



CDP Research Update -- October 10, 2013

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- The cost-effectiveness of depression treatment for co-occurring disorders: A clinical trial.
- Does change in distress matter? Mechanisms of change in prolonged exposure for PTSD.
- Comparative Safety of Benzodiazepines and Opioids Among Veterans Affairs Patients With Posttraumatic Stress Disorder.
- Impaired fear inhibition learning predicts the persistence of symptoms of posttraumatic stress disorder (PTSD).
- Links of Interest
- Resource of the Week: APA PsycNET Mobile App

<http://content.govdelivery.com/accounts/USVHA/bulletins/8e18dc>

Self-help for Posttraumatic Stress - PTSD Monthly Update (October 2012)

Online self-help tools offer education and coping skills to those affected by trauma, in addition to effective treatments for PTSD. These tools can also be useful for everyday stress management.

<http://www.scitechnol.com/2325-9639/2325-9639-2-118.php>

Treatment of Sleep Disturbances in Military Personnel: The Potential to Improve Other Service-Related Illnesses.

Vincent Mysliwicz and Bernard J Roth

Journal of Sleep Disorders : Treatment & Care

Published: August 22, 2013 doi:10.4172/2325-9639.1000118

Recent studies demonstrate the integral nature of disturbed sleep in the symptoms and disorders of military personnel [1,2]. Sleep disturbances are not only an associated symptom of the service-related disorders of traumatic brain injury (TBI), depression and post-traumatic stress disorder (PTSD) but an inherent part of the military life-style [3]. Short, irregular sleep occurs in non-deployed military personnel and even more so in deployed military personnel [4,5]. For the most part, "sleep disturbances" are considered a result of deployment or service-related disorders, such as depression, pain, PTSD and TBI. Only recently are the sleep disorders of military personnel recognized as distinct diagnoses [6,7].

Is the severe disturbed sleep that deployed military personnel endure a chronic non-traumatic brain injury that predisposes them to depression, mild TBI and PTSD? Previous studies have reported that disturbed sleep prior to a traumatic event is a predictor of anxiety, depression and PTSD [8]. The findings of Macera et al. further substantiate the importance of sleep disturbances in the development of PTSD and depression [1]. Despite the association of sleep disturbances and these disorders, the nature and direction of causality is not known. Understanding this complex relationship is imperative to determine optimal treatment and prevention, especially regarding TBI.

The diagnosis of mild TBI is based on screening questionnaires with an absence of objective findings [9]. It is currently unknown if a concussion results in mild TBI or post-concussive symptoms (PCS) [10]. It is possible that the symptoms of mild TBI/PCS: headache, sleep disturbance, irritability, dizziness, imbalance, fatigue, inattention, and problems with concentration or memory are from chronic sleep deprivation which occurred before or after the concussion. Sleep deprivation can be behaviorally induced, mandated by the mission/ superiors or secondary to sleep disorders such as insomnia and obstructive sleep apnea (OSA) or more often a combination of these. Yet, many military personnel do not undergo sleep evaluations until they are evaluated and treated for mild TBI, depression or PTSD and have failed to respond to therapies. Collen et al. showed that nearly all Soldiers with TBI were on medications with sedative properties prior to their formal sleep evaluation with over 1/3 diagnosed with OSA. It is unknown how this delay in diagnosis affected their outcomes [6].

Treatment of OSA with continuous positive airway pressure or insomnia with cognitive behavioral therapy can improve sleep without significant side effects. The result is not only decreased symptoms related to these sleep disorders but potentially improved treatment of the associated illnesses of depression, PTSD and TBI. To date, sleep diagnoses have not received the attention of a signature illness

of the war. Is this due to the fact that sleep is disturbed in every war? Our hope is that with better understanding and recognition of this complex problem we can develop evidence based treatments and diagnostic strategies to improve the management of sleep disorders and their associated illnesses in our military personnel and veterans.

<http://pro.sagepub.com/content/57/1/1387.short>

The Relationship between Mindfulness and Resiliency among Active Duty Service Members and Military Veterans.

Valerie Rice, Gary Boykin, Angela Jeter, Jessica Villarreal, Cory Overby, and Petra Alfred

Proceedings of the Human Factors and Ergonomics Society Annual Meeting

September 2013 57: 1387-1391, doi:10.1177/1541931213571307

Soldier resilience is of paramount importance to the U.S. Military. Mindfulness and Resilience are positively correlated to one another in research focused on civilian populations. Since mindfulness can be learned, if the correlations remain consistent over time, then perhaps resilience can be increased by learning to be mindful. However, no published research has investigated the relationship between mindfulness and resilience among military active duty and veteran populations who have not undergone mindfulness training. Thirty active duty and veteran service members volunteered and completed the Mindful Attention Awareness Scale (MAAS) and the Resilience Scale, while 29 fully completed the Five Facet Mindfulness Questionnaire (FFMQ). Results reveal significant correlations between resilience scores and three of the FFMQ scale (Describe, Conscious Action, and Non-Reactive, $p < .05$), but not with the overall FFMQ, the other two facets (Observe and Non-Discrimination of the FFMQ), and not with the MAAS ($p > .05$). These results provide initial information on the relationship between mindfulness and resilience among active duty military and veterans, revealing that only some aspects of mindfulness appear related to, and predictive of, resilience. Should the relationships be consistent over time, then instruction in mindfulness may ultimately impact resilience, however additional research is necessary.

<http://onlinelibrary.wiley.com/doi/10.1002/bsl.2084/abstract>

A Comparison of Insufficient Effort Rates, Neuropsychological Functioning, and Neuropsychiatric Symptom Reporting in Military Veterans and Civilians with Chronic Traumatic Brain Injury.

Gfeller, J. D. and Roskos, P. T.

Behavioral Sciences & the Law

Article first published online: 30 SEP 2013

Neuropsychological evaluation of persons with chronic traumatic brain injury (TBI) symptoms is complicated by multiple factors. The authors explored the impact of mechanism of injury, effort testing performance, and neuropsychiatric status in a sample of military veterans (V-TBI) and civilians (C-TBI) with chronic TBI. V-TBI (n = 74), C-TBI (n = 67), and healthy civilian control (C-HC) participants (n = 66), completed a battery of neuropsychological, effort, and self-report neuropsychiatric measures. Results indicated that C-HC and C-TBI participants exhibited comparably low failure rates on effort tests (6% and 3%, respectively). V-TBI participants exhibited significantly higher rates of failure (18%). Subgroups (n = 20) of effort-screened participants matched for demographics and disability level were compared regarding neuropsychological performance and neuropsychiatric self-report. Both TBI groups exhibited limited neuropsychological impairment, relative to the C-HC participants. The V-TBI group exhibited pronounced neuropsychiatric symptomology compared with the other participant groups. The implications of these findings are discussed for evaluation in the context of disability and litigation. Copyright © 2013 John Wiley & Sons, Ltd.

<http://link.springer.com/article/10.1007/s10567-013-0155-x>

Understanding and Supporting the Resilience of a New Generation of Combat-Exposed Military Families and Their Children.

Shelley MacDermid Wadsworth

Clinical Child and Family Psychology Review

October 2013

Taking our nation to war has exposed a generation of military families and children to combat and its consequences. Every dollar spent on bullets, trucks, fuel, and food carried a future 'tax' in the form of consequences for psychological and physical health and family relationships. In this commentary, I focus on several themes that emerge from the special collection or articles. For example, I consider how best to define the ecological niche(s) occupied by military-connected children and families. Not surprisingly given significant gaps in our knowledge, evidence regarding the well-being of military-connected children is mixed. I also consider the multi-layered environments within which individuals and families function, recognizing both the challenges and opportunities they provide. The need to respond rapidly to the evolving needs of military families has highlighted the value of both prevention science and implementation science. Public health models emphasizing a full continuum of care that emphasizes not only treatment but also universal, selective, and indicated prevention also are appealing given the uneven density, uncertain locations, and unknown identities of military families in civilian communities (Beardslee 2013; Murphy and Fairbank 2013). Finally, it is important to recognize that we are at the beginning, not the end, of the post-war lifetimes for the new generation of veterans and their families.

<http://pro.sagepub.com/content/57/1/1551.short>

General Self-Reported Health as it Relates to Self-Esteem, Situational Self-Efficacy and Coping among Soldiers.

Gary L. Boykin and Valerie J. B. Rice

Proceedings of the Human Factors and Ergonomics Society Annual Meeting

September 2013 57: 1551-1555, doi:10.1177/1541931213571345

As an indicator of broad-spectrum health, Behavioral Risk Factor Surveillance scales frequently use a single question on general self-reported health (GSRH). However, little information exists on whether a single question of GSRH is related to indices of a person's mental health. The purpose of this paper is to examine the relationship between GSRH and indices of self-esteem, self-efficacy and coping. During their first two weeks of Advanced Individual Training (AIT), 579 US Army Health Care Specialist Trainees completed demographic and self-report data, including GSRH, the Revised Ways of Coping Checklist (RWCCCL), the Situational Self-Efficacy Scale (SSE), and the Rosenberg Self-Esteem Scale (SES). Spearman Rho correlation coefficients were used to analyze the data with Stata statistical software (StataCorp, 2005). GSRH was positively correlated with SSE, the SES, and problem focused and social support seeking methods of coping, ($p < .05$). GSRH was negatively correlated with blaming self, wishful thinking, and avoidance methods of coping ($p < .05$). Results indicate that, among active duty service members attending medical AIT, a single question on general self-reported health appears to be a good representation of a persons' perception of his or her self-esteem, self-efficacy and coping skills.

<http://www.sciencedirect.com/science/article/pii/S0165032713007118>

Predictors of Suicidal Ideation Among Depressed Veterans and the Interpersonal Theory of Suicide.

Paul N. Pfeiffer, Samantha Brandfon, Elizabeth Garcia, Sonia Duffy, Dara Ganoczy, H. Myra Kim, Marcia Valenstein

Journal of Affective Disorders

Available online 4 October 2013

Background

We assessed whether key constructs of the interpersonal theory of suicide were associated with suicidal ideation in depressed US Veterans.

Methods

443 patients of the Veterans Health Administration diagnosed with a depressive disorder completed the Beck Depression Inventory, Interpersonal Support Evaluation List, and Beck Hopelessness Scale, from which we derived measures of burdensomeness, belongingness, and hopelessness consistent with the

interpersonal theory of suicide. Measures of active and passive suicidal ideation were constructed from the Beck Suicide Scale and Beck Depression Inventory obtained at baseline and 3-months follow-up. Multivariable logistic regression was used to identify predictors of passive and active suicidal ideation while adjusting for demographic characteristics and somatic-affective symptoms of depression (e.g., anhedonia, insomnia).

Results

Burdensomeness and hopelessness were significantly associated with passive suicidal ideation at baseline and 3 months follow-up, but belongingness and the interaction between belongingness and burdensomeness were not significant predictors as proposed by the interpersonal theory of suicide. Somatic-affective depressive symptoms, but not any of the main effects predicted by the interpersonal theory of suicide or their interactions, were associated with active suicidal ideation at baseline. No factors were consistently associated with active suicidal ideation at 3 months follow-up.

Limitations

The measure of burdensomeness used in this study only partially represents the construct described by the interpersonal theory of suicide.

Conclusion

We found little support for the predictions of the interpersonal theory of suicide. Hopelessness appears to be an important determinant of passive suicidal ideation, while somatic-affective depression symptoms may be a key contributor to active suicidal ideation.

<http://onlinelibrary.wiley.com/doi/10.1002/da.22199/abstract>

Clinical Relevance of Fatigue as a Residual Symptom in Major Depressive Disorder.

Fava, M., Ball, S., Nelson, J. C., Sparks, J., Konechnik, T., Classi, P., Dube, S. and Thase, M. E.

Depression and Anxiety

Article first published online: 1 OCT 2013

Residual symptoms of major depressive disorder (MDD) following treatment are increasingly recognized as having a negative impact on the patient because of their association with lack of remission, poorer psychosocial functioning, and a more chronic course of depression. Although the effects of specific residual symptoms have not been as systematically studied, several symptoms, including fatigue, sleep disturbance, anxiety, and concentration difficulties, commonly occur as part of the residual state in MDD. In particular, the relatively high prevalence of residual fatigue suggests that this symptom is not being adequately addressed by standard antidepressant therapies. A review of the clinical relevance of residual fatigue was undertaken, using the published literature with respect to its assessment, neurobiology, and treatment implications. The findings of this review suggest that fatigue is highly prevalent as a residual symptom; its response to treatment is relatively poor or delayed; and the

presence of residual fatigue is highly predictive of inability to achieve remission with treatment as well as impaired psychosocial functioning. Recognition of the significant consequences of residual fatigue should reinforce the need for further therapeutic interventions to help reduce the impact of this symptom of MDD.

<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.ingentaconnect.com/content/amsus/zmm/2013/00000178/00000010/art00024>

Depression and Pain: Independent and Additive Relationships to Anger Expression.

Authors: Taylor, Marcus K.; Larson, Gerald E.; Norman, Sonya B.

Source: Military Medicine, Volume 178, Number 10, October 2013 , pp. 1065-1070(6)

Anger and anger expression (ANGX) are concerns in the U.S. military population and have been linked to stress dysregulation, heart disease, and poor coping behaviors. Objective: We examined associations between depression, pain, and anger expression among military veterans. Method: Subjects (N = 474) completed a depression scale, a measure of pain across the last 4 weeks, and an ANGX scale. A multiple regression model assessed the independent and additive relationships of depression and pain to ANGX. Results: Almost 40% of subjects met the case definition for either major or minor depression. Subjects reported low-to-moderate levels of pain (mean = 6.3 of possible 20) and somewhat frequent episodes of ANGX. As expected, depression and pain were positively associated ($r = 0.42$, $p < 0.001$) and crossover effects of antidepressant and pain medication were shown. Specifically, frequency of antidepressant medication use was inversely associated with pain symptoms ($r = -0.20$, $p < 0.001$) and frequency of

pain medication use was inversely linked to depressive symptoms ($r = -0.21$, $p < 0.001$). In a multiple regression model, depression ($\beta = 0.58$, $p < 0.001$) and pain ($\beta = 0.21$, $p < 0.05$) showed independent and additive relationships to ANGX ($F = 41.5$, $p < 0.001$, $r^2 \text{ adj} = 0.31$). Conclusions: This study offers empirical support for depression-pain comorbidity and elucidates independent and additive contributions of depression and pain to ANGX.

<http://www.ingentaconnect.com/content/amsus/zmm/2013/00000178/00000010/art00025>

Differences in What Happens After You Screen Positive for Depression Versus Hazardous Alcohol Use.

Authors: Funderburk, Jennifer S.; Possemato, Kyle; Maisto, Stephen A.

Source: Military Medicine, Volume 178, Number 10, October 2013 , pp. 1071-1077(7)

The success of any secondary prevention effort in identifying those in need for further services depends on the primary care team following all positive screening results with additional assessment or intervention. Initial research suggests possible differences in primary care responses to positive screens for hazardous alcohol use compared to depression. Therefore, the purpose of this study was to examine current practices of Veterans Affairs healthcare providers following a positive screen for hazardous alcohol use or depression. Chart reviews were conducted for a random sample of 98 Veterans who screened positive for hazardous alcohol use using the Alcohol Use Disorder Identification Test-Consumption (AUDIT-C) questions and a separate sample of 99 Veterans who screened positive for depression using the 2-item Patient Health Questionnaire (PHQ-2) over a 1-year period. Findings suggest multiple discrepancies in screening practices between the AUDIT-C and the PHQ-2. These include a higher likelihood of further depression assessment or referral after a positive PHQ-2 screen. Scores on the AUDIT-C that indicate heavier alcohol consumption were more likely to result in assessment or intervention than did lower but still positive AUDIT-C scores. Overall, these data suggest that many opportunities are missed, especially in regards to hazardous alcohol use, for prevention and intervention.

<http://www.ingentaconnect.com/content/amsus/zmm/2013/00000178/00000010/art00023>

Psychological Distress in the Active Duty Military Spine Patient.

Authors: Brooks, D. Ethan; Agochukwu, Uzundu F.; Arrington, Edward D.; Mok, James M.

Source: Military Medicine, Volume 178, Number 10, October 2013 , pp. 1059-1064(6)

Disorders of the spine are a substantial burden to the military health care system that degrades readiness in the overall force. Because treatment outcomes are affected by psychosocial factors, assessment of psychological distress is important for patients with spine complaints. The incidence of psychological distress in the unique military population is not well described. The purpose of this

retrospective case-control study was to determine the rate of psychological distress and identify associated patient characteristics among many variables collected in the military health system. A consecutive cohort of active duty service members presenting to a spine specialty clinic was assessed as Normal, At Risk, or Distressed using the Distress and Risk Assessment Method. Of 74 active duty patients (63 male, 11 female), 43 (58%) had some level of psychological distress: 29 (39%) At Risk, 12 (16%) Distressed-Depressive, and 2 (3%) Distressed-Somatic. Multivariate regression analysis identified female gender (odds ratio [OR] 7.90), higher disability as measured by Oswestry Disability Index/Neck Disability Index (OR 8.0 per 13.8 point increase), and assignment to a Warrior Transition Unit or Medical Evaluation Board (OR 7.35) as statistically significant variables. The results indicate that active duty patients are subject to similarly high levels of psychological distress as their civilian counterparts.

<http://onlinelibrary.wiley.com/doi/10.1002/j.2161-0029.2013.00016.x/abstract>

Male Veterans' Perceptions of Midlife Career Transition and Life Satisfaction: A Study of Military Men Transitioning to the Teaching Profession.

Robertson, H. C. and Brott, P. E.

Adultspan Journal

Volume 12, Issue 2, pages 66–79, October 2013

Members of Troops to Teachers (N = 102 male veterans) were surveyed regarding their career transition experiences and life satisfaction. Primary themes related to career transition included preparation for transition, investment vs. sacrifice, and rewards of new career. Primary themes related to life satisfaction included helping and serving others, accomplishment, and contentment vs. struggle.

<http://www.ingentaconnect.com/content/amsus/zmm/2013/00000178/00000010/art00022>

Implications of Psychiatric Comorbidity Among Combat Veterans.

Authors: Schmied, Emily A.; Highfill-McRoy, Robyn M.; Crain, Jenny A.; Larson, Gerald E.

Source: Military Medicine, Volume 178, Number 10, October 2013 , pp. 1051-1058(8)

Limited research exists regarding the rates of and outcomes associated with psychiatric comorbidity among active duty military personnel. This study investigated the rates of comorbid psychiatric diagnoses among 81,720 U.S. Marines, and assessed the relationships between preexisting comorbid disorders and risk of psychiatric hospitalizations and attrition from service. The study used medical, deployment, and personnel records for all Marines who enlisted between 2002 and 2005. The baseline rate of comorbidity was 1.3% for Marines who deployed during the first term of service, and 6.3% for Marines who did not deploy. The most common baseline comorbidity among deployed Marines was

mood disorders with anxiety disorders, and mood and adjustment disorders among nondeployed Marines. Logistic regression analyses revealed Marines with comorbid diagnoses before deployment were over three times more likely to attrite (odds ratio = 3.4, $p < 0.001$) and over five times more likely to be hospitalized for psychiatric symptoms (odds ratio = 5.1, $p < 0.001$) following deployment than those with no diagnoses. Similar patterns emerged among nondeployers. Outcomes associated with comorbid conditions were substantially worse than outcomes for single conditions. These findings demonstrate that Marines with a history of comorbid psychiatric diagnoses are at a much greater risk for adverse outcomes, specifically attrition from the military and psychiatric hospitalization.

<http://www.sciencedirect.com/science/article/pii/S0022399913003449>

Longitudinal Relationships of Insomnia, Nightmares, and PTSD Severity in Recent Combat Veterans.

Wilfred R. Pigeon, Clare E. Campbell, Kyle Possemato, Paige Ouimette

Journal of Psychosomatic Research, Available online 2 October 2013

Objective

This observational, longitudinal study of veterans with recent combat exposure describes the prevalence, severity and associations of posttraumatic stress disorder (PTSD), insomnia, and nightmares over time.

Methods

Eighty recent combat veterans recruited from Veterans Health Administration primary care settings met inclusion criteria including hazardous alcohol use and at least subthreshold PTSD. Insomnia and nightmare status were assigned based on the Insomnia Severity Index total score and the PTSD Checklist nightmare item, respectively. Participants were re-assessed six months following their baseline assessment. Analyses of variance compared insomnia and nightmare groups on PTSD, depression, and alcohol use severity. Analyses of covariance (controlling for baseline differences) examined whether insomnia and/or nightmares were associated with the clinical course of PTSD. Persistence of conditions was also examined.

Results

At baseline, 74% presented with insomnia and 61% endorsed distressing nightmares. Insomnia was associated with significantly higher PTSD and depression severity at both baseline and six months. The presence of nightmares was associated with significantly higher PTSD severity at both time points and with depression severity at baseline only. Despite decreases in PTSD and depression severity, insomnia severity was relatively unchanged after six months. The prevalence and severity of nightmare complaints diminished modestly over time.

Conclusion

Among this sample of recent combat veterans, insomnia and nightmares were each strongly associated with the severity of both PTSD and depressive symptoms. Over time, insomnia in particular did not

appear to resolve spontaneously and was associated with ongoing PTSD. Addressing insomnia early, therefore, may be a strategy to alter the course of PTSD.

<http://www.plosone.org/article/info%3Adoi%2F10.1371%2Fjournal.pone.0076087>

Risk Factors Associated with Sleep Disturbance following Traumatic Brain Injury: Clinical Findings and Questionnaire Based Study.

Hou L, Han X, Sheng P, Tong W, Li Z, et al.

PLoS ONE 8(10): e76087. doi:10.1371/journal.pone.0076087

Background

Sleep disturbance is very common following traumatic brain injury (TBI), which may initiate or exacerbate a variety of co-morbidities and negatively impact rehabilitative treatments. To date, there are paradoxical reports regarding the associations between inherent characteristics of TBI and sleep disturbance in TBI population. The current study was designed to explore the relationship between the presence of sleep disturbance and characteristics of TBI and identify the factors which are closely related to the presence of sleep disturbance in TBI population.

Methods

98 TBI patients (72 males, mean age \pm SD, 47 ± 13 years, range 18-70) were recruited. Severity of TBI was evaluated based on Glasgow Coma Scale (GCS). All participants performed cranial computed tomography and were examined on self-reported sleep quality, anxiety, and depression.

Results

TBI was mild in 69 (70%), moderate in 15 (15%) and severe in 14 (15%) patients. 37 of 98 patients (38%) reported sleep disturbance following TBI. Insomnia was diagnosed in 28 patients (29%) and post-traumatic hypersomnia in 9 patients (9%). In TBI with insomnia group, 5 patients (18%) complained of difficulty falling asleep only, 8 patients (29%) had difficulty maintaining sleep without difficulty in initial sleep and 15 patients (53%) presented both difficulty falling asleep and difficulty maintaining sleep. Risk factors associated with insomnia were headache and/or dizziness and more symptoms of anxiety and depression rather than GCS. In contrast, GCS was independently associated with the presence of hypersomnia following TBI. Furthermore, there was no evidence of an association between locations of brain injury and the presence of sleep disturbance after TBI.

Conclusion

Our data support and contribute to a growing body of evidence which indicates that TBI patients with insomnia are prone to suffer from concomitant headache and/or dizziness, report more symptoms of anxiety and depression and severe TBI patients are likely to experience hypersomnia.

<http://www.sciencedirect.com/science/article/pii/S0099176713004091>

Caring for Military Children in the Emergency Department: The Essentials.

Catherine Ling, PhD, FNP-BC, Heather Johnson, DNP, FNP-BC, FAANP

Journal of Emergency Nursing

Available online 4 October 2013

The life of a military child has several challenges that can provide opportunities for resilience or risk for vulnerability. Nurses in emergent/urgent care may encounter military children when they are in a stressful transition such as during a move or deployment. Understanding the unique lifestyle of military children and implementing some key suggestions for practice can improve outcomes for this population. This article highlights the exceptional context of military children, military transitions, and opportunities to recognize families who are at risk and strategies to reach out using the I CARE (identify, correlate, ask, ready resources, and encourage) framework.

<http://csi.sagepub.com/content/early/2013/10/02/0011392113498881.abstract>

Work–family conflict between two greedy institutions – the family and the military.

Janja Vuga and Jelena Juvan

Current Sociology 0011392113498881, first published on October 3, 2013

doi:10.1177/0011392113498881

The importance of getting the job done is taking over our personal lives and causing a potential work–family conflict. There are some institutions that have traditionally placed high demands on their members and have been termed ‘greedy institutions’. This article analyses the relationship between two greedy institutions – the family and the military – considering the demands they both place on their members. The article strives to establish which one of them is greedier and consequently responsible for a potential work–family conflict. The in-depth analysis is based on the findings of 10 years’ research among service members of the Slovenian Armed Forces and a sample of their families. The results indicate that: (1) both the family and the military might be greedy institutions, although especially during deployment the greediness of the military outweighs that of the family; (2) the contemporary military organization does not only require service members’ loyalty, but the whole family’s support; (3) Slovenian military families remain highly supportive, regardless of military demands; (4) there are no significant differences in balancing work/family between genders ($p = .119$), with women reporting less work–family conflict than men ($p = .041$) and women feeling more support for their deployment from their family and friends than men.

<http://onlinelibrary.wiley.com/doi/10.1002/jts.21841/abstract>

Presenting Concerns of Veterans Entering Treatment for Posttraumatic Stress Disorder.

Rosen, C., Adler, E. and Tiet, Q.

Journal of Traumatic Stress

Article first published online: 7 OCT 2013

Patient-centered care involves engaging patients as partners in establishing treatment priorities. No prior studies have examined what specific problems veterans hope to address when they enter posttraumatic stress disorder (PTSD) treatment. Veterans starting outpatient (n = 216) and residential (n = 812) PTSD treatment in 2 multisite care management trials specified (open-ended) the 2 or 3 problems that they most wanted to improve through treatment. Over 80% mentioned PTSD-symptom-related concerns including PTSD or trauma (19.2% to 19.9% of patients), anger (31.0% to 36.7%), sleep problems (14.3% to 27.3%), nightmares (12.3% to 19.4%), and estrangement/isolation (7.9% to 20.8%). Other common problems involved depression (23.1% to 36.5%), anxiety not specific to PTSD (23.9% to 27.8%), relationships (20.4% to 24.5%), and improving coping or functioning (19.2% to 20.4%). Veterans' treatment goals varied significantly by outpatient versus residential setting, gender, and period of military service. Our findings confirm the importance of educating patients about how available efficacious treatments relate to clients' personal goals. Our results also suggest that clinicians should be prepared to offer interventions or provide referrals for common problems such as anger, nightmares, sleep, depression, or relationship difficulties if these problems do not remit with trauma-focused psychotherapy or if patients are unwilling to undergo trauma-focused treatment.

<http://www.ingentaconnect.com/content/amsus/zmm/2013/00000178/00000010/art00026>

Drug Positive Rates for the Army, Army Reserve, and Army National Guard From Fiscal Year 2001 through 2011.

Authors: Platteborze, Peter L.; Kippenberger, Donald J.; Martin, Thomas M.

Source: Military Medicine, Volume 178, Number 10, October 2013 , pp. 1078-1084(7)

Objective:

To examine the overall and drug-specific positive rates of Army urinalysis specimens tested from fiscal year 2001 (FY01) through FY11.

Methods:

We analyzed annual Army Forensic Toxicology Drug Testing Laboratory results from FY01 to FY11.

Results:

From FY01 to FY11, the Army's positive rate was 1.06%. The component rates were 0.84%, 1.53%, and

1.94% for the active duty, Reserve, and National Guard, respectively. The Army's average positive rate for marijuana from FY01 to FY11 was 0.79%, and the cocaine rate was 0.26%. From FY06 to FY11, the average positive rate for oxycodone was 0.74% and the d-amphetamine rate was 0.30%. Apart from oxymorphone, a key metabolite of oxycodone, the positive rate for all other drugs tested was below 0.25%. The FY11 drug positive rates in decreasing order were oxymorphone > oxycodone > marijuana > d-amphetamine > codeine > cocaine > morphine > d-methamphetamine > methylenedioxyamphetamine > heroin > methylenedioxyamphetamine > phencyclidine. Although the drug positive rate for heroin remains low, the number of positives has increased dramatically since FY05.

Conclusion:

The drug-testing program continues to serve as a vital deterrent as evidenced by the Army's overall positive rate being well below the 8.9% estimated illicit use in the civilian population.

<http://www.hindawi.com/journals/ecam/2013/747694/>

Review Article -- A Systematic Review of Biopsychosocial Training Programs for the Self-Management of Emotional Stress: Potential Applications for the Military.

Cindy Crawford, Dawn B. Wallerstedt, Raheleh Khorsan, Shawn S. Clausen, Wayne B. Jonas, and Joan A. G. Walter

Evidence-Based Complementary and Alternative Medicine

Volume 2013 (2013), Article ID 747694, 23 pages

Combat-exposed troops and their family members are at risk for stress reactions and related disorders. Multimodal biopsychosocial training programs incorporating complementary and alternative self-management techniques have the potential to reduce stress-related symptoms and dysfunction. Such training can preempt or attenuate the posttraumatic stress response and may be effectively incorporated into the training cycle for deploying and redeploying troops and their families. A large systematic review was conducted to survey the literature on multimodal training programs for the self-management of emotional stress. This report is an overview of the randomized controlled trials (RCTs) identified in this systematic review. Select programs such as mindfulness-Based Stress Reduction, Cognitive Behavioral Stress Management, Autogenic Training, Relaxation Response Training, and other meditation and mind-body skills practices are highlighted, and the feasibility of their implementation within military settings is addressed.

<http://onlinelibrary.wiley.com/doi/10.1111/anoc.12013/abstract>

Vigilance and Attention among U.S. Service Members and Veterans After Combat.

Seth D. Messinger

Anthropology of Consciousness

Volume 24, Issue 2, pages 191–207, September 2013

In this article we explore the two emotional experiences of hypervigilance and attention. These emotions are associated with both military training and with posttraumatic stress among other disorders. We consider the way that these emotions can be experienced after exposure to combat as well as grievous bodily injury, and seek to untangle situations in which they are artifacts of military training and identity rather than symptoms. The data for this article are drawn from interviews and observations with former patients of the US Armed Forces Amputee Patient Care Program at the Walter Reed National Military Medical Center. An experience like hypervigilance is often treated as a symptom of posttraumatic stress disorder (PTSD) or mild traumatic brain injury. Some experts place the number of returning service members with either or both of these disorders in the hundreds of thousands. While some participants in our study have received diagnoses of either PTSD or mild traumatic brain injury, in many cases they experience emotions like hypervigilance, differently. Rather than being troubled by hypervigilance, they experience it as a valued legacy of their military training and an important characteristic that distinguishes them from civilians.

<http://www.tandfonline.com/doi/abs/10.1080/1553118X.2013.777903>

Entertainment-Education and Strategic Communication: A Case Study of Sesame Workshop's "Talk, Listen, Connect" Initiative for Military Families.

Linda Campos Desens, Lindsay Hughes

International Journal of Strategic Communication

Vol. 7, Iss. 4, 2013

The Sesame Street Talk, Listen, Connect (TLC) initiative is a multimedia example of Entertainment-Education that leveraged the popular Sesame Street platform to deliver key information to military families about how to communicate with children about feelings related to deployment and homecomings, and other tough issues related to military life. This paper is organized as an in-depth case study of the TLC initiative, including interviews with key program developers. The research analyzes the TLC initiative as an exemplar of Entertainment-Education, and compares this example of Entertainment-Education to a strategic communication model. Known and accepted models of strategic communication that appear widely in the literature were referenced. To develop an Entertainment-Education model, a review of the relevant literature was conducted and social cognitive theory, elaboration likelihood model and diffusion of innovation theory were employed as foundational theoretical frameworks. Recommendations for future research on Entertainment-Education as a type of strategic communication are included.

<http://www.emeraldinsight.com/books.htm?chapterid=17097543>

Stress and Emotional Well-being in Military Organizations (book chapter)

P.D. Harms, Dina V. Krasikova, Adam J. Vanhove, Mitchel N. Herian, Paul B. Lester

In: The Role of Emotion and Emotion Regulation in Job Stress and Well Being (Research in Occupational Stress and Well-being, Volume 11), Emerald Group Publishing Limited, pp.103-132 (2013)

This chapter examines the role of stress and emotional well-being as critical antecedents of important outcomes in the military context. In it, we provide a framework for understanding the sources of stress among military personnel. Using this model, we review the risk factors associated with combat and deployment cycles in addition to protective factors, such as personality characteristics and social support, which mitigate the effects of stress on emotional well-being and performance. Finally, we evaluate efforts by military organizations to enhance the emotional well-being of service members through training programs designed to build resiliency.

<http://psycnet.apa.org/psycinfo/2013-33560-001/>

Effects of Interactive Metronome Therapy on Cognitive Functioning After Blast-Related Brain Injury: A Randomized Controlled Pilot Trial.

Nelson, Lonnie A.; MacDonald, Margaret; Stall, Christina; Pazdan, Renee

Neuropsychology, Sep 23 , 2013, No Pagination Specified. doi: 10.1037/a0034117

Objective:

We report preliminary findings on the efficacy of interactive metronome (IM) therapy for the remediation of cognitive difficulties in soldiers with persisting cognitive complaints following blast-related mild-to-moderate traumatic brain injury (TBI).

Method:

Forty-six of a planned sample of 50 active duty soldiers with persistent cognitive complaints following a documented history of blast-related TBI of mild-to-moderate severity were randomly assigned to receive either standard rehabilitation care (SRC) or SRC plus a 15-session standardized course of IM therapy. Primary outcome measures were Repeatable Battery for the Assessment of Neuropsychological Status (RBANS) Index Scores. Secondary outcome measures included selected subtests from the Delis–Kaplan Executive Functioning System (Trail Making Test and Color–Word Interference) and the Wechsler Adult Intelligence Scale–Fourth Edition (Symbol Search, Digit–Symbol Coding, Digit Span, and Letter–Number Sequencing) as well as the Integrated Visual and Auditory Continuous Performance Test.

Results:

Significant group differences (SRC vs. IM) were observed for RBANS Attention ($p = .044$), Immediate Memory ($p = .019$), and Delayed Memory ($p = .031$) indices in unadjusted analyses, with the IM group showing significantly greater improvement at Time 2 than the SRC group, with effect sizes in the medium-to-large range in the adjusted analyses for each outcome (Cohen's $d = 0.511, 0.768, \text{ and } 0.527$, respectively). Though not all were statistically significant, effects in 21 of 26 cognitive outcome measures were consistently in favor of the IM treatment group (binomial probability = .00098).

Conclusion:

The addition of IM therapy to SRC appears to have a positive effect on neuropsychological outcomes for soldiers who have sustained mild-to-moderate TBI and have persistent cognitive complaints after the period for expected recovery has passed. (PsycINFO Database Record (c) 2013 APA, all rights reserved)

<http://www.sciencedirect.com/science/article/pii/S1936657413001416>

Temporal trends in disability evaluation and retirement in the Army, Navy, and Marine Corps: 2005–2011.

Marlene E. Gubata, M.D., M.P.H., Elizabeth R. Packnett, M.P.H., David N. Cowan, Ph.D., M.P.H.

Disability and Health Journal, Available online 21 September 2013

Background

Surveillance of trends in disability is necessary to determine the burden of disability on the U.S. military, the most common types of disability conditions, and the prevalence of combat exposures in the disability population. Previous studies of disability in the U.S. military have focused on a particular service or condition rather than examining the epidemiology of disability in the military overall.

Objective

This study's objective is to describe rates of disability evaluation and retirement in U.S. Army, Navy, and Marine Corps.

Methods

A cross-sectional study of 126,170 service members evaluated for disability discharge from the U.S. military in fiscal years 2005–2011 was conducted. Crude and standardized rates of disability evaluation and retirement were calculated per 10,000 service members by year of disability, demographic characteristics, and type of disability evaluation or retirement. Temporal trends in the prevalence of combat-related disability in the disability evaluated and retired population were also examined.

Results

Rates of disability evaluation and retirement were highest among female, enlisted, and active duty service members. Overall rates of disability evaluation significantly decreased, while rates of disability retirement increased. Rates of psychiatric disability evaluation and retirement significantly increased in

all services during the same time period from 2005 to 2011. Combat-related disability evaluations and retirements have substantially increased in all services particularly among psychiatric disability cases.

Conclusions

Psychiatric disability, combat-related disability, and disability retirement continue to increase in the military, despite observed decreases in the rates of disability the Department of Defense since 2005.

<http://www.futuremedicine.com/doi/abs/10.2217/npj.13.60>

Suicide risk assessment tools, predictive validity findings and utility today: time for a revamp?

Leslie Roos, Jitender Sareen, and James M Bolton

Neuropsychiatry 2013 3:5, 483-495

Suicide is an internationally recognized burden of health, but little progress has been made towards creating effective risk assessment tools. In order to be used in clinical settings, these tools must prospectively differentiate between future attempters and nonattempters, do so with adequate sensitivity and specificity, and do so in a clinically useful time frame. Given these criteria, we review the state of classic suicide risk assessment tools, which rely on self-report of suicidal symptoms or clinical risk factors (i.e., hopelessness). In summary, there are substantial limitations to such paper-based tools given the incentives to deny suicidal thoughts, a lack of replication and the lengthy follow-up time frames identified by most studies. Next, we review the evidence for a new type of computer-based risk assessment tool that utilizes implicit cognitive associations with suicide as an indicator of implicit biases. By comparing the classic self-report versus cognitive risk assessment techniques, substantial advantages have emerged regarding predictive validity when using this cognitive test approach. Although these tools may take additional efforts to integrate into clinical assessments, they offer substantial advantages through their ability to predict short-term (6 month) suicidal behavior. It is not suggested that such tools replace the utility and importance of clinical interviews or expertise, but that they could rather provide a valid tool to inform clinician decisions for acute care.

<http://www.sciencedirect.com/science/article/pii/S0145213413002512>

Masculine norms, disclosure, and childhood adversities predict long-term mental distress among men with histories of child sexual abuse.

Scott D. Easton

Child Abuse & Neglect, Available online 23 September 2013

Child sexual abuse (CSA) can have a profound effect on the long-term mental health of boys/men. However, not all men with histories of CSA experience psychopathology. To improve prevention and

intervention services, more research is needed to understand why some male survivors experience mental health problems and others do not. The purpose of this study was to examine factors related to mental distress among a large, non-clinical sample of men with histories of CSA (N = 487). Using a cross-sectional design with purposive sampling from three national survivor organizations, data were collected through an anonymous Internet-based survey. Multivariate analyses found that only one of the four CSA severity variables—use of physical force by the abuser—was related to mental distress. Additional factors that were related to mental distress included the number of other childhood adversities, years until disclosure, overall response to disclosure, and conformity to masculine norms. Overall, the final model predicted 36% of the variance in the number of mental health symptoms. Mental health practitioners should include masculine norms, disclosure history, and childhood adversities in assessments and intervention planning with male survivors. To more fully explicate risk factors for psychopathology in this population, future studies with probability samples of men that focus on mediational processes and use longitudinal designs are needed.

<http://onlinelibrary.wiley.com/doi/10.1111/jmft.12043/abstract>

Intimate Partner Communication From the War Zone: A Prospective Study of Relationship Functioning, Communication Frequency, and Combat Effectiveness.

Cigrang, J. A., Wayne Talcott, G., Tatum, J., Baker, M., Cassidy, D., Sonnek, S., Snyder, D. K., Balderrama-Durbin, C., Heyman, R. E. and Smith Slep, A. M.

Journal of Marital and Family Therapy

Article first published online: 23 SEP 2013

This study examined (a) the association between relationship functioning prior to and during deployment, and the frequency of communication during deployment; and (b) the association between relationship functioning and depression during deployment and their influence on service members' ratings of duty performance. Participants were 144 partnered Airmen assessed immediately before and during a one-year high-risk deployment to Iraq. Results showed an overall high frequency of partner communication during deployment. High relationship distress at predeployment predicted lower frequency of communication during deployment. Changes in relationship distress from before deployment to during deployment independently predicted frequency of communication, above and beyond predeployment distress levels. Level of relationship distress and depression during deployment independently predicted service members' ratings of impact on duty performance.

<http://afs.sagepub.com/content/early/2013/08/30/0095327X13500651.abstract>

The Impact of Multiple Deployments and Social Support on Stress Levels of Women Married to Active Duty Servicemen.

Elizabeth P. Van Winkle and Rachel N. Lipari

Armed Forces & Society 0095327X13500651, first published on September 4, 2013

doi:10.1177/0095327X13500651

Using a large-scale survey, we examined the relationship between number of deployments experienced by female spouses of active duty military members and these spouses' perceived stress. Results suggest a nonlinear relationship such that spouses who had not experienced a deployment reported the lowest stress levels. Stress levels increase after initial deployments and decrease after approximately two deployments, which may indicate an element of resiliency that builds up as spouses acclimate to a deployment lifestyle. Stress levels again increase after several deployments, which may signify limitations to this resiliency over time. A secondary finding showed that higher levels of social support predicted lower levels of stress, above and beyond the number of deployments. This relationship between social support and stress helped explain the negative relationship between parental status and stress. That is, spouses with children may have lower stress levels due to the social network that accompanies parental status.

<http://www.ncbi.nlm.nih.gov/pubmed/24106466>

Front Behav Neurosci. 2013 Oct 2;7:134.

Contextual exploration previous to an aversive event predicts long-term emotional consequences of severe stress.

Girardi CE, Tiba PA, Llobet GB, Levin R, Abilio VC, Suchecki D.

Source: Departamento de Psicobiologia, Universidade Federal de São Paulo São Paulo, Brazil.

Traumatic stress can lead to long-term emotional alterations, which may result in Posttraumatic Stress Disorder (PTSD). Fear reactions triggered by conditioned cues and exacerbated emotional arousal in face of non-conditioned stimuli are among the most prominent features of PTSD. We hypothesized that long-term emotional alterations seen in PTSD may depend on the strength of context-trauma association. Here, we investigated the contribution of previous contextual exploration to the long-term emotional outcomes of an intense foot shock in rats. We exposed male Wistar rats to a highly stressful event (foot shock, 2 mA, 1 sec) allowing them to explore or not the chamber prior to trauma. We, then, evaluated the long-term effects on emotionality. Fear was assessed by the time spent in freezing behavior either upon re-exposure to trauma context or upon exposure to an unknown environment made potentially more aversive by presentation of an acoustic stimulus. Behaviors on the elevated-plus-maze and acoustic startle response were also assessed. The possibility to explore the environment immediately before the aversive event led to differential long-term emotional effects, including a heightened freezing response to re-exposure to context, blunted exploratory behavior, fear sensitization and exacerbation of the acoustic startle response, in contrast to the minor outcomes of the foot shock with no prior context exploration. The data showed the strong contribution of contextual learning to long-term behavioral

effects of traumatic stress. We argue that contextual representation contributes to the robust long-term behavioral alterations seen in this model of traumatic stress.

<http://www.ncbi.nlm.nih.gov/pubmed/24103155>

Int J Neuropsychopharmacol. 2013 Oct 8:1-16. [Epub ahead of print]

Genetic approaches to understanding post-traumatic stress disorder.

Almli LM, Fani N, Smith AK, Ressler KJ.

Source: Department of Psychiatry and Behavioural Sciences, Emory University School of Medicine, 4000 Woodruff Memorial Bldg., Atlanta, GA 30322, USA.

Post-traumatic stress disorder (PTSD) is increasingly recognized as both a disorder of enormous mental health and societal burden, but also as an anxiety disorder that may be particularly understandable from a scientific perspective. Specifically, PTSD can be conceptualized as a disorder of fear and stress dysregulation, and the neural circuitry underlying these pathways in both animals and humans are becoming increasingly well understood. Furthermore, PTSD is the only disorder in psychiatry in which the initiating factor, the trauma exposure, can be identified. Thus, the pathophysiology of the fear and stress response underlying PTSD can be examined and potentially interrupted. Twin studies have shown that the development of PTSD following a trauma is heritable, and that genetic risk factors may account for up to 30-40% of this heritability. A current goal is to understand the gene pathways that are associated with PTSD, and how those genes act on the fear/stress circuitry to mediate risk vs. resilience for PTSD. This review will examine gene pathways that have recently been analysed, primarily through candidate gene studies (including neuroimaging studies of candidate genes), in addition to genome-wide associations and the epigenetic regulation of PTSD. Future and on-going studies are utilizing larger and collaborative cohorts to identify novel gene candidates through genome-wide association and other powerful genomic approaches. Identification of PTSD biological pathways strengthens the hope of progress in the mechanistic understanding of a model psychiatric disorder and allows for the development of targeted treatments and interventions.

<http://www.ncbi.nlm.nih.gov/pubmed/24098091>

Sleep Biol Rhythms. 2013 Jul;11(3):176-184. Epub 2013 Aug 7.

Comparisons of short-term efficacy between individual and group cognitive behavioral therapy for primary insomnia.

Yamadera W, Sato M, Harada D, Iwashita M, Aoki R, Obuchi K, Ozone M, Itoh H, Nakayama K.

Source: Department of Psychiatry, Jikei University School of Medicine Tokyo, Japan.

The purpose of this study was to compare the efficacy of individual and group cognitive behavioral therapy for insomnia (CBT-I) in outpatients with primary insomnia diagnosed by DSM-IV-TR. The participants were 20 individually treated (I-CBT-I) and 25 treated in a group therapy format (three to five patients per group) (G-CBT-I), which showed no significant difference regarding demographic variables between groups. The same components of CBT-I stimulus control therapy, sleep restriction therapy, cognitive therapy, and sleep hygiene education were applied on both groups. The short-term outcome (4 weeks after treatment) was measured by sleep logs, actigraphy, the Pittsburgh Sleep Quality Index (PSQI), and the Dysfunctional Beliefs and Attitudes about Sleep Scale (DBAS), and was compared between I-CBT-I and G-CBT-I. The results indicated that CBT-I was effective in improving subjective and objective sleep parameters and subjective sleep evaluations for both individual and group treatment. However, I-CBT-I resulted in significantly better improvements over G-CBT-I, in (i) objective and subjective sleep onset latency time, (ii) objective sleep efficacy and moving time during sleeping, (iii) overall sleep quality and duration of actual sleep time in PSQI, (iv) consequences of insomnia, control and predictability of sleep, sleep requirement expectation, and sleep-promoting practices in DBAS. The present study suggested the superiority of I-CBT-I over G-CBT-I in clinical settings, and further evaluations are necessary.

<http://www.ncbi.nlm.nih.gov/pubmed/24098286>

Front Psychiatry. 2013 Sep 27;4:118.

Epigenetic Biomarkers as Predictors and Correlates of Symptom Improvement Following Psychotherapy in Combat Veterans with PTSD.

Yehuda R, Daskalakis NP, Desarnaud F, Makotkine I, Lehrner AL, Koch E, Flory JD, Buxbaum JD, Meaney MJ, Bierer LM.

Source: Traumatic Stress Studies Division, Department of Psychiatry, Icahn School of Medicine at Mount Sinai, New York, NY, USA; Mental Health Care Center, PTSD Clinical Research Program and Laboratory of Clinical Neuroendocrinology and Neurochemistry, James J. Peters Veterans Affairs Medical Center, Bronx, NY, USA; Fishberg Department of Neuroscience, Icahn School of Medicine at Mount Sinai, New York, NY, USA.

Epigenetic alterations offer promise as diagnostic or prognostic markers, but it is not known whether these measures associate with, or predict, clinical state. These questions were addressed in a pilot study with combat veterans with PTSD to determine whether cytosine methylation in promoter regions of the glucocorticoid related NR3C1 and FKBP51 genes would predict or associate with treatment outcome. Veterans with PTSD received prolonged exposure (PE) psychotherapy, yielding responders (n = 8), defined by no longer meeting diagnostic criteria for PTSD, and non-responders (n = 8). Blood samples were obtained at pre-treatment, after 12 weeks of psychotherapy (post-treatment), and after a 3-month follow-up. Methylation was examined in DNA extracted from lymphocytes. Measures reflecting glucocorticoid receptor (GR) activity were also obtained (i.e., plasma and 24 h-urinary cortisol, plasma

ACTH, lymphocyte lysozyme IC50-DEX, and plasma neuropeptide-Y). Methylation of the GR gene (NR3C1) exon 1F promoter assessed at pre-treatment predicted treatment outcome, but was not significantly altered in responders or non-responders at post-treatment or follow-up. In contrast, methylation of the FKBP5 gene (FKBP51) exon 1 promoter region did not predict treatment response, but decreased in association with recovery. In a subset, a corresponding group difference in FKBP5 gene expression was observed, with responders showing higher gene expression at post-treatment than non-responders. Endocrine markers were also associated with the epigenetic markers. These preliminary observations require replication and validation. However, the results support research indicating that some glucocorticoid related genes are subject to environmental regulation throughout life. Moreover, psychotherapy constitutes a form of "environmental regulation" that may alter epigenetic state. Finally, the results further suggest that different genes may be associated with prognosis and symptom state, respectively.

<http://www.ncbi.nlm.nih.gov/pubmed/24096776>

World Psychiatry. 2013 Oct;12(3):198-206. doi: 10.1002/wps.20057.

Diagnosis and classification of disorders specifically associated with stress: proposals for ICD-11.

Maercker A, Brewin CR, Bryant RA, Cloitre M, van Ommeren M, Jones LM, Humayan A, Kagee A, Llosa AE, Rousseau C, Somasundaram DJ, Souza R, Suzuki Y, Weissbecker I, Wessely SC, First MB, Reed GM.

Source: Department of Psychology, Division of Psychopathology, University of Zurich, Switzerland.

The diagnostic concepts of post-traumatic stress disorder (PTSD) and other disorders specifically associated with stress have been intensively discussed among neuro- and social scientists, clinicians, epidemiologists, public health planners and humanitarian aid workers around the world. PTSD and adjustment disorder are among the most widely used diagnoses in mental health care worldwide. This paper describes proposals that aim to maximize clinical utility for the classification and grouping of disorders specifically associated with stress in the forthcoming 11th revision of the International Classification of Diseases (ICD-11). Proposals include a narrower concept for PTSD that does not allow the diagnosis to be made based entirely on non-specific symptoms; a new complex PTSD category that comprises three clusters of intra- and interpersonal symptoms in addition to core PTSD symptoms; a new diagnosis of prolonged grief disorder, used to describe patients that undergo an intensely painful, disabling, and abnormally persistent response to bereavement; a major revision of "adjustment disorder" involving increased specification of symptoms; and a conceptualization of "acute stress reaction" as a normal phenomenon that still may require clinical intervention. These proposals were developed with specific considerations given to clinical utility and global applicability in both low- and high-income countries.

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<http://www.ncbi.nlm.nih.gov/pubmed/24095901>

Behav Res Ther. 2013 Sep 12;51(11):767-777. doi: 10.1016/j.brat.2013.09.001. [Epub ahead of print]

Mechanisms of change in cognitive behavioral therapy for panic disorder: The unique effects of self-efficacy and anxiety sensitivity.

Gallagher MW, Payne LA, White KS, Shear KM, Woods SW, Gorman JM, Barlow DH.

Source: Center for Anxiety and Related Disorders at Boston University, United States. Electronic address: mwg@bu.edu.

The present study examined temporal dependencies of change of panic symptoms and two promising mechanisms of change (self-efficacy and anxiety sensitivity) during an 11-session course of cognitive-behavior therapy (CBT) for Panic Disorder (PD). 361 individuals with a principal diagnosis of PD completed measures of self-efficacy, anxiety sensitivity, and PD symptoms at each session during treatment. Effect size analyses indicated that the greatest changes in anxiety sensitivity occurred early in treatment, whereas the greatest changes in self-efficacy occurred later in treatment. Results of parallel process latent growth curve models indicated that changes in self-efficacy and anxiety sensitivity across treatment uniquely predicted changes in PD symptoms. Bivariate and multivariate latent difference score models indicated, as expected, that changes in anxiety sensitivity and self-efficacy temporally preceded changes in panic symptoms, and that intraindividual changes in anxiety sensitivity and self-efficacy independently predicted subsequent intraindividual changes in panic symptoms. These results provide strong evidence that changes in self-efficacy and anxiety sensitivity during CBT influence subsequent changes in panic symptoms, and that self-efficacy and anxiety sensitivity may therefore be two distinct mechanisms of change of CBT for PD that have their greatest impact at different stages of treatment.

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<http://www.ncbi.nlm.nih.gov/pubmed/24094786>

Behav Ther. 2013 Dec;44(4):609-613. doi: 10.1016/j.beth.2013.06.001. Epub 2013 Jul 13.

Reflections on the Theory-Practice Gap in Cognitive Behavior Therapy.

Reese HE, Rosenfield E, Wilhelm S.

Source: Massachusetts General Hospital and Harvard Medical School. Electronic address: hreese@partners.org.

The papers in this special series, edited by Pilecki and McKay (2013--this issue), are devoted to examining the theory-practice gap in cognitive-behavior therapy (CBT). A gap between theory and practice can occur at more than one level. First, there exists a substantial and concerning gap between

the theories and interventions supported by research and those being offered to patients in the community (i.e., research-practice gap). There is also a growing concern in the field that the techniques and procedures that characterize cognitive-behavioral therapies are becoming increasingly divorced from underlying theories (i.e., theory-procedure gap). In the present commentary we hope to summarize and comment on some of the themes, issues, and future directions raised by our contributors.

<http://www.ncbi.nlm.nih.gov/pubmed/24094785>

Behav Ther. 2013 Dec;44(4):603-608. doi: 10.1016/j.beth.2013.04.006. Epub 2013 Apr 22.

Bridging the Theory-Practice Gap by Getting Even Bolder With the Boulder Model.

Hofmann SG.

Source: Boston University. Electronic address: shofmann@bu.edu.

Cognitive behavioral therapy is an effective treatment for virtually all psychiatric disorders. However, very few patients have access to it and few therapists are trained in the theory and practice of cognitive behavioral therapy. Based on the existing evidence and the articles of this series, the following recommendations are made: (a) all mental health care providers (including Psy.D. and social workers) need to be trained in the practice and theories of empirically supported treatments, specifically cognitive behavioral therapy; (b) clinical practice also needs to be based on theory, not just treatment manuals; and (c) psychological treatments have to move beyond the DSM boundaries.

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<http://www.ncbi.nlm.nih.gov/pubmed/24094784>

Behav Ther. 2013 Dec;44(4):592-602. doi: 10.1016/j.beth.2012.12.004. Epub 2013 Jan 17.

The Role of Theory and Research in the Practice of Cognitive-Behavioral Couple Therapy: If You Build It, They Will Come.

Baucom DH, Boeding S.

Source: University of North Carolina at Chapel Hill. Electronic address: don_baucom@unc.edu.

Cognitive-behavioral couple therapy (CBCT), while empirically validated and highly efficacious, does not always have positive results for couples. One factor that may limit the efficacy of this intervention is the way in which therapists are trained to provide this type of therapy. More specifically, there is a need for therapists to gain a solid foundation in CBCT theory in order to maximize treatment results. This paper presents an argument for why an understanding of theory is necessary for therapists in treating couples.

Then, this paper presents our training model and how we integrate theory into our training of both graduate student therapists and more experienced clinicians. We take the stance that "if you build it, they will come."

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<http://www.ncbi.nlm.nih.gov/pubmed/24094783>

Behav Ther. 2013 Dec;44(4):580-591. doi: 10.1016/j.beth.2013.03.001. Epub 2013 Mar 13.

The Importance of Theory in Cognitive Behavior Therapy: A Perspective of Contextual Behavioral Science.

Herbert JD, Gaudiano BA, Forman EM.

Source: Drexel University. Electronic address: james.herbert@drexel.edu.

For the past 30 years, generations of scholars of cognitive behavior therapy (CBT) have expressed concern that clinical practice has abandoned the close links with theory that characterized the earliest days of the field. There is also a widespread assumption that a greater working knowledge of theory will lead to better clinical outcomes, although there is currently very little hard evidence to support this claim. We suggest that the rise of so-called "third generation" models of CBT over the past decade, along with the dissemination of statistical innovations among psychotherapy researchers, have given new life to this old issue. We argue that theory likely does matter to clinical outcomes, and we outline the future research that would be needed to address this conjecture.

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<http://www.ncbi.nlm.nih.gov/pubmed/24094782>

Behav Ther. 2013 Dec;44(4):568-579. doi: 10.1016/j.beth.2013.03.005. Epub 2013 Apr 6.

What Must You Know and Do to Get Good Outcomes With DBT?

Koerner K.

Source: Evidence-Based Practice Institute, Seattle. Electronic address: kellykpracticeground@gmail.com.

Because little research has been conducted on which therapist-client interactions lead to intermediate and end-point improvements in Dialectical Behavior Therapy (DBT), we have a small evidence-base from which to specify what therapists must know and do in order to obtain good outcomes using DBT. As with other evidence-based practices, dissemination of DBT has defaulted to assumptions and methods from the "psychotherapy technology model," which emphasizes transfer of the validated treatment package

from the research clinic to routine settings with high fidelity (Morgenstern & McKay, 2007). However, serious limitations of the psychotherapy technology model require pursuit of alternative complementary models to guide dissemination. One complementary approach is to use well-designed practice-based training research. In this approach, therapists learn modular competencies linked to a highly structured yet flexible clinical decision-making framework. Modular training of therapist competencies emphasizes the continuity of the component therapist strategies across evidence-based protocols rather than emphasizing the packages or manuals as separate and distinct. Key hypotheses about the change processes responsible for client change and the associated treatment strategies used to influence these change processes should be specified and measured at the level of client, therapist, and service delivery setting. Adopting this approach may offer advantages that apply to the dissemination and implementation of DBT and other evidence-based practices (EBPs).

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<http://www.ncbi.nlm.nih.gov/pubmed/24094780>

Behav Ther. 2013 Dec;44(4):548-558. doi: 10.1016/j.beth.2013.03.003. Epub 2013 Mar 13.

The Practice of Exposure Therapy: Relevance of Cognitive-Behavioral Theory and Extinction Theory.

Abramowitz JS.

Source: University of North Carolina at Chapel Hill. Electronic address: jabramowitz@unc.edu.

Exposure therapy is the most effective psychological intervention for people with anxiety disorders. While many therapists learn how to implement exposure techniques through clinical training programs or instructional workshops, not all of these educational efforts include a focus on the theory underlying this treatment. The availability of treatment manuals providing step-by-step instructions for how to implement exposure makes it easier for clinicians to use these techniques with less training than they might otherwise receive. This raises questions regarding whether it is necessary to understand the theory behind the use of exposure. This article argues that knowledge of the relevant theory is crucial to being able to implement exposure therapy in ways that optimize both short- and long-term outcome. Specific ways in which theory is relevant to using exposure techniques are discussed.

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<http://www.ncbi.nlm.nih.gov/pubmed/24094787>

Behav Ther. 2013 Dec;44(4):614-624. doi: 10.1016/j.beth.2013.05.002. Epub 2013 Jun 2.

Computer-Assisted Therapies: Examination of Therapist-Level Barriers to Their Use.

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Despite enthusiasm in the field for their potential ease of dissemination, little work has examined whether practicing clinicians are willing and able to use computer-assisted therapies (i.e., computerized treatments designed to be administered with therapist support). For therapists to use these tools, they require access to computer equipment, the skills needed to use the equipment, and willingness to adopt the technology in treatment. This study examined these three factors using survey data from a national sample of mental health clinicians (N=1,067). Respondents reported on their access to technology and computer fluency, in addition to completing the Computer-Assisted Therapy Attitudes Scale (CATAS), a measure of therapist attitudes designed for this study. Overall, the majority of therapists (90.7%) reported access to at least one computer at work and self-reported computer fluency levels were high. On average, therapists held positive attitudes towards computer-assisted therapies, although expressed concern that these technologies might damage rapport and did not feel that these technologies would improve treatment outcomes. Predictors of positive attitudes included greater general openness toward new treatments, greater comfort with computers, and easier access to technology at work (all $p < .01$). Results suggested that, on the whole, therapists may be likely to integrate computer-assisted therapies into their clinical practice. However, therapists vary both in their ability and willingness to use these tools. Implications for the dissemination of computer-assisted therapies are discussed.

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<http://www.ncbi.nlm.nih.gov/pubmed/24094613>

J Subst Abuse Treat. 2013 Oct 2. pii: S0740-5472(13)00184-0. doi: 10.1016/j.jsat.2013.08.006. [Epub ahead of print]

The cost-effectiveness of depression treatment for co-occurring disorders: A clinical trial.

Watkins KE, Cuellar AE, Hepner KA, Hunter SB, Paddock SM, Ewing BA, de la Cruz E.

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The authors aimed to determine the economic value of providing on-site group cognitive behavioral therapy (CBT) for depression to clients receiving residential substance use disorder (SUD) treatment. Using a quasi-experimental design and an intention-to-treat analysis, the incremental cost-effectiveness and cost-utility ratio of the intervention were estimated relative to usual care residential treatment. The average cost of a treatment episode was \$908, compared to \$180 for usual care. The incremental cost effectiveness ratio was \$131 for each point improvement of the BDI-II and \$49 for each additional depression-free day. The incremental cost-utility ratio ranged from \$9,249 to \$17,834 for each additional quality adjusted life year. Although the intervention costs substantially more than usual care, the cost effectiveness and cost-utility ratios compare favorably to other depression interventions.

Health care reform should promote dissemination of group CBT to individuals with depression in residential SUD treatment.

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<http://www.ncbi.nlm.nih.gov/pubmed/24091202>

J Behav Ther Exp Psychiatry. 2013 Sep 13;45(1):97-104. doi: 10.1016/j.jbtep.2013.09.003. [Epub ahead of print]

Does change in distress matter? Mechanisms of change in prolonged exposure for PTSD.

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BACKGROUND AND OBJECTIVES:

Clinically, many individuals persist in prolonged exposure therapy (PE) for chronic PTSD despite continuing distress during recounting of the trauma memory (imaginal exposure). Theorists suggest that distress reduction is necessary for successful treatment outcome (e.g., Foa & Kozak, 1986), while others suggest otherwise (e.g., Craske et al., 2008). This study examined clinically reliable changes in distress, relations to broad clinical outcomes, and whether homework adherence affected this relationship.

METHOD:

In 116 patients with PTSD, first to last imaginal exposure sessions' peak and average distress was examined, calculating reliable change in distress. Homework adherence and helpfulness were examined. At post-treatment, PTSD symptoms (re-experiencing, avoidance, hyperarousal), depression, and functioning were examined.

RESULTS:

Patients exhibited a lack of reliable change in distress (64.7%) more than a reliable change in distress (35.3%). Although no difference in post-treatment PTSD diagnostic status, individuals experiencing a reliable change in distress reported lower PTSD severity (re-experiencing, hyperarousal), depression, and better functioning. Further, perceived helpfulness of imaginal homework had an indirect effect on this relationship.

LIMITATIONS:

This study did not utilize a distress tolerance self-report measure; however, examined self-reported distress during imaginal exposure.

CONCLUSIONS:

Results are encouraging for clinicians treating PTSD with PE, arguing that lack of reliable change in distress to the trauma memory does not result in treatment failure. Patient "buy in" to homework,

rather than amount completed, was related to the process of distress reduction. Results suggest that distress reduction in imaginal exposure is not a key mechanism underlying therapeutic change in PE.

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<http://www.ncbi.nlm.nih.gov/pubmed/24091764>

J Addict Med. 2013 September/October;7(5):354-362.

Comparative Safety of Benzodiazepines and Opioids Among Veterans Affairs Patients With Posttraumatic Stress Disorder.

Hawkins EJ, Malte CA, Grossbard J, Saxon AJ, Imel ZE, Kivlahan DR.

Source: From the Health Services Research & Development (EJH, CAM, JG, DRK), Seattle, WA; Center of Excellence in Substance Abuse Treatment and Education (EJH, CAM, AJS, DRK), VA Puget Sound Health Care System, Seattle, WA; Department Psychiatry and Behavioral Sciences (EJH, AJS, DRK), University of Washington, Seattle; and Department of Educational Psychology (ZEI), University of Utah, Salt Lake City, UT.

OBJECTIVES:

Although Veterans Affairs (VA) patients with posttraumatic stress disorder (PTSD) are prescribed benzodiazepines and opioids in addition to recommended pharmacotherapies, little is known about the safety of these medications. This study compared the 2-year incidence of adverse events among VA patients with PTSD exposed to combinations of selective serotonin reuptake inhibitors (SSRIs) or serotonin/norepinephrine reuptake inhibitors (SNRIs), benzodiazepines, and opioids.

METHODS:

This retrospective cohort study used VA administrative data from 2004 to 2010 to identify and follow 5236 VA patients with PTSD with new episodes of (1) SSRIs/SNRIs only; (2) concurrent SSRIs/SNRIs and benzodiazepines; and (3) concurrent SSRIs/SNRIs, benzodiazepines, and opioids. Outcome measures were the 2-year incidence and adjusted hazard ratios (AHR) of mental health and medicine/surgery hospitalizations, emergency department visits, harmful events (eg, injuries and death), and any adverse event after adjustment for demographics, clinical covariates, and adverse event history.

RESULTS:

Compared with SSRIs/SNRIs only, the adjusted risk of mental health hospitalizations (AHR: 1.87; 95% confidence interval [CI]: 1.37-2.53) was greater among patients prescribed SSRIs/SNRIs and benzodiazepines concurrently. The AHR of mental health hospitalizations (AHR: 2.00; 95% CI: 1.35-2.98), medicine/surgery hospitalizations (AHR: 4.86; 95% CI: 3.30-7.14), emergency department visits (AHR: 2.01; 95% CI: 1.53-2.65), any harmful event (2.92; 95% CI: 2.21-3.84), and any adverse event (AHR: 2.65; 95% CI: 2.18-3.23) were all significantly greater among patients prescribed SSRIs/SNRIs, benzodiazepines, and opioids than among those prescribed SSRIs/SNRIs only.

CONCLUSIONS:

Concurrently prescribing SSRIs/SNRIs, benzodiazepines, and opioids among patients with PTSD is associated with adverse events. Although efforts are warranted to monitor patients who are prescribed combinations of these medications to prevent adverse events, these results should be interpreted with caution until they are replicated.

<http://www.ncbi.nlm.nih.gov/pubmed/24090716>

J Psychiatr Res. 2013 Sep 20. pii: S0022-3956(13)00293-8. doi: 10.1016/j.jpsychires.2013.09.008. [Epub ahead of print]

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

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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.

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Links of Interest

U.S. Rep. C.W. Bill Young to retire, won't seek re-election in 2014

<http://www.tampabay.com/news/politics/local/us-rep-cw-bill-young-to-retire-wont-seek-re-election-in-2014/2146274>

Screening Tool for Detecting Intimate Partner Violence Among Women Veterans

<http://www.sciencedaily.com/releases/2013/10/131008152222.htm>

Trauma-related psychophysiologic reactivity identified as best predictor of PTSD diagnosis

http://www.eurekalert.org/pub_releases/2013-10/bumc-tpr100913.php

Study casts light on addressing domestic violence among female US veterans

http://www.eurekalert.org/pub_releases/2013-10/ssm-scl100713.php

Romeo Dallaire, former UN commander who witnessed Rwanda genocide, pleads for action on PTSD

<http://www.abc.net.au/news/2013-10-08/ptsd-stress-disorder-suicide-rwanda-genocide-massacre-military/5010030>

Veteran suicide subject of new APHA book

<http://www.publichealthnewswire.org/?p=7625>

Army expanding mental health program despite research

<http://www.usatoday.com/story/nation/2013/10/07/army-resilience-training-research-criticism/2938069/>

Military's dubious stats on false sex assault cases cloud prosecutions, debate

<http://www.stripes.com/news/military-s-dubious-stats-on-false-sex-assault-cases-cloud-prosecutions-debate-1.241057>

Army explores predicting suicides as way to prevent them

<http://www.usatoday.com/story/news/nation/2013/10/05/army-suicides-predicting-risk-scientists/2793053/>

Not from the Government, Here to Help (4): Giving an Hour for Troubled Vets

<http://www.forbes.com/sites/howardhusock/2013/10/07/not-from-the-government-here-to-help-4-giving-an-hour-for-troubled-vets/>

Continuing Family Support During a Government Shutdown

<http://www.dodlive.mil/index.php/2013/10/continuing-family-support-during-a-government-shutdown-2/>

OSCAR Team Uses Technology to Identify Mental Health Risk Factors

<http://navymedicine.navylive.dodlive.mil/archives/5656>

Resilience: A State of Mind or Dispositional State?

<http://navymedicine.navylive.dodlive.mil/archives/5646>

Recognizing the 'Silent Killer' of the Military: PTSD

http://www.huffingtonpost.com/harry-croft-md/ptsd-in-the-military_b_3981211.html

Returning combat doctors suffering from PTSD

<http://www.abc.net.au/news/2013-10-01/returning-combat-doctors-suffering-from-ptsd/4992226>

Intrepid Fallen Heroes Fund Dedicates New \$11-Million Center to Treat Traumatic Brain Injury (TBI) and Post Traumatic Stress (PTS) in America's Wounded Military Heroes

<http://www.prweb.com/releases/2013/10/prweb11180424.htm>

Addressing Unmet Needs in the Treatment of Psychiatric Disorders

http://mghacademy.org/courses/course-detail/addressing_unmet_needs_in_the_treatment_of_psychiatric_disorders

Checklist increased physician confidence in using opiates to manage chronic pain

<http://www.clinicalpsychiatrynews.com/news/across-specialties/single-article/checklist-increased-physician-confidence-in-using-opiates-to-manage-chronic-pain/d2c1897e1387ae384aa015fc21205848.html>

Resource of the Week: [APA PsycNET Mobile App](#)

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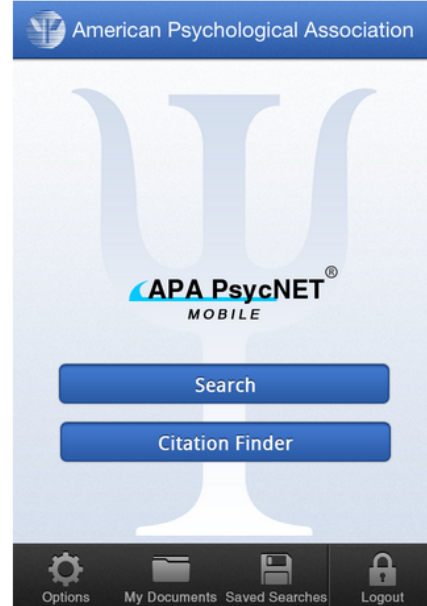
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