



CDP Research Update -- November 14, 2013

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<https://www.aclu.org/womens-rights/battle-benefits-va-discrimination-against-survivors-military-sexual-trauma>

Battle for Benefits: VA Discrimination Against Survivors of Military Sexual Trauma

Service Women's Action Network (SWAN), the American Civil Liberties Union Women's Rights Project (ACLU), and the American Civil Liberties Union of Connecticut (ACLU-CT), with assistance by the Yale Law School Veterans Legal Services Clinic

Sexual assault and harassment are serious problems in the United States armed forces. Thousands of service members each year are estimated to have experienced some form of military sexual trauma (MST), including rape, sexual assault, and sexual harassment.

Less well known is the second battle that many veterans who survive sexual violence must fight with the U.S. Department of Veterans Affairs (VA) when they return to civilian life.

"Battle for Benefits: VA Discrimination Against Survivors of Military Sexual Trauma," a report released by Service Women's Action Network (SWAN), the American Civil Liberties Union Women's Rights Project (ACLU), and the American Civil Liberties Union of Connecticut (ACLU-CT), with assistance by the Yale Law School Veterans Legal Services Clinic, reveals that the process of obtaining VA disability benefits for the enduring mental health effects of military sexual trauma (MST) is an unfair fight in which veterans are often unsuccessful. Veterans who survive in-service sexual trauma face discrimination in seeking compensation.

http://www.sapr.mil/public/docs/research/USCCR_Statutory_Enforcement_Report_Sexual_Assault_in_the_Military_SEP2013.pdf

Sexual Assault in the Military -- U.S. Commission on Civil Rights -- 2013 Statutory Enforcement Report

United States Commission on Civil Rights

September 2013

The U.S. Commission on Civil Rights chose to focus on sexual assault in the U.S. military for its annual 2013 Statutory Enforcement Report. This report examines how the Department of Defense and its Armed Services—the Army, Navy, Marine Corps, and Air Force (the Services)—respond to Service members who report having been sexually assaulted (“victims”) and how it investigates and disciplines Service members accused of perpetrating sexual assault (“perpetrators”). This report also reviews how the military educates Service members and trains military criminal investigators and military lawyers about sexual assault offenses. The topic is both relevant and timely, as Congress is currently considering ways to address this issue.

The Commission has authority to examine questions related to sexual assault in the military because the issues involve both sex discrimination and the denial of equal protection in the administration of justice. The issue of sex discrimination involves female Service members, who represent 14 percent of the military population, but are disproportionately likely to be victims at a rate five times that of their male counterparts. The questions related to a possible denial of equal protection in the administration of justice led the Commission to examine cases in which sexual assault victims, as well as Service members accused of sexual assault, claim unfair treatment in the military justice system.

Through this report, the Commission sheds light on the scope, response, investigation, and discipline of sexual assault in the U.S. military. The Commission held a briefing on January 11, 2013 to hear the testimony of military officials, scholars, advocacy groups, and practitioners on the topic of sexual assault in the military. In response to written questions from the Commission, the Department of Defense and its Armed Services provided documents and other materials, including data on investigated sexual assault allegations, which the Commission analyzed. The results of these efforts are memorialized in this report.

The report reveals that the Department of Defense may benefit from greater data collection to better understand trends in sexual assault cases and to implement improvements in future initiatives. Although the Department of Defense has already implemented policies to reduce sexual and sexist material from the military workplace in an effort to reduce sexual harassment, the effects of such recent efforts have yet to be measured. The Department of Defense also has a plan to standardize sexual assault response and prevention training across the Services to promote best practices. There will be a need to track the success of such policies over time. Greater commander accountability for leadership failures to implement such policies, especially in cases where victims claim sexual assault at the hands of superiors within the chain of command, should also be considered. Without increased data collection, however, it is difficult to measure the effects of any new changes the military chooses to implement.

http://www.cjcrj.org/uploads/cjcrj/documents/brown_et_al_fall_2013.pdf

The Perfect Storm: Veterans, culture and the criminal justice system.

William B. Brown, Robert Stanulis, Bryan Theis, Jordan Farnsworth and David Daniels

Justice Policy Journal

In 2008 an article was published that suggested an Emerging Storm, relative to veteran entanglement in criminal justice, was approaching (Brown, 2008). Well, that storm appears to have hit land. The actual/potential damage is likely to depend upon the responses of the legal system and the American public at large. There are many veterans who appear to return to the civilian culture and manage to hold their own without significant problems. Other veterans experience socio-cultural problems, along with psychological issues, but are able to camouflage those problems and issues. Some veterans are less fortunate and they find themselves confronting criminal charges. Some end up behind bars for extended periods of time. This article addresses the complexities associated with understanding why some veterans appear normal while other veterans become entangled in our criminal justice system. Specifically, we will be addressing issues related to socio-cultural differences and irregularities between civilian and military cultures, cultural competency in relation to psychology and the court system.

<http://www.sciencedirect.com/science/article/pii/S0022395613003373>

The dimensional structure of posttraumatic stress symptomatology in 323,903 U.S. veterans.

Ilan Harpaz-Rotem, Jack Tsai, Robert H. Pietrzak, Rani Hoff

Journal of Psychiatric Research, Available online 7 November 2013

There is ongoing debate regarding the optimal dimensional structure of posttraumatic stress disorder symptomatology. A better understanding of this structure has significant implications, as it can provide more refined phenotypic measures for use in studies of the etiology and neurobiology of PTSD, as well as for use as endpoints in treatment studies of this disorder. In this study we analyzed the dimensional structure of PTSD symptomatology, as assessed using the PTSD Symptom Checklist-Military Version in 323,903 Veterans. Confirmatory factor analyses were used to compare two 4-factor models and a newly proposed 5-factor model to the 3-factor DSM-IV model of PTSD symptom dimensionality. To evaluate the external validity of the best-fitting model, we then conducted a structural equation model examining how the symptom dimensions of this model related to diagnoses of depression, anxiety, and substance use disorder. Results indicated that a newly proposed 5-factor 'dysphoric arousal' model comprised of separate re-experiencing, avoidance, numbing, dysphoric arousal, and anxious arousal symptom clusters provided a significantly better fit to the data compared to the DSM-IV and the two alternative four-factor models. External validity analyses revealed that numbing symptoms were most strongly related to diagnoses of depression and substance use disorder, and that dysphoric arousal symptoms were most strongly related to a diagnosis of anxiety disorder. Thus the dimensional structure of PTSD may be best represented by five symptom dimensions. The clinical implications of these results and implications for further refinement of extant PTSD assessment instruments are discussed.

<http://psychsocgerontology.oxfordjournals.org/content/early/2013/10/29/geronb.gbt096>

Comparison of the Effectiveness of Cognitive Behavioral Therapy for Depression among Older Versus Younger Veterans: Results of a National Evaluation.

Bradley E. Karlin, Mickey Trockel, Gregory K. Brown, Maria Gordienko, Jerome Yesavage, and C. Barr Taylor

The Journals of Gerontology: Series B

First published online: November 10, 2013

Objectives.

The effectiveness of cognitive behavioral therapy for depression (CBT-D) among older adults in routine clinical settings has received limited attention. The current article examines and compares outcomes of older versus younger veterans receiving CBT-D nationally.

Method.

Patient outcomes were assessed using the Beck Depression Inventory–II and World Health Organization Quality of Life-BREF. Therapeutic alliance was assessed using the Working Alliance Inventory-Short Revised.

Results.

A total of 764 veterans aged 18–64 and 100 veterans aged 65+ received CBT-D; 68.0% of older and 68.3% of younger patients completed all sessions or finished early due to symptom relief, and mean depression scores declined from 27.0 (standard deviation [SD] = 10.7) to 16.2 (SD = 12.4) in the older group and from 29.1 (SD = 11.2) to 17.8 (SD = 13.5) in the younger group. Within-group effect sizes were $d = 1.01$ for both groups. Significant increases in quality of life and therapeutic alliance were observed for both groups.

Discussion.

CBT-D resulted in significant improvements in depression and quality of life among older patients. Outcomes and rate of attrition were equivalent to younger patients. Findings indicate that CBT-D is an effective and acceptable treatment for older veterans in real-world settings with often high levels of depression.

<http://jiv.sagepub.com/content/early/2013/11/07/0886260513506058.abstract>

Preliminary Investigation of the Roles of Military Background and Posttraumatic Stress Symptoms in Frequency and Recidivism of Intimate Partner Violence Perpetration Among Court-Referred Men.

Tim Hoyt, Alisha M. Wray, and Jennifer Klosterman Rielage

Journal of Interpersonal Violence

Published online before print November 7, 2013

Significant rates of intimate partner violence (IPV) perpetration have been identified among men with military backgrounds. Research indicates posttraumatic stress symptoms place military men at increased risk for IPV perpetration, but may be negatively associated with IPV among nonmilitary samples. However, no previous studies have directly compared court-referred IPV offenders with and without military experience, which may have clinical implications if posttraumatic stress symptoms are differentially associated with IPV perpetration across these two samples. Twenty court-referred IPV offenders with military background were demographically matched with 40 court-referred IPV offenders without military background. As anticipated, self- and partner-report of physically assaultive acts and injurious acts during baseline assessment showed significantly greater physical assault and injury perpetrated by offenders with military background. However, 1-year follow-up data on convictions indicated a significantly lower rate of recidivism among offenders with military background than among nonmilitary offenders. As hypothesized, symptoms of posttraumatic stress at intake showed a significant positive correlation with IPV perpetration among offenders with military background; however, this relationship showed a negative correlation among offenders without military background. Clinical implications are discussed including treatment avenues, such as Veterans Courts and other incarceration diversion programs, which may be particularly appropriate for offenders with military backgrounds.

<http://www.psycontent.com/content/g632420785812140/>

The Effects of Suicide Ideation Assessments on Urges to Self-Harm and Suicide.

Rahel Eynan, Yvonne Bergmans, Jesmin Antony, John R. Cutcliffe, Henry G. Harder, Munazzah Ambreen, Ken Balderson, Paul S. Links

Crisis: The Journal of Crisis Intervention and Suicide Prevention

DOI 10.1027/0227-5910/a000233

Background:

Participants' safety is the primary concern when conducting research with suicidal or potentially suicidal participants. The presence of suicide risk is often an exclusion criterion for research participants. Subsequently, few studies have examined the effects of research assessments on study participants' suicidality.

Aims:

The purpose of this research was to examine the patterns of postassessment changes in self-harm and suicide urges of study participants who were recently discharged from an inpatient psychiatric service.

Method:

Study participants (N = 120) were recruited from patients with a lifetime history of suicidal behavior admitted with current suicidal ideation or suicide attempt to an inpatient psychiatric service and/or a

crisis stabilization unit. Participants were assessed for suicidal ideation with the Suicide Ideation Scale at 1, 3, and 6 months following their discharge from hospital. The risk assessment protocol was administered at the start and at the end of each of the study follow-up assessments.

Results:

Changes in self-harm and suicide urges following study assessments were small, infrequent, and were most likely to reflect a decrease in suicidality. Similarly, participants rarely reported worsening self-control over suicidal urges, and when they did, the effect was minimal. By the end of the 6-month follow-up period, increases in self-harm and suicidal urges postassessment were not seen.

Conclusion:

The inclusion of suicidal participants in research interviews rarely increased suicide risk. Research involving suicidal individuals is possible when study protocols are well planned and executed by trained assessors and clinicians who are able to identify participants at risk and provide intervention if necessary. The few participants that required intervention had high levels of suicide ideation and behavior at baseline and almost all reported symptoms of posttraumatic stress disorder. Further study is needed to better characterize this subgroup of participants.

<http://www.dovepress.com/risk-factors-for-fatal-and-nonfatal-repetition-of-suicide-attempts-a-l-peer-reviewed-article-NDT>

Risk factors for fatal and nonfatal repetition of suicide attempts: a literature review.

Massimiliano Beghi, Jerrold F Rosenbaum, Cesare Cerri, Cesare M Cornaggia

Neuropsychiatric Disease and Treatment

Published Date November 2013 Volume 2013:9 Pages 1725 – 1736

Objectives:

This review aimed to identify the evidence for predictors of repetition of suicide attempts, and more specifically for subsequent completed suicide.

Methods:

We conducted a literature search of PubMed and Embase between January 1, 1991 and December 31, 2009, and we excluded studies investigating only special populations (eg, male and female only, children and adolescents, elderly, a specific psychiatric disorder) and studies with sample size fewer than 50 patients.

Results:

The strongest predictor of a repeated attempt is a previous attempt, followed by being a victim of sexual abuse, poor global functioning, having a psychiatric disorder, being on psychiatric treatment, depression, anxiety, and alcohol abuse or dependence. For other variables examined (Caucasian

ethnicity, having a criminal record, having any mood disorders, bad family environment, and impulsivity) there are indications for a putative correlation as well. For completed suicide, the strongest predictors are older age, suicide ideation, and history of suicide attempt. Living alone, male sex, and alcohol abuse are weakly predictive with a positive correlation (but sustained by very scarce data) for poor impulsivity and a somatic diagnosis.

Conclusion:

It is difficult to find predictors for repetition of nonfatal suicide attempts, and even more difficult to identify predictors of completed suicide. Suicide ideation and alcohol or substance abuse/dependence, which are, along with depression, the most consistent predictors for initial nonfatal attempt and suicide, are not consistently reported to be very strong predictors for nonfatal repetition.

<http://link.springer.com/article/10.1007/s10608-013-9591-7>

Low Distress Tolerance and Hyperarousal Posttraumatic Stress Disorder Symptoms: A Pathway to Alcohol Use?

Sophie Duranceau, Mathew G. Fetzner, R. Nicholas Carleton

Cognitive Therapy and Research

November 2013

Research on substance use suggests that distress tolerance mediates the relationship between posttraumatic stress disorder (PTSD) symptoms and alcohol use; however, given that distress tolerance may represent vulnerabilities for both PTSD symptoms and alcohol use, it may in fact facilitate PTSD and subsequent alcohol use. The present study investigated the relationship between distress tolerance, and alcohol consumption and alcohol-related consequences, with PTSD hyperarousal, re-experiencing, avoidance, and numbing symptoms as mediating variables. A community based North-American sample (n = 146, 81 % = women) completed measures online as part of a larger ongoing study. Results demonstrated that distress tolerance had an indirect effect on alcohol consumption through hyperarousal symptoms but no other PTSD symptoms. No significant relationships were demonstrated with alcohol-related consequences. Findings suggest interventions promoting distress tolerance following trauma exposure may help decrease hyperarousal symptoms and subsequent risk of alcohol-use disorders. Comprehensive results, implications, and future research are discussed.

<http://www.ingentaconnect.com/content/amsus/zmm/2013/00000178/00000011/art00015>

Predictors of Operation Enduring Freedom/Operation Iraqi Freedom Veterans' Engagement in Mental Health Treatment.

Author: Hearne, Catherine R. M.

Source: Military Medicine, Volume 178, Number 11, November 2013 , pp. 1183-1187(5)

Although the prevalence of mental health disorders in troops serving in Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF) is high, many OEF/OIF veterans appear to refuse or delay mental health treatment. To examine psychological and psychosocial predictors of engagement, this pilot study examined eight factors: age, ethnicity, gender, polytrauma status, time since military separation, alcohol use, substance use, and psychiatric comorbidity. Structured clinical interviews given to all OEF/OIF veterans enrolling at a large Veterans Affairs health care center from 2007 to 2010 were examined, as were all psychiatric visits for the next year. Surprisingly, 72% of the sample (N = 600) was diagnosed with a psychiatric disorder. Of those (N = 429), the majority agreed to an initial mental health referral and attended at least one appointment within the year (N = 229, 53%), but only a quarter (N = 113, 26%) attended eight or more appointments. Multinomial regression analysis indicated that psychiatric comorbidity, polytrauma exposure, and time since military separation were the best predictors of initial engagement in needed mental health treatment, and psychiatric comorbidity and age were the best predictors of treatment retention. Findings suggest that Veterans Affairs may further improve engagement by attending to time since separation.

<http://www.ingentaconnect.com/content/amsus/zmm/2013/00000178/00000011/art00016>

Assessment of Subthreshold and Developing Behavioral Health Concerns Among U.S. Army Soldiers.

Authors: Fink, David S.; Gallaway, M. Shayne; Millikan, Amy M.

Source: Military Medicine, Volume 178, Number 11, November 2013 , pp. 1188-1195(8)

This study aimed to merge existing methodologies of identifying high-risk soldiers to create a comprehensive testable model to assist leaders in the identification, mitigation, and prevention of negative behavioral health (BH) issues. In 2011, a total of 2,664 active duty U.S. Army soldiers completed a survey of demographic and military characteristics, combat exposures, and BH diagnoses and symptoms. Multivariable linear and logistic regression models were fit to examine the relationship between demographic and military characteristics, subthreshold behavioral and social health issues, and positive screening for BH symptoms. The "recent loss of someone close" and self-reporting a history of BH issues were the strongest and most consistent predictors of subthreshold behavioral and social health issues. This study found that individual and occupational factors were associated with subthreshold behavioral and social health issues, which were in turn, associated with screening positive for BH symptoms. The recent loss of someone close (an indicator of grief and loss) was not the study's primary research question, but warrants further investigation to determine its impact on the mental well-being of soldiers.

<http://www.sciencedirect.com/science/article/pii/S0010440X13003167>

Diagnostic and Psychosocial Differences in Psychiatrically Hospitalized Military Service Members with Single versus Multiple Suicide Attempts.

Kristen M. Kochanski-Ruscio, Jaime T. Carreno-Ponce, Kathryn DeYoung, Geoffrey Grammer, Marjan Ghahramanlou Holloway

Comprehensive Psychiatry, Available online 4 November 2013

Individuals with multiple versus single suicide attempts present a more severe clinical picture and may be at greater risk for suicide. Yet group differences within military samples have been vastly understudied.

Purpose

To determine demographic, diagnostic, and psychosocial differences, based on suicide attempt status, among military inpatients admitted for suicide-related events.

Method

A retrospective chart review design was used with a total of 423 randomly selected medical records of psychiatric admissions to a military hospital from 2001 to 2006.

Results

Chi-square analyses indicated that individuals with multiple versus single suicide attempts were significantly more likely to have documented childhood sexual abuse ($p = 0.025$); problem substance use ($p = 0.001$); mood disorder diagnosis ($p = 0.005$); substance disorder diagnosis ($p = 0.050$); personality disorder not otherwise specified diagnosis ($p = 0.018$); and Axis II traits or diagnosis ($p = 0.038$) when compared to those with a single attempt history. Logistic regression analyses showed that males with multiple suicide attempts were more likely to have problem substance use ($p = 0.005$) and a mood disorder diagnosis ($p = 0.002$), while females with a multiple attempt history were more likely to have a history of childhood sexual ($p = 0.027$).

Discussion

Clinically meaningful differences among military inpatients with single versus multiple suicide attempts exist. Targeted Department of Defense suicide prevention and intervention efforts that address the unique needs of these two specific at-risk subgroups are additionally needed.

<http://www.plosone.org/article/info%3Adoi%2F10.1371%2Fjournal.pone.0080138>

Effects of Antioxidant Treatment on Blast-Induced Brain Injury.

Xiaoping Du, Donald L. Ewert, Weihua Cheng, Matthew B. West, Jianzhong Lu, Wei Li, Robert A. Floyd, Richard D. Kopke

Blast-induced traumatic brain injury has dramatically increased in combat troops in today's military operations. We previously reported that antioxidant treatment can provide protection to the peripheral auditory end organ, the cochlea. In the present study, we examined biomarker expression in the brains of rats at different time points (3 hours to 21 days) after three successive 14 psi blast overpressure exposures to evaluate antioxidant treatment effects on blast-induced brain injury. Rats in the treatment groups received a combination of antioxidants (2,4-disulfonyl α -phenyl tertiary butyl nitron and N-acetylcysteine) one hour after blast exposure and then twice a day for the following two days. The biomarkers examined included an oxidative stress marker (4-hydroxy-2-nonenal, 4-HNE), an immediate early gene (c-fos), a neural injury marker (glial fibrillary acidic protein, GFAP) and two axonal injury markers [amyloid beta (A4) precursor protein, APP, and 68 kDa neurofilament, NF-68]. The results demonstrate that blast exposure induced or up-regulated the following: 4-HNE production in the dorsal hippocampus commissure and the forceps major corpus callosum near the lateral ventricle; c-fos and GFAP expression in most regions of the brain, including the retrosplenial cortex, the hippocampus, the cochlear nucleus, and the inferior colliculus; and NF-68 and APP expression in the hippocampus, the auditory cortex, and the medial geniculate nucleus (MGN). Antioxidant treatment reduced the following: 4-HNE in the hippocampus and the forceps major corpus callosum, c-fos expression in the retrosplenial cortex, GFAP expression in the dorsal cochlear nucleus (DCN), and APP and NF-68 expression in the hippocampus, auditory cortex, and MGN. This preliminary study indicates that antioxidant treatment may provide therapeutic protection to the central auditory pathway (the DCN and MGN) and the non-auditory central nervous system (hippocampus and retrosplenial cortex), suggesting that these compounds have the potential to simultaneously treat blast-induced injuries in the brain and auditory system.

http://iris.lib.neu.edu/ind_eng_diss/17/

Systems engineering models for signature injuries of modern military conflicts

Hande Musdal

Ph.D. Dissertation

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2013, Northeastern University

Modern military conflicts are producing dramatic increases in a new class of "silent" injuries, in part due to the changing manners by which war is waged and better protective equipment. Foremost among these are traumatic brain injury (TBI), posttraumatic stress disorder (PTSD), depression, and various mental health issues. The estimated prevalence of TBI is significantly higher in the military when compared to the general population, with the vast majority of soldiers being diagnosed with mild TBI which occurs with no outward signs of trauma. PTSD, on the other hand, is an increasingly important

problem among U.S. service members and one of the signature injuries in the Iraq and Afghanistan wars. Since associated problems with these disorders often are cognitive, emotional, and behavioral, many cases go undetected and untreated indefinitely, linked with significant psychological disorders, long-term disabilities, and economic burdens.

This dissertation presents several systems engineering models to optimize the overall design, effectiveness, and capacity of healthcare systems for detecting and treating silent injuries, such as TBI and PTSD, as well as a general health problem that is common among veterans, sleep apnea, by addressing the following needs: (1) sequential screening processes, (2) categorical diagnostic methods, and (3) care services location-allocation (network optimization) models.

The first focus of this dissertation is analyzing and optimizing the design of disease screening processes. Several probability and Monte Carlo simulation models are developed to investigate the current and proposed PTSD screening processes within the Veterans Health Administration (VHA). Results indicate that a more systematically designed system, which consists of a series of annual screenings along with a standardized confirmatory testing, results in lower false diagnosis rates, predictable performance, and reduced costs. Additionally, a sequential screening process for mild TBI is proposed and illustrated in order to give an insight into how the general approach is applied to other disorders.

The second area of focus is developing multi-state categorical diagnostic models, which combine different assessment tools and consist of multiple screenings over time, in order to improve the diagnosis reliability and accuracy. Three types of predictive models - fuzzy logic, logistic regression, and neural networks - are described and used to determine whether or not an individual has TBI and to categorize him into the most likely severity state. A numerical example is given for illustration purposes and results indicate that these models can help reduce the number of unrecognized and misdiagnosed cases.

Finally, the third part of this dissertation illustrates the use of location-allocation models in order to improve access to care and patient satisfaction while minimizing overall system cost. Several single and multi-period integer programming models are developed and used across a range of specialty care services, namely, PTSD treatment and sleep apnea testing services, within the VHA. Results indicate significant opportunity to simultaneously reduce total cost, reduce total travel distances, and increase within-network access.

<http://onlinelibrary.wiley.com/doi/10.1002/jts.21859/abstract>

The Role of Military Social Support in Understanding the Relationship Between PTSD, Physical Health, and Healthcare Utilization in Women Veterans.

Lehavot, K., Der-Martirosian, C., Simpson, T. L., Shipherd, J. C. and Washington, D. L.

Posttraumatic stress disorder (PTSD) is a significant predictor of both poorer physical health and increased health care utilization, whereas adequate social support is associated with better physical health and less health care utilization. However, research has not previously examined the simultaneous effects of PTSD and social support on health and health care utilization. This study examined both the independent and interactive effects of PTSD and a particular type of social support (postactive-duty social support from military friends) on self-reported physical health and number of Veterans Health Administration (VHA) visits in the last year. These relationships were examined in a representative, national sample of 3,524 women veterans who completed telephone interviews as part of the National Survey of Women Veterans in 2008–2009. Regression analyses were conducted using these cross-sectional data to examine main effects of PTSD and military social support on physical health and VHA utilization and their interaction. Screening positive for PTSD was associated with poorer health ($B = -3.19$, $SE = 1.47$) and increased VHA utilization ($B = 0.98$, $SE = 0.16$), whereas greater military social support was associated with better health ($B = 0.97$, $SE = 0.44$) and less frequent VHA utilization ($B = -0.15$, $SE = 0.05$). Neither moderation model was significant, such that military social support behaved in a similar way regardless of PTSD status.

<http://www.sciencedirect.com/science/article/pii/S073839911300462X>

The role of coping in depression treatment utilization for VA primary care patients.

Princess E. Osei-Bonsu, Barbara G. Bokhour, Mark E. Glickman, Stephanie Rodrigues, Nora M. Mueller, Natalie S. Dell, Shibe Zhao, Susan V. Eisen, A. Rani Elwy

Patient Education and Counseling, Available online 5 November 2013

Objective

To examine the impact of Veterans' coping strategies on mental health treatment engagement following a positive screen for depression.

Methods

A mixed-methods observational study using a mailed survey and semi-structured interviews. Sample included 271 Veterans who screened positive for depression during a primary care visit at one of three VA medical centers and had not received a diagnosis of depression or prescribed antidepressants 12 months prior to screening. A subsample of 23 Veterans was interviewed.

Results

Logistic regression models showed that Veterans who reported more instrumental support and active coping were more likely to receive depression or other mental health treatment within three months of their positive depression screen. Those who reported emotional support or self-distraction as coping

strategies were less likely to receive any treatment in the same time frame. Qualitative analyses revealed that how Veterans use these and other coping strategies can impact treatment engagement in a variety of ways.

Conclusions

The relationship between Veterans' use of coping strategies and treatment engagement for depression may not be readily apparent without in-depth exploration.

Practice implications

In VA primary care clinics, nurse care managers and behavioral health providers should explore how Veterans' methods of coping may impact treatment engagement.

<http://afs.sagepub.com/content/early/2013/10/24/0095327X13507054.abstract>

The Thin Line between “Crazy” and “Hero”: Exploring the Multiple Statuses of US Veterans in a Work-therapy Program.

Yuval Feinstein

Armed Forces & Society November 5, 2013

This study explores how US veterans who suffer from mental health problems navigate between two primary statuses: national hero and mental patient. The analysis reveals a more nuanced understanding than previous research, which has focused on a simple negative association between positive veteran identity and stigma. Qualitative evidence collected in a work-therapy program for veterans demonstrates that the status of mental patient became salient in peer-group activities, where it engendered a sense of solidarity and mutual empathy, and in interactions outside the mental health care facility, where it involved a sense of stigma. The status of being a national hero emerged in interactions with casual visitors from whom material contributions were sought, but did not reinforce a sense of positive veteran identity because veterans were aware of its instrumental nature. When leaving the program, a strong sense of stigma emerged despite the possibility of embracing the veteran identity.

<http://www.sciencedirect.com/science/article/pii/S0010440X13003192>

Do theories of suicide play well together? Integrating components of the hopelessness and interpersonal psychological theories of suicide.

Evan M. Kleiman, Keyne C. Law, Michael D. Anestis

Comprehensive Psychiatry, Available online 5 November 2013

Given that suicide is a leading cause of death worldwide, there has been considerable research on theories of suicide risk. Despite the volume of such research, each theory is largely investigated in

isolation and there has been little attempt to integrate them. Thus, the goal of the present study is to integrate two theories of suicide risk, Alloy and Abramson's hopelessness theory of suicide (HT) and Joiner's interpersonal psychological theory of suicide (IPTS), into one mediational model where the effects of the risk associated with the HT variables (i.e., a negative cognitive style) on suicidal ideation are transmitted by the IPTS (i.e., perceived burdensomeness and thwarted belonging) variables. Participants were 245 young adults with elevated levels of depressive symptoms who completed self-report measures of suicide risk at baseline and a measure of suicidal ideation eight weeks later. The results of a mediated model supported our hypothesis. The effects of the HT variables on suicidal ideation were mediated by the IPTS variables. Furthermore, results did not support the reverse model, suggesting specificity of the direction of our hypotheses. These findings imply that there may be merit in attempting to integrate theories of suicide risk rather than studying them in isolation.

<http://www.sciencedirect.com/science/article/pii/S1389945713011994>

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, David M. Schnyer

Sleep Medicine, Available online 6 November 2013

Background

Sleep disturbance is a common feature of depression. However, recent work has found that individuals who are vulnerable to depression report poorer sleep quality compared to their low-risk counterparts, 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 if poor sleep quality predicts subsequent increases in depressive symptoms and if levels of cognitive control mediated this relation.

Methods

Thirty-five undergraduate students participated in 2 experimental sessions separated by 3 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 the circadian locomotor

output cycles kaput gene, CLOCK, single nucleotide polymorphism (SNP), rs11932595, as well as sleep assessments and depressive symptoms also are 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/S0306460313003328>

Prevalence and correlates of smoking status among Veterans Affairs primary care patients with probable major depressive disorder.

Anayansi Lombardero, Duncan G. Campbell, Kari J. Harris, Edmund F. Chaney, Andrew B. Lanto, Lisa V. Rubenstein

Addictive Behaviors, Available online 4 November 2013

In an attempt to guide planning and optimize outcomes for population-specific smoking cessation efforts, the present study examined smoking prevalence and the demographic, clinical and psychosocial characteristics associated with smoking among a sample of Veterans Affairs primary care patients with probable major depression. Survey data were collected between 2003 and 2004 from 761 patients with probable major depression who attended one of 10 geographically dispersed VA primary care clinics. Current smoking prevalence was 39.8%. Relative to nonsmokers with probable major depression, bivariate comparisons revealed that current smokers had higher depression severity, drank more heavily, and were more likely to have comorbid PTSD. Smokers with probable major depression were also more likely than nonsmokers with probable major depression to have missed a health care appointment and to have missed medication doses in the previous 5 months. Smokers were more amenable than non-smokers to depression treatment and diagnosis, and they reported more frequent visits to a mental health specialist and less social support. Alcohol abuse and low levels of social support were significant concurrent predictors of smoking status in controlled multivariable logistic regression. In conclusion, smoking prevalence was high among primary care patients with probable major depression, and these smokers reported a range of psychiatric and psychosocial characteristics with potential to complicate systems-level smoking cessation interventions.

<http://www.ncbi.nlm.nih.gov/pubmed/24211338>

Behav Res Ther. 2013 Oct 17;51(12):872-881. doi: 10.1016/j.brat.2013.09.010. [Epub ahead of print]

Cognitive predictors and moderators of winter depression treatment outcomes in cognitive-behavioral therapy vs. light therapy.

Sitnikov L, Rohan KJ, Evans M, Mahon JN, Nillni YI.

Source: University of Vermont, Department of Psychology, John Dewey Hall, 2 Colchester Avenue, Burlington, VT 05405-0134, United States. Electronic address: Isitniko@uvm.edu.

There is no empirical basis for determining which seasonal affective disorder (SAD) patients are best suited for what type of treatment. Using data from a parent clinical trial comparing light therapy (LT), cognitive-behavioral therapy (CBT), and their combination (CBT + LT) for SAD, we constructed hierarchical linear regression models to explore baseline cognitive vulnerability constructs (i.e., dysfunctional attitudes, negative automatic thoughts, response styles) as prognostic and prescriptive factors of acute and next winter depression outcomes. Cognitive constructs did not predict or moderate acute treatment outcomes. Baseline dysfunctional attitudes and negative automatic thoughts were prescriptive of next winter treatment outcomes. Participants with higher baseline levels of dysfunctional attitudes and negative automatic thoughts had less severe depression the next winter if treated with CBT than if treated with LT. In addition, participants randomized to solo LT who scored at or above the sample mean on these cognitive measures at baseline had more severe depressive symptoms the next winter relative to those who scored below the mean. Baseline dysfunctional attitudes and negative automatic thoughts did not predict treatment outcomes in participants assigned to solo CBT or CBT + LT. Therefore, SAD patients with extremely rigid cognitions did not fare as well in the subsequent winter if treated initially with solo LT. Such patients may be better suited for initial treatment with CBT, which directly targets cognitive vulnerability processes.

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<http://www.sciencedirect.com/science/article/pii/S0887618513001825>

A meta-analytic clarification of the relationship between posttraumatic growth and symptoms of posttraumatic distress disorder.

Jane Shakespeare-Finch, Janine Lurie-Beck

Journal of Anxiety Disorders, Available online 2 November 2013

Traumatic experiences can have a powerful impact on individuals and communities but the relationship between perceptions of beneficial and pathological outcomes are not known. Therefore, this meta-analysis examined both the strength and the linearity of the relationship between symptoms of posttraumatic stress disorder (PTSD) and perceptions of posttraumatic growth (PTG) as well as identifying the potential moderating roles of trauma type and age. Literature searches of all languages were conducted using the ProQuest, Wiley Interscience, ScienceDirect, Informaworld and Web of Science databases. Linear and quadratic (curvilinear) r s as well as β s were analysed. Forty-two studies ($N = 11,469$) that examined both PTG and symptoms of PTSD were included in meta-analytic calculations. The combined studies yielded a significant linear relationship between PTG and PTSD symptoms ($r = .315$, $CI = 0.299, 0.331$), but also a significantly stronger (as tested by Fisher's transformation) curvilinear

relationship ($r=.372$, $CI = 0.353, 0.391$). The strength and linearity of these relationships differed according to trauma type and age. The results remind those working with traumatised people that positive and negative post-trauma outcomes can co-occur. A focus only on PTSD symptoms only may limit or slow recovery and mask the potential for growth.

<http://www.ncbi.nlm.nih.gov/pubmed/24215302>

Cogn Behav Ther. 2013 Nov 12. [Epub ahead of print]

Are Changes in Worry Associated with Treatment Response in Cognitive Behavioral Therapy for Insomnia?

Sunnhed R, Jansson-Fröjmark M.

Source: Department of Psychology , Stockholm University , Stockholm , Sweden.

Aim:

Little is known about why some patients respond to cognitive behavioral therapy for insomnia, whereas other patients do not. To understand differences in treatment response, there is a dire need to examine processes of change. The purpose was to investigate the long-term association between insomnia-related worry and outcomes following cognitive behavior therapy for insomnia.

Methods:

Sixty patients with early insomnia (3-12 months duration) received group cognitive behavioral therapy for insomnia. At pretreatment and at a 1-year follow-up, the patients completed questionnaires indexing two domains of insomnia-related worry (sleeplessness and health), insomnia severity, anxiety, and depression as well as sleep diaries.

Results:

Decreases in the two worry domains were associated with improvements in all of the outcomes, except for sleep onset latency (SOL), at a medium to large level. Reductions in insomnia-related worry were associated with improvements in insomnia severity, wake after sleep onset (WASO), total sleep time (TST), and depression, but not in SOL or anxiety. While reductions in worry for sleeplessness were related to improvements in insomnia severity and TST, decreases in worry for health were associated with enhancements in WASO and depression.

Conclusion:

The findings suggest that reductions in insomnia-related worry might be one process route in which cognitive behavioral therapy operates to improve insomnia symptomatology. The results are discussed in relation to theory, clinical implications, and future research.

<http://www.ncbi.nlm.nih.gov/pubmed/24217831>

Clin Ter. 2013 Sep-Oct;164(5):429-35. doi: 10.7417/CT.2013.1609.

Treatment of resistant insomnia and major depression.

Vellante F, Cornelio M, Acciavatti T, Cinosi E, Marini S, Dezi S, De Risio L, Di Iorio G, Martinotti G, Di Giannantonio M.

Source: Neuroscience and Imaging Department, Chair of Psychiatry, "G. d'Annunzio" University, Chieti.

Daily rhythms regulate everyday life and sleep/wake alternation is the best expression of this. Disruptions in biological rhythms is strongly associated with mood disorders, often being the major feature of this, major depressive disorder first of all. Although stabilization of rhythms produced by treatments have important outcome on therapeutic efficacy, insomnia often remains an unresolved symptom when major depression has otherwise been successfully treated with antidepressant. We review scientific literature in order to better clarify how to better approach insomnia as a clinical aspect to investigate and to early treat while treating other psychiatric conditions, major depression in particular. Insomnia is associated with impaired quality of life. It can be resolved with adequate diagnosis and treatment: it should be considered a comorbid condition and should be early identified and treated in a multidisciplinary way, so that the ideal of treatment for patients with treatment resistant insomnia in major depression is an integration of non-pharmacologic measures, along with judicious use of medication, often used as an adjunctive therapy.

<http://www.ncbi.nlm.nih.gov/pubmed/24215653>

Health Care Women Int. 2013 Nov 12. [Epub ahead of print]

Symptoms of Posttraumatic Stress, Depression and Body Image Distress in Female Victims of Physical and Sexual Assault: Exploring Integrated Responses.

Weaver TL, Griffin MG, Mitchell ER.

Source: Department of Psychology , Saint Louis University , Saint Louis , Missouri , USA.

While body image concerns and interpersonal violence exposure are significant issues for women, their interrelationship has been rarely explored. We examined the associations between severity of acute injuries, symptoms of posttraumatic stress disorder (PTSD), depression and body image distress within a sample of predominantly African-American victims of interpersonal violence (N = 73). Severity of body image distress was significantly associated with each outcome. Moreover, body image distress was a significant, unique predictor of depression but not PTSD severity. We recommend continued exploration of body image concerns to further integrated research on violence against women.

<http://www.ncbi.nlm.nih.gov/pubmed/24210602>

Sleep Med. 2013 Oct 18. pii: S1389-9457(13)01158-1. doi: 10.1016/j.sleep.2013.07.019. [Epub ahead of print]

Sertraline and periodic limb movements during sleep: an 8-week open-label study in depressed patients with insomnia.

Zhang B, Hao Y, Jia F, Li X, Ren Y, Zhou P, Liu W, Wing YK.

Source: Guangdong General Hospital, Guangdong Academy of Medical Sciences, Guangdong Mental Health Centre, Guangzhou 510120, China. Electronic address: zhang73bin@hotmail.com.

BACKGROUND:

Previous studies have reported that selective serotonin reuptake inhibitors (SSRIs) might induce or exacerbate periodic limb movements during sleep (PLMS). However, most of these studies were retrospective and cross-sectional studies with small sample sizes on a selective SSRI, fluoxetine. Because different SSRIs have different pharmacologic profiles, it was not certain if other SSRIs also might lead to PLMS.

METHODS:

Data were taken from an open-label 8-week trial of sertraline in depressive patients with insomnia (n=31). Depressed patients were administered sertraline 50mg at 8:00am on the first day, and the dosage was subsequently titrated up to a maximum of 200mg daily during the 8-week trial. All participants were tested by repeated polysomnography (PSG) (baseline, first day, 14th day, 28th day, and 56th day). Periodic leg movements (PLM) were visually counted and the PLM index (PLMI) was calculated. PLMS was defined as PLMI ≥ 5 , and significant PLMS was defined as PLMI ≥ 15 .

RESULTS:

Compared with baseline (PLMI, 3.6 ± 1.5), all PLMI indices increased on the immediate administration of sertraline on the first day (PLMI, 5.1 ± 3.9). From the 14th day onward, PLMI became stable and significantly higher than baseline and the first day (8.7 ± 3.1 on the 14th day, 8.3 ± 3.7 on the 28th day, and 8.5 ± 3.6 on the 56th day; $F[11.81]$; $P=.003$). The clinical responses and PSG characteristics continuously improved during the 8-week trial. The PLMS group (PLMI ≥ 5) had a higher arousal index (AI) than the non-PLMS group on the 14th day (9.4 ± 5.5 vs 5.2 ± 3.7 ; t test, 4.22; $P=.03$) and the 56th day (8.1 ± 5.5 vs 4.3 ± 3.7 ; z score, 3.11; $P=.04$); albeit, there was no significant clinical disturbances in the PLMS group.

CONCLUSIONS:

PLMS were increased during sertraline treatment, but only a few reached the significant level. This effect of sertraline on PLMS might be dosage dependent. Although the sertraline-induced PLMS did not seem to cause significant clinical disturbance, the PLMS group (PLMI ≥ 5) had a higher AI than the non-PLMS group. Thus clinicians should pay more attention to PLMS during SSRI antidepressant treatment.

<http://www.ncbi.nlm.nih.gov/pubmed/24210623>

J Affect Disord. 2013 Oct 16. pii: S0165-0327(13)00741-6. doi: 10.1016/j.jad.2013.10.012. [Epub ahead of print]

Lifetime major depression and comorbid disorders among current-era women veterans.

Curry JF, Aubuchon-Endsley N, Brancu M, Runnals JJ, Va Mid-Atlantic Mirecc Women Veterans Research Workgroup, Va Mid-Atlantic Mirecc Registry Workgroup, Fairbank JA.

Source: Durham VA Medical Center, Durham, NC 27705, USA; Mid-Atlantic Region VA Mental Illness Research, Education and Clinical Center (VISN 6 MIRECC), Durham, NC 27705, USA; Duke University Medical Center, Durham, NC 27705, USA. Electronic address: john.curry@va.gov.

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:

The 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:

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://www.ncbi.nlm.nih.gov/pubmed/24209608>

Compr Psychiatry. 2013 Oct 9. pii: S0010-440X(13)00277-0. doi: 10.1016/j.comppsy.2013.06.011.
[Epub ahead of print]

Are neuropsychological deficits after trauma associated with ASD severity?

Suliman S, Troeman Z, Stein DJ, Seedat S.

Source: Department of Psychiatry, MRC Anxiety Disorders Unit, Stellenbosch University, Cape Town, South Africa. Electronic address: sharain@sun.ac.za.

Acute stress disorder (ASD) is a fairly common sequela of traumatic exposure, and a significant proportion of those with the disorder go on to develop PTSD. Although neuropsychological deficits soon after trauma exposure have been associated with subsequent PTSD onset, few studies have assessed their association with ASD severity. We sought to investigate neuropsychological predictors of ASD severity in a sample of 128 motor vehicle accident (MVA) survivors, while controlling for potential confounders, such as demographic characteristics, other psychiatric diagnoses, and intelligence. We conducted clinical and neuropsychological assessments approximately 10.3 ± 4.5 days after an MVA. Our findings showed that delayed verbal recall was significantly associated with ASD severity, explaining 12.6% of the variance. However, a large proportion of the variance in ASD severity, 13.6%, was also explained by suicide risk. Effect size of the model was moderate ($f^2=0.171$). Suicide risk and delayed verbal recall appear to be moderately associated with ASD severity after a MVA and may be useful indicators of distress in acute trauma survivors. © 2013.

<http://www.ncbi.nlm.nih.gov/pubmed/24205829>

J Ment Health. 2013 Nov 8. [Epub ahead of print]

Life satisfaction in people with post-traumatic stress disorder.

Karatzias T, Chouliara Z, Power K, Brown K, Begum M, McGoldrick T, Maclean R.

Source: Faculty of Health, Life and Social Sciences and NHS Lothian, Clinical Psychology Department , Edinburgh Napier University , Edinburgh , UK.

Background/Aims

There is limited research on the association between post-traumatic stress disorder (PTSD) and life satisfaction in community samples. We set out to investigate levels of life satisfaction and its demographic, trauma related and clinical predictors in a sample of people with PTSD (n = 46).

Methods

Participants completed a battery of standardised self-report measures including Satisfaction with Life Scale, the PTSD Checklist and The Hospital Anxiety and Depression Scale.

Results

Our results indicated that people with moderately severe PTSD in the community are likely to experience lower levels of life satisfaction compared with those with other psychiatric conditions or those without any diagnoses. Multivariate analysis revealed that marital status and trauma symptoms were the only significant predictors of life satisfaction. In specific, being married and presenting with less severe posttraumatic symptomatology were both significantly associated with higher levels of life satisfaction in people with PTSD.

Conclusions

The strong association between traumatic symptomatology and life satisfaction may indicate that routine assessment for life satisfaction or similar positive constructs in people with PTSD, referred for psychological therapies might be useful. Information on positive psychology constructs may facilitate capitalising on clients' strengths and not just on pathology.

<http://www.ncbi.nlm.nih.gov/pubmed/24203540>

J Rehabil Res Dev. 2013 Sep;50(6):769-84. doi: 10.1682/JRRD.2012.06.0118.

Responses to Mantram Repetition Program from Veterans with posttraumatic stress disorder: A qualitative analysis.

Bormann JE, Hurst S, Kelly A.

Source: VA San Diego Healthcare System, 3350 La Jolla Village Dr (111N-1), San Diego, CA 92161.
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This study describes ways in which a Mantram Repetition Program (MRP) was used for managing posttraumatic stress disorder (PTSD) symptoms in 65 outpatient Veterans with PTSD. The MRP consisted of six weekly group sessions (90 min/wk) on how to (1) choose and use a mantram, (2) slow down thoughts and behaviors, and (3) develop one-pointed attention for emotional self-regulation. Critical incident research technique interviews were conducted at 3 mo postintervention as part of a larger randomized clinical trial. The setting was an academic-affiliated Department of Veterans Affairs hospital in southern California. Categorization and comparison of the types and frequency of incidents (i.e., triggering events) were collected. Participants reported a total of 268 triggering events. Content analysis of the outcomes resulted in 12 discreet categories, including relaxing and calming down, letting go of negative feelings, thinking clearly and rationally, diverting attention away from triggering events, focusing attention, refining mantram skills, dealing with sleep disturbances, coming back from flashbacks, slowing down, communicating thoughts and feelings more effectively, feeling in touch

spiritually, and letting go of physical pain. The study shows that the MRP was helpful in managing a wide range of emotional reactions in Veterans with PTSD.

<http://www.ncbi.nlm.nih.gov/pubmed/24203114>

J Trauma Stress. 2013 Nov 6. doi: 10.1002/jts.21859. [Epub ahead of print]

The Role of Military Social Support in Understanding the Relationship Between PTSD, Physical Health, and Healthcare Utilization in Women Veterans.

Lehavot K, Der-Martirosian C, Simpson TL, Shipherd JC, Washington DL.

Source: VA Puget Sound Health Care System, Seattle, Washington, USA; Department of Psychiatry and Behavioral Sciences, University of Washington, Seattle, Washington, USA.

Posttraumatic stress disorder (PTSD) is a significant predictor of both poorer physical health and increased health care utilization, whereas adequate social support is associated with better physical health and less health care utilization. However, research has not previously examined the simultaneous effects of PTSD and social support on health and health care utilization. This study examined both the independent and interactive effects of PTSD and a particular type of social support (postactive-duty social support from military friends) on self-reported physical health and number of Veterans Health Administration (VHA) visits in the last year. These relationships were examined in a representative, national sample of 3,524 women veterans who completed telephone interviews as part of the National Survey of Women Veterans in 2008-2009. Regression analyses were conducted using these cross-sectional data to examine main effects of PTSD and military social support on physical health and VHA utilization and their interaction. Screening positive for PTSD was associated with poorer health ($B = -3.19$, $SE = 1.47$) and increased VHA utilization ($B = 0.98$, $SE = 0.16$), whereas greater military social support was associated with better health ($B = 0.97$, $SE = 0.44$) and less frequent VHA utilization ($B = -0.15$, $SE = 0.05$). Neither moderation model was significant, such that military social support behaved in a similar way regardless of PTSD status.

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

<http://www.ncbi.nlm.nih.gov/pubmed/24201234>

Clin Neuropharmacol. 2013 Nov 5. [Epub ahead of print]

Atypical Antipsychotics in the Treatment of Posttraumatic Stress Disorder.

Wang HR, Woo YS, Bahk WM.

Source: Department of Psychiatry, Yeouido St. Mary's Hospital, The Catholic University of Korea, Seoul, Korea.

OBJECTIVES:

This study reviewed extant published articles on the efficacy and safety of atypical antipsychotics for the treatment of posttraumatic stress disorder (PTSD).

METHODS:

We performed a literature search using PubMed, EMBASE, and the Cochrane database in January 2013. Selection criteria for this review included prospective, controlled studies using validated rating scales of PTSD symptoms in the management of PTSD.

RESULTS:

A total of 12 prospective, controlled studies were included in this review. This review found that atypical antipsychotics are effective and safe in treating PTSD, although there were some negative findings. In particular, atypical antipsychotics also seem to be effective in treating anxiety, depression, and psychotic symptoms frequently accompanied by PTSD.

CONCLUSIONS:

This review found that atypical antipsychotics seemed to be effective and tolerable in the management of PTSD, although the evidence was limited.

<http://www.ncbi.nlm.nih.gov/pubmed/24199660>

Cogn Emot. 2013 Nov 7. [Epub ahead of print]

Blurring of emotional and non-emotional memories by taxing working memory during recall.

van den Hout MA, Eidhof MB, Verboom J, Little M, Engelhard IM.

Source: Clinical and Health Psychology , Utrecht University , Utrecht , The Netherlands.

Memories that are recalled while working memory (WM) is taxed, e.g., by making eye movements (EM), become blurred during the recall + EM and later recall, without EM. This may help to explain the effects of Eye Movement and Desensitisation and Reprocessing (EMDR) in the treatment of post-traumatic stress disorder (PTSD) in which patients make EM during trauma recall. Earlier experimental studies on recall + EM have focused on emotional memories. WM theory suggests that recall + EM is superior to recall only but is silent about effects of memory emotionality. Based on the emotion and memory literature, we examined whether recall + EM has superior effects in blurring emotional memories relative to neutral memories. Healthy volunteers recalled negative or neutral memories, matched for vividness, while visually tracking a dot that moved horizontally ("recall + EM") or remained stationary ("recall only"). Compared to a pre-test, a post-test (without concentrating on the dot) replicated earlier findings: negative memories are rated as less vivid after "recall + EM" but not after "recall only". This was not found for neutral memories. Emotional memories are more taxing than neutral memories, which may explain the findings. Alternatively, transient arousal induced by recall of aversive memories may promote reconsolidation of the blurred memory image that is provoked by EM.

<http://www.ncbi.nlm.nih.gov/pubmed/24199652>

J Psychiatr Res. 2013 Oct 22. pii: S0022-3956(13)00318-X. doi: 10.1016/j.jpsychires.2013.10.009. [Epub ahead of print]

Attentional and executive functions are differentially affected by post-traumatic stress disorder and trauma.

Flaks MK, Malta SM, Almeida PP, Bueno OF, Pupo MC, Andreoli SB, Mello MF, Lacerda AL, Mari JJ, Bressan RA.

Source: LiNC - Laboratório Interdisciplinar de Neurociências Clínicas, Universidade Federal de São Paulo (UNIFESP), Brazil; PROVE - Programa de Atendimento e Pesquisa em Violência, Universidade Federal de São Paulo (UNIFESP), Brazil. Electronic address: mkflaks@usp.br.

BACKGROUND:

Among the neurocognitive impairments observed in patients with Post-traumatic Stress Disorder (PTSD), attentional and executive dysfunctions appear to correlate with negative effects on education, work, daily life activities, and social relations, as well as the re-experiencing, avoidance, and hyperarousal symptoms of PTSD. However, there is no consensus regarding which aspects of attentional and executive functions are impaired in PTSD patients.

METHODS:

Attentional and executive functions were assessed using the digit span (WAIS-III) and spatial span (WMS-III) tests under forward and backward recall conditions, the Stroop Test, and the Wisconsin Card Sorting Test (WCST). Our sample was composed of victims of urban violence who developed PTSD (PTSD+) (n = 81), victims of urban violence who did not develop PTSD (PTSD-) (n = 70), and healthy controls not exposed to trauma (HC) (n = 50).

RESULTS:

The PTSD+ group had poorer performance on the spatial span forward subtest ($p = 0.023$; $\eta^2 = 0.038$) and poorer execution time ($p = 0.023$; $\eta^2 = 0.042$) and accuracy ($p = 0.019$; $\eta^2 = 0.044$) on the Stroop Test compared to HC.

CONCLUSIONS:

These data suggest that there are few differences between the PTSD+ and HC groups, which are restricted to less complex measures of attentional and executive functional processes (short term capacity, selective attention, processing speed, and inhibitory control) and are related to visual stimuli. Therefore, cognitive impairments directly correlated with the manifestation of PTSD.

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<http://www.ncbi.nlm.nih.gov/pubmed/24204066>

J Am Board Fam Med. 2013 Nov-Dec;26(6):701-10. doi: 10.3122/jabfm.2013.06.130064.

Validation of the insomnia severity index in primary care.

Gagnon C, Bélanger L, Ivers H, Morin CM.

Source: the École de Psychologie, Université Laval, Centre d'étude des troubles du sommeil, Québec City, Québec, Canada.

BACKGROUND:

Although insomnia is a prevalent complaint with significant consequences on quality of life, health, and health care utilization, it often remains undiagnosed and untreated in primary care settings. Brief, reliable, and valid instruments are needed to facilitate screening for insomnia in general practice. This study examined psychometric indices of the Insomnia Severity Index (ISI) to identify individuals with clinically significant insomnia in primary care settings.

METHODS:

A sample of 410 patients recruited from 6 general medical clinics completed the ISI before their appointment with a primary care physician. A subsample of 101 individuals also completed a semistructured clinical interview by telephone to determine the presence or absence of an insomnia disorder. Reliability and validity indices were computed, as was the discriminative capacity of each individual item. Convergence between ISI total score and the diagnosis derived from the interview was investigated. Receiver operator characteristic analyses were used to determine the optimal ISI cutoff score that correctly identified individuals with an insomnia disorder.

RESULTS:

ISI internal consistency was excellent (Cronbach $\alpha = 0.92$), and each individual item showed adequate discriminative capacity ($r = 0.65-0.84$). The area under the receiver operator characteristic curve was 0.87 and suggested that a cutoff score of 14 was optimal (82.4% sensitivity, 82.1% specificity, and 82.2% agreement) for detecting clinical insomnia. Agreement between the ISI cut score and the diagnostic interview was moderate ($\kappa = 0.62$).

CONCLUSIONS:

These findings suggest that the ISI is a valid screening instrument for detecting insomnia among patients consulting in primary care settings.

<http://www.ncbi.nlm.nih.gov/pubmed/24199218>

Ann Clin Psychiatry. 2013 Nov;25(4):275-82.

A tale of two veterans: Homeless vs domiciled veterans presenting to a psychiatric urgent care clinic.

Lee H, Iglewicz A, Golshan S, Zisook S.

Source: College of Medicine, Texas A&M Health Science Center, Round Rock, TX, USA. E-mail: haoyu.lee@medicine.tamhsc.edu.

BACKGROUND:

The relationship between homelessness among veterans and mental illness and suicidality has not been clearly defined. To further examine this relationship, we compared rates of mental illness and suicidality among homeless and domiciled veterans seeking urgent psychiatric care at a US Department of Veterans Affairs (VA) facility.

METHODS:

Information was collected by survey from 482 consecutive veterans seeking care at the Psychiatric Emergency Clinic (PEC) at the VA San Diego Healthcare System. A total of 73 homeless veterans were designated the homeless group and 73 domiciled veterans were randomly selected as the domiciled group. Suicidality and mental illnesses were assessed by self-assessment questionnaires and chart review of diagnoses.

RESULTS:

The homeless group had significantly higher rates of past suicide attempts (47% vs 27%) and recent reckless or self-harming behavior (33% vs 18%) compared with the domiciled group but significantly lower rates of depressive disorder (25% vs 44%), as diagnosed by a PEC physician. There were no differences between groups on the questionnaires for posttraumatic stress disorder (PTSD), depression, or alcohol abuse. Nor were there differences in diagnoses of bipolar disorder, PTSD, anxiety disorder, schizophrenia/schizoaffective disorder, or alcohol abuse.

CONCLUSIONS:

Veterans seeking help from a VA-based urgent psychiatric care clinic often are burdened by substantial depression, alcohol use disorders, PTSD, and both past and present suicide risk.

Links of Interest

New Insight Into How Antidepressants Work in the Brain

<http://www.sciencedaily.com/releases/2013/11/131108091339.htm>

CWRU Study Finds Mending Ruptures In Client-Therapist Relationship During PTSD Treatment Has Positive Benefits

<http://www.redorbit.com/news/health/1112997287/cwru-study-finds-mending-ruptures-in-client-therapist-relationship-during-ptsd-treatment-has-positive-benefits/>

Without obvious markers of military service, female veterans connect on campus

<http://www.gwhatchet.com/2013/11/11/without-obvious-markers-of-military-service-female-veterans-connect-on-campus/>

PTSD from Armistice Day to DSM-5

<http://www.blogs.va.gov/VAntage/10827/ptsd-from-armistice-day-to-dsm-5/>

The Vets We Reject and Ignore

<http://www.nytimes.com/2013/11/11/opinion/the-vets-we-reject-and-ignore.html>

Boston Bombing Triggered Flashbacks in Vets With PTSD, Study Finds

http://www.nlm.nih.gov/medlineplus/news/fullstory_142396.html

Military Effort Receives Multi-Million Dollar Grant (Purdue/MFRI)

<http://www.insideindianabusiness.com/newsitem.asp?ID=62305>

Helping veterans, military personnel with health issues

<http://www.wlfi.com/news/local/helping-veterans-military-personnel-with-health-issues>

Princeton study: Military children and their families remain an invisible subculture

http://www.eurekalert.org/pub_releases/2013-11/puww-psm111113.php

New evidence on the biological basis of highly impulsive and aggressive behaviors

http://www.eurekalert.org/pub_releases/2013-11/sfn-neo110413.php

Resource of the Week: [Disaster Apps and Mobile Optimized Web Pages](#)

The Disaster Information Management Center (HHS) has aggregated this collection of mobile apps and access points to information about disaster medicine, psychological health, natural disasters, pandemic disease outbreaks and more. Included here are native/standalone apps (not requiring internet access), web apps (requiring internet access), and links to websites optimized for mobile access.



U.S. Department of Health & Human Services

Disaster Information Management Research Center

IMPROVING ACCESS TO DISASTER HEALTH INFORMATION

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Disaster Apps and Mobile Optimized Web Pages

[Disaster Medicine Tools](#)

[Psychological Health Tools](#)

[Other Disaster-Related Resources](#)

[Information about Hazardous Events, Disasters, and Disease Outbreaks](#)

[Apps for Disasters in Libraries](#)

[Other Apps and Tools](#)

[Selection Guidelines for Non-National Library of Medicine Resources](#)



Mobile connect to this page.

Notes for using this Web page:

The tools on this page are designed to provide mobile device users access to Web-based content. They are developed to run on specific mobile platforms, such as iOS (iPhone and iPad), Android, or Blackberry.

- **Native or standalone apps** deliver content to mobile devices and do not require Internet connectivity to view and use the content.
- **Web Apps** link a mobile device user to content that requires Internet connectivity to access and use.
- **Mobile Web** is a link to a mobile optimized or mobile enhanced Web site, which is a reformatted version of a Web site that is easier to read on a mobile device.

Disaster Medicine Tools

WISER



By: National Library of Medicine



WISER (Wireless Information System for Emergency Responders) assists first responders in Hazmat incidents, with features including substance identification support, containment and suppression

REMM



By: National Library of Medicine



REMM (Radiation Emergency Medical Management) provides guidance about clinical diagnosis and treatment of radiation injuries during radiological and nuclear emergencies.

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