



CDP Research Update -- September 5, 2013

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- Perceived causal relations between anxiety, posttraumatic stress and depression: extension to moderation, mediation, and network analysis.
- Combat exposure severity as a moderator of genetic and environmental liability to post-traumatic stress disorder.
- Post-Traumatic Stress Disorder in U.S. Soldiers With Post-Traumatic Headache.
- Intervention strategies and clinical process in transdiagnostic cognitive-behavioral therapy.
- Guided Internet-delivered cognitive behavioural treatment for insomnia: a randomized trial.
- Links of Interest
- Resource of the Week: justdelete.me

<https://usage.msrc.fsu.edu/members/newsletter/msrc-newsletter-august-2013>

Military Suicide Research Consortium News

August 2013

A quarterly update on the consortium's progress

http://www.rand.org/pubs/research_reports/RR206.html

Support for the 21st-Century Reserve Force: Insights to Facilitate Successful Reintegration for Citizen Warriors and Their Families

Werber, Laura, Agnes Gereben Schaefer, Karen Chan Osilla, Elizabeth Wilke, Anny Wong, Joshua Breslau and Karin E. Kitchens

RAND Corporation, 2013

Many studies have examined the impact of deployment on military families, but few have assessed either the challenges that guard and reserve families face following deployment or how they manage the reintegration phase of the deployment cycle. This report aims to facilitate the successful reintegration of guard and reserve personnel as they return to civilian life after deployment. Using

surveys and interviews with guard and reserve families, along with interviews with resource providers, this report examines how these families fare after deployment, the challenges they confront during that time frame, and the strategies and resources they use to navigate the reintegration phase. Factors associated with reintegration success include the adequacy of communication between families and the service member's unit or Service and between service members and their families, initial readiness for deployment, family finances, and whether the service member returns with a psychological issue or physical injury. Successful reintegration from the families' perspective was related to measures of military readiness, such as the service members' plans to continue guard or reserve service. In addition, there is a wide-ranging and complex "web of support" available to assist families with reintegration, including U.S. Department of Defense (DoD) programs, state and local government agencies, private nonprofit and for-profit resource providers, faith-based organizations, and informal resources (such as family, friends, and social networks). Opportunities for collaboration among providers abound. DoD does not have to "do it all," but the report suggests steps it can take to ensure that reintegration proceeds as smoothly as possible.

http://www.rand.org/pubs/research_reports/RR126.html

The Defense and Veterans Brain Injury Center Care Coordination Program: Assessment of Program Structure, Activities, and Implementation

Martin, Laurie T., Coreen Farris, Andrew M. Parker and Caroline Epley

RAND Corporation, 2013

Improvised explosive devices have been used extensively against U.S. forces during Operation Enduring Freedom and Operation Iraqi Freedom and have been one of the leading causes of death. Injuries among survivors often include traumatic brain injuries (TBIs). Those recovering from TBIs often find they must coordinate services across multiple systems of care to meet all their medical and psychological health needs. This task is difficult even for those without the cognitive challenges associated with TBI and may prove overwhelming or even impossible, particularly during periods of transition from inpatient to outpatient services or from active duty to veteran status, for example. Although case management and care coordination are readily available for those who have experienced a severe TBI, fewer resources are available for those with symptomatic mild and moderate TBI. This report focuses on a program designed to facilitate care coordination for individuals with mild and moderate TBI, the Defense and Veterans Brain Injury Center Care Coordination Program. It summarizes RAND's assessment of the program's structure, activities, and implementation. To address the goals above, the authors conducted semistructured interviews in person with program administrators and via telephone with regional care coordinators. The subsequent analysis identified innovative practices, continuing challenges, and lessons learned. The recommendations provided here suggest strategies for meeting these challenges while maintaining the benefits possible through this novel approach to care.

<http://www.ncbi.nlm.nih.gov/pubmed/23995037>

J Nerv Ment Dis. 2013 Sep;201(9):802-12. doi: 10.1097/NMD.0b013e3182a21458.

Posttraumatic stress disorder and suicide risk among veterans: a literature review.

Pompili M, Sher L, Serafini G, Forte A, Innamorati M, Dominici G, Lester D, Amore M, Girardi P.

Source: Department of Neurosciences, Mental Health and Sensory Organs, Suicide Prevention Center, Sant'Andrea Hospital, Sapienza University of Rome, Rome, Italy; †James J. Peters Veterans Administration Medical Center, New York, NY, USA; ‡Mount Sinai School of Medicine, New York, NY; §The Richard Stockton College of New Jersey, Galloway, NJ; and ||Department of Neuroscience, Rehabilitation, Ophthalmology, Genetics, Maternal and Child Health, Section of Psychiatry, University of Genova, Genova, Italy.

Posttraumatic stress disorder (PTSD) is frequently associated with suicidal ideation and suicide attempts. Suicide is an important cause of death in veterans, and the risk for intentional death continues to be high many years after service. The aim of the present study was to investigate whether there is a relationship between PTSD and suicidal behavior among veterans. We also discussed the risk factors of suicide among war veterans with PTSD. A systematic review was conducted focusing on war-related PTSD and suicidal behavior. A total of 80 articles from peer-reviewed journals were identified, 34 were assessed for eligibility, and 16 were included. Having a history of PTSD is associated with higher rates of morbidity and mortality and increased the risk for suicidal behavior. The association between PTSD and suicidal behavior was confirmed by the presence of other risk factors and high rates of comorbidity. Current suicidal behavior should be adequately assessed in war veterans.

<http://guilfordjournals.com/doi/abs/10.1521/ijct.2013.6.3.235>

Discussing Disgust: The Role of Disgust with Life in Suicide.

Carol Chu, Jennifer M. Buchman-Schmitt, Matthew S. Michaels, Jessica D. Ribeiro, Thomas Joiner

International Journal of Cognitive Therapy: Vol. 6, Self, Cognition, and Psychopathology, pp. 235-247

Although predominantly studied within the context of taste aversion, the definition of disgusting stimuli has been continually broadened and refined. Recent evidence has indicated that disgust may play a crucial role in the development and maintenance of various psychopathologies (McNally, 2002). Yet, research examining the role of disgust in suicidal ideation and behavior has been limited. In this paper, we highlight the potential role of disgust with life in the development and maintenance of severe suicidal ideation and behavior and suggest future directions for study.

<http://www.tandfonline.com/doi/abs/10.1080/03637751.2013.828159>

Generalized Anxiety and Relational Uncertainty as Predictors of Topic Avoidance During Reintegration Following Military Deployment.

Leanne K. Knobloch, Aaron T. Ebata, Patricia C. McGlaughlin, Jennifer A. Theiss

Communication Monographs

Published online: 27 Aug 2013

For military couples reunited following deployment, discussing or avoiding topics is a central dimension of communication. This paper theorizes about two predictors of topic avoidance that arise from a lack of confidence in social situations: generalized anxiety and relational uncertainty. In Study 1, 220 returning service members described issues they avoid discussing upon reunion. Content analytic findings indicated eight avoided topics. In Study 2, 118 military couples reported on topic avoidance for the first 3 months after homecoming. Multilevel modeling results revealed that the generalized anxiety and relational uncertainty of actors, but not partners, were consistent predictors of topic avoidance. The findings illuminate the complexities of communicating following a tour of duty.

<http://krex.k-state.edu/dspace/handle/2097/16330>

Necessary conflict on the homefront: a content analysis of marriage and relationship education resources used by military couples.

Witcher, Kathleen M.

Publication Date: August 2013

Degree: Master of Science

Department: School of Family Studies and Human Services

Kansas State University

As we pass the decade mark of the Global War on Terrorism, the hidden causalities, such as the long-term impact of multiple deployments on marriages, become more apparent. Military couples experiencing repeated combat-related deployments are at an increased risk for marital distress, especially relationships that exhibit negative interaction patterns. Marriage and relationship education programs have the potential to equip military couples with conflict management skills, such as positive reframing and open communication, to increase marital satisfaction. This content analysis examined three relevant marriage and relationship education resources – PREP for Strong Bonds, ScreamFree Marriage, and Marriage LINKS - presently utilized by military couples. Each marriage and relationship education program reviewed utilized similar themes found in the research literature. Results of the analysis indicate a combination of their skill sets, accompanied by a concentration on specific challenges

unique to military marriages, would be more effective in improving marital satisfaction than the models as they currently stand.

<http://psycnet.apa.org/psycinfo/2013-30293-001/>

The Relationship of Outwardly Directed Aggression to Suicidal Ideation and Suicide Attempts Across Two High-Risk Samples.

Swogger, Marc T.; Van Orden, Kimberly A.; Conner, Kenneth R.

Psychology of Violence, Aug 26 , 2013

Objective:

Although research has established some relationships between risk factors and specific suicide-related outcomes, in large part the extent to which suicidal ideation and attempts have different risk profiles is unclear. Using two theories of suicidal behavior to guide our hypotheses, we studied the relationship of outwardly directed aggression to suicidal ideation and attempts in two high-risk samples.

Method:

Participants in Study 1 were 271 criminal offenders in a pretrial diversion program. Participants in Study 2 were 892 psychiatric inpatients who participated in the MacArthur Violence Risk Assessment Study.

Results:

In both studies, after controlling for relevant covariates, outwardly directed aggression was associated with suicide attempts, but not ideation. Among psychiatric patients, further analyses revealed that outwardly directed aggression was associated with planned, but not unplanned, suicide attempts.

Conclusions:

That aggression is related to suicide attempts and not ideation is consistent with hypotheses based on both Joiner's (2005; *Why people die by suicide*. Cambridge, MA: Harvard University Press) interpersonal theory of suicidal behavior and theories based on a diathesis toward behavioral dysregulation (e.g., Mann et al., 2009). That aggression was associated with planned suicide attempts is consistent with Joiner's theory. Competing explanations for the results include a potential role of proactive aggression in suicide attempts, particularly planned attempts. (PsycINFO Database Record (c) 2013 APA, all rights reserved)

<http://www.tandfonline.com/doi/abs/10.1080/15538605.2013.812928>

Pathways and Barriers to Care for LGBT Veterans in VA.

Laura Johnson, Edward J. Federman

Journal of LGBT Issues in Counseling

To assess the perceived needs of lesbian, gay, bisexual, and transgender (LGBT) Veterans when they engage in counseling services through the Veterans' Health Administration (VHA), psychologists working in VHA were reached through an online survey as well as an open-ended question that asked psychologists to offer their thoughts about the needs of LGBT veterans in VHA and current VHA resources. Their answers were content-analyzed to determine what lessons can be learned from their experiences with LGBT veterans in the VHA system. Four major themes emerged: Concern about the current culture of the medical facilities as a whole (veterans, staff, environment), concern for the safeguarding of privacy and dignity of clients through the electronic medical record when writing counseling progress notes, need for training of counselors, and need for resources for counselors and Veterans.

<http://psycnet.apa.org/journals/rep/58/3/245/>

Memory deficits, postconcussive complaints, and posttraumatic stress disorder in a volunteer sample of veterans.

Larson, Eric; Zollman, Felise; Kondiles, Bethany; Starr, Christine

Rehabilitation Psychology, Vol 58(3), Aug 2013, 245-252.

Purpose:

To better understand how memory impairment is related to postconcussive complaints and to posttraumatic stress disorder (PTSD) and whether these relationships remain after controlling for premorbid cognitive ability.

Method:

We examined memory impairment, premorbid cognitive ability, postconcussive complaints, and symptoms of PTSD in 205 veterans, 135 of who gave a self-reported history of concussion and exposure to a traumatic life event. We limited our sample to those who gave good effort on cognitive testing according to a symptom validity measure.

Results:

Although memory impairment was not associated with a history of concussion, it was associated with severity of postconcussive complaints. That association was no longer significant after controlling for premorbid IQ. A similar analysis yielded slightly different findings for PTSD. Memory impairment was associated with PTSD diagnosis, although it was not associated with severity of PTSD symptoms after controlling for premorbid ability.

Conclusions:

These data are consistent with multifactorial models of the etiology of postconcussion disorder and PTSD such as the "burden of adversity hypothesis" described by Brenner, Vanderploeg, and Terrio

(2009). In such models, symptom severity and course of recovery are determined not only by trauma severity but (also) premorbid risk factors and postonset complications. (PsycINFO Database Record (c) 2013 APA, all rights reserved)

<http://www.omicsgroup.org/journals/2167-1044/2167-1044-2-133.pdf>

Rates of Mental Disorders Among German Soldiers Deployed to Afghanistan: Increased Risk of PTSD or of Mental Disorders In General?

Hans-Ulrich Wittchen, Sabine Schönfeld, Clemens Kirschbaum, Sebastian Trautmann, Christin Thureau, Jens Siegert, Michael Höfler, Robin Hauffa and Peter Zimmermann

J Depress Anxiety 2013, 2:2

Background:

Controversy exists regarding the prevalence of military mission-related PTSD and other mental disorders among deployed soldiers.

Methods:

Based on a random stratified sample of n=1599 German soldiers (response rate (RR) 93%, n=1483), we assessed subjects 12 months after deployment to Afghanistan and compared findings to controls of n=932 never deployed soldiers (RR: 95%, n=889). Interviews were conducted by trained non-military clinical interviewers using the DSM-IV-TR-Composite International Diagnostic Interview (CIDI-military). Outcome measures were 12-month prevalence and incidence of PTSD, anxiety, depressive, substance use disorders and other DSM-IV-TR mental disorders.

Results:

Deployed soldiers reported high rates of combat-related and other traumatic events. Compared to controls they had a higher 12-month incidence (OR: 4.3) and prevalence (OR: 2.4) of PTSD, anxiety (OR: 3.6, 1.4), and alcohol use disorders (OR: 3.5, 1.9). They also had higher rates of multiple diagnoses (MR: 1.72) and higher anxiety distress scores. Incidence of PTSD and other mental disorders were best predicted by prior lifetime mental disorders.

Conclusions:

German soldiers deployed to Afghanistan are at increased risk of traumatic events and of mental disorders including PTSD as compared to never-deployed soldiers. The risk for other mental disorders subsequent to traumatic events such as anxiety, somatoform, and alcohol use disorders was substantially larger than the risk for PTSD. Prior mental disorders were found to be the strongest predictor of 12-month mental disorders and suggest that pre-mission psychopathological screening might be crucial to reduce mission-related mental health risks.

<http://www.omicsgroup.org/journals/2167-0277/2167-0277-2-134.pdf>

Posttraumatic Stress Disorder, Comorbid Sleep Disturbances and Nocturnal Violence: The Importance of a Holistic Approach to Treatment.

Scott G. Williams

Journal of Sleep Disorders & Therapy

Received July 15, 2013; Accepted August 07, 2013; Published August 13, 2013

Posttraumatic Stress Disorder (PTSD) is defined by a protracted response to a particularly traumatic experience. The cardinal features encompass manifestations of intrusive thoughts, avoidant behaviour, negative alterations in cognition or mood, and autonomic hyperarousal. Much of the PTSD knowledge base comes from studying the military. The earliest historical evidence of a post-traumatic response is from a cuneiform tablet detailing the battle-related death of King Urnamma (2111-2094 BC). In the inscription, reference was made to significant sleep problems in the survivors. Post-traumatic responses have been described in various texts to include ancient Greek and Roman accounts of war. American writers have referred to PTSD as “Soldier’s heart” during the U.S. Civil War (a reference to the autonomic hyperarousal), “shell shock” during World War I (a description of the numbing and dissociation), and “combat neurosis” during World War II. The term “PTSD” was introduced for the first time during Vietnam War. In all of these descriptions, sleep complaints are a central feature.

Despite considerable advances in the treatment of PTSD, it remains an extremely pervasive and difficult problem to treat. PTSD is often comorbid with a variety of physical and psychological conditions. Musculoskeletal injuries and amputations can lead to chronic pain. Self “medication” with alcohol or illicit drugs can lead to substance abuse issues. Neurologic trauma such as Traumatic Brain Injury (TBI) can lead to decreased adherence to therapy as a result of cognitive dysfunction and poor motivation. All of the above conditions are inextricably linked to sleep disturbances which may increase the risk of nocturnal violence.

<http://epirev.oxfordjournals.org/content/early/2013/08/28/epirev.mxt005.short>

Gender Differences of Postdeployment Post-Traumatic Stress Disorder Among Service Members and Veterans of the Iraq and Afghanistan Conflicts.

Nancy F. Crum-Cianflone and Isabel Jacobson

Epidemiol Rev first published online August 29, 2013

Despite the marked expansion of roles for women in the US military over the last decade, whether differences by gender exist in regard to the development of mental health conditions postdeployment is unclear. This comprehensive review of the literature (2001–2012) examined whether US servicewomen were more likely than men to experience post-traumatic stress disorder (PTSD) after returning from

deployments to the Iraq and Afghanistan conflicts. Findings from 18 studies from 8 unique study populations were reviewed. Seven studies found that women had a higher risk for screening positive for PTSD compared with men, including prospectively designed studies that evaluated new-onset PTSD among members from all service branches. Although results from studies with Veterans Affairs samples found women at decreased risk in 4 analyses, these studies used the same source databases, were conducted in treatment-seeking populations, and were mostly unable to account for combat experience. Seven studies detected no differences by gender. In summary, women appeared to have a moderately higher risk for postdeployment PTSD, although there was a lack of consensus among the studies, and even those with the most rigorous methods were not designed specifically to evaluate potential gender differences. Given the limitations of the published literature, further research should use longitudinal study designs and comprehensive evaluations of deployment experiences while adjusting for predeployment factors to confirm that gender differences exist with regard to postdeployment PTSD.

<http://sdsu-dspace.calstate.edu/handle/10211.10/5023>

Vocational adjustment following separation from military service : a qualitative investigation of work integration challenges for Gulf War-Era II veterans with PTSD

Hayes, Paul J.

Thesis - M.S.

Rehabilitation Counseling

San Diego State University, 2013

Post-traumatic stress disorder (PTSD) among Gulf War-era II veterans has resulted in psychological wounds attributed to military duty in Afghanistan and Iraq warzones. In the U.S., PTSD is now in fifth place trailing in prevalence more common psychological disorders of depression, attention-deficit/hyperactivity disorder, specific phobia, and social phobia as ranked in previous surveys, with social service and societal costs soaring into the billions of dollars. Many veterans returning from these wars are transitioning to civilian life after military separation without trauma stressor mitigation or jobs. Warzone-related stress disorders among veterans are sometimes responsible for struggles experienced with entering or reentering the workforce often requiring appropriate work adjustment and work integration. The conceptual framework for this study was derived from three three sequentially developing interactive specific subsystem components that comprise the model of work adjustment. The model was chosen to examine the work personalities, work competencies, and work goals of homeless and unemployed Gulf War-era II veterans with PTSD in relation to successful work adjustment and work integration. The purposes of the present investigation were to address the following questions (1) How do veterans with PTSD view their work competencies?, (2) What significant work integration and work adjustment challenges do veterans with PTSD experience?, and (3) To what extent have veteran' work goals changed from pre- to post-military service? Participants were 10 Gulf War-era veterans with PTSD, separated from military service at a minimum of one year preceding the

investigation, and living in a southwestern city residential substance addiction treatment facility. The research consisted of 12 open-ended or semi-structured questions asked of the participants. Data revealed five emergent themes of: (a) veterans PTSD experiences; (b) overcoming homelessness; (c) motivation to change; (d) family support and quality of life; and (e) rehabilitation counseling, education, and career preparation strategies, resulting in 19 sub-themes. The sub-themes indicated congruence between each other and the participants' perceptions, thoughts, and beliefs. Also strongly indicated were the participants' employment capabilities after work adjustment, worth as viable assets in the workforce, ability to restore their work identities, re-establish self-sufficiency, and ability to attain an ample quality of life. Study results emphasize the significance of recognizing and treating the effects of PTSD on veterans seeking workforce inclusion. Future research should incorporate more sample population diversity and assess veteran PTSD barriers to employment from a longitudinal perspective.

<http://onlinelibrary.wiley.com/doi/10.1002/da.22170/abstract>

Sleep quality predicts treatment outcome in cbt for social anxiety disorder.

Zalta, A. K., Dowd, S., Rosenfield, D., Smits, J. A. J., Otto, M. W., Simon, N. M., Meuret, A. E., Marques, L., Hofmann, S. G. and Pollack, M. H.

Depression and Anxiety

Article first published online: 26 AUG 2013

Background

Sleep quality may be an important, yet relatively neglected, predictor of treatment outcome in cognitive-behavioral therapy (CBT) for anxiety disorders. Specifically, poor sleep quality may impair memory consolidation of in-session extinction learning. We therefore examined sleep quality as a predictor of treatment outcome in CBT for social anxiety disorder and the impact of d-cycloserine (DCS) on this relationship.

Methods

One hundred sixty-nine participants with a primary diagnosis of DSM-IV generalized social anxiety disorder were recruited across three sites. Participants were enrolled in 12 weeks of group CBT. Participants randomly received 50 mg of DCS (n = 87) or pill placebo (n = 82) 1 hr prior to sessions 3–7. Participants completed a baseline measure of self-reported sleep quality and daily diaries recording subjective feelings of being rested upon waking. Outcome measures including social anxiety symptoms and global severity scores were assessed at each session.

Results

Poorer baseline sleep quality was associated with slower improvement and higher posttreatment social anxiety symptom and severity scores. Moreover, patients who felt more “rested” after sleeping the night following a treatment session had lower levels of symptoms and global severity at the next

session, controlling for their symptoms and severity scores the previous session. Neither of these effects were moderated by DCS condition.

Conclusions

Our findings suggest that poor sleep quality diminishes the effects of CBT for social anxiety disorder and this relation is not attenuated by DCS administration. Therapeutic attention to sleep quality prior to initiation of CBT and during the acute treatment phase may be clinically indicated.

<http://www.textroad.com/pdf/JBASR/J.%20Basic.%20Appl.%20Sci.%20Res.,%203%288%29587-590,%202013.pdf>

Prediction of Suicide Ideation Based on Psychological Well-Being and Religious-Spiritual Determinants among the Individuals with Attempted Suicide.

Hamdollah Jayervand, Hasan Ahdi, Mohammad Mehdi Mazaheri, Hooshang Talebi, and Qolamreza Manshaee

Journal of Basic and Applied Scientific Research 3(8) 587 - 590 , 2013

The research purpose is to predict the suicide ideation based on psychological well - being and religious - spiritual determinants among the individuals with attempted suicide. Therefore, 100 individuals (65 women and 35 men) were selected from among all the individuals who had attempted suicide and were kept under observation by the welfare organization of Ilam Province and filled out the research tools which included Beck Scale for Suicide Ideation (BSS), Ryff's scales of Psychological Well - being, Religious Attitude Scale and Scale of Obligatory Attitude toward Praying. Results indicate that there is inverse and negative relationship between suicides ideation as the criterion variable and the predictor variables including the obligatory attitude toward praying , psychological well - being and religious attitude. That is to say that the multiple coefficient correlation equaled 0.58 and it indicates that the predictor variables can explain 0.58 of the variance of the criterion variable.

<http://rcnpublishing.com/doi/abs/10.7748/mhp2013.07.16.10.8.s13>

Ex-service personnel struggle to cope with civilian life: Professionals need to understand the military culture to treat the growing number of veterans with mental health problems.

Radhika Holmström

Mental Health Practice. 16, 10, 8-9.

THE MENTAL health of people who have served in the armed forces, predominantly men and mainly ex-army, is an issue that frequently makes the headlines, usually in terms of post-traumatic stress disorder (PTSD). However, in reality, it is the more common mental health problems that confront them most

often, such as anxiety disorders and depression, according to armed forces mental health lead in Sussex and mental health nurse at the Sussex Partnership Andy Stubbs.

http://www.jfponline.com/fileadmin/qhi/fed_pract/pdfs/0613/030060023.pdf

Smoking Characteristics of Veterans With Bipolar Disorder.

Annette M. Matthews, MD; Vanessa B. Wilson, BA; Suzanne H. Mitchell, PhD; and Peter Hauser, MD

JUNE 2013 • FEDERAL PRACTITIONER

This study of smoking behaviors and smoking characteristics in veterans with bipolar disorder contributes useful data to continue research into smoking and its associated risk factors, such as homelessness, lower education, and cardiovascular disease.

<http://www.plosone.org/article/info%3Adoi%2F10.1371%2Fjournal.pone.0072508>

Learning to Obtain Reward, but Not Avoid Punishment, Is Affected by Presence of PTSD Symptoms in Male Veterans: Empirical Data and Computational Model.

Myers CE, Moustafa AA, Sheynin J, VanMeenen KM, Gilbertson MW, et al.

PLoS ONE 8(8): e72508.

Post-traumatic stress disorder (PTSD) symptoms include behavioral avoidance which is acquired and tends to increase with time. This avoidance may represent a general learning bias; indeed, individuals with PTSD are often faster than controls on acquiring conditioned responses based on physiologically-aversive feedback. However, it is not clear whether this learning bias extends to cognitive feedback, or to learning from both reward and punishment. Here, male veterans with self-reported current, severe PTSD symptoms (PTSS group) or with few or no PTSD symptoms (control group) completed a probabilistic classification task that included both reward-based and punishment-based trials, where feedback could take the form of reward, punishment, or an ambiguous “no-feedback” outcome that could signal either successful avoidance of punishment or failure to obtain reward. The PTSS group outperformed the control group in total points obtained; the PTSS group specifically performed better than the control group on reward-based trials, with no difference on punishment-based trials. To better understand possible mechanisms underlying observed performance, we used a reinforcement learning model of the task, and applied maximum likelihood estimation techniques to derive estimated parameters describing individual participants’ behavior. Estimations of the reinforcement value of the no-feedback outcome were significantly greater in the control group than the PTSS group, suggesting that the control group was more likely to value this outcome as positively reinforcing (i.e., signaling successful avoidance of punishment). This is consistent with the control group’s generally poorer performance on reward trials, where reward feedback was to be obtained in preference to the no-

feedback outcome. Differences in the interpretation of ambiguous feedback may contribute to the facilitated reinforcement learning often observed in PTSD patients, and may in turn provide new insight into how pathological behaviors are acquired and maintained in PTSD.

<http://repositories.tdl.org/ttu-ir/bitstream/handle/2346/50276/DEGRAFF-THESIS-2013.pdf>

Military Family Finances: A Systemic Exploratory Study

Alycia Degraff, B.S.

Thesis – Marriage and Family Therapy

Master of Science

Texas Tech University

August 2013

This study aimed to explore the topic of military family finances in a sample of enlisted U.S. Army personnel stationed at Fort Hood in Killeen, Texas. The study investigated the role of rank, relationship status, ethnicity, income, and parental status in the financial adjustment and dyadic adjustment of active duty military personnel and their families. A Multivariate Analysis of Variance (MANOVA) was used for three separate models.

The first model examined dyadic adjustment and financial readiness to change by looking at relationship status, parental status, and income. This model found that married participants with incomes over \$40,000 showed greater readiness for financial change when compared to their non-married counterparts and, that childless participants and those with multiple children showed less tension in their dyadic relationship at the income levels of below \$30,000 and above \$40,000 in comparison to the participants with one child. Additionally, participants with one child at the income level of \$30,000 - \$39,999 showed significantly less tension than those with no children or multiple children.

The second model examined dyadic adjustment and financial readiness to change by looking at ethnicity and military ranking. This model found that E4 ranked participants were more motivated for financial change in comparison to E1 - E2 and E5 - E7 participants and that Caucasian participants were less motivated for financial change than African American, Hispanic, and Other Ethnicity participants and that Caucasian and Other Ethnicity participants experienced greater dyadic distress in comparison to the Hispanic participants.

The third model examined dyadic adjustment and positive financial behaviors by parental status, relationship status, and income. This model found that E1 - E2 ranked participants experienced greater dyadic distress in comparison to E5 - E7 participants and that non-married participants experience greater relationship distress than married participants.

<http://www.ncbi.nlm.nih.gov/pubmed/23988455>

Clin Psychol Rev. 2013 Jul 20;33(8):954-964. doi: 10.1016/j.cpr.2013.07.003. [Epub ahead of print]

A meta-analysis of nonrandomized effectiveness studies on outpatient cognitive behavioral therapy for adult anxiety disorders.

Hans E, Hiller W.

Source: Department of Clinical Psychology, Johannes Gutenberg University Mainz, Germany. Electronic address: hans@uni-mainz.de.

OBJECTIVE:

The primary aim of this study was to assess the overall effectiveness of individual and group outpatient cognitive behavioral therapy (CBT) for adults with a primary anxiety disorder in routine clinical practice.

METHOD:

We conducted a random effects meta-analysis of 71 nonrandomized effectiveness studies on outpatient individual and group CBT for adult anxiety disorders. Standardized mean gain effect sizes pre- to posttreatment, and posttreatment to follow-up are reported for disorder-specific symptoms, depression, and general anxiety. The mean dropout from CBT is reported.

RESULTS:

Outpatient CBT was effective in reducing disorder-specific symptoms in completer ($d=0.90-1.91$) and intention-to-treat samples ($d=0.67-1.45$). Moderate to large ($d=0.54-1.09$) and small to large effect sizes ($d=0.42-0.97$) were found for depressive and general anxiety symptoms posttreatment. Across all anxiety disorders, the weighted mean dropout rate was 15.06%. Posttreatment gains for disorder-specific anxiety were maintained 12 months after completion of therapy.

CONCLUSIONS:

CBT for adult anxiety disorders is very effective and widely accepted in routine practice settings. However, the methodological and reporting quality of nonrandomized effectiveness studies must be improved.

© 2013.

<http://www.cdc.gov/nchs/data/databriefs/db127.htm>

Prescription Sleep Aid Use Among Adults: United States, 2005–2010

Yinong Chong, Ph.D.; Cheryl D. Fryar, M.S.P.H.; and Qiuping Gu, M.D., Ph.D.

National Center for Health Statistics

Data Brief -- Number 127, August 2013

Key findings

Data from the National Health and Nutrition Examination Survey, 2005–2010

- About 4% of U.S. adults aged 20 and over used prescription sleep aids in the past month.
- The percentage of adults using a prescription sleep aid increased with age and education. More adult women (5.0%) used prescription sleep aids than adult men (3.1%).
- Non-Hispanic white adults were more likely to use sleep aids (4.7%) than non-Hispanic black (2.5%) and Mexican-American (2.0%) adults.
- Prescription sleep aid use varied by sleep duration and was highest among adults who sleep less than 5 hours (6.0%) or sleep 9 or more hours (5.3%).
- One in six adults with a diagnosed sleep disorder and one in eight adults with trouble sleeping reported using sleep aids.

<http://www.journalsleep.org/ViewAbstract.aspx?pid=29095>

Cues of Fatigue: Effects of Sleep Deprivation on Facial Appearance.

Sundelin T; Lekander M; Kecklund G; Van Someren EJW; Olsson A; Axelsson J.

SLEEP 2013;36(9):1355-1360.

Study Objective:

To investigate the facial cues by which one recognizes that someone is sleep deprived versus not sleep deprived.

Design:

Experimental laboratory study.

Setting:

Karolinska Institutet, Stockholm, Sweden.

Participants:

Forty observers (20 women, mean age 25 ± 5 y) rated 20 facial photographs with respect to fatigue, 10 facial cues, and sadness. The stimulus material consisted of 10 individuals (five women) photographed at 14:30 after normal sleep and after 31 h of sleep deprivation following a night with 5 h of sleep.

Measurements:

Ratings of fatigue, fatigue-related cues, and sadness in facial photographs.

Results:

The faces of sleep deprived individuals were perceived as having more hanging eyelids, redder eyes,

more swollen eyes, darker circles under the eyes, paler skin, more wrinkles/fine lines, and more droopy corners of the mouth (effects ranging from $b = +3 \pm 1$ to $b = +15 \pm 1$ mm on 100-mm visual analog scales, $P < 0.01$). The ratings of fatigue were related to glazed eyes and to all the cues affected by sleep deprivation ($P < 0.01$). Ratings of rash/eczema or tense lips were not significantly affected by sleep deprivation, nor associated with judgements of fatigue. In addition, sleep-deprived individuals looked sadder than after normal sleep, and sadness was related to looking fatigued ($P < 0.01$).

Conclusions:

The results show that sleep deprivation affects features relating to the eyes, mouth, and skin, and that these features function as cues of sleep loss to other people. Because these facial regions are important in the communication between humans, facial cues of sleep deprivation and fatigue may carry social consequences for the sleep deprived individual in everyday life.

<http://www.cell.com/retrieve/pii/S0092867413009616>

The CRTK1-SIK1 Pathway Regulates Entrainment of the Circadian Clock.

Aarti Jagannath, Rachel Butler, Sofia I.H. Godinho, Yvonne Couch, Laurence A. Brown, Sridhar R. Vasudevan, Kevin C. Flanagan, Daniel Anthony, Grant C. Churchill, Matthew J.A. Wood, Guido Steiner, Martin Ebeling, Markus Hossbach, Joseph G. Wettstein, Giles E. Duffield, Silvia Gatti, Mark W. Hankins, Russell G. Foster, Stuart N. Peirson

Cell, Volume 154, Issue 5, 1100-1111, 29 August 2013

Retinal photoreceptors entrain the circadian system to the solar day. This photic resetting involves cAMP response element binding protein (CREB)-mediated upregulation of Per genes within individual cells of the suprachiasmatic nuclei (SCN). Our detailed understanding of this pathway is poor, and it remains unclear why entrainment to a new time zone takes several days. By analyzing the light-regulated transcriptome of the SCN, we have identified a key role for salt inducible kinase 1 (SIK1) and CREB-regulated transcription coactivator 1 (CRTK1) in clock re-setting. An entrainment stimulus causes CRTK1 to coactivate CREB, inducing the expression of Per1 and Sik1. SIK1 then inhibits further shifts of the clock by phosphorylation and deactivation of CRTK1. Knockdown of Sik1 within the SCN results in increased behavioral phase shifts and rapid re-entrainment following experimental jet lag. Thus SIK1 provides negative feedback, acting to suppress the effects of light on the clock. This pathway provides a potential target for the regulation of circadian rhythms.

<http://www.ncbi.nlm.nih.gov/pubmed/23986816>

Eur J Psychotraumatol. 2013 Aug 26;4. doi: 10.3402/ejpt.v4i0.21572.

Randomized controlled trial of a brief dyadic cognitive-behavioral intervention designed to prevent PTSD.

Brunet A, Des Groseilliers IB, Cordova MJ, Ruzek JL.

Source: Psychosocial Research Division, Douglas Institute Research Center, Verdun, Québec, Canada ; Department of Psychiatry, McGill University, Montréal, Québec, Canada.

BACKGROUND:

There is a dearth of effective interventions to prevent the development of post-traumatic stress disorder (PTSD).

METHOD:

We evaluated the efficacy of a brief dyadic two-session cognitive-behavioral intervention through a controlled trial involving trauma-exposed individuals recruited at the hospital's emergency room. Participants were randomly assigned to either the dyadic intervention group (n=37) or to a waiting list (assessment only) group (n=37).

RESULTS:

In an intent-to-treat analysis, a time-by-group interaction was found, whereby the treated participants had less PTSD symptoms at the post-treatment but not at the pre-treatment compared to controls. Controlling for the improvement observed in the control participants, the intervention yielded a net effect size of $d=0.39$.

CONCLUSIONS:

A brief, early, and effective intervention can be provided by nurses or social workers in hospital settings, at a fairly low cost to individuals presenting to the emergency room as the result of trauma exposure.

<http://rd.springer.com/article/10.1007/s00148-013-0485-5>

Gone to war: have deployments increased divorces?

Sebastian Negrusa, Brighita Negrusa, James Hosek

Journal of Population Economics

September 2013

Owing to the armed conflicts in Iraq and Afghanistan, members of the US military have experienced very high rates of deployment overseas. Because military personnel have little to no control over their deployments, the military setting offers a unique opportunity to study the causal effect of major

disruptions on marital dissolution. In this paper, we use longitudinal individual-level administrative data from 1999 to 2008 and find that an additional month in deployment increases the divorce hazard of military families, with females being more affected. A standard conceptual framework of marital formation and dissolution predicts a differential effect of these types of shocks depending on the degree to which they are anticipated when a couple gets married. Consistent with this prediction, we find a larger effect for couples married before 9/11, who clearly expected a lower risk of deployment than what they faced post 9/11.

<http://www.ncbi.nlm.nih.gov/pubmed/23997702>

J Clin Sleep Med. 2013 Sep;9(9):897-905. doi: 10.5664/jcsm.2990.

Sleep symptoms, race/ethnicity, and socioeconomic position.

Grandner MA, Petrov ME, Rattanaumpawan P, Jackson N, Platt A, Patel NP.

Source: Center for Sleep and Circadian Neurobiology, Perelman School of Medicine, University of Pennsylvania, Philadelphia, PA ; Division of Sleep Medicine, Perelman School of Medicine, University of Pennsylvania, Philadelphia, PA.

STUDY OBJECTIVES:

Growing evidence indicates sleep is a major public health issue. Race/ethnicity and socioeconomics may contribute to sleep problems. This study assessed whether sleep symptoms were more prevalent among minorities and/or the socioeconomically disadvantaged.

DESIGN:

Cross-sectional.

SETTING:

Epidemiologic survey.

PATIENTS OR PARTICIPANTS:

2007-2008 National Health and Nutrition Examination Survey (N = 4,081).

INTERVENTIONS:

None.

MEASUREMENTS AND RESULTS:

Sociodemographics included age, sex, race/ethnicity, marital status, and immigration. Socioeconomics included poverty, education, private insurance, and food insecurity. Sleep symptoms assessed were sleep latency > 30 min, difficulty falling asleep, sleep maintenance difficulties, early morning awakenings, non-restorative sleep, daytime sleepiness, snorting/gasping, and snoring. Decreased reported problems for most symptoms were found among minorities, immigrants, and lower education levels. In general, in fully adjusted models, long sleep latency was associated with female gender, being

black/African American, lower education attainment, no private insurance, and food insecurity. Difficulty falling asleep, sleep maintenance difficulties, early morning awakenings, and non-restorative sleep were also associated with female gender and food insecurity. Daytime sleepiness was seen in female and divorced respondents. Snorting/gasping was more prevalent among male, other-Hispanic/Latino, and 9(th)- to 11(th)-grade-level respondents. Snoring was prevalent among male, other-Hispanic/Latino, less-educated, and food-insecure respondents.

CONCLUSIONS:

Sleep symptoms were associated with multiple sociodemographic and economic factors, though these relationships differed by predictor and sleep outcome. Also, reports depended on question wording.

<http://www.ncbi.nlm.nih.gov/pubmed/23997701>

J Clin Sleep Med. 2013 Sep;9(9):885-95. doi: 10.5664/jcsm.2988.

The Association of Age, Insomnia, and Self-Efficacy with Continuous Positive Airway Pressure Adherence in Black, White, and Hispanic US Veterans.

Wallace DM, Shafazand S, Aloia MS, Wohlgenuth WK.

Source: Department of Neurology, Sleep Medicine Division, University of Miami Miller School of Medicine, Miami, FL ; Neurology Service, Bruce W. Carter Department of Veterans Affairs Medical Center, Miami, FL.

STUDY OBJECTIVES:

Studies of continuous positive airway pressure (CPAP) adherence in multi-ethnic samples are lacking. This study explores previously described factors associated with therapeutic CPAP use in South Florida veterans with obstructive sleep apnea-hypopnea syndrome (OSAHS).

METHODS:

We performed a retrospective, cross-sectional analysis of CPAP adherence comparing white, black, and Hispanic veterans returning to the Miami VA sleep clinic over a 4-month period. Participants had CPAP use download and completed questionnaires on demographics, sleepiness, insomnia, and social cognitive measures related to adherence. Linear regression modeling was used to explore the impact of measured variables and potential interactions with race-ethnicity on mean daily CPAP use.

RESULTS:

Participants (N = 248) were 94% male with mean age of 59 ± 11 years and included 95 blacks (38%), 91 whites (37%), and 62 Hispanic (25%) veterans. Blacks had less mean daily CPAP use than whites (-1.6 h, $p < 0.001$) and Hispanics (-1.3 h, $p < 0.01$). Blacks reported worse sleep onset insomnia symptoms compared to whites. In the final multivariable regression model, black race-ethnicity ($p < 0.01$), insomnia symptoms ($p < 0.001$), and self-efficacy ($p < 0.001$) were significantly associated with mean daily CPAP use. In addition, the black race by age interaction term showed a trend towards significance ($p = 0.10$).

CONCLUSIONS:

In agreement with recent studies, we found that mean daily CPAP use in blacks was 1 hour less than whites after adjusting for covariates. No CPAP adherence differences were noted between whites and Hispanics. Further investigations exploring sociocultural barriers to regular CPAP use in minority individuals with OSAHS are needed.

<http://www.ncbi.nlm.nih.gov/pubmed/23997363>

Sleep. 2013 Sep 1;36(9):1307-16. doi: 10.5665/sleep.2952.

Neural correlates of working memory performance in primary insomnia.

Drummond SP, Walker M, Almklov E, Campos M, Anderson DE, Straus LD.

Source: Psychology Service, VA San Diego Healthcare System, San Diego, CA ; Research Service, VA San Diego Healthcare System, San Diego, CA ; University of California San Diego, Department of Psychiatry, San Diego, CA ; San Diego State University-University of California San Diego Joint Doctoral Program in Clinical Psychology, San Diego, CA.

STUDY OBJECTIVES:

To examine neural correlates of working memory performance in patients with primary insomnia (PIs) compared with well-matched good sleepers (GSs).

DESIGN:

Twenty-five PIs and 25 GSs underwent functional MRI while performing an N-back working memory task.

SETTING:

VA hospital sleep laboratory and University-based functional imaging center.

PATIENTS OR PARTICIPANTS:

25 PIs, 25 GSs.

INTERVENTIONS:

N/A.

MEASUREMENTS AND RESULTS:

Although PIs did not differ from GSs in cognitive performance, PIs showed the expected differences from GSs in both self-reported and objective sleep measures. PIs, relative to GSs, showed reduced activation of task-related working memory regions. This manifested both as an overall reduction in activation of task-related regions and specifically as reduced modulation of right dorsolateral prefrontal cortex with increasing task difficulty. Similarly, PIs showed reduced modulation (i.e., reduced deactivation) of default mode regions with increasing task difficulty, relative to GSs. However, PIs showed intact performance.

CONCLUSIONS:

These data establish a profile of abnormal neural function in primary insomnia, reflected both in reduced engagement of task-appropriate brain regions and an inability to modulate task-irrelevant (i.e., default mode) brain areas during working memory performance. These data have implications for better understanding the neuropathophysiology of the well established, yet little understood, discrepancy between ubiquitous subjective cognitive complaints in primary insomnia and the rarely found objective deficits during testing.

<http://www.ncbi.nlm.nih.gov/pubmed/23993875>

Sleep Med. 2013 Aug 28. pii: S1389-9457(13)00217-7. doi: 10.1016/j.sleep.2013.04.016. [Epub ahead of print]

Sleep disturbances and reduced work functioning in depressive or anxiety disorders.

van Mill JG, Vogelzangs N, Hoogendijk WJ, Penninx BW.

Source: Department of Psychiatry and the EMGO Institute for Health and Care Research, The Netherlands; NeuroCampus Amsterdam, VU University Medical Center Amsterdam, The Netherlands. Electronic address: j.mill@ggzingeest.nl.

OBJECTIVES:

We aimed to examine the associations between sleep disturbances and work functioning in an epidemiologic cohort study in subjects with or without depressive or anxiety disorders.

METHODS:

There were 707 subjects included in our analyses with depressive or anxiety disorders and 728 subjects without current depressive or anxiety disorders. Insomnia was defined as a score ≥ 9 using the Insomnia Rating Scale. Self-reported sleep duration was categorized in short, normal, and long (≤ 6 , 7-9, and ≥ 10 h, respectively). Work absenteeism was defined as none, short (≤ 2 weeks), or long (> 2 weeks). Work performance was defined as not impaired, reduced, or impaired. Logistic regression analyses were performed to examine the associations of sleep disturbances with work functioning.

RESULTS:

In subjects with psychopathology, insomnia and short sleep duration were significantly associated with impaired work performance (odds ratio [OR] for insomnia, 2.20; [95% confidence interval {CI}, 1.50-3.22]; OR for short sleep, 2.54 [95% CI, 1.66-3.88] compared to normal sleep duration). Insomnia (OR, 2.48 [95% CI, 1.67-3.69]) and short sleep duration (OR, 1.85 [95% CI, 1.23-2.78]) also were associated with long-term absenteeism. These findings remained the same after considering clinical characteristics including medication use and symptom severity. In subjects without psychopathology, no significant associations were found between insomnia and short sleep duration on work functioning after considering subthreshold depression symptoms.

CONCLUSIONS:

In subjects with psychopathology, sleep disturbances were negatively associated with work functioning, independent of disorder severity and use of psychotropic medication. Further research is needed to determine if treatment of sleep disturbances in subjects with psychopathology improves work functioning.

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<http://www.ncbi.nlm.nih.gov/pubmed/23997822>

Ment Health Fam Med. 2012 Sep;9(3):161-9.

Psychiatric distress among spouses of National Guard soldiers prior to combat deployment.

Erbes CR, Meis LA, Polusny MA, Arbisi PA.

Source: Staff Psychologist, Center for Chronic Disease Outcomes Research.

Background

The mental health functioning of military spouses and intimate partners prior to the combat deployments of their loved ones is poorly studied.

Aims

Whereas service members and veterans often receive healthcare directly from the military or the Department of Veterans Affairs, family members may be more likely to present in family care settings. An understanding of mental health problems commonly occurring in this population is therefore important.

Method

National Guard soldiers and their spouses or cohabitating partners (n = 223 couples) were surveyed about mental health symptoms, social functioning and mental health service utilisation one to two months prior to a combat deployment to Afghanistan.

Results

Screening rates for partner post-traumatic stress disorder, depression, alcohol problems and social impairment were 2.4, 15.3, 3.7 and 10.7%, respectively, and were significantly higher for partners than soldiers with regards to depression and social impairment. The majority of partners screening positive for psychiatric distress did not report utilising mental health services or military support services (i.e. family readiness groups). Clinical implications are discussed.

<http://www.ncbi.nlm.nih.gov/pubmed/23996688>

Pharmacoepidemiol Drug Saf. 2013 Aug 31. doi: 10.1002/pds.3507. [Epub ahead of print]

Off-label use of second generation antipsychotics for post-traumatic stress disorder in the Department of Veterans Affairs: time trends and sociodemographic, comorbidity, and regional correlates.

Bauer MS, Lee A, Li M, Bajor L, Rasmusson A, Kazis LE.

Source: Center for Healthcare Organization and Implementation Research (CHOIR), VA Boston Healthcare System and Edith Nourse Rogers Memorial Veterans Hospital, Bedford, MA, USA; Department of Psychiatry, Harvard Medical School, Boston, MA, USA.

PURPOSE:

Second generation antipsychotics (SGAs) are widely used for post-traumatic stress disorder (PTSD), although without strong evidence base. With substantial numbers of veterans returning from Iraq/Afghanistan conflicts with PTSD, it is important to characterize the extent of SGA use and identify associated factors.

METHODS:

We determined time trends and patient characteristics associated with the use of SGAs in veterans with PTSD, without comorbid schizophrenia or bipolar disorders, using the Department of Veterans Affairs national administrative data 2003-2010.

RESULTS:

Among 732 085 veterans with PTSD, 27.6% received an intentional trial of an SGA in 2003-2010. The annual number treated with SGAs almost doubled (45 268 to 84 197, $p < 0.001$), while prescribing rates decreased (28.6% to 21.5%, $p < 0.001$). In multivariate analyses, African Americans (odds ratio (OR) = 1.07, 95%confidence interval (CI) = 1.06-1.09) and Hispanics (OR = 1.13, 95%CI = 1.10-1.17) were more likely to receive SGAs than Whites. Strongest clinical associations were with prior diagnosis of depression (OR = 1.96; 95%CI = 1.94-1.99), substance use disorders (OR = 1.86; 95%CI = 1.84-1.88), and other anxiety disorders (OR = 1.27; 95%CI = 1.26-1.29) (all $p < 0.0001$) as well as cardiovascular risk factors. Veterans previously deployed to Iraq/Afghanistan had lower likelihood of SGA receipt. Substantial regional differences were demonstrated (South > Northeast; Midwest and West < Northeast; $p < 0.0001$); regional administrative units (veterans integrated service networks) contributed minimally to regional differences.

CONCLUSIONS:

Post-traumatic stress disorder population growth is driving substantial increases in SGA use. Decreasing rates of the Department of Veterans Affairs prescribing may be due to integrated system-wide mechanisms (e.g., national practice guidelines), although regional variations remain prominent. These analyses provide foundational steps for identifying modifiable provider-level and organization-level determinants of SGA prescription in this growing population. Published 2013. This article is a U.S. Government work and is in the public domain in the USA.

<http://www.ncbi.nlm.nih.gov/pubmed/23992768>

J Psychiatr Res. 2013 Aug 27. pii: S0022-3956(13)00227-6. doi: 10.1016/j.jpsychires.2013.07.015. [Epub ahead of print]

Suicidality among older male veterans in the United States: Results from the National Health and Resilience in Veterans Study.

Fanning JR, Pietrzak RH.

Source: National Center for Posttraumatic Stress Disorder, Veterans Affairs Connecticut Healthcare System, West Haven, CT, USA; Department of Psychiatry, Yale University School of Medicine, New Haven, CT, USA. Electronic address: Jennifer.fanning@yale.edu.

Older men have a higher rate of suicide than the general population, but little is known about the prevalence and correlates of suicidality among older male veterans. In this study, we evaluated the prevalence, and risk and protective factors associated with current suicidal ideation (SI) and past suicide attempt (SA) in a contemporary, nationally representative sample of older male veterans. We analyzed data from 1962 male veterans aged 60 or older who participated in the National Health and Resilience Veterans Survey (NHRVS) between October and December 2011. Bivariate analyses and multivariate logistic regression were used to evaluate risk and protective factors associated with current SI and past SA in the full sample, and separately among combat and non-combat veterans. Six percent of the sample reported past 2-week SI, and combat veterans were more likely to contemplate suicide (9.2%) than non-combat (4.0%) veterans. Lifetime SA was reported by 2.6% of respondents. Major depression and physical health difficulties were the strongest risk factors for SI in combat veterans, while generalized anxiety disorder (GAD) was the strongest risk factor for SI in non-combat veterans. Posttraumatic stress disorder (PTSD) was independently associated with SI in both groups of veterans, and social connectedness was negatively related to SI in both groups. These results suggest that a significant proportion of older male veterans in the United States contemplates suicide, with higher rates of SI among combat than non-combat veterans. Interventions designed to mitigate psychological distress and physical difficulties, and to promote social connectedness may help mitigate suicidality risk in this population.

Published by Elsevier Ltd.

http://www.jfponline.com/fileadmin/qhi/fed_pract/pdfs/0813/030080014.pdf

Adaptability and Resiliency of Military Families During Reunification: Results of a Longitudinal Study.

Peggy Anne Fisher McNulty, DrPH, RN, APRN, CAPT, NC, USN (Ret)

This longitudinal study examines the impact of reunification on the adaptation and resiliency of soldier families after deployment to Iraq or Afghanistan.

<http://guilfordjournals.com/doi/abs/10.1521/ijct.2013.6.3.265>

Impairments in Self Structures in Depression and Suicide in Psychodynamic and Cognitive Behavioral Approaches: Implications for Clinical Practice and Research.

Patrick Luyten, Sidney J. Blatt, and Peter Fonagy

International Journal of Cognitive Therapy: Vol. 6, Self, Cognition, and Psychopathology, pp. 265-279.

This paper discusses the growing convergence among cognitive behavioral and psychodynamic approaches to psychopathology, and to depression and suicide in particular, with a special focus on theoretical models emphasizing (a) the role of cognitive affective schemas or representations of self and others and (b) impairments in mentalizing or meta-cognition. We discuss similarities and differences between these approaches in the conceptualization and the treatment of depression. This review shows that despite continuing convergence, some important differences remain which may provide a particularly fruitful area for clinical practice and future research directed towards uncovering the mutative factors in the treatment of depression.

<http://onlinelibrary.wiley.com/doi/10.1111/j.1521-0391.2013.12079.x/abstract>

Acupuncture and relaxation response for craving and anxiety reduction among military veterans in recovery from substance use disorder.

Chang, B.-H. and Sommers, E.

The American Journal on Addictions

Article first published online: 30 AUG 2013

Background and Objectives

Substance use disorder (SUD) is a major health issue, especially among military veterans. We previously reported the effects of auricular acupuncture and the relaxation response (RR) on reducing craving and anxiety following 10-week interventions among veterans who were in recovery from SUDs. Our current analysis examines effects following each intervention session and RR daily practice.

Methods

We conducted a three-arm randomized controlled trial on residents of a homeless veteran rehabilitation program. Sixty-Seven enrolled participants were randomly assigned to acupuncture (n = 23), RR (n = 23), or usual care (n = 21). Participants in the two intervention groups rated their degree of craving for

substance on a scale of 1–10 and anxiety levels on a scale of 1–4 (total score 20–80) before and after each intervention session. Mixed effects regression models were used for analysis.

Results

Craving and anxiety levels decreased significantly following one session of acupuncture (-1.04 , $p = .0001$; -8.83 , $p < .0001$) or RR intervention ($-.43$, $p = .02$; -4.64 , $p = .03$). The level of craving continued to drop with additional intervention sessions (regression coefficient $b = -.10$, $p = .01$, and $b = -.10$, $p = .02$ for acupuncture and RR groups, respectively). Number of daily practice days of RR-eliciting techniques is also associated with reduction in craving ratings ($b = -.02$, $p = .008$).

Conclusions

Findings demonstrate the value of attending regular acupuncture and RR-eliciting intervention sessions, as well as the daily practice of RR-eliciting techniques.

Scientific Significance

Substance addiction is a complex disease and effective treatment remains a challenge. Our study findings add to the scientific evidence of these two non-pharmaceutical approaches for SUD. (Am J Addict 2013;XX:1–8)

<http://www.ncbi.nlm.nih.gov/pubmed/24003362>

Eur J Psychotraumatol. 2013 Aug 30;4. doi: 10.3402/ejpt.v4i0.20656.

Perceived causal relations between anxiety, posttraumatic stress and depression: extension to moderation, mediation, and network analysis.

Frewen PA, Schmittmann VD, Bringmann LF, Borsboom D.

Source: Department of Psychiatry and Psychology, Graduate Program in Neuroscience, Western University Canada, London, Ontario, Canada.

BACKGROUND:

Previous research demonstrates that posttraumatic memory reexperiencing, depression, anxiety, and guilt-shame are frequently co-occurring problems that may be causally related.

OBJECTIVES:

The present study utilized Perceived Causal Relations (PCR) scaling in order to assess participants' own attributions concerning whether and to what degree these co-occurring problems may be causally interrelated.

METHODS:

288 young adults rated the frequency and respective PCR scores associating their symptoms of posttraumatic reexperiencing, depression, anxiety, and guilt-shame.

RESULTS:

PCR scores were found to moderate associations between the frequency of posttraumatic memory reexperiencing, depression, anxiety, and guilt-shame. Network analyses showed that the number of feedback loops between PCR scores was positively associated with symptom frequencies.

CONCLUSION:

Results tentatively support the interpretation of PCR scores as moderators of the association between different psychological problems, and lend support to the hypothesis that increased symptom frequencies are observed in the presence of an increased number of causal feedback loops between symptoms. Additionally, a perceived causal role for the reexperiencing of traumatic memories in exacerbating emotional disturbance was identified.

<http://www.ncbi.nlm.nih.gov/pubmed/24001428>

Psychol Med. 2013 Sep 4;1-11. [Epub ahead of print]

Combat exposure severity as a moderator of genetic and environmental liability to post-traumatic stress disorder.

Wolf EJ, Mitchell KS, Koenen KC, Miller MW.

Source: National Center for PTSD, VA Boston Healthcare System, Boston, MA, USA.

BACKGROUND:

Twin studies of veterans and adults suggest that approximately 30-46% of the variance in post-traumatic stress disorder (PTSD) is attributable to genetic factors. The remaining variance is attributable to the non-shared environment, which, by definition, includes combat exposure. This study used a gene by measured environment twin design to determine whether the effects of genetic and environmental factors that contribute to the etiology of PTSD are dependent on the level of combat exposure.

METHOD:

The sample was drawn from the Vietnam Era Twin Registry (VETR) and included 620 male-male twin pairs who served in the US Military in South East Asia during the Vietnam War era. Analyses were based on data from a clinical diagnostic interview of lifetime PTSD symptoms and a self-report measure of combat exposure.

RESULTS:

Biometric modeling revealed that the effects of genetic and non-shared environment factors on PTSD varied as a function of level of combat exposure such that the association between these factors and PTSD was stronger at higher levels of combat exposure.

CONCLUSIONS:

Combat exposure may act as a catalyst that augments the impact of hereditary and environmental

contributions to PTSD. Individuals with the greatest exposure to combat trauma were at increased risk for PTSD as a function of both genetic and environmental factors. Additional work is needed to determine the biological and environmental mechanisms driving these associations.

<http://www.ncbi.nlm.nih.gov/pubmed/24001181>

Headache. 2013 Sep 3. doi: 10.1111/head.12200. [Epub ahead of print]

Post-Traumatic Stress Disorder in U.S. Soldiers With Post-Traumatic Headache.

Rosenthal JF, Erickson JC.

Source: Neurology Service, Madigan Army Medical Center, Tacoma, WA, USA.

OBJECTIVE:

To determine the impact of post-traumatic stress disorder (PTSD) on headache characteristics and headache prognosis in U.S. soldiers with post-traumatic headache.

BACKGROUND:

PTSD and post-concussive headache are common conditions among U.S. Army personnel returning from deployment. The impact of comorbid PTSD on the characteristics and outcomes of post-traumatic headache has not been determined in U.S. Army soldiers.

METHODS:

A retrospective cohort study was conducted among 270 consecutive U.S. Army soldiers diagnosed with post-traumatic headache at a single Army neurology clinic. All subjects were screened for PTSD at baseline using the PTSD symptom checklist. Headache frequency and characteristics were determined for post-traumatic headache subjects with and without PTSD at baseline. Headache measures were reassessed 3 months after the baseline visit, and were compared between groups with and without PTSD.

RESULTS:

Of 270 soldiers with post-traumatic headache, 105 (39%) met screening criteria for PTSD. There was no significant difference between subjects with PTSD and those without PTSD with regard to headache frequency (17.2 vs 15.7 headache days per month; $P = .15$) or chronic daily headache (58.1% vs 52.1%; $P = .34$). Comorbid PTSD was associated with higher headache-related disability as measured by the Migraine Disability Assessment Score. Three months after the baseline neurology clinic visit, the number of subjects with at least 50% reduction in headache frequency was similar among post-traumatic headache cases with and without PTSD (25.9% vs 26.8%).

CONCLUSION:

PTSD is prevalent among U.S. Army soldiers with post-traumatic headache. Comorbid PTSD is not associated with more frequent headaches or chronic daily headache in soldiers evaluated at a military

neurology clinic for chronic post-traumatic headache. Comorbid PTSD does not adversely affect short-term headache outcomes, although prospective controlled trials are needed to better assess this relationship.

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<http://www.ncbi.nlm.nih.gov/pubmed/24000856>

Psychotherapy (Chic). 2013 Sep;50(3):381-6. doi: 10.1037/a0032157.

Intervention strategies and clinical process in transdiagnostic cognitive-behavioral therapy.

Boswell JF.

Source: Boston University.

A number of evidence-based cognitive-behavioral treatments (CBT) have been developed to target specific anxiety and mood disorders. Many in the field of psychotherapy have focused their attention toward the identification and consolidation of core treatment principles and mechanisms of change that cut across different treatment approaches and diagnostic categories. This focus has led to the development of transdiagnostic CBT treatments that aim to integrate common principles of human functioning and change strategies found in existing evidence-based CBT interventions for various disorders. The Unified Protocol (UP) is a transdiagnostic emotion-focused CBT treatment designed to be applicable to disorders that involve a prominent emotional component. This article describes three core intervention strategies typically used to facilitate clinical process (e.g., new learning) in the UP: (a) increasing emotional awareness, (b) encouraging repeated practice, and (c) providing opportunities for corrective experiences. Clinical examples, along with a brief discussion of the theoretical basis and research support for each of these intervention strategies, are provided. (PsycINFO Database Record (c) 2013 APA, all rights reserved).

<http://www.ncbi.nlm.nih.gov/pubmed/24001364>

Psychol Med. 2013 Sep 4:1-12. [Epub ahead of print]

Guided Internet-delivered cognitive behavioural treatment for insomnia: a randomized trial.

van Straten A, Emmelkamp J, de Wit J, Lancee J, Andersson G, van Someren EJ, Cuijpers P.

Source: Department of Clinical Psychology, VU University Amsterdam, The Netherlands.

BACKGROUND:

Insomnia is a prevalent problem with a high burden of disease (e.g. reduced quality of life, reduced work capacity) and a high co-morbidity with other mental and somatic disorders. Cognitive behavioural

therapy (CBT) is effective in the treatment of insomnia but is seldom offered. CBT delivered through the Internet might be a more accessible alternative. In this study we examined the effectiveness of a guided Internet-delivered CBT for adults with insomnia using a randomized controlled trial (RCT).

METHOD:

A total of 118 patients, recruited from the general population, were randomized to the 6-week guided Internet intervention (n = 59) or to a wait-list control group (n = 59). Patients filled out an online questionnaire and a 7-day sleep diary before (T0) and after (T1) the 6-week period. The intervention group received a follow-up questionnaire 3 months after baseline (T2).

RESULTS:

Almost three-quarters (72.9%) of the patients completed the whole intervention. Intention-to-treat (ITT) analysis showed that the treatment had statistically significant medium to large effects ($p < 0.05$; Cohen's d between 0.40 and 1.06), and resulted more often in clinically relevant changes, on all sleep and secondary outcomes with the exception of sleep onset latency (SOL) and number of awakenings (NA). There was a non-significant difference in the reduction in sleep medication between the intervention (a decrease of 6.8%) and control (an increase of 1.8%) groups ($p = 0.20$). Data on longer-term effects were inconclusive.

CONCLUSIONS:

This study adds to the growing body of literature that indicates that guided CBT for insomnia can be delivered through the Internet. Patients accept the format and their sleep improves.

Links of Interest

Suicide rate for veterans far exceeds that of civilian population

<http://www.publicintegrity.org/2013/08/30/13292/suicide-rate-veterans-far-exceeds-civilian-population>

DrugFacts: Substance Abuse in the Military

<http://www.drugabuse.gov/publications/drugfacts/substance-abuse-in-military>

Defense Department Releases Crisis Support Guide for Families

http://www.health.mil/blog/13-08-30/Defense_Department_Releases_Crisis_Support_Guide_for_Families.aspx

Anxiety Linked to a Need for More Personal Space

http://www.nlm.nih.gov/medlineplus/news/fullstory_140203.html

Sleep Deprivation Linked to Junk Food Cravings

<http://www.sciencedaily.com/releases/2013/08/130806145542.htm>

PTSD, Violent Behavior: What You Need to Know

http://www.health.mil/blog/13-08-29/PTSD_Violent_Behavior_What_You_Need_to_Know.aspx

Percent of depressed men comparable to women: study

http://www.nlm.nih.gov/medlineplus/news/fullstory_140180.html

Mental and Substance Disorders Major Cause of Nonfatal Illnesses

http://www.nlm.nih.gov/medlineplus/news/fullstory_140160.html

National Sleep Foundation 2013 Bedroom Poll explores sleep differences among 6 countries

http://www.eurekalert.org/pub_releases/2013-09/nsf-nsf090313.php

Review highlights links between problem gambling and substance abuse, and lack of treatment options

http://www.eurekalert.org/pub_releases/2013-09/smh-rhl090413.php

Official Notes Progress in Suicide Prevention Effort

http://www.health.mil/News_And_Multimedia/News/detail/13-09-03/Official_Notes_Progress_in_Suicide_Prevention_Effort.aspx

Deployment Health Clinical Center Names New Director

http://www.dcoe.health.mil/MediaCenter/News/details/13-09-03/Deployment_Health_Clinical_Center_Names_New_Director.aspx

Army Calls for Sustained Drumbeat on Suicide Prevention

http://www.health.mil/News_And_Multimedia/News/detail/13-09-04/Army_Calls_for_Sustained_Drumbeat_on_Suicide_Prevention.aspx

Resource of the Week: justdelete.me

Seriously... How many internet sites/services have you signed up for? How many do you actually use? And how do you keep track of them?

This becomes especially crucial when you want to escape...delete your account...since so many of these sites are like the proverbial roach motel. You check in and you can't check out.

justdelete.me is basically a page of links that take you directly to the pages that will let you delete your account from an array of the most popular web apps and services. The links are color-coded as to the difficulty of the actual account deletion.

- **Green**=Easy ("simple process")
- **Yellow**=Medium ("some extra steps involved")
- **Red**=Hard ("cannot be fully deleted without contacting customer services")

- **Black**=Impossible (“cannot be deleted”)

Click on the “SHOW INFO” link in each colored box for a brief description (if available) of how to delete your account at that particular site (or an explanation specifying that your account cannot be deleted).

And yeah, there are a lot of sites on this page that I’ve never heard of, either. Probably just as well.

| justdelete.me A directory of direct links to delete your account from web services. | | | |
|--|---|---|--|
| | | | |
| 4shared DIFFICULTY: EASY NO INFO AVAILABLE | 500px DIFFICULTY: EASY NO INFO AVAILABLE | 9GAG DIFFICULTY: EASY SHOW INFO... | Abload DIFFICULTY: EASY NO INFO AVAILABLE |
| About.me DIFFICULTY: EASY NO INFO AVAILABLE | Adobe DIFFICULTY: HARD SHOW INFO... | Airbnb DIFFICULTY: EASY NO INFO AVAILABLE | Amazon DIFFICULTY: HARD SHOW INFO... |
| Animal Crossing Community DIFFICULTY: IMPOSSIBLE SHOW INFO... | AOL / Instant Messenger DIFFICULTY: EASY NO INFO AVAILABLE | App.net DIFFICULTY: EASY NO INFO AVAILABLE | Artsy DIFFICULTY: EASY NO INFO AVAILABLE |
| Ask.fm DIFFICULTY: HARD SHOW INFO... | Assembla DIFFICULTY: EASY NO INFO AVAILABLE | Bambuser DIFFICULTY: EASY SHOW INFO... | Battle.net DIFFICULTY: HARD SHOW INFO... |
| BBC iD DIFFICULTY: EASY NO INFO AVAILABLE | Bitbucket DIFFICULTY: EASY SHOW INFO... | bitly DIFFICULTY: IMPOSSIBLE SHOW INFO... | Blogger DIFFICULTY: IMPOSSIBLE SHOW INFO... |

Shirl Kennedy
Web Content Strategist
Center for Deployment Psychology
www.deploymentpsych.org
skennedy@deploymentpsych.org
301-816-4749