



CDP Research Update -- October 24, 2013

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- Easing Reintegration: Telephone Support Groups for Spouses of Returning Iraq and Afghanistan Service Members.
- The Milspouse Battle Rhythm: Communicating Resilience Throughout the Deployment Cycle.
- Depressive Symptoms, Relational Turbulence, and the Reintegration Difficulty of Military Couples Following Wartime Deployment.
- Life Beyond War: Supporting the Mental Health Needs of Student Veterans (White Paper)
- After the "Silent Epidemic": Marital Satisfaction in Long Term Spousal Caregivers of Individuals with Severe Traumatic Brain Injury
- Lifetime Major Depression and Comorbid Disorders among Current-Era Women Veterans.
- Posttraumatic Stress Disorder and Suicidal Ideation: The Role of Specific Symptoms Within the Framework of the Interpersonal-Psychological Theory of Suicide.
- The Effects of Posttraumatic Stress Disorder, Mild Traumatic Brain Injury, and Combined Posttraumatic Stress Disorder/Mild Traumatic Brain Injury on Returning Veterans
- Suicide Mortality Following Nursing Home Discharge in the Department of Veterans Affairs Health System.
- Sleep Disorders and the Interpersonal-Psychological Theory of Suicide: Independent Pathways to Suicidality?
- Non-pharmacological treatments for patients with depression.
- Effectiveness of a CBT Intervention for Persistent Insomnia and Hypnotic Dependency in an Outpatient Psychiatry Clinic
- Treatment Modality Preferences and Adherence to Group Treatment for Panic Disorder with Agoraphobia.
- Cognitive-Behavioral Therapy Increases Prefrontal Cortex Gray Matter in Patients With Chronic Pain.

- Rethinking the dose-response relationship between usage and outcome in an online intervention for depression: randomized controlled trial.
- Measuring Motivation: Change Talk and Counter-Change Talk in Cognitive Behavioral Therapy for Generalized Anxiety.
- C-reactive protein, pre- and postdexamethasone cortisol levels in post-traumatic stress disorder.
- Predictors of suicidal ideation among depressed veterans and the interpersonal theory of suicide.
- Choosing between Internet-based psychodynamic versus cognitive behavioral therapy for depression: a pilot preference study.
- Individual and work-related predictors of work outcomes related to sustainable employment among male shift and day workers.
- PTSD in Psychiatric Nurses and Other Mental Health Providers: A Review of the Literature.
- Critical concerns in Iraq/Afghanistan war veteran-forensic interface: veterans treatment court as diversion in rural communities.
- Preliminary findings of the relationship of lower heart rate variability with military sexual trauma and presumed posttraumatic stress disorder.
- The efficacy of imagery rescripting (IR) for social phobia: a randomized controlled trial.
- Resilience in mental health: linking psychological and neurobiological perspectives.
- Treating anxiety disorders with virtual reality exposure therapy.
- Functional reorganization of neural networks during repeated exposure to the traumatic memory in posttraumatic stress disorder: An exploratory fMRI study.
- Cognitive processes as mediators of the relation between mindfulness and change in social anxiety symptoms following cognitive behavioral treatment.
- Risk for anxiety and implications for treatment: developmental, environmental, and genetic factors governing fear regulation.
- Risk Factors for Becoming Homeless Among a Cohort of Veterans Who Served in the Era of the Iraq and Afghanistan Conflicts.
- Challenges Associated With Screening for Traumatic Brain Injury Among US Veterans Seeking Homeless Services.

- Lower Urinary Tract Dysfunction in Male Iraq and Afghanistan War Veterans: Association With Mental Health Disorders: A Population-based Cohort Study.
- Pharmacological enhancement of exposure-based treatment in PTSD: a qualitative review.
- Avoidant symptoms in PTSD predict fear circuit activation during multimodal fear extinction.
- Examining the relationships between posttraumatic stress disorder symptoms, positive smoking outcome expectancies, and cigarette smoking in people with substance use disorders: A multiple mediator model.
- Sleep as a component of the performance triad: the importance of sleep in a military population.
- Links of Interest
- Resource of the Week: Video Tour of the New USUHS LRC Website

<http://www.med.navy.mil/sites/nmcsd/nccosc/healthProfessionalsV2/researchQuarterly/Documents/fall2013ResearchQuarterly.pdf>

Combat and Operational Stress Research Quarterly

Naval Center for Combat and Operational Stress Control

Fall 2013

Featured in this edition:

- Guilt and shame act as risk factors for suicidal ideation
- Emotion regulation skills training may enhance CBT treatment response
- MDMA-assisted psychotherapy reduces self-report but not clinician ratings of PTSD symptoms
- Factors linked to psychological resilience among older veterans
- PTSD treatments reveal different change patterns among PTSD and depressive symptoms
- Gender differences in overall post-traumatic stress symptoms may not be as significant as expected
- Greater postconcussion symptoms in veterans with a history of mTBI with loss of consciousness can be attributed to co-occurring depression and PTSD

- Addressing hotspots in trauma-focused psychotherapy for PTSD may increase treatment efficacy
- Veteran substance use more strongly predicted by partner substance use than mental health symptoms
- Sleep problems mediate relationship between traumatic brain injury (TBI) and development of PTSD and depression
- Abreactive Ego State Therapy (EST) maintains long-term decreases in PTSD symptoms
- Therapists' skills key to improving cognitive processing therapy outcomes for PTSD
- DSM-IV three-factor model of PTSD is superior to alternative four-factor models: Implications for DSM-5
- Group Cognitive Behavioral Therapy (GCBT) for PTSD is Efficacious
- Fear of repercussions and hesitance to discuss trauma details act as
- barriers to care in the military population
- Quarterly Highlight: Stress related to concealing sexual orientation puts veterans at risk for mental health problems
- Test Your Knowledge 8 Reviews to Peruse

<http://onlinelibrary.wiley.com/doi/10.1002/jts.2013.26.issue-5/issuetoc>

Journal of Traumatic Stress – October 2013

- The Changed Face of PTSD Diagnosis (pages 535–536)
Paula P. Schnurr
- National Estimates of Exposure to Traumatic Events and PTSD Prevalence Using DSM-IV and DSM-5 Criteria (pages 537–547)
Dean G. Kilpatrick, Heidi S. Resnick, Melissa E. Milanak, Mark W. Miller, Katherine M. Keyes and Matthew J. Friedman
- Finalizing PTSD in DSM-5: Getting Here From There and Where to Go Next (pages 548–556)
Matthew J. Friedman
- “I Wouldn't Start From Here” —An Alternative Perspective on PTSD From the ICD-11: Comment on Friedman (2013) (pages 557–559)
Chris R. Brewin

- Applying an International Perspective in Defining PTSD and Related Disorders: Comment on Friedman (2013) (pages 560–562)
Andreas Maercker and Axel Perkonigg
- The DSM-5 Got PTSD Right: Comment on Friedman (2013) (pages 563–566)
Dean G. Kilpatrick
- PTSD in the DSM-5: Reply to Brewin (2013), Kilpatrick (2013), and Maercker and Perkonigg (2013) (pages 567–569)
Matthew J. Friedman

<http://www.ncbi.nlm.nih.gov/pubmed/23611074>

Behav Ther. 2013 Jun;44(2):234-48. doi: 10.1016/j.beth.2013.02.004. Epub 2013 Mar 4.

United we stand: emphasizing commonalities across cognitive-behavioral therapies.

Mennin DS, Ellard KK, Fresco DM, Gross JJ.

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Cognitive behavioral therapy (CBT) has a rich history of alleviating the suffering associated with mental disorders. Recently, there have been exciting new developments, including multicomponent approaches, incorporated alternative therapies (e.g., meditation), targeted and cost-effective technologies, and integrated biological and behavioral frameworks. These field-wide changes have led some to emphasize the differences among variants of CBT. Here, we draw attention to commonalities across cognitive-behavioral therapies, including shared goals, change principles, and therapeutic processes. Specifically, we offer a framework for examining common CBT characteristics that emphasizes behavioral adaptation as a unifying goal and three core change principles, namely (a) context engagement to promote adaptive imagining and enacting of new experiences; (b) attention change to promote adaptive sustaining, shifting, and broadening of attention; and (c) cognitive change to promote adaptive perspective taking on events so as to alter verbal meanings. Further, we argue that specific intervention components, including behavioral exposure/activation, attention training, acceptance/tolerance, decentering/defusion, and cognitive reframing, may be emphasized to a greater or lesser degree by different treatment packages but are still fundamentally common therapeutic processes that are present across approaches and are best understood by their relationships to these core CBT change principles. We conclude by arguing for shared methodological and design frameworks for investigating unique and common characteristics to advance a unified and strong voice for CBT in a widening, increasingly multimodal and interdisciplinary, intervention science.

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Comment on

[The science of cognitive therapy. \[Behav Ther. 2013\]](#)

[Acceptance and commitment therapy and contextual behavioral science: examining the progress of a distinctive model of behavioral and cognitive therapy. \[Behav Ther. 2013\]](#)

<http://www.fas.org/sgp/crs/misc/R43255.pdf>

The Mental Health Workforce – A Primer

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Analyst in Health Services

Erin Bagalman

Analyst in Health Policy

Congressional Research Service

October 18, 2013

Congress has held hearings and introduced legislation addressing the interrelated topics of the quality of mental health care, access to mental health care, and the cost of mental health care. The mental health workforce is a key component of each of these topics. The quality of mental health care depends partially on the skills of the people providing the care. Access to mental health care relies on, among other things, the number of appropriately skilled providers available to provide care. The cost of mental health care depends in part on the wages of the people providing care. Thus an understanding of the mental health workforce may be helpful in crafting policy and conducting oversight. This report aims to provide such an understanding as a foundation for further discussion of mental health policy.

No consensus exists on which provider types make up the mental health workforce. This report focuses on the five provider types identified by the Health Resources and Services Administration (HRSA) within the Department of Health and Human Services (HHS) as “core mental health professionals”: psychiatrists, clinical psychologists, clinical social workers, advanced practice psychiatric nurses, and marriage and family therapists. The HRSA definition of the mental health workforce is limited to highly trained (e.g., graduate degree) professionals; however, this workforce may be defined more broadly elsewhere.

An understanding of typical licensure requirements and scopes of practice may help policy makers determine how to focus policy initiatives aimed at increasing the quality of the mental health workforce. Although state licensure requirements vary widely across provider types, the scopes of practice converge into provider types that generally can prescribe medication (psychiatrists and advanced practice psychiatric nurses) and provider types that generally cannot prescribe medication (clinical psychologists, clinical social workers, and marriage and family therapists). The core mental health

provider types can all provide psychosocial interventions (e.g., talk therapy). Administration and interpretation of psychological tests is generally the province of clinical psychologists.

Access to mental health care depends in part on the number of mental health providers overall and the number of specific types of providers. Clinical social workers are generally the most plentiful core mental health provider type, followed by clinical psychologists, who substantially outnumber marriage and family therapists. While less abundant than the three aforementioned provider types, psychiatrists outnumber advanced practice psychiatric nurses. Policy makers may influence the size of the mental health workforce through a number of health workforce training programs.

Policy makers may assess the relative wages of different provider types, particularly when addressing policy areas where the federal government employs mental health providers. Psychiatrists are the highest earners, followed by advanced practice psychiatric nurses and clinical psychologists. Marriage and family therapists earn more than clinical social workers. The relative costs of employing different provider types may be a consideration for federal agencies that employ mental health providers.

<http://www.ncbi.nlm.nih.gov/pubmed/24151141>

Depress Anxiety. 2013 Oct 21. doi: 10.1002/da.22207. [Epub ahead of print]

**Predictors of Completion of Exposure Therapy in OEF-OIF Veterans With Posttraumatic Stress Disorder
Gros DF, Price M, Yuen EK, Acierno R.**

Source: Mental Health Service Line, Ralph H. Johnson Veterans Affairs Medical Center, Charleston, South Carolina; Department of Psychiatry and Behavioral Sciences, Medical University of South Carolina, Charleston, South Carolina.

BACKGROUND:

Despite large-scale dissemination and implementation efforts of evidence-based psychotherapy to veterans from Operation Enduring/Iraqi Freedom (OEF/OIF), little is known regarding the factors that contribute to the successful completion of these treatments in this high-risk population. The present study investigated predictors of treatment completion during a standardized exposure-based psychotherapy for PTSD.

METHODS:

Ninety-two OEF/OIF combat veterans enrolled in a randomized controlled trial for an eight session exposure-based psychotherapy for PTSD. All participants completed structured clinical interviews and several background and symptom questionnaires. Of the initial 92 participants, 28% of the sample (n = 26) discontinued treatment prior to completion of the trial.

RESULTS:

Predictors of discontinuation of treatment were assessed with a hierarchical logistic regression. Disability status was positively associated with treatment discontinuation, and postdeployment social

support was negatively associated with discontinuation. In contrast to previous findings, other factors, such as age and PTSD symptomatology, were not identified as significant predictors.

CONCLUSIONS:

The present study suggested that disability status at the start of treatment increases the risk for treatment discontinuation whereas increased social support buffers against discontinuation. Together, these findings highlight the importance of increased assessment and early intervention when these factors are present to potentially reduce treatment discontinuation and improve treatment outcomes in OEF/OIF veterans with PTSD.

Published 2013. This article is a U.S. Government work and is in the public domain in the USA.

http://rave.ohiolink.edu/etdc/view?acc_num=case1350160014

From the outside looking in: Sense of belonging, depression, and suicide risk

Fisher, Lauren B.

Dissertation; Doctor of Philosophy, Psychology

2013, Case Western Reserve University

Sense of belonging has demonstrated significant relationships with depression and suicidal thoughts, highlighting its potential utility in refining assessment of suicide risk. Sense of belonging is conceptualized as an individual's experience of feeling valued, needed, and accepted by people in his or her social environment. The present study utilized the Sense of Belonging Instrument to examine sense of belonging in 116 depressed veterans recruited from a psychiatric outpatient and day treatment program at a Veterans Affairs Medical Center. Participants were assessed for the presence of a depressive disorder using a structured clinical interview. Self-report measures of depression, suicidal behaviors, hopelessness, life stress, social support, and sense of belonging were completed. Lower sense of belonging was significantly associated with greater severity of depression, hopelessness, and suicidal ideation. In addition, lower sense of belonging was significantly related to history of previous suicide attempt(s). However, sense of belonging did not relate to suicidal ideation and past suicide attempt(s) beyond the association between suicidal ideation and established risk factors. Sense of belonging displayed a significant relationship with depression and hopelessness and is likely to play a critical role in both the development and recovery from depression. Low sense of belonging provides an important target for assessment and intervention in the treatment of depression. Cognitive, behavioral, and interpersonal interventions may help to improve an individual's sense of belonging and decrease symptoms of depression and hopelessness.

<http://www.sciencedirect.com/science/article/pii/S0272735813001335>

Suicidal behaviour in adolescents and young adults with ASD: Findings from a systematic review.

Geraldine Hannon, Emily P. Taylor

Clinical Psychology Review, Available online 15 October 2013

Suicide is a major problem in Western society. However we have very little understanding of suicidal behaviour among individuals with autism spectrum disorders. The purpose of this review is to synthesise primary research on suicidal behaviour among adolescents and young adults with autism spectrum disorders in order to estimate prevalence and to identify and critically evaluate risk factors for suicidal behaviour in this population. Five primary research studies were identified for this review following a comprehensive literature search. The available research provides little empirical evidence for the processes underlying suicidal behaviour in adolescents and young adults with autism.

<http://online.liebertpub.com/doi/abs/10.1089/g4h.2013.0064>

A Game-Based Simulation Utilizing Virtual Humans to Train Physicians to Screen and Manage the Care of Patients with Mental Health Disorders.

Glenn Albright, Cyrille Adam, Ron Goldman, and Deborah Serri.

Games for Health Journal. October 2013, 2(5): 269-273.

Every year, one in four American adults suffers from a diagnosable mental disorder, yet most of them go untreated, creating a significant public health challenge. This challenge is compounded by large-scale disasters, which can cause an influx of primary care patients presenting with physical symptoms that mask mental health disorders. Primary care providers (PCPs) are usually the first point of contact for those patients; thus there exist crucial opportunities to detect and address nonphysical disorders in primary care settings that would improve patient outcomes and quality of care. Unfortunately, many PCPs view mental health as separate from the services that they provide, and the majority of them have received little training during or after medical or nursing school about risk factors, symptoms, and treatment options. To help integrate behavioral health into primary care, Kognito Interactive developed "At-Risk in Primary Care," an online game-based simulation that integrates role-play conversations with virtual humans to train PCPs to screen patients for mental health disorders, perform brief behavioral interventions using motivational interviewing (MI), refer patients, and integrate behavioral health into their treatment while building patients' intrinsic motivation to adhere to it. Preliminary findings on the implementation of this game in New York City show significant increases in skill and motivation to screen patients, conduct behavioral interventions, and refer patients to specialized care. These results show the promise of innovative technology-based solutions to integrate mental health training in primary care.

<http://psycnet.apa.org/journals/amp/68/7/502/>

Contributions of psychology to war and peace.

Christie, Daniel J.; Montiel, Cristina J.

American Psychologist, Vol 68(7), Oct 2013, 502-513.

The contributions of American psychologists to war have been substantial and responsive to changes in U.S. national security threats and interests for nearly 100 years. These contributions are identified and discussed for four periods of armed conflict: World Wars I and II, the Cold War, and the Global War on Terror. In contrast, about 50 years ago, largely in reaction to the threat of nuclear war, some psychologists in the United States and around the world broke with the tradition of supporting war and began focusing their scholarship and activism on the prevention of war and promotion of peace. Today, peace psychology is a vibrant area of psychology, with theory and practice aimed at understanding, preventing, and mitigating both episodes of organized violence and the pernicious worldwide problem of structural violence. The growth, scope, and content of peace psychology are reviewed along with contributions to policies that promote peace, social justice, and human well-being. (PsycINFO Database Record (c) 2013 APA, all rights reserved)

<http://www.sciencedirect.com/science/article/pii/S0163834313002983>

Feasibility and utility of positive psychology exercises for suicidal inpatients.

Jeff C. Huffman M.D., Christina M. DuBois B.A., Brian C. Healy Ph.D., Julia K. Boehm Ph.D., Todd B. Kashdan Ph.D., Christopher M. Celano, MD, John W. Denninger M.D. Ph.D., Sonja Lyubomirsky Ph.D.

General Hospital Psychiatry, Available online 14 October 2013

Objective

To assess the feasibility and acceptability of nine positive psychology exercises delivered to patients hospitalized for suicidal thoughts or behaviors, and to secondarily explore the relative impact of the exercises.

Method

Participants admitted to a psychiatric unit for suicidal ideation or behavior completed daily positive psychology exercises while hospitalized. Likert-scale ratings of efficacy (optimism, hopelessness, perceived utility) and ease of completion were consolidated and compared across exercises using mixed models accounting for age, missing data, and exercise order. Overall effects of exercise on efficacy and ease were also examined using mixed models.

Results

Fifty-two (85.3%) of 61 participants completed at least one exercise, and 189/213 (88.7%) assigned exercises were completed. There were overall effects of exercise on efficacy ($\chi^2 = 19.39$; $p = .013$) but not ease of completion ($\chi^2 = 11.64$; $p = .17$), accounting for age, order, and skipped exercises. Effect (Cohen's d) of exercise on both optimism and hopelessness was moderate for the majority of exercises. Exercises related to gratitude and personal strengths ranked highest. Both gratitude exercises had efficacy scores that were significantly ($p = .001$) greater than the lowest-ranked exercise (forgiveness).

Conclusion

In this exploratory project, positive psychology exercises delivered to suicidal inpatients were feasible and associated with short-term gains in clinically-relevant outcomes.

<http://www.sciencedirect.com/science/article/pii/S0740547213002353>

Randomized controlled trial of MICBT for co-existing alcohol misuse and depression: Outcomes to 36-months.

Amanda L. Baker Ph.D., David J. Kavanagh Ph.D., Frances J. Kay-Lambkin Ph.D., Sally A. Hunt M.Psych. Clin, Terry J. Lewin B.Com.Psych. Hons., Vaughan J. Carr M.D., Patrick McElduff Ph.D.

Journal of Substance Abuse Treatment, Available online 14 October 2013

Integrated psychological treatment addressing co-existing alcohol misuse and depression has not been compared with single-focused treatment. This trial evaluates changes over 36 months following randomization of 284 outpatients to one of four motivational interviewing and cognitive-behavior therapy (MICBT) based interventions: (1) brief integrated intervention (BI); or BI plus 9 further sessions with (2) an integrated-, (3) alcohol-, or (4) depression-focus. Outcome measures included changes in alcohol consumption, depression (BDI-II: Beck Depression Inventory) and functioning (GAF: Global Assessment of Functioning), with average improvements from baseline of 21.8 drinks per week, 12.6 BDI-II units and 8.2 GAF units. Longer interventions tended to be more effective in reducing depression and improving functioning in the long-term, and in improving alcohol consumption in the short-term. Integrated treatment was at least as good as single-focused MICBT. Alcohol-focused treatment was as effective as depression-focused treatment at reducing depression and more effective in reducing alcohol misuse. The best approach seems to be an initial focus on both conditions followed by additional integrated- or alcohol-focused sessions.

<http://www.sciencedirect.com/science/article/pii/S0925492713002631>

Comparing Neural Correlates of REM Sleep in Posttraumatic Stress Disorder and Depression: A Neuroimaging Study.

Sommer Ebdlahad, Eric A. Nofzinger, Jeffrey A. James, Daniel J. Buysse, Julie C. Price, Anne Germain

Psychiatry Research: Neuroimaging, Available online 11 October 2013

Rapid eye movement (REM) sleep disturbances predict poor clinical outcomes in posttraumatic stress disorder (PTSD) and major depressive disorder (MDD). In MDD, REM sleep is characterized by activation of limbic and paralimbic brain regions compared to wakefulness. The neural correlates of PTSD during REM sleep remain scarcely explored, and comparisons of PTSD and MDD have not been conducted. The present study sought to compare brain activity patterns during wakefulness and REM sleep in 13 adults with PTSD and 12 adults with MDD using [18F]-fluoro-2-deoxy-D-glucose positron emission tomography (PET). PTSD was associated with greater increases in relative regional cerebral metabolic rate of glucose (rCMRglc) in limbic and paralimbic structures in REM sleep compared to wakefulness. Post-hoc comparisons indicated that MDD was associated with greater limbic and paralimbic rCMRglc during wakefulness but not REM sleep compared to PTSD. Our findings suggest that PTSD is associated with increased REM sleep limbic and paralimbic metabolism, whereas MDD is associated with wake and REM hypermetabolism in these areas. These observations suggest that PTSD and MDD disrupt REM sleep through different neurobiological processes. Optimal sleep treatments between the two disorders may differ: REM-specific therapy may be more effective in PTSD.

<http://www.sciencedirect.com/science/article/pii/S0306460313002918>

Suicidal Ideation in Veterans Misusing Alcohol: Relationships with Insomnia Symptoms and Sleep Duration.

Subhajit Chakravorty, Michael A. Grandner, Shahrzad Mavandadi, Michael L. Perlis, Elliott Sturgis, David W. Oslin

Addictive Behaviors, Available online 12 October 2013

Objective

The aim of this investigation was to assess the relationships between suicidal ideation and insomnia symptoms in Veterans misusing alcohol.

Method

Data were extracted in this retrospective chart review of Veterans referred from primary care for a behavioral health evaluation (N = 161) based on evidence of heavy drinking, drug use or another behavioral problem. Suicidal ideation (SI) was assessed using the Paykel questionnaire. Insomnia symptoms were assessed with standard diary questions in an interview format and pertained to sleep latency (SL), wake after sleep onset time (WASO), sleep quality (SQ), and habitual sleep duration (HSD). The relations between suicidal ideation and insomnia symptoms were assessed using ordinal regression analyses adjusted for socio-demographic, psychiatric and addiction-related variables.

Results

Suicidal ideation was reported in 62 (39%) of the Veterans interviewed. In a multivariable model, only inadequate SQ was associated with suicidal ideation. Short sleepers were more likely to endorse suicidal ideation and have attempted suicide in the past year. In addition, older age, inadequate financial status, and the presence of a psychiatric disorder were also significantly associated with suicidal ideation in most of the adjusted models.

Conclusion

Given their association with suicidal ideation, insomnia symptoms in Veterans misusing alcohol should prompt an assessment of underlying psychiatric and social factors.

<http://www.plosone.org/article/info%3Adoi%2F10.1371%2Fjournal.pone.0078292>

Posttraumatic Stress Disorder Increases Sensitivity to Long Term Losses among Patients with Major Depressive Disorder.

Engelmann JB, Maciuba B, Vaughan C, Paulus MP, Dunlop BW

PLoS ONE 8(10): e78292.

Background

Decisions under risk and with outcomes that are delayed in time are ubiquitous in real life and can have a significant impact on the health and wealth of the decision-maker. Despite its potential relevance for real-world choices, the degree of aberrant risky and intertemporal decision-making in patients suffering from major depressive disorder (MDD) and posttraumatic stress disorder (PTSD) has received little attention to date.

Method

We used a case-control design to compare decision-making in healthy control subjects (N=16) versus untreated depressed subjects in a current major depressive episode (N=20). In order to examine how major depressive disorder (MDD) may impact decision-making, subjects made decisions over (1) risky outcomes and (2) delayed outcomes in the domain of gains and losses using choice paradigms from neuroeconomics. In a pre-planned analysis, depressed subjects were subdivided into those with primary PTSD along with comorbid MDD (MDD+PTSD) versus those with primary MDD without PTSD (MDD-only). Choice behavior was modeled via a standard econometric model of intertemporal choice, a quasi-hyperbolic temporal discounting function, which was estimated for each subject group separately.

Results

Under conditions of potential gain, depressed subjects demonstrated greater discounting for gains across all time frames compared to controls. In the realm of losses, both subgroups of depressed subjects discounted more steeply than controls for short time frames. However, for delayed losses ranging from >1-10 years, MDD+PTSD subjects showed shallower discounting rates relative to MDD-only

subjects, who continued to discount future losses steeply. Risk attitudes did not contribute to differences in intertemporal choice.

Conclusions

Depressed patients make choices that minimize current pain and maximize current reward, despite severe later consequences or lost opportunities. Anxiety associated with PTSD may serve as a partially protective factor in decision-making about long-term potential losses compared to MDD patients without PTSD.

<http://www.mdpi.com/1660-4601/10/10/4790>

Smoking Behaviour and Mental Health Disorders—Mutual Influences and Implications for Therapy.

Minichino, A.; Bersani, F.S.; Calò, W.K.; Spagnoli, F.; Francesconi, M.; Vicinanza, R.; Delle Chiaie, R.; Biondi, M.

International Journal of Environmental Research and Public Health. 2013; 10(10):4790-4811

Tobacco use is strongly associated with a variety of psychiatric disorders. Smokers are more likely than non-smokers to meet current criteria for mental health conditions, such as mood disorders, anxiety disorders and psychosis. Evidence also suggest that smokers with psychiatric disorders may have more difficulty quitting, offering at least a partial explanation for why smoking rates are higher in this population. The mechanisms linking mental health conditions and cigarette smoking are complex and likely differ across each of the various disorders. The most commonly held view is that patients with mental health conditions smoke in an effort to regulate the symptoms associated with their disorder. However some recent evidence suggests that quitting smoking may actually improve mental health symptoms. This is particularly true if the tobacco cessation intervention is integrated into the context of ongoing mental health treatment. In this paper we reviewed and summarized the most relevant knowledge about the relationship between tobacco use and dependence and psychiatric disorders. We also reviewed the most effective smoking cessation strategies available for patients with psychiatric comorbidity and the impact of smoking behavior on psychiatric medication.

<http://homepage.psy.utexas.edu/homepage/group/maddoxlab/Publications/PubsinPress/Sleep%20and%20Sadness.pdf>

Sleep and Sadness: Exploring the Relation Among Sleep, Cognitive Control and Depressive Symptoms in Young Adults

W. Michael Vanderlind, Christopher G. Beevers, Stephanie M. Sherman, Logan T. Trujillo, John E. McGeary, Michael D. Matthews, W. Todd Maddox and David M. Schnyer

Sleep Medicine (forthcoming)

Background:

Sleep disturbance is a common feature of depression. However, recent work has ^[OB] found that depression-vulnerable people, compared to their low-risk counterparts, report poorer sleep quality, suggesting that sleep disturbance may precede depression. In addition, both sleep disturbance and depression are related to deficits in cognitive control processes. Thus, we examined whether poor sleep quality predicts subsequent increases in depressive symptoms and whether levels of cognitive control mediated this relation.

Methods:

Thirty-five undergraduates participated in two experimental sessions separated by three weeks. Participants wore an actigraph watch between sessions, which provided an objective measure of sleep patterns. We assessed self-reported sleep quality and depressive symptoms at both sessions. Last, individuals completed an exogenous cuing task, which measured ability to disengage attention from neutral and negative stimuli, during the second session.

Results:

Using path analyses, we found that both greater self-reported sleep difficulty and more objective sleep stability measures significantly predicted greater difficulty disengaging attention (i.e., less cognitive control) from negative stimuli. Less cognitive control over negative stimuli, in turn, predicted increased depression symptoms at the second session. Exploratory associations among a CLOCK polymorphism, rs11932595, sleep assessments, and depressive symptoms are also presented.

Conclusions:

These preliminary results suggest that sleep disruptions may contribute to increases in depressive symptoms via their impact on cognitive control. Further, variation in the CLOCK gene may be associated with sleep quality.

<http://www.sciencedirect.com/science/article/pii/S0376871613004031>

Substance use and substance use disorders in recently deployed and never deployed soldiers.

S. Trautmann, S. Schönfeld, S. Behrendt, M. Höfler, P. Zimmermann, H.U. Wittchen

Drug and Alcohol Dependence, Available online 10 October 2013

Background

Military studies investigating the prevalence of substance use (SU) and substance use disorders (SUD) and the relation between SU and mental disorders often lack a comprehensive assessment of SU, SUD and mental disorders and comparable groups of deployed and non-deployed personnel. There is also limited data regarding SU and SUD in the German military to date.

Methods:

Cross-sectional examination of n = 1,483 soldiers recently deployed in Afghanistan and 889 never

deployed soldiers using a fully-standardized diagnostic interview (MI-CIDI) including a comprehensive substance section.

Results:

Across both groups, 12-months prevalence of DSM-IV alcohol use disorders was 3.1%, 36.9% reported binge drinking, 13.9% heavy drinking, 1.3% illegal drug use. 55.1% were regular smokers, 10.9% nicotine dependent. Although recently deployed soldiers revealed slightly higher rates in some measures, there were no significant differences to the never deployed regarding SU and SUD except that recently deployed soldiers smoked more cigarettes per day. The association of SU with mental disorders was substantially different though, revealing significant associations between SU and mental disorders only among recently deployed soldiers.

Conclusions:

We do not find remarkable differences in the prevalence of SU and SUD between recently deployed and never deployed soldiers. Especially binge drinking and regular smoking were prevalent across both samples indicating needs for improved interventions. The finding that SU and mental disorders are only associated in recently deployed soldiers might have implications for improved screening and prevention and suggests that deployment might promote different pathways and mechanisms involved in the evolution of SU and mental disorders.

<http://link.springer.com/article/10.1007/s11013-013-9335-x>

Toward a Social Theory of Sexual Risk Behavior Among Men in the Armed Services: Understanding the Military Occupational Habitus.

Michael P. Anastario, Rachel Hallum-Montes, Elfryn Reyes, Russell Manzanero, Helen Chun

Culture, Medicine, and Psychiatry

October 2013

Worldwide, military personnel have been recognized as a population at elevated risk for sexually transmitted infections (STIs) and HIV; however, it is not well understood how the military occupation itself is implicated in the production of sexual risk behavior. Using qualitative and quantitative data collected from the Belize Defense Force (BDF), we employed a grounded theoretical framework and the Bourdieusian concept of the field and habitus to clarify how the military occupation is implicated in structuring aspects of sexual risk behaviors among personnel. We focus results on in-depth qualitative interviews conducted with 15 male-identified BDF personnel. We identify and describe how two field elements, namely operational tempo and ongoing exposure to occupational hazards, are occupationally specific field elements implicated in the production of sexual risk behavior through the mediating matrix of the military class habitus. Our findings demonstrate a conceptual clarity regarding the institutional field and habitus through which military personnel make sense of and act on the risk of bodily harm with regard to their own sexual behaviors. We conclude by outlining our theoretical concept so that it can be

directly applied in public health efforts in order to leverage military occupational field elements for the purpose of HIV and STI prevention.

<https://publicportal.carlisle.army.mil/sites/mobile/2013%20SRPs/Ignazzitto%20Joseph%20SRPA.pdf>

The Army's Use of Spirituality in the Prevention of Suicide

Lieutenant Colonel Joseph V. Ignazzitto II, United States Army Reserve

United States Army War College

Class of 2013

Suicides in the Army have increased from 70 Soldiers in 2002 to a record-breaking 325 Soldiers in 2012. This paper examines the Army's use of spirituality in the prevention of suicide, with special attention to recent studies conducted by the Army, Army training programs, the Comprehensive Soldier & Family Fitness program, the concept of generic spirituality, and the prescribed chaplain role. It then considers the power of religion and spirituality in the prevention of suicide, reviewing applicable psychological and psychiatric research and surveying attitudes and the efficacy of religion as held by the American public and Soldiers. Finally, it focuses on an element not addressed in the Army's current suicide strategy – religion as a protective factor for preventing suicides – and offers recommendations to strengthen the program.

<http://link.springer.com/article/10.1007/s10567-013-0154-y>

Dissemination of Family-Centered Prevention for Military and Veteran Families: Adaptations and Adoption within Community and Military Systems of Care.

William R. Beardslee, Lee E. Klosinski, William Saltzman, Catherine Mogil, Susan Pangelinan, Carl P. McKnight, Patricia Lester

Clinical Child and Family Psychology Review

October 2013

In response to the needs of military families confronting the challenges of prolonged war, we developed Families OverComing Under Stress (FOCUS), a multi-session intervention for families facing multiple deployments and combat stress injuries adapted from existing evidence-based family prevention interventions (Lester et al. in *Mil Med* 176(1): 19–25, 2011). In an implementation of this intervention contracted by the US Navy Bureau of Medicine and Surgery (BUMED), FOCUS teams were deployed to military bases in the United States and the Pacific Rim to deliver a suite of family-centered preventive services based on the FOCUS model (Beardslee et al. in *Prev Sci* 12(4): 339–348, 2011). Given the number of families affected by wartime service and the changing circumstances they faced in active

duty and veteran settings, it rapidly became evident that adaptations of this approach for families in other contexts were needed. We identified the core elements of FOCUS that are essential across all adaptations: (1) Family Psychological Health Check-in; (2) family-specific psychoeducation; (3) family narrative timeline; and (4) family-level resilience skills (e.g., problem solving). In this report, we describe the iterative process of adapting the intervention for different groups of families: wounded, ill, and injured warriors, families with young children, couples, and parents. We also describe the process of adopting this intervention for use in different ecological contexts to serve National Guard, Reserve and veterans, and utilization of technology-enhanced platforms to reach geographically dispersed families. We highlight the lessons learned when faced with the need to rapidly deploy interventions, adapt them to the changing, growing needs of families under real-world circumstances, and conduct rigorous evaluation procedures when long-term, randomized trial designs are not feasible to meet an emergent public health need.

<http://www.tandfonline.com/doi/abs/10.1080/10410236.2013.800439>

Easing Reintegration: Telephone Support Groups for Spouses of Returning Iraq and Afghanistan Service Members.

Linda Olivia Nichols, Jennifer Martindale-Adams, Marshall J. Graney, Jeffrey Zuber, Robert Burns

Health Communication

Published online: 17 Oct 2013

Spouses of returning Iraq (Operation Iraqi Freedom, OIF) and Afghanistan (Operation Enduring Freedom, OEF) military service members report increased depression and anxiety post deployment as they work to reintegrate the family and service member. Reconnecting the family, renegotiating roles that have shifted, reestablishing communication patterns, and dealing with mental health concerns are all tasks that spouses must undertake as part of reintegration. We tested telephone support groups focusing on helping spouses with these basic reintegration tasks. Year-long telephone support groups focused on education, skills building (communication skills, problem solving training, cognitive behavioral techniques, stress management), and support. Spouse depression and anxiety were decreased and perceived social support was increased during the course of the study. In subgroup analyses, spouses with husbands whose injuries caused care difficulties had a positive response to the intervention. However, they were more likely to be depressed, be anxious, and have less social support compared to participants who had husbands who had no injury or whose injury did not cause care difficulty. Study findings suggest that this well-established, high-access intervention can help improve quality of life for military spouses who are struggling with reintegration of the service member and family.

<http://www.tandfonline.com/doi/abs/10.1080/10410236.2013.800441>

The Milspouse Battle Rhythm: Communicating Resilience Throughout the Deployment Cycle.

Melinda Villagran, Mollie Rose Canzona, Christy J. W. Ledford

Health Communication

Published online: 17 Oct 2013

Military spouses (milspouses) enact resilience through communication before, during, and after military deployments. Based on an organizing framework of resilience processes (Buzzanell, 2010), this study examined milspouses' communicative construction of resilience during an increasingly rapid military deployment cycle. Narratives from in-depth interviews with military spouses (n = 24) revealed how resilience is achieved through communication seeking to reconcile the often contradictory realities of milspouses who endure physical, psychological, and social difficulties due to prolonged separations from their partners.

<http://www.tandfonline.com/doi/abs/10.1080/10410236.2013.800440>

Depressive Symptoms, Relational Turbulence, and the Reintegration Difficulty of Military Couples Following Wartime Deployment.

Leanne K. Knobloch, Aaron T. Ebata, Patricia C. McGlaughlin, Brian Ogolsky

Health Communication

Published online: 17 Oct 2013

During reunion following wartime deployment, military couples are at risk for both depression and relationship distress (Bowling & Sherman, 2008). This article applies the relational turbulence model (Knobloch & Theiss, 2011a; Solomon & Theiss, 2011) to understand the difficulty military couples may experience upon homecoming. One hundred and eighteen military couples completed an online questionnaire once per month for the first 3 months upon reunion following wartime deployment. Multilevel modeling results indicated that people's depressive symptoms (H1), relational uncertainty (H2), and interference from partners (H3) predicted their difficulty with reintegration. A few partner effects were apparent as well. These findings illuminate the dynamics of the reunion period, extend the relational turbulence model, and suggest guidelines for helping military couples preserve well-being during reintegration following wartime deployment.

http://www.hscfoundation.org/pdf/whitepaper_veterans%20final_508.pdf

Life Beyond War: Supporting the Mental Health Needs of Student Veterans (White Paper)

Kaye Whitley, EdD
The George Washington University

Paul F. Tschudi, EdS
The George Washington University

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The George Washington University

HSC Foundation

October 2013

Two symposia were held to identify recommendations for serving student veterans enrolled in higher education. Administrators, educators, veterans, and student veterans participated in the symposia.

All participants had experience with student veterans and represented four-and two-year colleges or universities from both rural and urban locations. The group focused on supporting the mental health needs of student veterans, which resulted in 12 recommendations that will be shared with other colleges and universities.

<http://ir.uiowa.edu/etd/4817/>

After the "Silent Epidemic": Marital Satisfaction in Long Term Spousal Caregivers of Individuals with Severe Traumatic Brain Injury

JoAnna Lynn Arguello

PhD diss., Psychological and Quantitative Foundations

University of Iowa, 2013

Severe traumatic brain injury (TBI) is a pervasive and devastating condition, often resulting in permanent alterations in cognition, behavior, and personality. As such, survivors of severe TBI usually rely on the assistance of caregivers to navigate situations of daily living throughout their life span. Spouses of individuals with TBI have been shown to experience greater levels of burden than parental caregivers of TBI survivors (Kreutzer et al., 1994; Mauss-Clum & Ryan, 1981) and subsequently rates of divorce and separation have been documented within the research literature to be high (Thomsen, 1984; Wood et al., 2005). Although marital breakdown has been frequently studied, research on marital satisfaction and coping within long-term marriages where one spouse has survived a severe TBI remains insufficient.

The purpose of this study was to provide a descriptive analysis of long-term spousal caregivers of individuals with severe TBI. First, demographic variables of caregiving spouses of individuals with severe TBI, who remained married at least 10 years post injury, were described and comparisons to other spousal caregiver samples were addressed. Second, the relationship between marital adjustment and

demographic variables, coping, and quality of life was examined. Finally, an analysis of primary stressors was conducted to better understand the caregiving spouses' continued experience of stressors.

Twenty-one spousal caregivers who remained married for at least 10 years post injury to their spouse who sustained a severe TBI participated in the study. Analyses revealed that spouses had remained married an average of 19 years post-injury and in general were mildly dissatisfied within their marriages. Furthermore, marital adjustment (Dyadic Adjustment Scale total score) of long-term spousal caregivers of severe TBI was not significantly different than spousal caregivers of individuals with chronic illness. Higher marital satisfaction scores were associated with higher endorsement of emotion-focused coping strategies and greater mental health quality of life. In addition, marital satisfaction was positively associated with the longevity of the marital relationship, the age of the spouse at the time of the injury, and the length of the marriage at the time when the injury was sustained. As expected, higher scores of marital satisfaction were associated with higher levels of mental health quality of life. There were no significant relationships between physical health quality of life and marital satisfaction. An analysis of primary stressors show that long-term caregiving spouses continue to report similar types of stressors as indicated in the research literature from caregiving spouses during the first 5 to 8 years post injury. Findings were discussed in relation to implications for practice and additional research.

<http://www.sciencedirect.com/science/article/pii/S0165032713007416>

Lifetime Major Depression and Comorbid Disorders among Current-Era Women Veterans.

John F. Curry, Nicki Aubuchon-Endsley, Mira Brancu, Jennifer J. Runnals

Journal of Affective Disorders, Available online 16 October 2013

Background

Most research on women veterans' mental health has focused on posttraumatic stress disorder (PTSD) or reactions to military sexual trauma. Although depression is also a frequent diagnosis among women veterans, little is known about its characteristics, including comorbid conditions and patterns of disorder onset. We investigated lifetime diagnoses of major depressive disorder (MDD) and comorbid conditions in a primarily treatment-seeking research sample of male and female veterans to determine frequency of lifetime MDD, comorbid disorders and their temporal onset

Method

1700 veterans (346 women; 1354 men) completed diagnostic interviews as participants in a research registry. Rates of and gender differences in lifetime MDD and comorbid conditions (PTSD, other anxiety disorders, substance use and eating disorders) were calculated. We assessed the percentage of cases in which MDD preceded the comorbid condition (primary onset MDD).

Results

Lifetime MDD was frequent in this sample, and significantly more common in women (46.5%) than in men (36.3%). Gender differences in comorbidity were found for anxiety and eating disorders (more

common in women); and for alcohol and nicotine use disorders (more common in men). However, primary onset MDD was no more common among women than among men, and was in neither case the predominant pattern of comorbid lifetime disorder onset

Limitations

The sample is not representative of all veterans, and lifetime diagnoses were based on retrospective recall

Conclusions

MDD usually follows the onset of other comorbid disorders among women veterans, indicating the need to assess for earlier lifetime disorders in veterans with MDD.

<http://psycnet.apa.org/psycinfo/2013-35556-001/>

Posttraumatic Stress Disorder and Suicidal Ideation: The Role of Specific Symptoms Within the Framework of the Interpersonal-Psychological Theory of Suicide.

Davis, Margaret T.; Witte, Tracy K.; Weathers, Frank W.

Psychological Trauma: Theory, Research, Practice, and Policy, Oct 14 , 2013

Posttraumatic stress disorder (PTSD) has been linked consistently with suicidal ideation (SI). However, research in this area has focused on PTSD at the diagnostic or syndrome level rather than at the symptom level. In the present study we examined the relationship between individual PTSD symptoms and SI, deriving hypotheses from the interpersonal-psychological theory of suicide (IPTS) as well as the conceptual and empirical literature regarding the nature and factor structure of PTSD symptoms. We predicted that the strongest relationship between PTSD symptoms and SI would be found for the emotional numbing symptoms, especially detachment or estrangement from others. Trauma-exposed female undergraduates (N = 434) completed a battery of self-report measures, including the PTSD Checklist and Personality Assessment Inventory. As hypothesized, detachment/estrangement had the highest zero-order correlation with SI. Further, in regression analysis, detachment/estrangement was the only PTSD symptom that was positively associated with SI after controlling for negative response bias, depression, type of trauma, and all other PTSD symptoms. These results are consistent with the IPTS and highlight the relationship between detachment/estrangement and SI among those with PTSD. (PsycINFO Database Record (c) 2013 APA, all rights reserved)

http://uknowledge.uky.edu/psychology_etds/29/

The Effects of Posttraumatic Stress Disorder, Mild Traumatic Brain Injury, and Combined Posttraumatic Stress Disorder/Mild Traumatic Brain Injury on Returning Veterans

Hannah L. Combs

Masters Thesis, Psychology

University of Kentucky, 2013

Veterans of the Iraqi and Afghanistan conflicts have frequently returned with injuries such as mild traumatic brain injury (mTBI) and posttraumatic stress disorder (PTSD). More recently, concern has been raised about the large number of returning soldiers who are diagnosed with both. Literature exists on the neuropsychological factors associated with either alone, however far less research has explored the effects when combined (PTSD+mTBI). With a sample of 206 OEF/OIF veterans, the current study employed neuropsychological and psychological measures to determine whether participants with PTSD+mTBI have poorer cognitive and psychological outcomes than participants with PTSD-o, mTBI-o, or veteran controls (VC), when groups are matched on IQ, education, and age. The PTSD+mTBI and mTBI-o groups exhibited very similar neuropsychology profiles, and both PTSD+mTBI and mTBI-o performed significantly ($\alpha=.01$) worse than VC on executive functioning and processing speed measures. There were no significant differences between VC and PTSD-o on any notable neuropsychology measures. In contrast, on the psychological measures, the PTSD+mTBI and PTSD-o groups were identical to each other and more distressed than either mTBI-o or VC. These findings suggest there are lasting cognitive impairments following mTBI that are unique to the condition and cannot be attributed to known impairments associated with distress.

<http://ajph.aphapublications.org/doi/abs/10.2105/AJPH.2013.301292>

Suicide Mortality Following Nursing Home Discharge in the Department of Veterans Affairs Health System.

John F. McCarthy, Benjamin R. Szymanski, Bradley E. Karlin, and Ira R. Katz

American Journal of Public Health. e-View Ahead of Print - doi: 10.2105/AJPH.2013.301292

Objectives.

We assessed suicide rates up to 6 months following discharge from US Department of Veterans Affairs (VA) nursing homes.

Methods.

In VA Minimum Data Set (MDS) records, we identified 281 066 live discharges from the 137 VA nursing homes during fiscal years 2002 to 2008. We used MDS and administrative data to assess resident age, gender, behaviors, pain, and indications of psychoses, bipolar disorder, dementia, and depression. We identified vital status and suicide mortality within 6 months of discharge through National Death Index searches.

Results.

Suicide rates within 6 months of discharge were 88.0 per 100 000 person-years for men and 89.4 overall. Standardized mortality ratios relative to age- and gender-matched individuals in the VA patient

population were 2.3 for men (95% confidence interval [CI] = 1.9, 2.8) and 2.4 overall (95% CI = 2.0, 2.9). In multivariable proportional hazards regression analyses, resident characteristics, diagnoses, behaviors, and pain were not significantly associated with suicide risk.

Conclusions.

Suicide risk was elevated following nursing home discharge. This underscores the importance of ongoing VA efforts to enhance discharge planning and timely postdischarge follow-up. (Am J Public Health. Published online ahead of print October 17, 2013: e1–e6. doi:10.2105/AJPH.2013.301292)

<http://www.sciencedirect.com/science/article/pii/S0165032713007404>

Sleep Disorders and the Interpersonal-Psychological Theory of Suicide: Independent Pathways to Suicidality?

Michael R. Nadorff, Michael D. Anestis, Sarra Nazem, H. Claire Harris, E. Samuel Winer

Journal of Affective Disorders, Available online 17 October 2013

Background

Although sleep disorders are a risk factor for suicidal behavior little research has examined why sleep disorders confer suicide risk. The present study examined the relation between two sleep disorders, insomnia symptoms and nightmares, and suicide risk in the context of Joiner's Interpersonal-Psychological Theory of Suicide (IPTS).

Methods

The present study utilized two large samples (N=747 and 604) recruited from two large public universities in the Southeast. Both studies included measures of insomnia symptoms, nightmares, depressive symptoms, and prior suicide attempts. In addition, study one contained a measure of suicide risk.

Results

In study 1, the relations between insomnia symptoms and both suicide risk and prior attempts were not significant after controlling for the IPTS. However, nightmares were related to both suicide risk and suicide attempts independent of the IPTS. Furthermore, nightmares nearly missed significance in the prediction of suicide risk ($p=0.054$) and significantly predicted suicide attempts even after controlling for depressive symptoms. In study 2, both insomnia and nightmares were found to be significantly associated with prior suicide attempts after controlling for the IPTS and depressive symptoms.

Limitations

The study is limited by its use of a college sample and cross-sectional design.

Conclusions

These studies suggest that the IPTS may not explain the relation between sleep problems and suicidality.

More research is needed to understand the mechanism by which sleep disorders confer suicide risk, which is clinically relevant as it may inform specific interventions to reduce the adverse effects of sleep disorders.

<http://rcnpublishing.com/doi/abs/10.7748/ns2013.10.28.7.43.e7577>

Non-pharmacological treatments for patients with depression.

Norman Young Cardiff, University Health Board

Nursing Standard. 28, 7, 43-51.

Depression is a common mental health disorder. People with physical health problems are at increased risk of depression, which adversely affects quality of life, worsens disabilities and is associated with increased mortality. Several treatments are available for people with depression, and these are commonly delivered using a stepped-care or matched and stepped-care model. Structured self-help and guided self-help interventions should be offered when depression is diagnosed. If these treatments are not effective, high-intensity interventions such as face-to-face talking therapies should be offered. Nurses have many existing competencies with which to recognise depression and can treat depression with additional training and supervision.

<https://digarchive.library.vcu.edu/handle/10156/4535>

Effectiveness of a CBT Intervention for Persistent Insomnia and Hypnotic Dependency in an Outpatient Psychiatry Clinic

Taylor, Hannah

PhD Dissertation, Clinical Psychology

University of Vermont, 2013

Previous research supports the efficacy of cognitive-behavioral therapy for insomnia (CBT-I) in patients with comorbid psychiatric diagnoses; however, questions remain about the effectiveness of CBT-I due to the fact that previous studies excluded patients with significant psychiatric symptoms and comorbid diagnoses. This study begins to address this gap in the insomnia literature by testing a five-session CBT-I intervention in a diverse sample of patients receiving mental health treatment in an outpatient psychiatry clinic (N=23) who continue to experience chronic insomnia despite receiving pharmacological treatment for sleep. Participants were randomized to CBT-I (n=13) or a treatment as usual control group (n=10). Following one week of baseline sleep diary assessment, those in the CBT-I group completed five sessions of individual treatment; three in-person and two by phone. Those in the treatment as usual group continued with medication treatment as prescribed by their psychiatrist for a five-week period

and were then given the opportunity to cross over to receive CBT-I. Study results show that adding a brief CBT-I intervention to usual care led to significant improvements in sleep compared to treatment as usual. Effect sizes were generally large, illustrating the potency of CBT-I in a psychiatric sample. Sleep gains were largely maintained at two-month follow-up. No significant changes in depression or anxiety severity were seen in the CBT-I group, suggesting that sleep interventions alone may not have the same impact in a psychiatric population with more severe and chronic mental health symptoms. Quality of life in the area of social functioning was improved following CBT-I compared to treatment as usual; however, this gain was not maintained at two-month follow-up. Finally, CBT-I was not associated with a reduction in use of sleep medication. This may reflect this sample's high level of chronicity of insomnia or a propensity towards medication dependency. In sum, the findings of this study suggest that selected patients with complex and chronic psychiatric conditions can obtain sleep improvements with CBT-I beyond those obtained with pharmacotherapy alone. Future research should focus on identifying factors that predict which "real-world" psychiatric patients are most likely to undergo and benefit from CBT-I.

<http://www.ncbi.nlm.nih.gov/pubmed/24136085>

Psychiatr Q. 2013 Oct 18. [Epub ahead of print]

Treatment Modality Preferences and Adherence to Group Treatment for Panic Disorder with Agoraphobia.

Perreault M, Julien D, White ND, Bélanger C, Marchand A, Katerelos T, Milton D.

Source: Douglas Mental Health University Institute, 6875 LaSalle Boulevard, Montreal, QC, H4H 1R3, Canada, michel.perreault@douglas.mcgill.ca.

To examine the relationship between preference for group psychotherapy and adherence to group cognitive-behavioral therapy (CBT) for clients with panic disorder with agoraphobia (PDA), 109 participants experiencing PDA completed a questionnaire measuring preference for group treatment (PGTQ) before beginning CBT groups. A t test was used to compare preference scores for group treatment to investigate whether participants who completed treatment differed from those who abandoned treatment. Participants who completed group therapy expressed higher preference for group treatment than participants who dropped out of treatment ($t[107] = 1.99$; $p < 0.05$). The PGTQ-4 presented adequate psychometric properties. Reliability analyses of the items retained after factorization demonstrated an acceptable level of internal consistency (Cronbach's alpha of 0.76). Preference for individual or group therapy appears to impact treatment retention for patients with PDA. Matching patients' preferences to the type of treatment modality used appears to be pertinent, especially for the treatment of anxiety disorders. In terms of practical implications, the rationale and benefits of group therapy should be explained to participants reluctant to engage in group therapy. Individual intervention or a combination of group and individual treatment could be considered for clients who are likely to drop out of group therapy.

<http://www.ncbi.nlm.nih.gov/pubmed/24135432>

J Pain. 2013 Oct 14. pii: S1526-5900(13)01179-6. doi: 10.1016/j.jpain.2013.07.020. [Epub ahead of print]

Cognitive-Behavioral Therapy Increases Prefrontal Cortex Gray Matter in Patients With Chronic Pain.

Seminowicz DA, Shpaner M, Keaser ML, Krauthamer GM, Mantegna J, Dumas JA, Newhouse PA, Filippi C, Keefe FJ, Naylor MR.

Source: Department of Neural and Pain Sciences, University of Maryland, School of Dentistry, Baltimore, Maryland.

Several studies have reported reduced cerebral gray matter (GM) volume or density in chronic pain conditions, but there is limited research on the plasticity of the human cortex in response to psychological interventions. We investigated GM changes after cognitive-behavioral therapy (CBT) in patients with chronic pain. We used voxel-based morphometry to compare anatomic magnetic resonance imaging scans of 13 patients with mixed chronic pain types before and after an 11-week CBT treatment and to 13 healthy control participants. CBT led to significant improvements in clinical measures. Patients did not differ from healthy controls in GM anywhere in the brain. After treatment, patients had increased GM in the bilateral dorsolateral prefrontal, posterior parietal, subgenual anterior cingulate/orbitofrontal, and sensorimotor cortices, as well as hippocampus, and reduced GM in supplementary motor area. In most of these areas showing GM increases, GM became significantly higher than in controls. Decreased pain catastrophizing was associated with increased GM in the left dorsolateral prefrontal and ventrolateral prefrontal cortices, right posterior parietal cortex, somatosensory cortex, and pregenual anterior cingulate cortex. Although future studies with additional control groups will be needed to determine the specific roles of CBT on GM and brain function, we propose that increased GM in the prefrontal and posterior parietal cortices reflects greater top-down control over pain and cognitive reappraisal of pain, and that changes in somatosensory cortices reflect alterations in the perception of noxious signals.

PERSPECTIVE:

An 11-week CBT intervention for coping with chronic pain resulted in increased gray matter volume in prefrontal and somatosensory brain regions, as well as increased dorsolateral prefrontal volume associated with reduced pain catastrophizing. These results add to mounting evidence that CBT can be a valuable treatment option for chronic pain.

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<http://www.ncbi.nlm.nih.gov/pubmed/24135213>

J Med Internet Res. 2013 Oct 17;15(10):e231. doi: 10.2196/jmir.2771.

Rethinking the dose-response relationship between usage and outcome in an online intervention for depression: randomized controlled trial.

Donkin L, Hickie IB, Christensen H, Naismith SL, Neal B, Cockayne NL, Glozier N.

Source: Brain & Mind Research Institute, The University of Sydney, New South Wales, Australia.
Liesje.Donkin@sydney.edu.au.

BACKGROUND:

There is now substantial evidence that Web-based interventions can be effective at changing behavior and successfully treating psychological disorders. However, interest in the impact of usage on intervention outcomes has only been developed recently. To date, persistence with or completion of the intervention has been the most commonly reported metric of use, but this does not adequately describe user behavior online. Analysis of alternative measures of usage and their relationship to outcome may help to understand how much of the intervention users may need to obtain a clinically significant benefit from the program.

OBJECTIVE:

The objective of this study was to determine which usage metrics, if any, are associated with outcome in an online depression treatment trial.

METHODS:

Cardiovascular Risk E-couch Depression Outcome (CREDO) is a randomized controlled trial evaluating an unguided Web-based program (E-couch) based on cognitive behavioral therapy and interpersonal therapy for people with depression and cardiovascular disease. In all, 280 participants in the active arm of the trial commenced the program, delivered in 12 modules containing pages of text and activities. Usage data (eg, number of log-ins, modules completed, time spent online, and activities completed) were captured automatically by the program interface. We estimated the association of these and composite metrics with the outcome of a clinically significant improvement in depression score on the Patient Health Questionnaire (PHQ-9) of ≥ 5 points.

RESULTS:

In all, 214/280 (76.4%) participants provided outcome data at the end of the 12-week period and were included in the analysis. Of these, 94 (43.9%) participants obtained clinically significant improvement. Participants logged into the program an average of 18.7 times (SD 8.3) with most (62.1%, 133/214) completing all 12 modules. Average time spent online per log-in was 17.3 minutes (SD 10.5). Participants completed an average of 9 of 18 activities available within the program. In a multivariate regression model, only the number of activities completed per log-in was associated with a clinically significant outcome (OR 2.82, 95% CI 1.05-7.59). The final model predicted 7.4% of variance in outcome. Curve

estimates indicated that significant logarithmic ($P=.009$) and linear ($P=.002$) relationships existed between activities completed per log-in and clinically significant change.

CONCLUSIONS:

Only one objective measure of usage was independently associated with better outcome of a Web-based intervention of known effectiveness. The 4 usage metrics retained in the final step of the regression accounted for little outcome variance. Medium level users appeared to have little additional benefit compared to low users indicating that assumptions of a linear relationship between use and outcome may be too simplistic and further models and variables need to be explored to adequately understand the relationship.

TRIAL REGISTRATION:

Australian New Zealand Clinical Trials Registry (ANZCTR): ACTRN12610000085077;
<http://www.anzctr.org.au/ACTRN12610000085077.aspx> (Archived by WebCite at
<http://www.webcitation.org/6K9FQtKBn>).

<http://www.ncbi.nlm.nih.gov/pubmed/24134594>

Cogn Behav Ther. 2013 Oct 18. [Epub ahead of print]

Measuring Motivation: Change Talk and Counter-Change Talk in Cognitive Behavioral Therapy for Generalized Anxiety.

Lombardi DR, Button ML, Westra HA.

Source: Department of Psychology , York University , Toronto , Canada.

How clients talk about change early in treatment has been found to be a potent predictor of their subsequent treatment success. Studies examining such client motivational language (arguments for and against change) have typically been conducted in the context of motivational interviewing for addictions. This study examined the capacity of client motivational language to predict treatment outcomes in the context of cognitive behavioral therapy (CBT) for generalized anxiety. Client early in-session statements against change (counter-change talk) were found to be robust predictors of post-treatment worry scores and differentiated treatment responders from nonresponders. Moreover, client motivational language predicted outcomes beyond initial symptom severity and self-report measures of motivation. These results strongly support the relevance of client motivational language outcomes in CBT and provide a foundation for advancing research on motivation for change in a CBT context.

<http://www.ncbi.nlm.nih.gov/pubmed/24134123>

Nord J Psychiatry. 2013 Oct 18. [Epub ahead of print]

C-reactive protein, pre- and postdexamethasone cortisol levels in post-traumatic stress disorder.

Spitzer C, Wibisono D, Terfehr K, Löwe B, Otte C, Wingenfeld K.

Source: Carsten Spitzer, Department of Psychosomatic Medicine and Psychotherapy, University Medical Center Hamburg-Eppendorf and Schön Klinik Hamburg Eilbek , Hamburg , Germany , and Asklepios Fachklinikum Tiefenbrunn , Rosdorf , Germany .

Background:

Dysregulations of the hypothalamic-pituitary-adrenal axis may impact inflammatory processes in post-traumatic stress disorder (PTSD), possibly resulting in a low-grade inflammation as reflected by elevated levels of C-reactive protein (CRP).

Methods:

Serum CRP levels and salivary cortisol before and after the dexamethasone suppression test (DST) were assessed in 50 inpatients with main diagnoses PTSD, major depressive disorder or borderline personality disorder.

Results:

A strong trend for lower CRP levels was found in PTSD positive individuals compared with patients without PTSD.

Conclusions:

Our study does not support the hypothesis of elevated serum CRP levels in PTSD compared with other psychiatric patients. However, a dysbalanced immune system with suppressed CRP might contribute to the elevated somatic comorbidity in PTSD.

<http://www.ncbi.nlm.nih.gov/pubmed/24135507>

J Affect Disord. 2013 Oct 4. pii: S0165-0327(13)00711-8. doi: 10.1016/j.jad.2013.09.025. [Epub ahead of print]

Predictors of suicidal ideation among depressed veterans and the interpersonal theory of suicide.

Pfeiffer PN, Brandfon S, Garcia E, Duffy S, Ganoczy D, Myra Kim H, Valenstein M.

Source: Department of Veterans Affairs, Health Services Research and Development (HSR&D), Center for Clinical Management Research, Ann Arbor, MI, United States; Department of Psychiatry, University of Michigan Medical School, Ann Arbor, MI, United States. Electronic address: ppfeiffe@umich.edu.

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.

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<http://www.biomedcentral.com/1471-244X/13/268>

Choosing between Internet-based psychodynamic versus cognitive behavioral therapy for depression: a pilot preference study.

Robert Johansson, Anna Nyblom, Per Carlbring, Pim Cuijpers and Gerhard Andersson

BMC Psychiatry 2013, 13:268

Background

Major depression is a world-wide problem that can be treated with various forms of psychotherapy. There is strong research support for treating major depression using cognitive behavior therapy delivered in the format of guided self-help via the Internet (ICBT). Recent research also suggests that psychodynamic psychotherapy can be delivered as guided self-help via the Internet (IPDT) and that it seem to be as effective as ICBT for mild to moderate depression. However, no head-to-head comparison between the two treatments exists. In the field of Internet interventions it is largely unexplored if treatment preference affects outcome and adherence.

Methods

Participants were allocated to IPDT or ICBT based on their stated preference. More than half of the participants preferred ICBT (N = 30) over IPDT (N = 14). Differences in efficacy between treatments were explored. Correlations between strength of preference and treatment outcome, adherence to treatment and completion of the whole treatment program were explored. Data were collected before and after treatment, as well as in a 7-month follow-up.

Results

During the treatment period, both programs performed equally well in reducing symptoms. More participants who received IPDT completed the entire program. At follow-up, mixed-effects models showed that participants who chose ICBT improved more in terms of quality of life. The ICBT group also had a significant increase in participants who recovered from their depression from post-treatment to follow-up. Exploratory analyses indicated that strength of preference was correlated with adherence to treatment and completion of the whole program, and long-term outcome for the ICBT group.

Conclusions

Few differences were found during the acute treatment phase, but the long-term effects are in favor of ICBT. Strength of preference for treatment seems to have a predictive value. Further research comparing the efficacy of ICBT and IPDT, and the effects of preference matching and strength of preference, is warranted.

Trial registration

This trial is a continuation of the study registered as NCT01324050 at Clinicaltrials.gov.

<http://www.ncbi.nlm.nih.gov/pubmed/24132462>

Scand J Work Environ Health. 2013 Oct 16. pii: 3392. doi: 10.5271/sjweh.3392. [Epub ahead of print]

Individual and work-related predictors of work outcomes related to sustainable employment among male shift and day workers.

van de Ven HA, Klein Hesselink J, Bültmann U, de Boer MR, de Looze MP, van der Klink JJ, Brouwer S.

Source: Department of Health Sciences, Division of Community & Occupational Medicine, University Medical Center Groningen, University of Groningen, Antonius Deusinglaan 1, FA10, Room 6.10, 9713 AV Groningen, the Netherlands. h.a.van.de.ven@umcg.nl.

OBJECTIVES:

The aim of this study was to examine which individual and work-related characteristics predict work outcomes related to sustainable employment among male shift and day workers.

METHODS:

Between 1 September 2005 and 31 December 2009, data on individual and work-related characteristics of N=5640 employees of Tata Steel in the Netherlands were retrieved from the Occupational Health Service and company registers. Work outcomes related to sustainable employment were (i) temporarily being placed in less strenuous work, (ii) sickness absence ≥ 6 weeks, and (iii) leaving the organization. Cox proportional hazard analyses were performed for all outcome measures.

RESULTS:

Similar predictors were found for shift and day workers although some differences were observed. For shift workers, high blood pressure and cardiovascular disease were important predictors for sickness absence. For day workers, insomnia was an important predictor of sickness absence ≥ 6 weeks.

CONCLUSIONS:

Similar predictors in magnitude and direction were found for work outcomes related to sustainable employment among shift and day workers. Interventions aimed at enhancing sustainable employability should focus on individual and work-related characteristics.

<http://www.ncbi.nlm.nih.gov/pubmed/24131410>

Issues Ment Health Nurs. 2013 Nov;34(11):787-95. doi: 10.3109/01612840.2013.824053.

PTSD in Psychiatric Nurses and Other Mental Health Providers: A Review of the Literature.

Jacobowitz W.

Source: Adelphi University, School of Nursing, Garden City , New York , USA.

Psychiatric nurses are subject to a high rate of assault by patients. The stress of exposure to assault and the potential for assault appear to impact nurses' emotional states in the form of post-traumatic stress and post-traumatic stress disorder (PTSD). Most studies report a prevalence rate of PTSD in this population of between 9-10%. Training in the management of aggressive patients, participating in Critical Incident Debriefing, and having routine structured debriefing meetings may play a role in facilitating the development of resilience in nurses with respect to the risk of PTSD. Knowledge about the state of the science regarding aggression and PTSD is necessary for clinicians and researchers to develop and test effective strategies. This article presents a review of the current literature on this topic.

<http://www.ncbi.nlm.nih.gov/pubmed/23771939>

J Am Acad Psychiatry Law. 2013;41(2):256-62.

Critical concerns in Iraq/Afghanistan war veteran-forensic interface: veterans treatment court as diversion in rural communities.

Smee DE, McGuire J, Garrick T, Sreenivasan S, Dow D, Woehl D.

Source: GLA-VA Medical Center, 11301 Wilshire Blvd., Los Angeles, CA 90073, USA.

The veteran-forensic interface is an emerging area of relevance to forensic clinicians assessing or treating returning Iraq and Afghanistan war veterans facing criminal sanctions. Veterans' Treatment Court (VTC) represents a recent diversion mechanism for low-level offenses that is based on a collaborative justice model. Thirty-nine percent of veterans who served in Iraq or Afghanistan and receiving VA services reside in rural areas. Rural veterans facing criminal justice charges may be at a disadvantage due to limited access to forensic psychiatrists with relevant expertise in providing veterans services for diversion. Therefore, widening the pool of forensic clinicians who have such expertise, as well as knowledge of the signature wounds of the wars as related to aggression and reckless behavior is necessary. This article presents an overview of VTCs and discusses the role of forensic clinicians as stakeholders in this process.

<http://www.ncbi.nlm.nih.gov/pubmed/23568414>

J Trauma Stress. 2013 Apr;26(2):249-56. doi: 10.1002/jts.21797.

Preliminary findings of the relationship of lower heart rate variability with military sexual trauma and presumed posttraumatic stress disorder.

Lee EA, Bissett JK, Carter MA, Cowan PA, Pyne JM, Speck PM, Theus SA, Tolley EA.

Source: Department of Research and Development, Central Arkansas Veterans Healthcare System (CAVHS), Little Rock, Arkansas, USA. elee10@uthsc.edu

Decreased heart rate variability (HRV) occurs with physical and psychological disorders and is a predictor of cardiac and all-cause mortality. This study was the first of which we are aware to examine and report the relationship between military sexual trauma (MST) and HRV measures. In a historical cohort study of female veterans with (n = 27) and without (n = 99) MST who received Holter and electrocardiogram evaluation at a Veteran Affairs medical center during 2007-2010, we examined the relationship between MST and the standard deviation of all R-R intervals (SDNN) and the square root of the mean of the sum of the squares of differences between adjacent R-R intervals (RMSSD). Female veterans with MST were younger, p = .002, frequently had a probable posttraumatic stress disorder diagnosis, 80% versus 15%, p

= < .0001, and had lower SDNN, $p = .0001$, and RMSSD, $p = .001$, than those without MST. The SDNN and RMSSD of a 25-year-old female veteran with MST were comparable to that of female veterans aged 69 to 81 years without MST. Further research is needed to evaluate relationships between MST and HRV measures.

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<http://www.ncbi.nlm.nih.gov/pubmed/23563218>

J Behav Ther Exp Psychiatry. 2013 Dec;44(4):351-60. doi: 10.1016/j.jbtep.2013.03.001. Epub 2013 Mar 15.

The efficacy of imagery rescripting (IR) for social phobia: a randomized controlled trial.

Lee SW, Kwon JH.

Source: Department of Psychology, Korea University, 5, Anam-Dong, Sungbuk-Gu, Seoul 136-701, South Korea. seungwonlee@korea.ac.kr

BACKGROUND AND OBJECTIVES:

There is a need for brief effective treatment of social phobia and Imagery Rescripting (IR) is a potential candidate. The purpose of this study was to examine the efficacy of IR preceded by cognitive restructuring as a stand-alone brief treatment using a randomized controlled design.

METHODS:

Twenty-three individuals with social phobia were randomly assigned to an IR group or to a control group. Participants in the IR group were provided with one session of imagery interviewing and two sessions of cognitive restructuring and Imagery Rescripting. Those in the control group had one session of clinical interviewing and two sessions of supportive therapy. Outcome measures including the Korean version of the social avoidance and distress scale (K-SADS) were administered before and after treatment, and at three-month follow-up. The short version of the Questionnaire upon Mental Imagery and the Traumatic Experience Scale were also administered before treatment.

RESULTS:

Participants in the IR group improved significantly on K-SADS and other outcome measures, compared to the control group. The beneficial effects of IR were maintained at three-month follow-up. It was also found that mental imagery ability and the severity of the traumatic experience did not moderate the outcome of IR.

LIMITATIONS:

Further studies are needed to replicate the findings of our study using a large sample.

CONCLUSIONS:

The efficacy of IR as a stand-alone brief treatment was demonstrated for social phobia. The findings indicate that IR could be utilized as a cost-effective intervention for social phobia.

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<http://www.ncbi.nlm.nih.gov/pubmed/23488807>

Acta Psychiatr Scand. 2013 Jul;128(1):3-20. doi: 10.1111/acps.12095. Epub 2013 Mar 14.

Resilience in mental health: linking psychological and neurobiological perspectives.

Rutten BP, Hammels C, Geschwind N, Menne-Lothmann C, Pishva E, Schruers K, van den Hove D, Kenis G, van Os J, Wichers M.

Source: Department of Psychiatry and Psychology, Faculty of Health, Medicine and Life Sciences, School for Mental Health and Neuroscience (MHeNS), European Graduate School of Neuroscience (EURON), Maastricht University Medical Centre, Maastricht, the Netherlands. b.rutten@maastrichtuniversity.nl

OBJECTIVE:

To review the literature on psychological and biological findings on resilience (i.e. the successful adaptation and swift recovery after experiencing life adversities) at the level of the individual, and to integrate findings from animal and human studies.

METHOD:

Electronic and manual literature search of MEDLINE, EMBASE and PSYCHINFO, using a range of search terms around biological and psychological factors influencing resilience as observed in human and experimental animal studies, complemented by review articles and cross-references.

RESULTS:

The term resilience is used in the literature for different phenomena ranging from prevention of mental health disturbance to successful adaptation and swift recovery after experiencing life adversities, and may also include post-traumatic psychological growth. Secure attachment, experiencing positive emotions and having a purpose in life are three important psychological building blocks of resilience. Overlap between psychological and biological findings on resilience in the literature is most apparent for the topic of stress sensitivity, although recent results suggest a crucial role for reward experience in resilience.

CONCLUSION:

Improving the understanding of the links between genetic endowment, environmental impact and gene-environment interactions with developmental psychology and biology is crucial for elucidating the neurobiological and psychological underpinnings of resilience.

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<http://zl.elsevier.es/en/revista/revista-psiquiatria-salud-mental-486/articulo/treating-anxiety-disorders-with-virtual-90148144>

Treating anxiety disorders with virtual reality exposure therapy.

Barbara Olasov Rothbaum, Azucena Garcia-Palacios, Alex O. Rothbaum

Revista de Psiquiatría y Salud Mental, Volume 5, Issue 2, Pages 67-70

Anxiety disorders characterised by avoidance are among the most prevalent mental disorders.¹ Exposure therapy is one of the key components in cognitive-behavioural treatment (CBT) for these problems. The essence of exposure therapy consists of the patients confronting the feared situation repetitively, gradually and systematically, until their anxiety is reduced. Foa and Kozak² used the concept of emotional processing to explain the fear reduction that occurs in exposure therapy. They suggested that exposure to feared stimuli allows the fear structure to be activated and the resulting anxiety reduction provides corrective information that is incompatible with the pathological elements of the fear structure.

Exposure can be applied traditionally in vivo (through the confrontation with real situations, for example, presenting the patient with a real spider to treat arachnophobia) or by employing the imagination (for example, the memory of a traumatic event in treating post-traumatic stress disorder or PTSD). A more recent form of applying exposure therapy is the use of virtual reality.

<http://www.ncbi.nlm.nih.gov/pubmed/24139810>

J Psychiatr Res. 2013 Oct 2. pii: S0022-3956(13)00305-1. doi: 10.1016/j.jpsychires.2013.09.013. [Epub ahead of print]

Functional reorganization of neural networks during repeated exposure to the traumatic memory in posttraumatic stress disorder: An exploratory fMRI study.

Cisler JM, Steele JS, Lenow JK, Smitherman S, Everett B, Messias E, Kilts CD.

Source: Brain Imaging Research Center, Psychiatric Research Institute, University of Arkansas for Medical Sciences, 4301 W. Markham, #554, Little Rock, AR 72205, USA. Electronic address: josh.cisler@gmail.com.

BACKGROUND:

Repeated exposure to the traumatic memory (RETM) is a common component of treatments for posttraumatic stress disorder (PTSD). This treatment is based on a fear extinction model; however, the degree to which this treatment actually engages and modifies neural networks mediating fear extinction

is unknown. Therefore, the purpose of the current exploratory study was to define the dynamic changes in neural processing networks while participants completed a novel adaptation of RETM.

METHOD:

Participants were adult women (N = 16) with PTSD related to physical or sexual assault. Prior to scanning, participants provided written narratives of a traumatic event related to their PTSD as well as a neutral control event. RETM during fMRI consisted of 5 sequential presentations of the blocked narrative types, lasting three minutes each. Self-reported anxiety was assessed after each presentation.

RESULTS:

Relative to changes in functional connectivity during the neutral control script, RETM was associated with strengthened functional connectivity of the right amygdala with the right hippocampus and right anterior insular cortex, left amygdala with the right insular cortex, medial PFC with right anterior insula, left hippocampus with striatum and dorsal cingulate cortex, and right hippocampus with striatum and orbitofrontal cortex. Greater PTSD severity generally led to less changes in functional connectivity with the right insular cortex.

CONCLUSIONS:

These results provide evidence that RETM engages and modifies functional connectivity pathways with neural regions implicated in fear extinction. The results also implicate the engagement of the right insular cortex and striatum during RETM and suggest their importance in human fear extinction to trauma memories. However, comorbidity in the sample and the lack of a control group limit inferences regarding RETM with PTSD populations specifically.

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<http://www.ncbi.nlm.nih.gov/pubmed/24147809>

Anxiety Stress Coping. 2013 Oct 23. [Epub ahead of print]

Cognitive processes as mediators of the relation between mindfulness and change in social anxiety symptoms following cognitive behavioral treatment.

Morgan JR, Price M, Schmertz SK, Johnson SB, Masuda A, Calamaras M, Anderson PL.

Source: Department of Psychology , Georgia State University , P.O. Box 5010, Atlanta , GA 30302-5010 , USA.

The present study examined whether pretreatment mindfulness exerts an indirect effect on outcomes following cognitive-behavioral therapy (CBT). Cognitive processes of probability and cost bias (i.e., overestimations of the likelihood that negative social events will occur, and that these events will have negative consequences when they do occur) were explored as potential mediators of the relation between mindfulness and social anxiety symptom change. People with higher levels of mindfulness may

be better able to benefit from treatments that reduce biases because mindfulness may aid in regulation of attention. Sixty-seven individuals with a primary diagnosis of social phobia identifying public speaking as their greatest fear received eight sessions of one of two types of exposure-based CBT delivered according to treatment manuals. Participants completed self-report measures of mindfulness, probability bias, cost bias, and social anxiety symptoms. Mediation hypotheses were assessed by a bootstrapped regression using treatment outcome data. Pretreatment mindfulness was not related to change in social anxiety symptoms from pre- to posttreatment. However, mindfulness had an indirect effect on treatment outcome via its association with probability bias, but not cost bias, at midtreatment. These findings were consistent across three metrics of social anxiety symptoms. Mindfulness may play a role in response to CBT among individuals with social phobia through its relation with probability bias - even when the treatment does not target mindfulness.

<http://www.ncbi.nlm.nih.gov/pubmed/24147742>

Ann N Y Acad Sci. 2013 Oct 22. doi: 10.1111/nyas.12287. [Epub ahead of print]

Risk for anxiety and implications for treatment: developmental, environmental, and genetic factors governing fear regulation.

Hartley CA, Casey BJ.

Source: Department of Psychiatry, Sackler Institute for Developmental Psychobiology, Weill Cornell Medical College, New York, New York.

Anxiety disorders are the most common psychiatric disorders, affecting as many as 10% of youth, with diagnoses peaking during adolescence. A core component of these disorders is an unremitting fear in the absence of present threat. One of the most commonly used therapies to treat these disorders is exposure-based cognitive behavioral therapy that identifies the source of the fear and anxiety and then desensitizes the individual to it. This treatment builds on basic principles of fear-extinction learning. A number of patients improve with this therapy, but 40-50% do not. This paper provides an overview of recent empirical studies employing both human imaging and cross-species behavioral genetics to examine how fear regulation varies across individuals and across development, especially during adolescence. These studies have important implications for understanding who may be at risk for anxiety disorders and for whom and when during development exposure-based therapies may be most effective.

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<http://www.ncbi.nlm.nih.gov/pubmed/24148066>

Am J Public Health. 2013 Oct 22. [Epub ahead of print]

Risk Factors for Becoming Homeless Among a Cohort of Veterans Who Served in the Era of the Iraq and Afghanistan Conflicts.

Metraux S, Clegg LX, Daigh JD, Culhane DP, Kane V.

Source: Stephen Metraux, Dennis P. Culhane, and Vincent Kane are with the National Center for Homelessness among Veterans, US Department of Veterans Affairs, Philadelphia, PA. Stephen Metraux is also with the Department of Health Policy and Public Health, University of the Sciences, Philadelphia. Dennis P. Culhane is also with the School of Social Welfare Policy and Practice, University of Pennsylvania, Philadelphia. Limin X. Clegg and John D. Daigh are with the Office of Inspector General, US Department of Veterans Affairs, Washington, DC. Dennis P. Culhane and Vincent Kane are both guest editors for this supplement issue.

Objectives

In this population-based cohort study, we assessed baseline risk factors for homelessness, including the role of service in the Iraq or Afghanistan conflicts, among a large cohort of recent veterans.

Methods

Data for this study came from administrative records for 310 685 veterans who separated from active military duty from July 1, 2005, to September 30, 2006. We used survival analysis methods to determine incidence rates and risk factors for homelessness, based on baseline data for military factors, demographic characteristics, and diagnoses of behavioral health disorders and traumatic brain injury.

Results

Service in Iraq or Afghanistan and, more specifically, posttraumatic stress disorder among veterans deployed there, were significant risk factors of modest magnitude for homelessness, and socioeconomic and behavioral health factors provided stronger indicators of risk. Gender was not a significant indicator of differential risk.

Conclusions

Although service in Iraq and Afghanistan was significant, socioeconomic and behavioral health indicators show more promise in efforts to use administrative data to inform prevention efforts by identifying veterans who are at elevated risk for becoming homeless upon their return to civilian life. (Am J Public Health. Published online ahead of print October 22, 2013: e1-e7. doi:10.2105/AJPH.2013.301432).

<http://www.ncbi.nlm.nih.gov/pubmed/24148060>

Am J Public Health. 2013 Oct 22. [Epub ahead of print]

Challenges Associated With Screening for Traumatic Brain Injury Among US Veterans Seeking Homeless Services.

Russell LM, Devore MD, Barnes SM, Forster JE, Hostetter TA, Montgomery AE, Casey R, Kane V, Brenner LA.

Source: Leah M. Russell, Maria D. Devore, Sean M. Barnes, Jeri E. Forster, Trisha A. Hostetter, and Lisa A. Brenner are with the Veterans Integrated Service Network (VISN) 19 Mental Illness Research, Education and Clinical Center (MIRECC), Denver, CO. Ann Elizabeth Montgomery and Vincent Kane are with the Veterans Affairs National Center on Homelessness Among Veterans, Philadelphia, PA. Roger Casey is with the Veterans Affairs National Center on Homelessness Among Veterans, Tampa, FL. Vincent Kane is a guest editor for this supplement issue.

We identified the prevalence of traumatic brain injury (TBI) among homeless veterans and assessed the TBI-4, a screening tool created to identify TBI history. Between May 2010 and October 2011, 800 US veterans from two hospitals, one eastern (n = 122) and one western (n = 678) completed some or all measures. Findings suggested that 47% of veterans seeking homeless services had a probable history of TBI (data for prevalence obtained only at the western hospital). However, psychometric results from the screening measure suggested that this may be an underestimate and supported comprehensive assessment of TBI in this population. (Am J Public Health. Published online ahead of print October 22, 2013: e1-e2. doi:10.2105/AJPH.2013.301485).

<http://www.ncbi.nlm.nih.gov/pubmed/24149111>

Urology. 2013 Oct 19. pii: S0090-4295(13)01131-X. doi: 10.1016/j.urology.2013.08.047. [Epub ahead of print]

Lower Urinary Tract Dysfunction in Male Iraq and Afghanistan War Veterans: Association With Mental Health Disorders: A Population-based Cohort Study.

Breyer BN, Cohen BE, Bertenthal D, Rosen RC, Neylan TC, Seal KH.

Source: Department of Urology, University of California, San Francisco, San Francisco, CA. Electronic address: bbreyer@urology.ucsf.edu.

OBJECTIVE:

To determine the prevalence and correlates of lower urinary tract symptoms (LUTS) among returned Iraq and Afghanistan veterans; in particular its association with mental health diagnoses and medication use.

METHODS:

We performed a retrospective cohort study of Iraq and Afghanistan veterans who were new users of U.S. Department of Veterans Affairs health care. Mental health diagnoses were defined by International Classification of Disease, 9th Revision, Clinical Modification (ICD-9-CM) codes from medical records. LUTS was defined by ICD-9-CM code, use of prescription medication for LUTS, or procedure for LUTS. We determined the independent association of mental health diagnoses and LUTS after adjusting for sociodemographic and military service characteristics, comorbidities, and medications.

RESULTS:

Of 519,189 veterans, 88% were men and the mean age was 31.8 years (standard deviation \pm 9.3). The overall prevalence of LUTS was 2.2% (11,237/519,189). Veterans with post-traumatic stress disorder (PTSD) were significantly more likely to have a LUTS diagnosis, prescription, or related procedure (3.5%) compared with veterans with no mental health diagnoses (1.3%) or a mental health diagnosis other than PTSD (3.1%, $P < .001$). In adjusted models, LUTS was significantly more common in veterans with PTSD with and without other mental health disorders vs those without mental health disorders (adjusted relative risk [ARR] = 2.04, 95% confidence interval [CI] = 1.94-2.15) and in veterans prescribed opioids (ARR = 2.46, 95% CI = 2.36-2.56).

CONCLUSION:

In this study of young returned veterans, mental health diagnoses and prescription for opioids were independently associated with increased risk of receiving a diagnosis, treatment, or procedure for LUTS. Provider awareness may improve the detection and treatment of LUTS, and improve patient care and quality of life.

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<http://www.ncbi.nlm.nih.gov/pubmed/24147208>

Eur J Psychotraumatol. 2013 Oct 17;4. doi: 10.3402/ejpt.v4i0.21626.

Pharmacological enhancement of exposure-based treatment in PTSD: a qualitative review.

de Kleine RA, Rothbaum BO, van Minnen A.

Source: Behavioral Science Institute, Radboud University Nijmegen, Nijmegen, the Netherlands ; Overwaal, Centre for Anxiety Disorders (Pro Persona), Nijmegen, the Netherlands ; NijCare, Nijmegen, the Netherlands.

There is a good amount of evidence that exposure therapy is an effective treatment for posttraumatic stress disorder (PTSD). Notwithstanding its efficacy, there is room for improvement, since a large proportion of patients does not benefit from treatment. Recently, an interesting new direction in the improvement of exposure therapy efficacy for PTSD emerged. Basic research found evidence of the pharmacological enhancement of the underlying learning and memory processes of exposure therapy.

The current review aims to give an overview of clinical studies on pharmacological enhancement of exposure-based treatment for PTSD. The working mechanisms, efficacy studies in PTSD patients, and clinical utility of four different pharmacological enhancers will be discussed: d-cycloserine, MDMA, hydrocortisone, and propranolol.

<http://www.ncbi.nlm.nih.gov/pubmed/24146643>

Front Hum Neurosci. 2013 Oct 17;7:672. doi: 10.3389/fnhum.2013.00672.

Avoidant symptoms in PTSD predict fear circuit activation during multimodal fear extinction.

Sripada RK, Garfinkel SN, Liberzon I.

Source: Department of Psychiatry, University of Michigan Ann Arbor, MI, USA ; Veterans Affairs Center for Clinical Management Research, Department of Veterans Affairs Healthcare System Ann Arbor, MI, USA.

Convergent evidence suggests that individuals with posttraumatic stress disorder (PTSD) exhibit exaggerated avoidance behaviors as well as abnormalities in Pavlovian fear conditioning. However, the link between the two features of this disorder is not well understood. In order to probe the brain basis of aberrant extinction learning in PTSD, we administered a multimodal classical fear conditioning/extinction paradigm that incorporated affectively relevant information from two sensory channels (visual and tactile) while participants underwent fMRI scanning. The sample consisted of fifteen OEF/OIF veterans with PTSD. In response to conditioned cues and contextual information, greater avoidance symptomatology was associated with greater activation in amygdala, hippocampus, vmPFC, dmPFC, and insula, during both fear acquisition and fear extinction. Heightened responses to previously conditioned stimuli in individuals with more severe PTSD could indicate a deficiency in safety learning, consistent with PTSD symptomatology. The close link between avoidance symptoms and fear circuit activation suggests that this symptom cluster may be a key component of fear extinction deficits in PTSD and/or may be particularly amenable to change through extinction-based therapies.

<http://www.ncbi.nlm.nih.gov/pubmed/24144587>

Addict Behav. 2013 Oct 8. pii: S0306-4603(13)00304-3. doi: 10.1016/j.addbeh.2013.10.002. [Epub ahead of print]

Examining the relationships between posttraumatic stress disorder symptoms, positive smoking outcome expectancies, and cigarette smoking in people with substance use disorders: A multiple mediator model.

Hruska B, Bernier J, Kenner F, Kenne DR, Boros AP, Richardson CJ, Delahanty DL.

Source: Kent State University, Department of Psychology, United States.

Cigarette smoking is highly prevalent in people with substance use disorders (SUDs) and is associated with significant physical health problems. Posttraumatic stress disorder (PTSD) is also highly associated with both SUDs and cigarette smoking and may serve as a barrier to smoking cessation efforts. In addition, people with PTSD are more likely to hold positive smoking outcome expectancies (i.e., beliefs that smoking cigarettes results in positive outcomes); these beliefs may contribute to cigarette smoking in people with SUDs experiencing PTSD symptoms. The present study examined the relationship between PTSD symptoms and typical daily cigarette smoking/cigarette dependence symptoms in a sample of 227 trauma-exposed current smokers with SUDs (59.9% male, 89.4% Caucasian) seeking detoxification treatment services. Additionally, the indirect effects of multiple types of positive smoking outcome expectancies on these relationships were examined. Participants completed questionnaires assessing PTSD symptoms, positive smoking outcome expectancies, cigarette consumption, and cigarette dependence symptoms. Results indicated that PTSD symptoms were not directly related to cigarette consumption or cigarette dependence symptoms. However, negative affect reduction outcome expectancies were shown to have a significant indirect effect between PTSD symptoms and cigarette consumption, while negative affect reduction, boredom reduction, and taste-sensorimotor manipulation outcome expectancies were all found to have significant indirect effects between PTSD symptoms and cigarette dependence symptoms. The indirect effect involving negative affect reduction outcome expectancies was statistically larger than that of taste sensorimotor manipulation outcome expectancies, while negative affect reduction and boredom reduction outcome expectancies were comparable in magnitude. These results suggest that expectancies that smoking can manage negative affective experiences are related to cigarette smoking in people with SUDs experiencing PTSD symptoms and suggest that effective smoking cessation treatments should take into account these expectancies.

<http://www.ncbi.nlm.nih.gov/pubmed/24146247>

US Army Med Dep J. 2013 Oct-Dec;(4-13):98-108.

Sleep as a component of the performance triad: the importance of sleep in a military population.

Lentino CV, Purvis DL, Murphy KJ, Deuster PA.

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

OBJECTIVE:

Sleep habits among military populations are problematic. Poor sleep hygiene occurs in parallel with the global increase in obesity and metabolic syndrome and contributes to a decrease in performance. The extent of sleep issues needs to be quantified to provide feedback for optimizing warfighter performance and readiness. This study assessed various health behaviors and habits of US Army Soldiers and their relationship with poor sleep quality by introducing a set of new questions into the Comprehensive Soldier and Family Fitness (CSF2) Global Assessment Tool (GAT).

METHODS:

Subjects included 14,148 US Army Active, Reserve, and National Guard members (83.4% male) who completed the GAT, a self-report questionnaire that measures 4 fitness dimensions: social, family, emotional, and spiritual. Approximately 60 new questions, including ones on sleep quality, within the fifth CSF2 dimension (physical) were also answered. A sleep score was calculated from 2 questions validated in the Pittsburgh Insomnia Rating Scale (0 to 6).

RESULTS:

Poor sleepers (5-6) were significantly ($P < .001$) more likely than good sleepers (0-1) to consider themselves in fair or poor health, be overweight or obese, and score in the lowest quartile of the emotional, social, family, and spiritual fitness dimensions. Additionally, poor sleepers were significantly ($P < .001$) less likely to have a healthy body mass index and waist circumference, eat breakfast 6 or more times a week, meet aerobic exercise and resistance training recommendations, and pass their Army Physical Fitness Test in the top quartile.

CONCLUSION:

This study examined sleep quality in a group of military personnel and indicated significant associations between quality of sleep and physical performance, nutritional habits, measures of obesity, lifestyle behaviors and measures of psychosocial status. Targeted educational interventions and resources are needed to improve sleep patterns based on behaviors that can be most easily modified.

Links of Interest

Boston University Researchers Test Effectiveness of Behavioral and Medication Treatments for Patients with Alcoholism and Anxiety

<http://www.healthcanal.com/substance-abuse/43748-boston-university-researchers-test-effectiveness-of-behavioral-and-medication-treatments-for-patients-with-alcoholism-and-anxiety.html>

You Can Manage Your Chronic Pain To Live a Good Life: A Guide for People in Recovery from Mental Illness or Addiction

<http://store.samhsa.gov//product/SMA13-4783>

A Silent Epidemic: Minor Traumatic Brain Injury

<http://www.sciencedaily.com/releases/2013/10/131010124740.htm>

How to Write a Research Statement

<http://www.psychologicalscience.org/index.php/publications/observer/2013/october-13/how-to-write-a-research-statement.html>

Stress Control Training Mandatory for Deploying Sailors

http://www.navy.mil/submit/display.asp?story_id=77005

Army seeks to overcome depression stigma

http://www.army.mil/article/113024/Army_seeks_to_overcome_depression_stigma/

The Decline of the Military He Loved Tom Clancy, 1947-2013

http://www.weeklystandard.com/articles/decline-military-he-loved_759173.html

Veterans with Gulf War Illness show brain changes linked to memory deficits

http://www.eurekalert.org/pub_releases/2013-10/afps-vwg101513.php

Army Seeks to Overcome Depression Stigma

<http://www.militaryspot.com/news/army-seeks-to-overcome-depression-stigma/>

The Need for Out of the Box Solutions in Mental Health Treatment

http://www.huffingtonpost.com/marcus-bright/the-need-for-out-of-the-b_2_b_4093413.html

Preventing Suicide: One Veteran at a Time

<http://www.va.gov/health/NewsFeatures/2013/October/Preventing-Suicide-One-Veteran-at-a-Time.asp>

Adjustment disorder may now net disability pay

<http://www.militarytimes.com/article/20131011/NEWS/310110027>

Between Peril and Promise: Facing the Dangers of VA's Skyrocketing Use of Prescription Painkillers to Treat Veterans (House Committee on Veterans Affairs Hearing)

<http://veterans.house.gov/hearing/between-peril-and-promise-facing-the-dangers-of-va's-skyrocketing-use-of-prescription>

Marines limiting alcohol sale to curb irresponsible drinking

<http://www.stripes.com/news/marines-limiting-alcohol-sale-to-curb-irresponsible-drinking-1.247191>

Taking stock of research on sleepless soldiers

<http://medicalxpress.com/news/2013-10-stock-sleepless-soldiers.html>

Anonymous survey asks sailors about sex assault experiences

<http://www.marinecorpstimes.com/article/20131015/NEWS/310150009>

Domestic Violence Awareness Month in the Military

<http://warriorcare.dodlive.mil/2013/10/10/domestic-violence-awareness-month-in-the-military/>

In Support of An Evolution of Excellence: the Surgeon General's Mental Health Strategy for the Canadian Armed Forces

<http://news.gnom.es/pr/in-support-of-an-evolution-of-excellence-the-surgeon-generals-mental-health-strategy-for-the-canadian-armed-forces>

CBT for Chronic Pain Management

<http://www.komonews.com/sponsored/chronic-pain/CBT-for-Chronic-Pain-Management-228016571.html>

New Drug Reduces Negative Memory

<http://www.sciencedaily.com/releases/2013/10/131021153208.htm>

Marine Corps seeks better bang for its buck in family support programs

<http://www.federalnewsradio.com/407/3487128/Marine-Corps-seeks-better-bang-for-its-buck-in-family-support-programs->

Battalion aims to give soldiers coping skills in Afghanistan

<http://www.armytimes.com/article/20131020/CAREERS/310200003/Battalion-aims-give-soldiers-coping-skills-Afghanistan>

Soldier 360 provides resiliency training to paratroopers and their spouses

<http://www.dvidshub.net/news/115370/soldier-360-provides-resiliency-training-paratroopers-and-their-spouses#ixzz2iO9H8eJy>

Opioids for Chronic Pain: How Patients and Their Doctors Talk About Risks

<http://www.sciencedaily.com/releases/2013/10/131022113553.htm>

New Military Website Aims to Teach Parenting Skills

http://www.health.mil/blog/13-10-22/New_Military_Website_Aims_to_Teach_Parenting_Skills.aspx

Army to stand up new Resiliency Directorate

http://www.army.mil/article/113627/Army_to_stand_up_new_Resiliency_Directorate/

Army's first Executive Resilience, Performance Course offered to Army leaders at Belvoir

http://www.army.mil/article/113437/Army_s_first_Executive_Resilience_Performance_Course_offered_to_Army_leaders_at_Belvoir/

Former Drone Operator Suffers PTSD

<http://www.thedailybeast.com/cheats/2013/10/23/former-drone-operator-suffers-ptsd.html>

Vets With Gulf War Syndrome Show Brain Changes, Study Finds

http://www.nlm.nih.gov/medlineplus/news/fullstory_141778.html

Resource of the Week: [Video Tour of the New USUHS LRC Website](#)

If you're an online user of the [USUHS Learning Resources Center](#) (library), you may have noticed, recently, that it's undergone a complete overhaul. Basically, they've consolidated access to everything on a single page; they've also tried to make the site "friendlier" to mobile devices.

The screenshot shows the homepage of the James A. Zimble Learning Resource Center at the Uniformed Services University of the Health Sciences. The header includes the university logo and name, a user login area for Shirl Kennedy, and contact information. The main content area is divided into several sections:

- SEARCH OUR COLLECTIONS:** A search bar with filters for 'ALL ER', 'E-Journals', 'E-Books', 'Catalog', and 'PubMed@USU'. Below the search bar are 'Your Favorites' (Archives of Suicide Re..., Military Medicine) and 'LATEST NEWS' (LR Open House, 10/22/2013, 1100 - 1400).
- UPCOMING CLASSES:** A list of classes including 'Formatting Your USU Dissertation or Thesis', 'EndNote Basics', 'Factors, Rankings, and Bibliometrics', and 'Getting Started with GIS (Geographic Information Systems)'.
- IN THE LRC:** A section titled 'Copics of textbooks issued to MS-I students' with a small image of a desk.
- FEATURED RESOURCES:** Buttons for 'Full Student Portal', 'LRC Research Guides', 'ER MOBILE', and 'UpToDate'.

If this is a resource you access frequently, do yourself a favor and spend 3-1/2 minutes watching a YouTube video tour of the new site.

The screenshot shows a YouTube video player interface. The video title is '2013 LRC Website Intro' by Alison Rollins, with 18 views. The video content displays a grid of four colored squares (purple, yellow, blue, and dark purple) and the text 'New LRC Homepage' dated October 21, 2013. The video player includes a search bar, a 'GUIDE' menu, and a 'Subscribe' button.

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