may-triumph-over-medication-for-low-back-pain/>

PTSD specialist explains stress science

<http://www2.afsoc.af.mil/news/story.asp?id=123359378>

DoD, VA Establish Two Multi-Institutional Consortia to Research PTSD and TBI

<http://www.va.gov/opa/pressrel/pressrelease.cfm?id=2469>

A Simple Device to Detect Concussions

<http://well.blogs.nytimes.com/2013/08/14/a-simple-device-to-detect-concussions/>

Six Word War - Our nation's first crowdsourced war memoir

<http://www.kickstarter.com/projects/1991002567/six-word-war-our-nations-first-crowdsourced-war-memoir>

Studies Reveal CBT Can Make Real Physical Changes to Emotional and Logical Part of the Brain

<http://www.sbwire.com/press-releases/studies-reveal-cbt-can-make-real-physical-changes-to-emotional-and-logical-part-of-the-brain-303332.htm>

Why Female Soldiers Were Finally Added to Call of Duty's Multiplayer

<http://kotaku.com/why-female-soldiers-were-finally-added-to-call-of-duty-1142063196>

Restful sleep third prong of Performance Triad

http://www.army.mil/article/109201/Restful_sleep_third_prong_of_Performance_Triad/

Exercise is no quick cure for insomnia

http://www.eurekalert.org/pub_releases/2013-08/nu-ein081313.php

Research Tip of the Week: Know Before You Go – [Traffic Cameras](#)

TrafficLand is a website that...

...aggregates and delivers live traffic video over the Internet and on TV. The Company has developed patent-pending technology to allow it to aggregate thousands of CCTV (closed circuit television) video feeds from multiple Departments of Transportation (DoTs) traffic camera networks.

[This page](#) allows you to locate cameras via map or state-by-state directory. [This link](#) takes you to the collection of cameras nearest CDP headquarters in North Bethesda.

The screenshot displays the TrafficLand website interface. At the top, the TrafficLand logo is on the left, and navigation links (Home, About, Products, Help, Sign In) are on the right. A banner for "Get Live Traffic Video On Your iPad!" is also present. The main content area is divided into two sections. On the left, a large live video feed shows a highway with the text "I-270-TUCKERMAN LANE S" and "CAM-0033 A". Below the video is a "View Top Camera" button. On the right, a map of Maryland shows the location of the selected camera. Below the map, a section titled "Top Rockville Cameras" lists several camera locations with thumbnail images and labels: "I-270 @ Tuckerman Ln", "Veirs Mill Rd/Jefferson St (586) @ Rockville Pk (MD-355)", "Research Blvd @ Montgomery Ave (MD-28)", "I-270 @ Shady Grove Rd", "Darnestown Rd (Old MD-28) @ Shady Grove Rd", "I-495 @ Colesville Rd (US-29)", "I-495 n/o American Legion Bldg", "I-270 @ Great Falls Rd (MD-189)", "Colesville Rd (US-29) @ Lockwood Dr (MD-895)", and "I-270 @ Old Hundred Rd (MD-109)".

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