



CDP Research Update -- October 3, 2013

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<http://www.psy-journal.com/article/S0165-1781%2813%2900512-X/abstract>

PTSD symptom dimensions and their relationship to functioning in World Trade Center responders.

Camilo J. Ruggero, Roman Kotov, Jennifer L. Callahan, Jared N. Kilmer, Benjamin J. Luft, Evelyn J. Bromet

Psychiatry Research - 23 September 2013

Post-traumatic stress disorder (PTSD) symptoms are common among responders to the 9/11 attacks on the World Trade Center and can lead to impairment, yet it is unclear which symptom dimensions are responsible for poorer functioning. Moreover, how best to classify PTSD symptoms remains a topic of controversy. The present study tested competing models of PTSD dimensions and then assessed which were most strongly associated with social/occupational impairment, depression, and alcohol abuse.

World Trade Center responders (n=954) enrolled in the Long Island site of the World Trade Center Health Program between 2005 and 2006 were administered standard self-report measures. Confirmatory factor analysis confirmed the superiority of four-factor models of PTSD over the DSM-IV three-factor model. In selecting between four-factor models, evidence was mixed, but some support emerged for a broad dysphoria dimension mapping closely onto depression and contributing strongly to functional impairment. This study confirmed in a new population the need to revise PTSD symptom classification to reflect four dimensions, but raises questions about how symptoms are categorized. Results suggest that targeted treatment of symptoms may provide the most benefit, and that treatment of dysphoria-related symptoms in disaster relief workers may have the most benefit for social and occupational functioning.

<http://www.sciencedirect.com/science/article/pii/S0022395613002938>

Impaired fear inhibition learning predicts the persistence of symptoms of posttraumatic stress disorder (PTSD).

Marit Sijbrandij, Iris M. Engelhard, Miriam J.J. Lommen, Arne Leer, Johanna M.P. Baas

Journal of Psychiatric Research, Available online 20 September 2013

Recent cross-sectional studies have shown that the inability to suppress fear under safe conditions is a key problem in people with posttraumatic stress disorder (PTSD). The current longitudinal study examined whether individual differences in fear inhibition predict the persistence of PTSD symptoms. Approximately 2 months after deployment to Afghanistan, 144 trauma-exposed Dutch soldiers were administered a conditional discrimination task (AX+/BX-). In this paradigm, A, B, and X are neutral stimuli. X combined with A is paired with a shock (AX+ trials); X combined with B is not (BX- trials). Fear inhibition was measured (AB trials). Startle electromyogram responses and shock expectancy ratings were recorded. PTSD symptoms were measured at 2 months and at 9 months after deployment.

Results showed that greater startle responses during AB trials in individuals who discriminated between danger (AX+) and safety (BX-) during conditioning, predicted higher PTSD symptoms at 2 months and 9 months post-deployment. The predictive effect at 9 months remained significant after controlling for critical incidents during previous deployments and PTSD symptoms at 2 months. Responses to AX+ or BX- trials, or discrimination learning (AX+ minus BX-) did not predict PTSD symptoms. It is concluded that impaired fear inhibition learning seems to be involved in the persistence of PTSD symptoms.

https://www.futureofchildren.org/futureofchildren/publications/journals/journal_details/index.xml?journalid=80

Military Children and Families

The Future of Children

Volume 23 Number 2 Fall 2013

The Woodrow Wilson School of Public and International Affairs at Princeton University and The Brookings Institution

In this issue of The Future of Children, we seek to integrate existing knowledge about the children and families of today's United States military; to identify what we know (and don't know) about their strengths and the challenges they face, as well as the programs that serve them; to specify directions for future research; and to illuminate the evidence (or lack thereof) behind current and future policies and programs that serve these children and families. At the same time, we highlight how research on nonmilitary children and families can help us understand their military-connected counterparts and, in turn, how research on military children can contribute both to a general understanding of human development and to our knowledge of other populations of American children.

<http://onlinelibrary.wiley.com/doi/10.1002/jts.21854/abstract>

A Critical Review of the Evidence Base of Imagery Rehearsal for Posttraumatic Nightmares: Pointing the Way for Future Research.

Harb, G. C., Phelps, A. J., Forbes, D., Ross, R. J., Gehrman, P. R. and Cook, J. M.

Journal of Traumatic Stress

Article first published online: 30 SEP 2013

In this article, the authors provide information on key characteristics of imagery rehearsal treatment protocols and examine the quality of reporting of randomized controlled and uncontrolled trials of imagery rehearsal for treating posttraumatic nightmares. Using a reliable and valid scale, two independent psychologists rated 16 trials. Most reports provided insufficient information on a range of variables including the definition of treatment delivery (e.g., therapist supervision, treatment fidelity), description of the participant sample, data analysis (e.g., determination of sample size), and treatment assignment (e.g., randomization procedures). Low methodological quality and poor reporting can lead to inflation of estimates of treatment effects and inadequately substantiated conclusions, such as inflated effect sizes in meta-analytic studies. Numerous imagery rehearsal protocols exist, but in some cases are given different names and tested in pilot studies, slowing progression in the field. Randomized controlled trials of imagery rehearsal with credible comparison conditions, examination of predictors of

dropout and outcome, as well as dismantling studies of imagery rehearsal treatment components are needed.

<http://onlinelibrary.wiley.com/doi/10.1002/jts.21853/abstract>

Patterns of Multiple Victimization Among Maltreated Children in Navy Families.

Grasso, D. J., Saunders, B. E., Williams, L. M., Hanson, R., Smith, D. W. and Fitzgerald, M. M.

Journal of Traumatic Stress

Article first published online: 30 SEP 2013

The current study examined the cumulative risk associated with children's exposure to multiple types of parent-inflicted victimization. The sample was comprised of 195 children who were 7 to 17 years old (64.1% female and 48.2% non-White) at the time of referral to the United States Navy's Family Advocacy Program due to allegations of sexual abuse, physical abuse, or parental intimate partner violence. We conducted an exploratory latent class analysis to identify distinct subgroups of children based on lifetime victimization. We hypothesized that at least 2 classes or subgroups would be identified, with 1 characterized by greater victimization and poorer outcomes. Results indicated that 3 classes of children best fit the data: (a) high victimization across all 3 categories, (b) high rates of physical abuse and witnessing intimate partner violence, and (c) high rates of physical abuse only. Findings indicated that the high victimization class was at greatest risk for alcohol and substance use, delinquent behavior, and meeting criteria for posttraumatic stress disorder (PTSD) and/or depression 1 year later (odds ratio = 4.53). These findings highlight the serious mental health needs of a small but significantly high-risk portion of multiply victimized children entering the child welfare system.

<https://dspace.smith.edu/handle/11020/24294>

Propensity for military enlistment : a descriptive study of motivations.

Vogelsang, Claudia J

Thesis (M.S.W.)--Smith College School for Social Work, 2013

The objective of this descriptive study was to identify and describe those motivations for individuals who chose to enter into the military. Motivations are important to understand as they provide insight into the values and needs of individuals. These values and needs impact an individual's Person-In-Environment fit. The study utilized an online survey to which 76 veterans or service members responded. The online survey collected demographic data such as age, gender, race and branch of service. The questionnaire then asked participants to rank a list of enlistment motivations noted in previous studies (Griffith, 2008; Woodruff, Kelty & Segal, 2007) on a scale of 0 (not at all) to 4 (very) in levels of influence. The most influential enlistment motivations reported were educational benefits,

patriotism, and the opportunity to travel. Previous literature categorized motivations into two categories: institutional or individual (Griffith, 2008; Woodruff, Kelty & Segal, 2007). However, ecological theory (Brofenbrenner 1994, DeHoyos 1989) implies that motivations are much more complicated than either of those categories suggests, being influenced by the interactions of the developing person and their environment on a large range of ecological levels

<http://informahealthcare.com/doi/abs/10.3109/02699052.2013.823651>

Multiple traumatic brain injury and concussive symptoms among deployed military personnel.

Craig J. Bryan

Brain Injury

Posted online on September 26, 2013

Objective:

To identify if concussive symptoms occur with greater frequency among military personnel with multiple lifetime TBIs and if a history of TBI increases risk for subsequent TBI.

Patients:

One hundred and sixty-one military personnel referred to a TBI clinic for evaluation and treatment of suspected head injury at a military clinic in Iraq.

Methods:

Military patients completed standardized self-report measures of concussion, depression and post-traumatic stress symptoms; clinical interview; and physical examination. Group comparisons were made according to number of lifetime TBIs and logistic regression was utilized to determine the association of past TBIs on current TBI.

Results:

Patients with one or more previous TBIs were more likely to report concussion symptoms immediately following a recent injury and during the evaluation. Although differences between single and multiple TBI groups were observed, these did not reach the level of statistical significance. A history of any TBI increased the likelihood of current TBI diagnosis, but this relationship was no longer significant when adjusting for injury mechanism, depression and post-traumatic stress symptoms.

Conclusion:

Among deployed military personnel, the relationship of previous TBI with recent TBI and concussive symptoms may be largely explained by the presence of psychological symptoms.

<http://www.sciencedirect.com/science/article/pii/S0887618513001680>

Diagnostic Accuracy of Three Scoring Methods for the Davidson Trauma Scale among U.S. Military Veterans.

Scott D. McDonald, NiVonne Thompson, Kelcey J. Stratton, Patrick S. Calhoun

Journal of Anxiety Disorders, Available online 25 September 2013

Self-report questionnaires are frequently used to identify PTSD among U.S. military personnel and Veterans. Two common scoring methods used to classify PTSD include: (1) a cut score threshold and (2) endorsement of PTSD symptoms meeting DSM-IV-TR symptom cluster criteria (SCM). A third method requiring a cut score in addition to SCM has been proposed, but has received little study. The current study examined the diagnostic accuracy of three scoring methods for the Davidson Trauma Scale (DTS) among 804 Afghanistan and Iraq war-era military Service Members and Veterans. Data were weighted to approximate the prevalence of PTSD and other Axis I disorders in VA primary care. As expected, adding a cut score criterion to SCM improved specificity and positive predictive power. However, a cut score of 68 to 72 provided optimal diagnostic accuracy. The utility of the DTS, the role of baseline prevalence, and recommendations for future research are discussed.

http://sophia.stkate.edu/msw_papers/226/

Evaluating a Mind-Body Approach for Military Veterans with Chronic Pain

Leah M. Martin, St. Catherine University

Clinical research paper

Master of Social Work (M.S.W.)

5-2013

The primary goal of this study was to evaluate the effectiveness of an eight-week Mind-Body Pain Management group at a VA Health Care System in the Midwest. The Mind-Body Pain Management group is offered to Veterans who exhibit symptoms of chronic physical pain. Effectiveness was determined by examining Veterans' pretest, posttest, and follow-up responses to the Quality of Life Inventory (QOLI), Pain Rating Scale, and the VA Pain Outcomes Questionnaire (VA-POQ). A secondary objective of this study was to investigate potential relationships between Veterans' demographic information (gender, age, combat history, and service-connected disability status), as well as access to prescription narcotic pain medication with regard to the effectiveness of the Mind-Body Pain Management program.

This study employed a quantitative design in the form of secondary analysis of available data. The study found no statistically significant results with regard to overall scores from the survey tools. Upon completion of the Mind-Body Pain Management group, participants reported improvement in QOLI

subscales of Self-esteem and Goals & Values. Likewise, the VA-POQ provided subscales and found improvements in the areas of Mobility and Negative Affect. Areas that remained unchanged or noted a decline in improvement after intervention for the QOLI included the subscale Health. Respondents reported worse scores for VA-POQ subscales: Activities of Daily Living, Vitality, and Fear after completing the Mind-Body Pain Management group. Regarding demographic information, participants' gender and service-connected disability status played a role in the effectiveness of the Mind-Body Pain Management program.

This study will afford the VA Health Care System information regarding the degree to which the Mind-Body Pain Management group is effective and explore potential correlations among individual characteristics of participants with regard to the effectiveness of the program in order to make appropriate recommendations for the group.

<http://www.sciencedirect.com/science/article/pii/S0887618513001758>

The role of sleep disturbance in the relationship between Post-traumatic Stress Disorder and suicidal ideation.

Kim S. Betts, Gail M. Williams, Jacob M. Najman, Rosa Alati

Journal of Anxiety Disorders, Available online 25 September 2013

We tested if the risk of suicidal ideation in individuals with PTSD symptoms was dependent on comorbid sleep disturbance. Our cross-sectional sample included 2,465 participants with complete data from the 21 year follow-up of the Mater University Study of Pregnancy (MUSP), a birth cohort study of young Australians. Using structural equation modelling with indirect pathways we found that 12 month PTSD symptoms did not directly predict suicidal ideation at 21 when adjusting for major depression symptoms, polyvictimization and gender. However, PTSD symptoms had an indirect effect on suicidal ideation via past-month sleep disturbance. Our results suggest that increased suicidal ideation in those with PTSD may result from the fact that PTSD sufferers often exhibit other comorbid psychiatric conditions which are themselves known to predict suicidal behaviors. Sleep disturbance may be targeted in those who experience PTSD to help prevent suicidal ideation.

<http://onlinelibrary.wiley.com/doi/10.1002/jclp.22051/abstract>

Virtual Reality Exposure Therapy for the Treatment of Posttraumatic Stress Disorder: A Methodological Review Using CONSORT Guidelines.

Motraghi, T. E., Seim, R. W., Meyer, E. C. and Morissette, S. B.

Journal of Clinical Psychology

Article first published online: 24 SEP 2013

Context

Virtual reality exposure therapy (VRET) is an extension of traditional exposure therapy and has been used to treat a variety of anxiety disorders. VRET utilizes a computer-generated virtual environment to present fear-relevant stimuli. Recent studies have evaluated the use of VRET for treatment of PTSD; however, a systematic evaluation of the methodological quality of these studies has yet to be conducted.

Objectives

This review aims to (a) identify treatment outcome studies examining the use of VRET for the treatment of PTSD and (b) appraise the methodological quality of each study using the 2010 Consolidating Standards of Reporting Trials (CONSORT) Statement and its 2008 extension for nonpharmacologic interventions.

Methods

Two independent assessors conducted a database search (PsycINFO, Medline, CINAHL, Google Scholar) of studies published between January 1990 and June 2013 that reported outcome data comparing VRET with another type of treatment or a control condition. Next, a CONSORT quality appraisal of each study was completed.

Results

The search yielded nine unique studies. The CONSORT appraisal revealed that the methodological quality of studies examining VRET as a treatment for PTSD was variable.

Conclusion

Although preliminary findings suggest some positive results for VRET as a form of exposure treatment for PTSD, additional research using well-specified randomization procedures, assessor blinding, and monitoring of treatment adherence is warranted. Movement toward greater standardization of treatment manuals, virtual environments, and equipment would further facilitate interpretation and consolidation of this literature.

<http://rcnpublishing.com/doi/abs/10.7748/ns2013.09.28.4.52.e7754?journalCode=ns>

Assessment of suicidal intent in emergency care.

James Bethel

Nursing Standard. 28, 4, 52-58.

The assessment of suicidal intent in first-contact settings, including the emergency department, can be challenging. Inaccurate assessment can lead to increased incidence of self-harm and completion of suicide. This article focuses on factors that may affect review of this patient group, including healthcare

professionals' personal and professional standards and values. Strategies to aid assessment of people presenting with suicidal ideation are discussed.

<http://www.emeraldinsight.com/journals.htm?articleid=17097788&show=abstract>

Online interactive suicide support services: quality and accessibility.

Paul Anthony Best, Una Foye, Brian Taylor, Diane Hazlett, Roger Manktelow

Mental Health Review Journal, Vol. 18 Iss: 4

Purpose

Little research has focused on the quality and availability of interactive online support services retrieved through search engines. The purpose of this paper is twofold; firstly, to review and assess the availability and accessibility of interactive online support available to individuals in suicidal crisis. Secondly, to field test a new tool developed specifically to evaluate both the quality of online information and the quality of interactive support.

Design/methodology/approach

A collection of six terms relating to suicidal distress were generated and inputted across three major search engines (Google, Yahoo and Ask). Following initial exclusions, the remaining websites were analysed using the SPAT (Site, Publisher, Audience and Timeliness) tool and recently developed COSAT (Crisis and Online Support Appraisal Tool) tool.

Findings

The quality of websites retrieved was variable, with only 1.9% deemed as high quality interactive support resources. Google had the greatest precision of searching, but ease of access through search engines was generally limited. No significant difference was found in the quality of websites located on page 1 or 2 of search engine results. Overall, community and voluntary sector websites averaged higher quality and interactive support ratings compared to publicly-funded websites.

Research limitations/implications

The newly developed COSAT tool may provide a positive first step towards a standardised measure of online quality and interactive support, although further testing and validation is required with a larger sample size.

Originality/value

To the authors knowledge little research has focused on the quality and availability of interactive online support services retrieved through search engines.

<http://www.psycontent.com/content/t1842kh3265h4771/>

Suicides in Urban and Rural Counties in the United States, 2006–2008.

Veronica B. Searles, Morgan A. Valley, Holly Hedegaard, Marian E. Betz

Crisis: The Journal of Crisis Intervention and Suicide Prevention

DOI - 10.1027/0227-5910/a000224

Background:

Suicide rates are higher in rural areas. It has been hypothesized that inadequate access to care may play a role, but studies examining individual decedent characteristics are lacking. Aims: We sought to characterize the demographic, socioeconomic, and mental health features of individual suicide decedents by urban–rural residence status.

Method:

We analyzed suicides in 16 states using 2006–2008 data from the National Violent Death Reporting System and examined associations between decedent residence type and suicide variables with separate logistic regressions adjusted for age, sex, race, and ethnicity.

Results:

Of 17,504 analyzed suicides, 78% were in urban, 15% in rural adjacent, and 8% in rural nonadjacent locations. Rural decedents were less likely than urban decedents to have a mental health diagnosis or mental health care, although the prevalence of depressed moods appeared similar. Most suicides were by firearm, and rural decedents were more likely than urban decedents to have used a firearm.

Conclusion:

Rural decedents were less likely to be receiving mental health care and more likely to use firearms to commit suicide. A better understanding of geographic patterns of suicide may aid prevention efforts.

<http://www.ncbi.nlm.nih.gov/pubmed/24082308>

Sleep. 2013 Oct 1;36(10):1491-1499.

What Are You Looking At? Moving toward an Attentional Timeline in Insomnia: A Novel Semantic Eye Tracking Study.

Woods HC, Scheepers C, Ross KA, Espie CA, Biello SM.

Source: School of Psychology, Institute of Neuroscience and Psychology, University of Glasgow, Glasgow, Scotland.

STUDY OBJECTIVES:

To date, cognitive probe paradigms have been used in different guises to obtain reaction time

measurements suggestive of an attention bias towards sleep in insomnia. This study adopts a methodology which is novel to sleep research to obtain a continual record of where the eyes-and therefore attention-are being allocated with regard to sleep and neutral stimuli.

DESIGN:

A head mounted eye tracker (Eyelink II,SR Research, Ontario, Canada) was used to monitor eye movements in respect to two words presented on a computer screen, with one word being a sleep positive, sleep negative, or neutral word above or below a second distracter pseudoword. Probability and reaction times were the outcome measures.

PARTICIPANTS:

Sleep group classification was determined by screening interview and PSQI (> 8 = insomnia, < 3 = good sleeper) score.

MEASUREMENTS AND RESULTS:

Those individuals with insomnia took longer to fixate on the target word and remained fixated for less time than the good sleep controls. Word saliency had an effect with longer first fixations on positive and negative sleep words in both sleep groups, with largest effect sizes seen with the insomnia group.

CONCLUSIONS:

This overall delay in those with insomnia with regard to vigilance and maintaining attention on the target words moves away from previous attention bias work showing a bias towards sleep, particularly negative, stimuli but is suggestive of a neurocognitive deficit in line with recent research.

CITATION:

Woods; HC; Scheepers C; Ross KA; Espie CA; Biello SM. What are you looking at? Moving toward an attentional timeline in insomnia: a novel semantic eye tracking study. SLEEP 2013;36(10):1491-1499.

<http://www.ncbi.nlm.nih.gov/pubmed/24081353>

Chest. 2013 Oct 1;144(4):1394-1401.

Air Travel: Effects of Sleep Deprivation and Jet Lag.

Weingarten JA, Collop NA.

Air travel is a common mode of transportation in today's society, particularly for individuals traveling long distances. Sleep disturbances associated with air travel frequently result in cognitive and physiologic impairments that may be detrimental to the traveler's experience and intent. A primary consequence of air travel is the development of acute sleep deprivation, which may result in reduced attention/vigilance, alteration in mood states, diminished memory processing, and alteration in executive function. Along with and contributing to acute sleep deprivation, circadian rhythm misalignment resulting in jet lag disorder (JLD) is frequently encountered by air travelers traversing

multiple time zones. JLD is characterized by insomnia or excessive daytime sleepiness associated with physical or mental impairment associated with travel. This review focuses on the neurocognitive manifestations of acute sleep deprivation and the pathophysiology and treatment of JLD to provide the practicing clinician a greater understanding of the sleep abnormalities manifest in air travelers. Treatment recommendations for the traveler, including the use of light/melatonin therapy, sleep scheduling, and pharmacologic aids for both sleep and alertness, are provided.

<http://www.ncbi.nlm.nih.gov/pubmed/24081213>

Psychiatr Serv. 2013 Oct 1. doi: 10.1176/appi.ps.201300056. [Epub ahead of print]

Changes in Psychotherapy Utilization Among Veterans With Depression, Anxiety, and PTSD.

Mott JM, Hundt NE, Sansgiry S, Mignogna J, Cully JA.

OBJECTIVE

Large-scale health care systems such as the Veterans Health Administration (VHA) have recently invested heavily in the expansion of psychotherapy services. This study examined longitudinal changes in use of psychotherapy at the VHA during a period of substantial programmatic change targeting increased availability and quality of mental health care.

METHODS

This retrospective cohort study used data from the VHA National Patient Care Database outpatient treatment files to identify patients with a new-onset diagnosis of depression, anxiety, or posttraumatic stress disorder during fiscal years (FYs) 2004 (N=424,428), 2007 (N=494,318), and 2010 (N=583,733). Use of psychotherapy during the 12 months after diagnosis was assessed.

RESULTS

The proportion of patients receiving any psychotherapy increased across the three study time points (FY 2004, 21%; FY 2007, 22%; and FY 2010, 27%). Amount of psychotherapy also increased such that with time a growing proportion of patients received eight or more psychotherapy sessions. The median time between diagnosis and start of psychotherapy decreased from 56 to 47 days from FY 2004 to FY 2010. Consistent with VHA expansion efforts, more substantial increases in psychotherapy reach, amount, and timeliness occurred between FY 2007 and 2010 than between FY 2004 and FY 2007.

CONCLUSIONS

These findings highlight recent increases in the use of VHA psychotherapy and correspond to substantial efforts to improve access to mental health services. Despite these advances, most newly diagnosed patients received no psychotherapy or a low-intensity amount of psychotherapy. Additional efforts to promote veteran engagement in needed mental health services appear warranted.

<http://www.ncbi.nlm.nih.gov/pubmed/24080679>

J Nerv Ment Dis. 2013 Oct;201(10):907-914.

Assessing the Specificity of Posttraumatic Stress Disorder's Dysphoric Items within the Dysphoria Model.

Armour C, Shevlin M.

Source: The National Centre for Psychotraumatology, University of Southern Denmark, Odense, Denmark; and †School of Psychology, Faculty of Life and Health Sciences, University of Ulster at Magee Campus, L'Derry, Northern Ireland.

The factor structure of posttraumatic stress disorder (PTSD) currently used by the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV), has received limited support. A four-factor dysphoria model is widely supported. However, the dysphoria factor of this model has been hailed as a nonspecific factor of PTSD. The present study investigated the specificity of the dysphoria factor within the dysphoria model by conducting a confirmatory factor analysis while statistically controlling for the variance attributable to depression. The sample consisted of 429 individuals who met the diagnostic criteria for PTSD in the National Comorbidity Survey. The results concluded that there was no significant attenuation in any of the PTSD items. This finding is pertinent given several proposals for the removal of dysphoric items from the diagnostic criteria set of PTSD in the upcoming DSM-5.

<http://www.ncbi.nlm.nih.gov/pubmed/24079959>

Psychol Assess. 2013 Sep 30. [Epub ahead of print]

Examining Intimate Partner Aggression Assessment Among Returning Veterans and Their Partners.

Lamotte AD, Taft CT, Weatherill RP, Scott JP, Eckhardt CI.

There is a growing research base focusing on intimate partner aggression (IPA) in combat veterans, although little work has focused on IPA assessment. In the current study, the authors investigated IPA assessment among 65 male Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF) combat veterans and their female partners. Specifically, we compared overall levels of veteran- and partner-perpetrated IPA, conducted concordance analyses to examine the degree of interpartner agreement on IPA occurrence and frequency, and investigated both veterans' and partners' relationship satisfaction and posttraumatic stress disorder (PTSD) symptoms as correlates of concordance. Results indicated that female partners perpetrated higher levels of physical IPA than did the male veterans, according to both veteran and combined reports. Concordance analyses revealed low to moderate levels of agreement between veterans and their partners on the perpetration of physical and psychological IPA, with particularly low agreement on the veterans' physical IPA. Female partners' relationship satisfaction was associated with reporting less of the veterans' and their own IPA relative to

the veterans' reports, and their PTSD symptoms were associated with reporting more of the veterans' and their own IPA. In contrast, the veterans' PTSD symptoms were associated with reporting less of their own IPA relative to their partners' reports. The findings emphasize the need for those researching and treating IPA among military couples to assess IPA perpetrated by both members of the relationship and to consider possible factors that might impact the accuracy of IPA reporting. (PsycINFO Database Record (c) 2013 APA, all rights reserved).

<http://www.ncbi.nlm.nih.gov/pubmed/24079352>

Psychol Serv. 2013 Sep 30. [Epub ahead of print]

Assessment of an Alternative Postdeployment Reintegration Strategy With Soldiers Returning From Iraq.

Sipos ML, Foran HM, Wood MD, Wright KM, Barnhart VJ, Riviere LA, Adler AB.

The present study examined behavioral health outcomes, risk behaviors, aggression, alcohol misuse, marital satisfaction, and attitudes toward reintegration associated with an alternative, front-loaded reintegration strategy compared with a more standardized reintegration process in soldiers returning from combat deployments. The type of reintegration strategy used did not predict differences in posttraumatic stress disorder (PTSD) symptoms, alcohol misuse, aggression, and marital satisfaction, although slightly higher reports of risk behaviors were found in the unit using the standard reintegration approach even after controlling for demographic covariates and combat exposure. These findings may help guide leadership when making decisions regarding reintegration approaches in the future. (PsycINFO Database Record (c) 2013 APA, all rights reserved).

<http://www.ncbi.nlm.nih.gov/pubmed/24077120>

Behav Res Ther. 2013 Sep 5;51(11):753-761. doi: 10.1016/j.brat.2013.08.005. [Epub ahead of print]

Prevention of chronic PTSD with early cognitive behavioral therapy. A meta-analysis using mixed-effects modeling.

Kliem S, Kröger C.

Source: Criminological Research Institute of Lower Saxony, Lützerodestraße 9, 30161 Hannover, Germany; Technical University Brunswick, Department of Psychology, Humboldtstraße 33, 38106 Brunswick, Germany.

Post-traumatic stress disorder (PTSD) is of great interest to public health, due to the high burden it places on both the individual and society. We meta-analyzed randomized-controlled trials to examine the effectiveness of early trauma-focused cognitive-behavioral treatment (TFCBT) for preventing chronic

PTSD. Systematic bibliographic research was undertaken to find relevant literature from on-line databases (Pubmed, PsycINFO, Psynex, Medline). Using a mixed-effect approach, we calculated effect sizes (ES) for the PTSD diagnoses (main outcome) as well as PTSD and depressive symptoms (secondary outcomes), respectively. Calculations of ES from pre-intervention to first follow-up assessment were based on 10 studies. A moderate effect (ES = 0.54) was found for the main outcome, whereas ES for secondary outcomes were predominantly small (ES = 0.27-0.45). The ES for the main outcome decreased to small (ES = 0.34) from first follow-up to long-term follow-up assessment. The mean dropout rate was 16.7% pre- to post-treatment. There was evidence for the impact of moderators on different outcomes (e.g., the number of sessions on PTSD symptoms). Future studies should include survivors of other trauma types (e.g., burn injuries) rather than predominantly survivors of accidents and physical assault, and should compare early TFCBT with other interventions that previously demonstrated effectiveness.

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<http://www.ncbi.nlm.nih.gov/pubmed/24077905>

Psychiatr Q. 2013 Sep 28. [Epub ahead of print]

Race and Incarceration in an Aging Cohort of Vietnam Veterans in Treatment for Post-Traumatic Stress Disorder (PTSD).

Coker KL, Rosenheck R.

Source: Forensic Drug Diversion Program (ForDD), Yale University School of Medicine, 1 Long Wharf, Suite 7, New Haven, CT, 06511, USA, kendell.coker@yale.edu.

Cross sectional studies have addressed the incarceration of Vietnam veterans with post-traumatic stress disorder (PTSD), but no studies have examined changes in incarceration as they age. This study examines patterns of incarceration among Vietnam veterans treated in specialized veterans affairs (VA) intensive PTSD programs over time. Data was drawn from admission data from the initial episode of treatment of Caucasian and African American Vietnam veterans entering VA specialized intensive PTSD programs between 1993 and 2011 (N = 31,707). Bivariate correlations and logistic regression were used to examine associations among race and incarceration over time and the potentially confounding influence of demographic and clinical covariates on this relationship. Rates of reported incarceration declined from 63 to 43 %. Over time, African American veterans were 34 % more likely than Caucasian veterans to have a lifetime history of incarceration while interaction analysis showed steeper declines for Caucasians than African Americans. Rates of incarceration among these Vietnam veterans declined as they aged. Furthermore, African American veterans were substantially more likely than Caucasian veterans to have been incarcerated and showed less decline as the cohort aged. While reduced, needs for clinical PTSD services remain among aging combat veterans.

<http://www.ncbi.nlm.nih.gov/pubmed/23565006>

Sleep. 2013 Apr 1;36(4):597-600. doi: 10.5665/sleep.2554.

Use of second-generation antipsychotic agents for sleep and sedation: a provider survey.

Hermes ED, Sernyak M, Rosenheck R.

Source: Department of Psychiatry, Yale School of Medicine, New Haven, CT 06511, USA.
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OBJECTIVES:

Anecdotal evidence suggests that second-generation antipsychotic agents are increasingly used to treat sleep problems. This study sought to quantify the proportion of new prescriptions for second-generation antipsychotic agents started for sleep/sedation and the correlates of such use.

DESIGN:

A cross-sectional survey of provider decision making at the time second-generation antipsychotic agents were prescribed, documenting the reasons for the medication, patient demographics, psychiatric and medical diagnoses, patient health characteristics, and provider background.

SETTING:

A single Veterans Affairs Medical Center over a 20-month period.

PARTICIPANTS:

Prescribers of second-generation antipsychotic agents.

INTERVENTIONS:

N/A.

RESULTS:

Seven hundred seven (32.2%) of 2,613 surveys indicated sleep/sedation was at least one reason for using a second-generation anti-psychotic agent, whereas for 266 (12.1%) it was the only reason. Quetiapine was most frequently prescribed overall as well as for sleep/sedation (47.0% and 73.6% respectively). Second-generation antipsychotic agent use for sleep/sedation was unrelated to sociodemographic characteristics, least likely in patients with schizophrenia or bipolar disorder, and most likely as a newly started second-generation antipsychotic agent.

CONCLUSION:

Sleep/sedation is a common reason given for new prescriptions of second-generation antipsychotic agents. Quetiapine is most frequently used for this purpose. A greater understanding of why providers use second-generation antipsychotic agents rather than safer and less costly alternatives for sleep problems may advance the development of interventions to reduce adverse effects.

<http://www.ncbi.nlm.nih.gov/pubmed/24083916>

Mil Med. 2013 Oct;178(10):1044-1050.

Post-Traumatic Stress Disorder, Depression, and Aggression in OEF/OIF Veterans.

Angkaw AC, Ross BS, Pittman JO, Kelada AM, Valencerina MA, Baker DG.

Source: Veterans Affairs San Diego Healthcare System, 3350 La Jolla Village Drive, San Diego, CA 92161.

Aggression is a problem among some combat veterans. Post-traumatic stress disorder (PTSD) is associated with physical aggression in veterans, and co-occurring depression increases the risk of committing aggressive acts. Few studies have examined the impact of PTSD on various forms of aggression. While using a standardized multidimensional measure of aggression, this study examines the impact of depressive symptoms on the relationship between PTSD and various forms of aggression in Operation Enduring Freedom or Operation Iraqi Freedom (OEF/OIF) veterans. Depressive symptoms are hypothesized to mediate the relationship between PTSD and four types of aggression: (1) physical aggression toward others, (2) physical aggression toward objects, (3) physical aggression toward self, and (4) verbal aggression. Seventy-two OEF/OIF veterans completed assessment batteries and clinical interviews upon enrollment into a postdeployment mental health clinic. Study results partially supported the study hypotheses; depressive symptoms indirectly mediated the relationship between PTSD and two forms of aggression: verbal aggression and physical aggression toward self. In contrast to some prior studies of intimate partner violence in veterans with PTSD, no mediation relationship between depression and physical aggression toward others was found. Study results have implications for the development of interventions to treat aggressive behaviors in OEF/OIF veterans with PTSD and depression.

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<http://www.sciencedirect.com/science/article/pii/S1541461213001432>

Using a Posttraumatic Stress Disorder Simulation to Improve Communication With and Nursing Care of Veterans.

Carla Nye, DNP, ARNP, CPNP, CNE, Betsy Keller, MSN, RN, Sarah Wrenn, PhD, ARNP

Nurse Leader, Volume 11, Issue 5, October 2013, Pages 49–50, 57

The attacks on September 11, 2001, resulted in a decade-long period of military intervention in Iraq and Afghanistan. Over 2 million service members have served during this period, and 56% of those have deployed to a combat region.¹ It is estimated that 11% of those deployed to Afghanistan and 20% of those deployed to Iraq return from their deployment with posttraumatic stress disorder (PTSD).² Unrecognized or untreated PTSD can cause untold devastation to the service member and their families,

resulting in depression, anger management issues, substance abuse, homelessness, suicidal or homicidal ideation, and divorce.

<http://www.plosone.org/article/info%3Adoi%2F10.1371%2Fjournal.pone.0075881>

Psychological and Physiological Responses following Repeated Peer Death.

Andersen JP, Silver RC, Stewart B, Koperwas B, Kirschbaum C

PLoS ONE

Published: September 27, 2013

Objective

Undergraduates at a university in the United States were exposed – directly and indirectly – to 14 peer deaths during one academic year. We examined how individual and social factors were associated with psychological (e.g., anxiety, depression, somatization) and physiological (i.e., cortisol) distress responses following this unexpected and repeated experience with loss.

Method

Two to three months after the final peer death, respondents (N = 122, 61% female, 18–23 years, M = 20.13, SD = 1.14) reported prior adverse experiences, degree of closeness with the deceased, acute responses to the peer deaths, ongoing distress responses, social support, support seeking, and media viewing. A subset (n = 24) returned hair samples for evaluation of cortisol responses during the previous 3 months.

Results

Ongoing psychological distress was associated with a) prior interpersonal trauma, b) fewer social supports, and c) media exposure to news of the deaths ($p's < .05$). Participants who had no prior bereavements showed, on average, high cortisol (>25 p/mg) compared to individuals with one or two prior bereavement experiences (who were, on average, within the normal range, 10 to 25 p/mg) ($p < .05$). Only 8% of the sample utilized available university psychological or physical health resources and support groups.

Conclusions

Limited research has examined the psychological and physiological impact of exposure to chronic, repeated peer loss, despite the fact that there are groups of individuals (e.g., police, military soldiers) that routinely face such exposures. Prior adversity appears to play a role in shaping psychological and physiological responses to repeated loss. This topic warrants further research given the health implications of repeated loss for individuals in high-risk occupations and university settings.

<http://link.springer.com/article/10.1007/s11920-013-0410-3>

Mindfulness and Acceptance-Based Behavioral Therapies for Anxiety Disorders.

Lizabeth Roemer, Sarah K. Williston, Elizabeth H. Eustis, Susan M. Orsillo

This article presents a brief conceptual overview of acceptance-based behavioral therapies (ABBTs) for anxiety disorders, followed by a review and summary of the recent efficacy studies of ABBTs for anxiety and comorbid disorders. We discuss clinical implications, including the importance of targeting reactivity and experiential avoidance in interventions for anxiety disorders through the use of mindfulness and other acceptance-based strategies, as well the encouragement of engagement in meaningful activities or valued action. We also address future directions for research, such as expanding research to include more randomized control trials comparing ABBTs for specific anxiety disorders to other active treatments, examining mechanisms of change, exploring adaptations in different care-delivery contexts, as well as determining the applicability of these approaches to clients from marginalized or non-dominant statuses.

<http://www.sciencedirect.com/science/article/pii/S1541461213001420>

Equipping the Nursing Workforce to Care for the Unique Needs of Veterans and Their Families.

Rebecca S. Miltner, PhD, RN, CNL, NEA-BC, Cynthia S. Selleck, DSN, RN, FNP, Randy L. Moore, DNP, RN, Patricia A. Patrician, PhD, RN, FAAN, Kimberly D. Froelich, PhD, RN, NE-BC, Gregory S. Eagerton, DNP, RN, NEA-BC, Doreen C. Harper, PhD, RN, FAAN

Nurse Leader, Volume 11, Issue 5, October 2013, Pages 45–48

Scott Eiswert was a soldier who served with the Tennessee National Guard in Iraq from 2004 to 2005. In 2008, upon hearing that his unit was going back to Iraq, he committed suicide. His wife reported that he was “different,” when he came home from Iraq. He drank every night, complained of constant nightmares, and was angry enough to scream at family and strangers alike; all are classic indications of posttraumatic stress disorder (PTSD). Although evaluated in a Veterans Health Administration (VHA) hospital, Eiswert had been denied Veterans Affairs (VA) disability benefits for PTSD because the reviewers said he couldn't prove his situation was caused by military service in Iraq.¹ This and other tragedies prompted the VA to improve access to care and streamline the process for VA disability and healthcare for returning Iraq and Afghanistan Veterans. Still, many do not seek care in the VA system. Most Veterans are being seen by community providers and treated in non-VHA facilities where their past military service is rarely addressed.² Is your staff prepared to care for the physical and mental health needs of the Veterans who seek care in your facility?

https://ahrd.conference-services.net/resources/174/3342/pdf/AHRD2013_0130.pdf

The Transition of the Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF) Veterans to Higher Education

Laura D. Briscoe, John D. Kirkpatrick, and Rochell R. McWhorter

The University of Texas at Tyler, 2013

The Transition of the Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF) Veterans to Higher Education This exploratory study examined the issues that affect the transition of U. S. military veterans from combat and military life to civilian life and higher education. The transition from the military environment to civilian life has been an important issue for decades (Kraines, 1945). Previous research has recognized that the failure of organizations, society, and the military to identify and provide tools and solutions to cope with veterans' issues has led to instances of workplace violence, failure to succeed in school and the workplace, and homelessness (DiRamio & Jarvis, 2011).

However, the research on veterans of Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF) has not been fully explored (Kelly, 2011). The cyclical transition for these young men and women, from civilian to military, and back to civilian life is a series of major life-changing transitions (Morreale, 2011). Prior studies indicate that a single transition can have major effects on relationships, routines, roles, and assumptions (Schlossberg, 1984); and, because many of these soldiers have endured this cyclical transition due to multiple deployments, it is imperative that this phenomenon be studied to determine if additional interventions are needed for these veterans as they return to careers, education and society (DiRamio & Jarvis, 2011).

The major dynamics serving as catalysts to this phenomenon include: the Post 9/11 GI Bill, the reduction in combat forces of the military in Iraq and Afghanistan, and the poor outlook on employment (Karney, Ramchand, Osilla, Caldarone, & Burns, 2008). In the years that followed World War II, 51% of returning veterans took advantage of the GI Bill as 7.8 million veterans returned to higher education or acquired training. The utilization rate of these benefits exceeded the greatest expectation of the program creators (Metzler, 2005). Currently, higher education faces a similar influx of veterans as the second wave of the OEF/OIF veterans is expected to arrive on college campuses between 2012 and 2017 (DiRamio & Jarvis, 2011).

<http://online.liebertpub.com/doi/full/10.1089/met.2013.0010>

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

Francesco Bartoli, Giuseppe Carrà, Cristina Crocamo, Daniele Carretta, and Massimo Clerici

Metabolic Syndrome and Related Disorders. October 2013, 11(5): 301-308

Background:

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

Methods:

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

Results:

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

Conclusions:

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

<http://www.sciencedirect.com/science/article/pii/S1541461213001778>

Mental Health and Substance Use Considerations in the Care of Returning Veterans.

Lynne A. Deion, BSN, RN-BC, LCDP

Nurse Leader, Volume 11, Issue 5, October 2013, Pages 37–40, 44

Since September 11, 2001, approximately 2.5 million men and women have been deployed in the Global War on Terror. Nearly half have spent between 6 to 24 months in direct service to combat zones in Afghanistan (Operation Enduring Freedom [OEF]) or Iraq (Operation Iraqi Freedom [OIF]). While on active duty, our military constantly faces life-threatening situations. Upon their return home, the majority of these soldiers and Marines successfully move forward with their lives, after an initial few months of acclimation.

Links of Interest

Army Making Progress on Study to Find Suicide Risk Factors

http://www.health.mil/News_And_Multimedia/News/detail/13-09-27/Army_Making_Progress_on_Study_to_Find_Suicide_Risk_Factors.aspx

Why suicide rate among veterans may be more than 22 a day

<http://edition.cnn.com/2013/09/21/us/22-veteran-suicides-a-day/>

Navy Yard shooting underscores how mental illness can be misdiagnosed among black men

http://www.washingtonpost.com/local/navy-yard-shooting-underscores-how-mental-illness-can-be-misdiagnosed-among-black-men/2013/09/24/e1ded664-2554-11e3-b3e9-d97fb087acd6_story.html

Acupuncture as good as counseling for depression: study

http://www.nlm.nih.gov/medlineplus/news/fullstory_140974.html

Post-9/11 GI Bill means a new Greatest Generation

<http://www.marketplace.org/topics/economy/post-911-gi-bill-means-new-greatest-generation>

Untreated mental illness an imminent danger? (60 Minutes)

<http://www.cbsnews.com/video/watch/?id=50156091n>

What Combat Feels Like, Presented in the Style of a Graphic Novel

<http://www.theatlantic.com/video/archive/2013/09/what-combat-feels-like-presented-in-the-style-of-a-graphic-novel/280029/>

With clear mission to help veterans, GW and former soldiers see payoff

<http://www.gwhatchet.com/2013/09/30/with-clear-mission-to-help-veterans-gw-and-former-soldiers-see-payoff/>

2013 veterans-related research: Readjustment, employment, PTSD, more

<http://journalistsresource.org/studies/government/security-military/2013-veterans-related-research-readjustment-employment-ptsd>

Emotion regulation training enhances efficacy of inpatient cognitive behavioral therapy for MDD

<http://www.news-medical.net/news/20131001/Emotion-regulation-training-enhances-efficacy-of-inpatient-cognitive-behavioral-therapy-for-MDD.aspx>

Battles Without End - 'Thank You for Your Service,' by David Finkel (book review)

<http://www.nytimes.com/2013/10/01/books/thank-you-for-your-service-by-david-finkel.html>

See also: Soldiers on the Home Front: David Finkel Talks About 'Thank You for Your Service'

<http://artsbeat.blogs.nytimes.com/2013/09/26/soldiers-on-the-home-front-david-finkel-talks-about-thank-you-for-your-service/>

VA Pushing Pills and Getting Vets Hooked on Opiates

<http://www.thedailybeast.com/the-hero-project/articles/2013/09/30/va-pushing-pills-and-getting-vets-hooked-on-opiates.html>

Will Technology Replace Traditional Psychotherapy?

<http://www.psychologytoday.com/blog/supersurvivors/201309/will-technology-replace-traditional-psychotherapy>

Resource of the Week: Alternatives to federal databases affected by the government shutdown.

Still scratching my head trying to figure out why some federal websites and databases are up and running while others shut down just as soon as the government did – the Census Bureau and the U.S. Department of Agriculture were dead in the water yesterday when I tried them, but [PubMed](#) is fine, as is the [National Center for Veterans Analysis and Statistics](#) at the VA site.

The [Donald W. Reynolds National Center for Business Journalism](#) at Arizona State University is trying to keep track of what's shut down and what's available, as well as offering alternatives for sites that have gone dark.

Meanwhile, [the Sunlight Foundation attempts to explain](#) why some sites are still up while others are dead.

The line between "excepted" (gets to keep working) and "non-excepted" (gets shut down) is drawn on an agency-by-agency basis, and the specific determination is based on the importance of the function and how illegal ceasing to do it might be. But aside from some obvious ones-- national parks would be closed; the CO2 scrubber on the International Space Station would stay plugged in--it'll be agency leadership that makes the determinations.

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What Happens to .gov in a Shutdown?

by Tom Lee | Sept. 30, 2013, 3:22 p.m.

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