



CDP Research Update -- December 5, 2013

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- Group Auricular Acupuncture for PTSD-Related Insomnia in Veterans: A Randomized Trial.
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- Internet-based treatment of major depression for patients on a waiting list for inpatient psychotherapy: protocol for a multi-centre randomised controlled trial.
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- Changing Minds In The Army: Why It Is So Difficult and What To Do About It
- Quality of Life in Patients with Lower Limb Amputation: Does It Affect Post-amputation Pain, Functional Status, Emotional Status and Perception of Body Image?
- Endorsed and Anticipated Stigma Inventory (EASI): A Tool for Assessing Beliefs About Mental Illness and Mental Health Treatment Among Military Personnel and Veterans.
- Deployment Risk and Resilience Inventory-2 (DRRI-2): An Updated Tool for Assessing Psychosocial Risk and Resilience Factors Among Service Members and Veterans.
- The invisible wounds of war: Caring for women veterans who have experienced military sexual trauma.
- Editorial Regarding the New DSM-5 Diagnosis of PTSD in Veterans and Non-veterans.
- Development of Men's Depressive Symptoms: A Systematic Review of Prospective Cohort Studies.
- Recovery From Comorbidity: Depression or Anxiety With Alcohol Misuse—A Systematic and Integrative Supradisciplinary Review and Critical Appraisal.
- Healthcare Inspection: Alleged Improper Opioid Prescription Renewal Practices, San Francisco VA Medical Center
- Attentional bias and attentional control in Posttraumatic Stress Disorder.
- A meta-analytic clarification of the relationship between posttraumatic growth and symptoms of posttraumatic distress disorder.
- Prevalence and correlates of smoking status among Veterans Affairs primary care patients with probable Major Depressive Disorder.
- Links of Interest
- Resource of the Week: Mobile App -- CBT-i Coach

<http://www.springer.com/social+sciences/book/978-1-4614-8711-1>

Military Deployment and its Consequences for Families

Series: Risk and Resilience in Military and Veteran Families

Editors: Shelley MacDermid Wadsworth, **David S. Riggs**

Springer

2014, XVII, 336 p. 14 illus.

- Focuses heavily on the aftermath of deployment in relation to the wars in Iraq and Afghanistan
- Includes contributions from leading researchers from diverse disciplines, arenas, and countries
- Accessible for readers with little knowledge about military families
- Draws connections to the civilian literature

We are only beginning to comprehend the extent of the challenges faced by men and women serving in the military--a vast web of difficulties that include those left behind for families when service members leave for combat, and the ones that loom over families when they return.

The contributors to *Military Deployment and its Consequences for Families* understand in depth the complexities of military life, and how individual sacrifices translate into stressors for partners and children. Focusing on key areas such as relationship and parenting issues and the effects of wounds and injuries, chapters span the diversity of active duty, veteran, National Guard, and Reserve families, including LGB families and divorced and single service members. These findings on challenges, resources, and coping strategies give readers expert guidance in providing services for military families and helping shape the agenda for further research. Among the topics covered:

- Relational tension in couples during reintegration following deployment.
- Parenting practices and emotion regulation in National Guard and Reserve families.
- Tension between family and career: competency-based perceptions of women and mothers.
- Towards an improved understanding of post-deployment reintegration.
- Combat-related post-traumatic stress disorder and families.
- Community support and unmet needs among families of persons with TBI.

Military Deployment and its Consequences for Families focuses on military mental health and well-being, and deserves the attention of researchers and practitioners working in this important field.

<http://psycnet.apa.org/psycinfo/2013-41142-001/>

Sleep Disturbance Is Common Among Servicemembers and Veterans of Operations Enduring Freedom and Iraqi Freedom.

Plumb, Taylor R.; Peachey, John T.; Zelman, Diane C.

Psychological Services, Nov 25 , 2013

Sleep routines that develop as an adaptation or reaction to deployment can persist upon return stateside. Sleep problems intensify and are intensified by psychiatric distress. This research presents the findings of a comprehensive survey of sleep impairment in relation to demographic data, military history, combat exposure, and mental illness symptoms among a general sample of 375 servicemembers and veterans of Operations Enduring Freedom and Iraqi Freedom (OEF/OIF) at a wide range of times postdeployment. Sleep impairment was assessed with the Pittsburgh Sleep Quality Index (PSQI) and the Addendum for PTSD. Posttraumatic stress disorder (PTSD), depression, and anxiety symptoms were evaluated, with the PTSD Checklist–Military, the Patient Health Questionnaire-9 and the Generalized Anxiety Disorder-7. Sleep problems were common across the sample, with 45.4% of participants reporting sleep onset greater than 30 minutes, 21.4% typically achieving less than 4.5 hours of total sleep time, and 56% reporting being awake in bed more than 15% of the night. Global PSQI scores classified 89% of the sample as “poor sleepers.” Sleep problems were more severe among servicemembers with less education, from lower ranks (E1-E3), with greater combat exposure, and greater depression, anxiety, and PTSD symptoms. These findings suggest the need for routine screening of sleep problems among veterans and increased professional training in interventions for insomnia and nightmares. For individuals experiencing sleep problems with concurrent psychiatric symptoms, addressing sleep concerns may be one less-stigmatizing way to transition servicemembers and veterans into needed mental health services. (PsycINFO Database Record (c) 2013 APA, all rights reserved)

<http://www.fas.org/sgp/crs/misc/RL34024.pdf>

Veterans and Homelessness

Libby Perl, Specialist in Housing Policy

Congressional Research Service

November 29, 2013

The wars in Iraq and Afghanistan have brought renewed attention to the needs of veterans, including the needs of homeless veterans. Researchers have found both male and female veterans to be overrepresented in the homeless population, and as the number of veterans increases due to these conflicts, there is concern that the number of homeless veterans could rise commensurately. The 2007-

2009 recession and the subsequent slow economic recovery also raised concerns that homelessness could increase among all groups, including veterans.

Congress has created numerous programs that serve homeless veterans specifically, almost all of which are funded through the Veterans Health Administration of the Department of Veterans Affairs (VA). These programs provide health care and rehabilitation services for homeless veterans (the Health Care for Homeless Veterans and Domiciliary Care for Homeless Veterans programs), employment assistance (Homeless Veterans Reintegration Program and Compensated Work Therapy program), and transitional housing (Grant and Per Diem program) as well as supportive services (the Supportive Services for Veteran Families program). The VA also works with the Department of Housing and Urban Development (HUD) to provide permanent supportive housing to homeless veterans through the HUD-VA Supported Housing Program (HUD-VASH). In the HUD-VASH program, HUD funds rental assistance through Section 8 vouchers while the VA provides supportive services. In addition, the VA and HUD have collaborated on a homelessness prevention demonstration program.

Several issues regarding veterans and homelessness have become prominent, in part because of the Iraq and Afghanistan wars. One issue is ending homelessness among veterans. In November 2009, the VA announced a plan to end homelessness within five years. Both the VA and HUD have taken steps to increase housing and services for homeless veterans. Funding for VA programs has increased in recent years (see Table 5) and Congress has appropriated funds to increase available units of permanent supportive housing through the HUD-VASH program (see Table 6). Congress has appropriated \$425 million to support initial funding of HUD-VASH vouchers in each year from FY2008 through FY2013, enough to fund nearly 58,000 vouchers.

Another issue is the concern that veterans returning from Iraq and Afghanistan who are at risk of homelessness may not receive the services they need. In addition, concerns have arisen about the needs of female veterans, whose numbers are increasing. Women veterans face challenges that could contribute to their risks of homelessness. They are more likely to have experienced sexual trauma than women in the general population and are more likely than male veterans to be single parents. Historically, few homeless programs for veterans have had the facilities to provide separate accommodations for women and women with children. In recent years, Congress and the VA have made changes to some programs in an attempt to address the needs of female veterans, including funding set asides and efforts to expand services.

<http://www.ncbi.nlm.nih.gov/pubmed/24290044>

J Psychosom Res. 2013 Dec;75(6):546-50. doi: 10.1016/j.jpsychores.2013.09.004. Epub 2013 Oct 2.

Longitudinal relationships of insomnia, nightmares, and PTSD severity in recent combat veterans.

Pigeon WR, Campbell CE, Possemato K, Ouimette P.

Source: Center of Excellence for Suicide Prevention, Canandaigua VA Medical Center, Canandaigua, NY, United States; Center for Integrated Healthcare, Syracuse VA Medical Center, Syracuse, NY, United States; Psychiatry Department, University of Rochester Medical Center, Rochester, NY, United States. Electronic address: Wilfred_Pigeon@urmc.rochester.edu.

OBJECTIVE:

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

METHODS:

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

RESULTS:

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

CONCLUSION:

Among this sample of recent combat veterans, insomnia and nightmares were each strongly associated with the severity of both PTSD and depressive symptoms. Over time, insomnia in particular did not appear to resolve spontaneously and was associated with ongoing PTSD. Addressing insomnia early, therefore, may be a strategy to alter the course of PTSD. © 2013.

<http://www.ncbi.nlm.nih.gov/pubmed/24260518>

PLoS One. 2013 Nov 18;8(11):e80952.

White Matter Microstructure Alterations: A Study of Alcoholics with and without Post-Traumatic Stress Disorder.

Durkee CA, Sarlls JE, Hommer DW, Momenan R.

Source: Section on Brain Electrophysiology and Imaging, Laboratory of Clinical and Translational Studies, National Institute on Alcohol Abuse and Alcoholism, National Institutes of Health, Bethesda, Maryland, United States of America.

Many brain imaging studies have demonstrated reductions in gray and white matter volumes in alcoholism, with fewer investigators using diffusion tensor imaging (DTI) to examine the integrity of white matter pathways. Among various medical conditions, alcoholism and post-traumatic stress disorder (PTSD) are two comorbid diseases that have similar degenerative effects on the white matter integrity. Therefore, understanding and differentiating these effects would be very important in characterizing alcoholism and PTSD. Alcoholics are known to have neurocognitive deficits in decision-making, particularly in decisions related to emotionally-motivated behavior, while individuals with PTSD have deficits in emotional regulation and enhanced fear response. It is widely believed that these types of abnormalities in both alcoholism and PTSD are related to fronto-limbic dysfunction. In addition, previous studies have shown cortico-limbic fiber degradation through fiber tracking in alcoholism. DTI was used to measure white matter fractional anisotropy (FA), which provides information about tissue microstructure, possibly indicating white matter integrity. We quantitatively investigated the microstructure of white matter through whole brain DTI analysis in healthy volunteers (HV) and alcohol dependent subjects without PTSD (ALC) and with PTSD (ALC+PTSD). These data show significant differences in FA between alcoholics and non-alcoholic HVs, with no significant differences in FA between ALC and ALC+PTSD in any white matter structure. We performed a post-hoc region of interest analysis that allowed us to incorporate multiple covariates into the analysis and found similar results. HV had higher FA in several areas implicated in the reward circuit, emotion, and executive functioning, suggesting that there may be microstructural abnormalities in white matter pathways that contribute to neurocognitive and executive functioning deficits observed in alcoholics. Furthermore, our data do not reveal any differences between ALC and ALC+PTSD, suggesting that the effect of alcohol on white matter microstructure may be more significant than any effect caused by PTSD.

<http://www.ncbi.nlm.nih.gov/pubmed/24258147>

JAMA Psychiatry. 2013 Nov 20. doi: 10.1001/jamapsychiatry.2013.2798. [Epub ahead of print]

The Weight of Traumatic Stress: A Prospective Study of Posttraumatic Stress Disorder Symptoms and Weight Status in Women.

Kubzansky LD, Bordelois P, Jun HJ, Roberts AL, Cerda M, Bluestone N, Koenen KC.

Source: Department of Social and Behavioral Sciences, Harvard School of Public Health, Boston, Massachusetts.

IMPORTANCE

Posttraumatic stress disorder (PTSD) indicates a chronic stress reaction in response to trauma. This

prevalent condition has been identified as a possible risk factor for obesity. Whether PTSD symptoms alter the trajectory of weight gain or constitute a comorbid condition has not been established.

OBJECTIVE

To determine whether women who develop PTSD symptoms are subsequently more likely to gain weight and become obese relative to trauma-exposed women who do not develop PTSD symptoms or women with no trauma exposure or PTSD symptoms and whether the effects are independent of depression.

DESIGN, SETTING, AND PARTICIPANTS

The Nurses' Health Study II, a prospective observational study initiated in 1989 with follow-up to 2005, using a PTSD screener to measure PTSD symptoms and time of onset. We included the subsample of the Nurses' Health Study II (54 224 participants; ages 24-44 years in 1989) in whom trauma and PTSD symptoms were measured. EXPOSURES Trauma and PTSD symptoms.

MAIN OUTCOMES AND MEASURES

Development of overweight and obesity using body mass index (BMI) (calculated as weight in kilograms divided by height in meters squared) cut points 25.0 and 30.0, respectively; change in BMI during follow-up among women reporting PTSD symptom onset before 1989; and BMI trajectory before and after PTSD symptom onset among women who developed PTSD symptoms in 1989 or during follow-up.

RESULTS

Among women with at least 4 PTSD symptoms before 1989 (cohort initiation), BMI increased more steeply ($b = 0.09$ [SE = 0.01]; $P < .001$) during the follow-up. Among women who developed PTSD symptoms in 1989 or later, BMI trajectory did not differ by PTSD status before PTSD onset. After PTSD symptom onset, women with at least 4 symptoms had a faster rise in BMI ($b = 0.08$ [SE = 0.02]; $P < .001$). The onset of at least 4 PTSD symptoms in 1989 or later was also associated with an increased risk of becoming overweight or obese (odds ratio, 1.36 [95% CI, 1.19-1.56]) among women with a normal BMI in 1989. Effects were maintained after adjusting for depression.

CONCLUSIONS AND RELEVANCE

Experience of PTSD symptoms is associated with an increased risk of becoming overweight or obese, and PTSD symptom onset alters BMI trajectories over time. The presence of PTSD symptoms should raise clinician concerns about physical health problems that may develop and prompt closer attention to weight status.

<http://www.jmir.org/2013/11/e247/>

Smartphones for Smarter Delivery of Mental Health Programs: A Systematic Review.

Tara Donker, PhD; Katherine Petrie, BScPsych (Hons); Judy Proudfoot, PhD; Janine Clarke, PhD; Mary-Rose Birch, MPH; Helen Christensen, PhD

Background:

The rapid growth in the use of mobile phone applications (apps) provides the opportunity to increase access to evidence-based mental health care.

Objective:

Our goal was to systematically review the research evidence supporting the efficacy of mental health apps for mobile devices (such as smartphones and tablets) for all ages.

Methods:

A comprehensive literature search (2008-2013) in MEDLINE, Embase, the Cochrane Central Register of Controlled Trials, PsycINFO, PsycTESTS, Compendex, and Inspec was conducted. We included trials that examined the effects of mental health apps (for depression, anxiety, substance use, sleep disturbances, suicidal behavior, self-harm, psychotic disorders, eating disorders, stress, and gambling) delivered on mobile devices with a pre- to posttest design or compared with a control group. The control group could consist of wait list, treatment-as-usual, or another recognized treatment.

Results:

In total, 5464 abstracts were identified. Of those, 8 papers describing 5 apps targeting depression, anxiety, and substance abuse met the inclusion criteria. Four apps provided support from a mental health professional. Results showed significant reductions in depression, stress, and substance use. Within-group and between-group intention-to-treat effect sizes ranged from 0.29-2.28 and 0.01-0.48 at posttest and follow-up, respectively.

Conclusions:

Mental health apps have the potential to be effective and may significantly improve treatment accessibility. However, the majority of apps that are currently available lack scientific evidence about their efficacy. The public needs to be educated on how to identify the few evidence-based mental health apps available in the public domain to date. Further rigorous research is required to develop and test evidence-based programs. Given the small number of studies and participants included in this review, the high risk of bias, and unknown efficacy of long-term follow-up, current findings should be interpreted with caution, pending replication. Two of the 5 evidence-based mental health apps are currently commercially available in app stores.

<http://www.sciencedirect.com/science/article/pii/S0165032713007854>

Treatment-Resistant Depression: Definitions, Review of the Evidence, and Algorithmic Approach.

Roger S. McIntyre, Marie-Josée Filteau, Lawrence Martin, Simon Patry, Andre Carvalho, Danielle S. Cha, Maxime Barakat, Maia Miguelez

Journal of Affective Disorders, Available online 15 November 2013

Background

Most adults with major depressive disorder (MDD) fail to achieve remission with index pharmacological treatment. Moreover, at least half will not achieve and sustain remission following multiple pharmacological approaches. Herein, we succinctly review treatment modalities proven effective in TRD.

Methods

We conducted a review of computerized databases (PubMed, Google Scholar) from 1980–April 2013. Articles selected for review were based on author consensus, adequacy of sample size, the use of a standardized experimental procedure, validated assessment measures and overall manuscript quality.

Results

The evidence base supporting augmentation of conventional antidepressants with atypical antipsychotics (i.e., aripiprazole, quetiapine, olanzapine) is the most extensive and rigorous of all pharmacological approaches in TRD. Emerging evidence supports the use of some psychostimulants (i.e., lisdexamfetamine) as well as aerobic exercise. In addition, treatments informed by pathogenetic disease models provide preliminary evidence for the efficacy of immune-inflammatory based therapies and metabolic interventions. Manual based psychotherapies remain a treatment option, with the most compelling evidence for cognitive behavioral therapy. Disparate neurostimulation strategies are also available for individuals insufficiently responsive to pharmacotherapy and/or psychosocial interventions.

Limitations

Compared to non-treatment-resistant depression, TRD has been less studied. Most clinical studies on TRD have focused on pharmacotherapy-resistant depression, with relatively fewer studies evaluating “next choice” treatments in individuals who do not initially respond to psychosocial and/or neurostimulatory treatments.

Conclusion

The pathoetiological heterogeneity of MDD/TRD invites the need for mechanistically dissimilar, and empirically validated, treatment approaches for TRD.

<http://onlinelibrary.wiley.com/doi/10.1002/jts.21869/abstract>

Comparing Response to Cognitive Processing Therapy in Military Veterans With Subthreshold and Threshold Posttraumatic Stress Disorder.

Dickstein, B. D., Walter, K. H., Schumm, J. A. and Chard, K. M.

Journal of Traumatic Stress

Article first published online: 15 NOV 2013

Research suggests that subthreshold posttraumatic stress disorder (PTSD) symptomatology is associated with increased risk for psychological and functional impairment, including increased risk for suicidal

ideation. However, it does not appear that any studies to date have investigated whether subthreshold PTSD can effectively be treated with evidence-based, trauma-focused treatment. Accordingly, we tested response to cognitive processing therapy (CPT) in 2 groups of military veterans receiving care at a VA outpatient specialty clinic, 1 with subthreshold PTSD at pretreatment (n = 51) and the other with full, diagnostic PTSD (n = 483). Multilevel analysis revealed that both groups experienced a significant decrease in PTSD symptoms over the course of therapy (the full and subthreshold PTSD groups experienced an average decrease of 1.79 and 1.52 points, respectively, on the PTSD Checklist with each increment of time, which was coded from 0 at pretreatment to 13 at posttreatment). After controlling for pretreatment symptom severity, a between-groups difference was not found. These results suggest that CPT is an effective form of treatment among military veterans, and that its effectiveness does not differ between subthreshold and threshold groups.

<http://jiv.sagepub.com/content/early/2013/11/13/0886260513506274.abstract>

Differences in Relationship Conflict, Attachment, and Depression in Treatment-Seeking Veterans With Hazardous Substance Use, PTSD, or PTSD and Hazardous Substance Use.

Gina P. Owens, Philip Held, Laura Blackburn, John S. Auerbach, Allison A. Clark, Catherine J. Herrera, Jerome Cook, and Gregory L. Stuart

Published online before print November 18, 2013

Veterans (N = 133) who were seeking treatment in either the Posttraumatic Stress Program or Substance Use Disorders Program at a Veterans Affairs Medical Center (VAMC) and, based on self-report of symptoms, met clinical norms for posttraumatic stress disorder (PTSD) or hazardous substance use (HSU) completed a survey related to relationship conflict behaviors, attachment styles, and depression severity. Participants were grouped into one of three categories on the basis of clinical norm criteria: PTSD only, HSU only, and PTSD + HSU. Participants completed the PTSD Checklist–Military, Experiences in Close Relationships Scale–Short Form, Center for Epidemiologic Studies–Depression scale, Alcohol Use Disorders Identification Test, Drug Use Disorders Identification Test, and Psychological Aggression and Physical Violence subscales of the Conflict Tactics Scale. Most participants were male and Caucasian. Significant differences were found between groups on depression, avoidant attachment, psychological aggression perpetration and victimization, and physical violence perpetration and victimization. Post hoc analyses revealed that the PTSD + HSU group had significantly higher levels of depression, avoidant attachment, and psychological aggression than the HSU only group. The PTSD + HSU group had significantly higher levels of physical violence than did the PTSD only group, but both groups had similar mean scores on all other variables. Potential treatment implications are discussed.

<http://www.sciencedirect.com/science/article/pii/S1054139X13005028>

Well-Being and Suicidal Ideation of Secondary School Students From Military Families.

Julie A. Cederbaum, Ph.D., Tamika D. Gilreath, Ph.D., Rami Benbenishty, Ph.D., Ron A. Astor, Ph.D., Diana Pineda, M.S.W., Kris T. DePedro, Ph.D., Monica C. Esqueda, M.Ed., Hazel Atuel, Ph.D.

Journal of Adolescent Health

Available online 17 November 2013

Background

The mental health of children is a primary public health concern; adolescents of military personnel may be at increased risk of experiencing poorer well-being overall and depressive symptoms specifically. These adolescents experience individual and intrafamilial stressors of parental deployment and reintegration, which are directly and indirectly associated with internalizing behaviors.

Purpose

The present study sought to better understand the influence of parental military connectedness and parental deployment on adolescent mental health.

Methods

Data from the 2011 California Healthy Kids Survey examined feeling sad or hopeless, suicidal ideation, well-being, and depressive symptoms by military connectedness in a subsample (n = 14,299) of seventh-, ninth-, and 11th-grade California adolescents. Cross-classification tables and multiple logistic regression analyses were used.

Results

More than 13% of the sample had a parent or sibling in the military. Those with military connections were more likely to report depressive symptoms and suicidal ideation. Controlling for grade, gender, and race/ethnicity, reporting any familial deployment compared with no deployments was associated with increasing odds of experiencing sadness or hopelessness, depressive symptoms, and suicidal ideation.

Conclusions

Findings emphasize the increased risk of mental health issues among youth with parents (and siblings) in the military. Although deployment-related mental health stressors are less likely during peace, during times of war there is a need for increased screening in primary care and school settings. Systematic referral systems and collaboration with community-based mental health centers will bolster screening and services.

<http://psycnet.apa.org/psycinfo/2013-39414-001/>

After “Don’t Ask Don’t Tell”: Competent Care of Lesbian, Gay and Bisexual Military Personnel During the DoD Policy Transition.

Johnson, W. Brad; Rosenstein, Judith E.; Buhrke, Robin A.; Haldeman, Douglas C.

Professional Psychology: Research and Practice, Nov 11 , 2013

Repeal of the “Don’t Ask, Don’t Tell” policy that excluded openly lesbian, gay, and bisexual (LGB) persons from military service (Don’t Ask, Don’t Tell Repeal Act of 2010, Pub. L. No. 111–321, 124 Stat. 3515, 2010) was a defining moment for the nation and cause for hope that open service might become a reality for thousands of LGB service members. But the near-term reality of the DADT repeal may include heightened stressors and risks for LGB military personnel, including continuation of sexual stigma and prejudice and resistance to the policy change, a potential spike in sexual-orientation-based harassment and victimization, difficult decisions about remaining concealed or disclosing sexual orientation, and the potential that military mental health providers will have little recent experience in service delivery to openly LGB clients. In this article, we consider the effects of the DADT policy and the policy repeal on LGB military members. We conclude with several recommendations for psychologists who serve active duty LGB clients and who consult to military commanders and policymakers. (PsycINFO Database Record (c) 2013 APA, all rights reserved)

<http://psycnet.apa.org/journals/mil/25/5/438/>

Measuring spiritual fitness: Atheist military personnel, veterans, and civilians.

Hammer, Joseph H.; Cragun, Ryan T.; Hwang, Karen

Military Psychology, Vol 25(5), Sep 2013, 438-451.

This study investigated the impact of transcendent item phrasing (i.e., phrasing which assumes the respondent believes in certain sacred or supernatural concepts) on the validity of the U.S. Army’s Comprehensive Soldier Fitness (CSF) program’s spiritual fitness scale when administered to atheist military personnel, veterans, and civilians. Results indicated that the inclusion of transcendent phrasing led to reduced concurrent validity for the spiritual fitness scale when administered to atheist military personnel and veterans, reduced concurrent and predictive validity when administered to atheists’ but not Christians’ spiritual fitness. Notably, the removal of transcendent phrasing actually led to increased concurrent validity for Christian respondents. Taken together, these findings suggest the Revised scale, which is composed of items that do not rely on transcendent phrasing, produces better psychometric outcomes for both atheist and Christian respondents. Implications for the CSF program and the measurement of spiritual fitness are addressed. (PsycINFO Database Record (c) 2013 APA, all rights reserved)

<http://psycnet.apa.org/journals/mil/25/5/452/>

Social support and postdeployment coping self-efficacy as predictors of distress among combat veterans.

Smith, Andrew J.; Benight, Charles C.; Cieslak, Roman

Military Psychology, Vol 25(5), Sep 2013, 452-461.

This study evaluated the indirect effect of received social support on distress severity (i.e., posttraumatic stress and depression symptom severity) among 89 combat veterans. Through integrating the social support deterioration deterrence model and the enabling hypothesis, mediating roles of perceived social support and self-efficacy specific to postdeployment adaptation were investigated. Results showed that (a) received social support and perceived social support were not related, and (b) both received and perceived social support indirectly predicted distress severity (posttraumatic stress and depression symptom severity) through postdeployment coping self-efficacy. Specifically, high received and perceived social support independently predicted high postdeployment coping self-efficacy, and high postdeployment coping self-efficacy predicted lower distress severity levels. Theory enhancement and future research needs are discussed. (PsycINFO Database Record (c) 2013 APA, all rights reserved)

<http://psycnet.apa.org/psycinfo/2013-40553-001/>

Differential Learning and Memory Performance in OEF/OIF Veterans for Verbal and Visual Material.

Sozda, Christopher N.; Muir, James J.; Springer, Utaka S.; Partovi, Diana; Cole, Michael A.

Neuropsychology, Nov 18 , 2013

Objective:

Memory complaints are particularly salient among veterans who experience combat-related mild traumatic brain injuries and/or trauma exposure, and represent a primary barrier to successful societal reintegration and everyday functioning. Anecdotally within clinical practice, verbal learning and memory performance frequently appears differentially reduced versus visual learning and memory scores. We sought to empirically investigate the robustness of a verbal versus visual learning and memory discrepancy and to explore potential mechanisms for a verbal/visual performance split.

Method:

Participants consisted of 103 veterans with reported history of mild traumatic brain injuries returning home from U.S. military Operations Enduring Freedom and Iraqi Freedom referred for outpatient neuropsychological evaluation.

Results:

Findings indicate that visual learning and memory abilities were largely intact while verbal learning and memory performance was significantly reduced in comparison, residing at approximately 1.1 SD below the mean for verbal learning and approximately 1.4 SD below the mean for verbal memory. This difference was not observed in verbal versus visual fluency performance, nor was it associated with estimated premorbid verbal abilities or traumatic brain injury history. In our sample, symptoms of

depression, but not posttraumatic stress disorder, were significantly associated with reduced composite verbal learning and memory performance.

Conclusions:

Verbal learning and memory performance may benefit from targeted treatment of depressive symptomatology. Also, because visual learning and memory functions may remain intact, these might be emphasized when applying neurocognitive rehabilitation interventions to compensate for observed verbal learning and memory difficulties. (PsycINFO Database Record (c) 2013 APA, all rights reserved)

<http://onlinelibrary.wiley.com/doi/10.1002/jts.21867/abstract>

Intimate Partner Violence Among Women Veterans: Previous Interpersonal Violence as a Risk Factor.

Iverson, K. M., Mercado, R., Carpenter, S. L. and Street, A. E.

Journal of Traumatic Stress

Article first published online: 15 NOV 2013

Experiences of abuse during childhood or military service may increase women veterans' risk for intimate partner violence (IPV) victimization. This study examined the relative impact of 3 forms of interpersonal violence exposure (childhood physical abuse [CPA], childhood sexual abuse [CSA], and unwanted sexual experiences during military service) and demographic and military characteristics on past-year IPV among women veterans. Participants were 160 female veteran patients at Veterans Affairs hospitals in New England who completed a paper-and-pencil mail survey that included validated assessments of past-year IPV and previous interpersonal violence exposures. Women who reported CSA were 3.06 times, 95% confidence interval (CI) [1.14, 8.23], more likely to report past-year IPV relative to women who did not experience CSA. Similarly, women who reported unwanted sexual experiences during military service were 2.33 times, 95% CI [1.02, 5.35], more likely to report past-year IPV compared to women who did not report such experiences. CPA was not associated with IPV risk. Having less education and having served in the Army (vs. other branches) were also associated with greater risk of experiencing IPV in the past year. Findings have implications for assisting at risk women veterans in reducing their risk for IPV through detection and intervention efforts.

<http://www.sciencedirect.com/science/article/pii/S0376871613004778>

Suicide and Substance Use among Female Veterans: a Need for Research.

Shawna L. Carroll Chapman, Li-Tzy Wu

Drug and Alcohol Dependence

Available online 20 November 2013

Background

The number of female veterans is increasing. Veterans Administration (VA) enrollment increased over 40% from past eras. However, little research has focused on their mental health. We reviewed literature to examine associations of substance use with suicide in female veterans, identify research gaps, and inform future studies.

Methods

Google Scholar, Pub Med, and PsychINFO were searched using: substance use, female veteran, and suicide. Exclusion criteria (e.g., not discussing U.S. veterans) left 17 articles.

Results

Nine studies examined completed suicide among veterans. In most recent years, rates of deaths were greater for veterans than nonveterans, including females. Completed suicide was associated with past trauma, young age, and a mental disorder. Studies have often not addressed substance use. Three studies examined completed suicide among VA treated veterans without examining substance use as an associated factor. Rates of completed suicides were also higher among veterans than nonveterans, including females. A large proportion of females also had a mental diagnosis. Five studies examined substance use and attempted or completed suicide among VA treated veterans. Veterans in poor mental health had increased odds of suicide mortality; women with a substance use disorder (SUD) had a higher hazard ratio for completed suicide than men with a SUD. Engagement in substance abuse treatment decreased odds of suicide attempt among veterans.

Conclusion

Available data suggest that suicide rates are higher among female veterans than women in the general population. Substance use may increase the likelihood of suicidal behaviors among female veterans, particularly those with a mental diagnosis.

<http://psycnet.apa.org/psycinfo/2013-40554-001/>

Neuropsychological Outcomes in OEF/OIF Veterans With Self-Report of Blast Exposure: Associations With Mental Health, but not mTBI.

Verfaellie, Mieke; Lafleche, Ginette; Spiro, Avron; Bousquet, Kathryn

Neuropsychology, Nov 18 , 2013

Objective:

To examine neuropsychological outcomes in veterans of Operations Enduring and Iraqi Freedom (OEF/OIF) with self-reported histories of blast exposure and determine the contribution of deployment-related mild traumatic brain injury (mTBI), and posttraumatic stress disorder (PTSD) and depression to performance. The effect of number of blast exposures and distance from the blast was also assessed.

Method:

OEF/OIF veterans who reported exposure to blast underwent structured interviews and were assigned to no-TBI (n = 39), mTBI without loss of consciousness (LOC; n = 53), or mTBI with LOC (n = 35) groups. They were administered tests of executive function, memory, and motor function at least 6 months after the index event.

Results:

Neuropsychological outcomes did not differ as a function of mTBI group. Blast load and distance from the blast also did not affect neuropsychological performance. Both PTSD and depression symptoms were significantly associated with neuropsychological outcomes.

Conclusions:

A history of mTBI with or without LOC during deployment does not contribute to objective cognitive impairment in the chronic phase post injury. In contrast, PTSD and depression symptoms are associated with cognitive performance decrements. This finding is thought to reflect at least in part the impact of psychiatric distress on neuropsychological performance. (PsycINFO Database Record (c) 2013 APA, all rights reserved)

<http://www.sciencedirect.com/science/article/pii/S0165032713007994>

Combat veterans with PTSD after mild TBI exhibit greater ERPs from posterior-medial cortical areas while appraising facial features.

I-Wei Shu, Julie A. Onton, Nitin Prabhakar, Ryan M. O'Connell, Alan N. Simmons, Scott C. Matthews

Journal of Affective Disorders, Available online 17 November 2013

Posttraumatic stress disorder (PTSD) worsens prognosis following mild traumatic brain injury (mTBI). Combat personnel with histories of mTBI exhibit abnormal activation of distributed brain networks – including emotion processing and default mode networks. How developing PTSD further affects these abnormalities has not been directly examined. We recorded electroencephalography in combat veterans with histories of mTBI, but without active PTSD (mTBI only, n=16) and combat veterans who developed PTSD after mTBI (mTBI+PTSD, n=16) – during the Reading the Mind in the Eyes Test (RMET), a validated test of empathy requiring emotional appraisal of facial features. Task-related event related potentials (ERPs) were identified, decomposed using independent component analysis (ICA) and localized anatomically using dipole modeling. We observed larger emotional face processing ERPs in veterans with mTBI+PTSD, including greater N300 negativity. Furthermore, greater N300 negativity correlated with greater PTSD severity, especially avoidance/numbing and hyperarousal symptom clusters. This correlation was dependent on contributions from the precuneus and posterior cingulate cortex (PCC). Our results support a model where, in combat veterans with histories of mTBI, larger ERPs from over-active posterior-medial cortical areas may be specific to PTSD, and is likely related to negative self-referential activity.

<http://www.ingentaconnect.com/content/maney/msi/2013/00000008/F0020001/art00005>

The Art Museum as Trauma Clinic: A Veteran's Story.

Author: Ruehrwein, Blake J.

Source: Museums & Social Issues, Volume 8, Numbers 1-2, November 2013 , pp. 36-46(11)

More than 2 million U.S. troops have deployed to Iraq and Afghanistan since 2001, and almost one third have reported symptoms of PTSD, severe depression, or traumatic brain injury. Can museums be a place to teach people how to avoid the trauma of war or deal with it in a healthy manner? The collaboration between artist Krzysztof Wodiczko, war veterans, and a Contemporary art museum offers evidence that they can. This article looks at the museum as a form of clinic through a 2009 project at the Institute of Contemporary Art/Boston. Results show that museums can act as a public forum for the interactions required for veterans to pick up the pieces from disabling traumatizations. Museums can offer modes of healing for millions of Americans that suffer from trauma, and can contribute to the therapeutic recovery of valued members of our society, thus enabling them to become positively contributing active citizens.

<http://onlinelibrary.wiley.com/doi/10.1111/sltb.12060/abstract>

Hope and the Interpersonal-Psychological Theory of Suicidal Behavior: Replication and Extension of Prior Findings.

Anestis, M. D., Moberg, F. B. and Arnau, R. C.

Suicide and Life-Threatening Behavior

Article first published online: 16 NOV 2013

The interpersonal-psychological theory of suicidal behavior (IPTS; Joiner, 2005) posits that suicidal behavior occurs when an individual has a desire for death (due to the combination of perceived burdensomeness and thwarted belongingness) in addition to an acquired capacity for suicide, which is present when the individual has a low fear of death and high pain tolerance. Previous research has demonstrated an expected negative relation between trait hope and perceived burdensomeness and thwarted belongingness, as well as a more perplexing finding that hope is positively associated with the acquired capability. In a sample of 230 college students, measures of the three components of the IPTS were administered, along with measures of hope, depression, and painful and/or provocative events. Hierarchical regression analyses replicated the previously found associations between hope and burdensomeness and belongingness while controlling for depression and demographic variables. The positive association between hope and acquired capacity was also replicated, but a mediation analysis demonstrated that the effect was statistically accounted for by distress tolerance. The results further

support the incremental validity of hope as a consideration in suicide risk assessments and suggest that hope may serve as a protective factor with respect to suicidal desire.

<http://link.springer.com/article/10.1007/s11121-013-0444-0>

Effects of Rumination and Optimism on the Relationship Between Psychological Distress and Non-Suicidal Self-Injury.

Alicia K. Tanner, Penelope Hasking, Graham Martin

Prevention Science

November 2013

In recent years, increasing concern regarding non-suicidal self-injury (NSSI) among adolescents has prompted investigation of factors that may prevent this behavior. This study examined the relationship between psychological distress and NSSI in a community sample of adolescents, and the moderating effect of both optimism and rumination on this association. Two thousand five hundred seventy-two participants (12–18 years) completed self-report questionnaires assessing psychological distress, cognitive, and emotional characteristics, and NSSI history. Ten percent of the sample reported a history of NSSI, and as hypothesized, optimism moderated the relationship between psychological distress and NSSI; the association was only evident when optimism was low. Rumination was not found to moderate the relationship between psychological distress and NSSI. These findings highlight the utility of considering optimism in NSSI prevention and early intervention programs.

<http://link.springer.com/article/10.1007/s10942-013-0173-0>

The Measurement of Positive Attitudes: The Glass is Half Full.

Lauren B. Fisher, James C. Overholser

Journal of Rational-Emotive & Cognitive-Behavior Therapy

November 2013

Positive thoughts play a significant role in the experience and recovery from depression. The Coping Attitudes Scale (CAS) is a rationally derived measure of positive cognitions. The CAS contains statements reflective of coping attitudes along five domains: life perspective, personal accomplishment, positive future, self-worth, and coping with problems. The current study examined the CAS in psychiatric outpatients and college students. Measures of depression, hopelessness, suicidal ideation and positive attitudes were administered to 82 adult psychiatric outpatients and 156 college students. Depression and hopelessness were strongly, negatively, partially correlated with each of the CAS factors, after controlling for age. Relationships among individual CAS factors and suicidal ideation demonstrated weak

to moderate partial associations, after controlling for age. Depression was significantly associated with the coping with problems subscale ($R^2 = .530$). Hopelessness was significantly related to the positive future subscale ($R^2 = .696$). Further, the CAS demonstrated a significant relationship with depression and hopelessness, even after accounting for the Automatic Thoughts Questionnaire-Revised, Positive subscale. The CAS may be an improved measure of positive attitudes that could be useful in establishing a patient's baseline of positive thinking, determining targets for therapy, and in monitoring progress in treatment.

<http://www.sciencedirect.com/science/article/pii/S016503271300801X>

Comfort from suicidal cognition in recurrently depressed patients.

Catherine Crane, Thorsten Barnhofer, Danielle S. Duggan, Catrin Eames, Silvia Hepburn, Dhruvi Shah, J.Mark G. Williams

Journal of Affective Disorders, Available online 18 November 2013

Background

Previous research has suggested that some individuals may obtain comfort from their suicidal cognitions.

Method

This study explored clinical variables associated with comfort from suicidal cognition using a newly developed 5 item measure in 217 patients with a history of recurrent depression and suicidality, of whom 98 were followed up to at least one relapse to depression and reported data on suicidal ideation during the follow-up phase.

Results

Results indicated that a minority of patients, around 15%, reported experiencing comfort from suicidal cognitions and that comfort was associated with several markers of a more severe clinical profile including both worst ever prior suicidal ideation and worst suicidal ideation over a 12 month follow-up period.

Limitations

Few patients self-harmed during the follow-up period preventing an examination of associations between comfort and repetition of self-harm.

Conclusions

These results, although preliminary, suggest that future theoretical and clinical research would benefit from further consideration of the concept of comfort from suicidal thinking.

<http://jiv.sagepub.com/content/early/2013/11/25/0886260513507135.abstract>

Secondary Traumatic Stress and Disruptions to Interpersonal Functioning Among Mental Health Therapists.

Rachael A. Robinson-Keilig, Ph.D.

J Interpers Violence 0886260513507135, first published on November 27, 2013

Disruptions within interpersonal relationships are often cited as a symptom of secondary traumatic stress (STS) and vicarious trauma among mental health therapists. However, the primary evidence to support these claims is based on theoretical explanations and limited descriptive data. The current study sought to test the theoretical model of STS and to extend prior research by directly measuring interpersonal and sexual disruptions and their association with STS symptomology. The study hypothesized that mental health therapists with higher levels of intrusion, avoidance, and arousal symptoms would also report disruptions in their interpersonal relationships. A total of 320 licensed mental health therapists completed the online study questionnaire. Results of the current study were mixed. Higher levels of STS symptoms showed a significant association with lower relationship satisfaction, lower social intimacy, less use of constructive communication patterns, and more use of avoidance communication and demand-withdrawal communication patterns. These relationships remained after controlling for gender, years of counseling experience, and exposure level to trauma clients. However, no association was found between STS, sexual activity interest, and sexual relationship satisfaction. Implications of these findings are reviewed.

http://jammonline.com/15082.abstract?page=article&article_id=14652

Jet Lag in Military and Civil Aviation: A Review Study.

Hamze Shahali and Azade Amirabadi Farahani

Journal of Archives in Military Medicine. 1(1): 13-18.

Background:

Physiological or behavioral cycles are generated by an internal pacemaker with an oscillatory frequency of approximately 24.2 hours which are named as circadian rhythm. This internal pacemaker is located at hypothalamus as suprachiasmatic nucleus and control sleep-wake cycle, with wakefulness commonly promoted during daylight hours and sleep promoted during evening hours.

Objectives:

The aim of this article is to provide a framework for understanding the biological basis of jet lag and recommend management strategies. Understanding jet lag can help us to address the broader problem of circadian misalignment, which has increasingly been associated with increased risk of cancer

(colorectal and breast), metabolic diseases, cardiovascular dysfunction, mood disorders (depression), and cognitive decline.

Materials and Methods:

The current study is a review article based on literatures in the field of aerospace medicine. It is hoped that this presentation will be useful for those who are interested in aviation medicine.

Results:

Jet Lag usually experienced by individuals who cross at least 2 time zones by intercontinental flights. Symptoms and signs usually reveal after 1-2 days of arrival in relation with circadian system complication and cause insomnia, sleepiness, general malaise, gastrointestinal upset (anorexia, indigestion and defecation disorders), neural (fatigue, headaches, and irritability) and cognitive impairments (concentration, judgment and memory disturbance), etc. Eastward travel requires an advance phase and these persons often complain about initiating sleep at early evening and being awake at early morning. Thus, eastbound travelers have difficult adaptation and worsen features rather than westbound travelers. The incidence of jet lag often has not been reported, so the accurate prevalence is uncertain.

Conclusions:

Due to the progressive development of aviation and intercontinental travels, the awareness about jet lag and its complications, prevention and treatment for all population especially aviators and medical groups are necessary.

<http://jama.jamanetwork.com/article.aspx?articleid=1764049>

Depression in Primary Care: A Randomized Trial.

Kravitz RL, Franks P, Feldman MD, et al.

JAMA. 2013;310(17):1818-1828.

Importance

Encouraging primary care patients to address depression symptoms and care with clinicians could improve outcomes but may also result in unnecessary treatment.

Objective

To determine whether a depression engagement video (DEV) or a tailored interactive multimedia computer program (IMCP) improves initial depression care compared with a control without increasing unnecessary antidepressant prescribing.

Design, Setting, and Participants

Randomized clinical trial comparing DEV, IMCP, and control among 925 adult patients treated by 135 primary care clinicians (603 patients with depression and 322 patients without depression, defined by

Patient Health Questionnaire–9 [PHQ-9] score) conducted from June 2010 through March 2012 at 7 primary care clinical sites in California.

Interventions

DEV targeted to sex and income, an IMCP tailored to individual patient characteristics, and a sleep hygiene video (control).

Main Outcomes and Measures

Among depressed patients, superiority assessment of the composite measure of patient-reported antidepressant drug recommendation, mental health referral, or both (primary outcome); depression at 12-week follow-up, measured by the PHQ-8 (secondary outcome). Among nondepressed patients, noninferiority assessment of clinician- and patient-reported antidepressant drug recommendation (primary outcomes) with a noninferiority margin of 3.5%. Analyses were cluster adjusted.

Results

Of the 925 eligible patients, 867 were included in the primary analysis (depressed, 559; nondepressed, 308). Among depressed patients, rates of achieving the primary outcome were 17.5% for DEV, 26% for IMCP, and 16.3% for control (DEV vs control, 1.1 [95% CI, -6.7 to 8.9], $P = .79$; IMCP vs control, 9.9 [95% CI, 1.6 to 18.2], $P = .02$). There were no effects on PHQ-8 measured depression score at the 12-week follow-up: DEV vs control, -0.2 (95% CI, -1.2 to 0.8); IMCP vs control, 0.9 (95% CI, -0.1 to 1.9). Among nondepressed patients, clinician-reported antidepressant prescribing in the DEV and IMCP groups was noninferior to control (mean percentage point difference [PPD]: DEV vs control, -2.2 [90% CI, -8.0 to 3.49], $P = .0499$ for noninferiority; IMCP vs control, -3.3 [90% CI, -9.1 to 2.4], $P = .02$ for noninferiority); patient-reported antidepressant recommendation did not achieve noninferiority (mean PPD: DEV vs control, 0.9 [90% CI, -4.9 to 6.7], $P = .23$ for noninferiority; IMCP vs control, 0.3 [90% CI, -5.1 to 5.7], $P = .16$ for noninferiority).

Conclusions and Relevance

A tailored IMCP increased clinician recommendations for antidepressant drugs, a mental health referral, or both among depressed patients but had no effect on mental health at the 12-week follow-up. The possibility that the IMCP and DEV increased patient-reported clinician recommendations for an antidepressant drug among nondepressed patients could not be excluded.

<http://www.plosone.org/article/info%3Adoi%2F10.1371%2Fjournal.pone.0079595>

Analysis of Post-Deployment Cognitive Performance and Symptom Recovery in U.S. Marines.

Haran FJ, Alphonso AL, Creason A, Campbell JS, Johnson D, et al.

PLoS ONE 8(11): e79595. doi:10.1371/journal.pone.0079595

Background

Computerized neurocognitive testing (NCAT) has been proposed to be useful as a screening tool for

post-deployment cognitive deficits in the setting of mild traumatic brain injury (mTBI). We assessed the clinical utility of post-injury/post-deployment Automated Neurocognitive Assessment Metric (ANAM) testing, using a longitudinal design to compare baseline ANAM tests with two post-deployment ANAM tests in a group of Marines who experienced combat during deployment.

Methods and Findings

Post-deployment cognitive performance and symptom recovery were compared in a subsample of 1324 U.S. Marines with high rates of combat exposure during deployment. Of the sample, 169 Marines had available baseline and twice repeated post-deployment ANAM results. A retrospective analysis of the ANAM data, which consisted of a self-report questionnaire about deployment-related blast exposure, recent history of mTBI, current clinical symptoms, and cognitive performance. Self-reported concussion sustained anytime during deployment was associated with a decrease in cognitive performance measured between 2–8 weeks post-deployment. At the second post-deployment test conducted on average eight months later, performance on the second simple reaction time test, in particular, remained impaired and was the most consistent and sensitive indicator of the cognitive decrements. Additionally, post-concussive symptoms were shown to persist in injured Marines with a self-reported history of concussion for an additional five months after most cognitive deficits resolved. Results of this study showed a measurable deployment effect on cognitive performance, although this effect appears to resolve without lasting clinical sequelae in those without history of deployment-related concussion.

Conclusions

These results highlight the need for a detailed clinical examination for service members with history of concussion and persistent clinical symptoms. Reliance solely upon computerized neurocognitive testing as a method for identifying service members requiring clinical follow-up post-concussion is not recommended, as cognitive functioning only slowly returned to baseline levels in the setting of persistent clinical symptoms.

<http://www.sciencedirect.com/science/article/pii/S0033318213002144>

A Perspectives Approach to Suicide After Traumatic Brain Injury: Case and Review.

Milap A. Nowrangi, M.D., M. Be, Kathleen B Kortte, Ph.D., Vani A Rao, M.D.

Psychosomatics, Available online 28 November 2013

Suicidal behavior after traumatic brain injury (TBI) is an increasingly recognized phenomenon. Both TBI and suicide are major public health problems and leading causes of death. The interaction between the two is complex and understanding it requires a multifaceted approach. Epidemiological studies have shown a markedly higher incidence of suicide in individuals with TBI as compared to the general population, but imprecise definitions of suicide and suicidality as well as sample characteristics caution conclusive interpretation. Risk factors for suicide after TBI include male gender, presence of substance abuse or psychiatric disorders, and the severity of the injury. Evaluation of the post-TBI suicidal patient

currently relies on careful clinical examination. Established assessment tools can be useful, but have not all been validated in this population. Intervention strategies should stress a multidimensional approach incorporating neurological, behavioral, psychological, pharmacotherapeutic, and psychosocial factors. This article serves to review the currently available literature on suicidal behavior after TBI and uses a case to illustrate how one might conceptualize this complex problem. It is hoped that this review will stimulate further research in an area where there are still large gaps in our knowledge of this very important problem.

<http://onlinelibrary.wiley.com/doi/10.1111/sltb.12067/abstract>

Suicide Risk Assessment and Risk Formulation Part II: Suicide Risk Formulation and the Determination of Levels of Risk.

Berman, A. L. and Silverman, M. M.

Suicide and Life-Threatening Behavior

Article first published online: 29 NOV 2013

The suicide risk formulation (SRF) is dependent on the data gathered in the suicide risk assessment. The SRF assigns a level of suicide risk that is intended to inform decisions about triage, treatment, management, and preventive interventions. However, there is little published about how to stratify and formulate suicide risk, what are the criteria for assigning levels of risk, and how triage and treatment decisions are correlated with levels of risk. The salient clinical issues that define an SRF are reviewed and modeling is suggested for an SRF that might guide clinical researchers toward the refinement of an SRF process.

<http://jop.sagepub.com/content/early/2013/11/18/0269881113509903.abstract>

The sleep effects of tiagabine on the first night of treatment predict post-traumatic stress disorder response at three weeks.

Andrew D Krystal, Wei Zhang, Jonathan RT Davidson, and Kathryn M Connor

J Psychopharmacol 0269881113509903, first published on November 28, 2013

Introduction:

We sought to test the hypothesis that improvements in sleep might mediate treatment-related improvements in daytime symptoms of post-traumatic stress disorder (PTSD). We evaluated whether changes in sleep occurring on the first night of tiagabine (a gamma-amino butyric acid (GABA) reuptake inhibitor) administration predicted subsequent PTSD response.

Methods:

This was an open-label three-week polysomnographic (PSG) study of nightly treatment with tiagabine dosing from 2–12 mg including 20 adults with PTSD with ≥ 30 min of self-reported and PSG wake time after sleep onset (WASO).

Results:

A treatment night 1 decrease in self-reported and PSG WASO and an increase in slow-wave sleep (SWS) accounted for 94% of the variance in week 3 Short PTSD Rating Interview (SPRINT) score, the primary outcome measure ($p < 0.001$). Increased night 1 SWS also accounted for 91% of the variance in Work/School Impairment and 45% of the variance in Social Life Impairment as measured with the Sheehan Disability Scale ($p < 0.001$). These relationships were much stronger correlates of three-week outcome than three-week sleep effects.

Conclusions:

The initial sleep response to tiagabine may mediate or be an indicator of the subsequent PTSD response. The findings highlight the importance of sleep maintenance and SWS in the treatment of PTSD and also suggest a potential relationship between SWS and daytime function.

<http://formularyjournal.modernmedicine.com/formulary-journal/news/label-use-atypical-antipsychotics-lack-evidence-their-use-primary-insomnia>

Off-label use of atypical antipsychotics: Lack of evidence for their use in primary insomnia.

By: Susie H. Park, PharmD, BCPP, FCSHP

Formulary

Publish Date: NOV 08,2013

Atypical antipsychotics are some of the most commonly prescribed psychotropic medications in the United States. There is increasing off-label use despite lack of evidence to support it in some of these medical or psychiatric conditions. One of these growing uses is for the management of primary insomnia. This article discusses the literature on using atypical antipsychotics for managing primary sleep disturbances. Much of the research targeting insomnia is related to using antipsychotics for comorbid psychiatric or medical problems and secondary sleep complaints. For pharmacologic management of primary insomnia in the absence of other psychiatric or neurologic conditions for which atypical agents are helpful, other hypnotic agents should be tried. More research is required before expanding the prescribing of antipsychotics for insomnia.

<http://online.liebertpub.com/doi/abs/10.1089/acu.2013.0989>

Group Auricular Acupuncture for PTSD-Related Insomnia in Veterans: A Randomized Trial.

Michelle Kennedy Prisco, Michael Cory Jecmen, Katharine J. Bloeser, Kelly K. McCarron, Jeanette E. Akhter, Elaine D. Duncan, Marshall S. Balish, Richard L. Amdur, and Matthew J. Reinhard

Medical Acupuncture

Online Ahead of Print: November 27, 2013

Objectives:

This study examined how group auricular acupuncture may influence sleep quality, sleep patterns, and hypnotic medication use associated with PTSD-related insomnia in Operation Enduring Freedom and Operation Iraqi Freedom veterans.

Design:

This study was a randomized controlled trial with sham acupuncture and wait-list controls.

Setting:

This study took place at the Washington, DC, Department of Veterans Affairs (VA), Medical Center.

Subjects:

Thirty-five subjects were randomized to participate in the study, but only 25 subjects completed the study.

Interventions:

Subjects were randomized to one of three groups: (1) true group auricular acupuncture; (2) sham auricular acupuncture; or (3) wait-list control.

Outcome Measures:

The primary outcome measure was perceived sleep quality (as measured by Insomnia Severity Index (ISI) questionnaires and Morin Sleep Diaries [MSDs]). Secondary outcome measures were total sleep time (TST), sleep efficiency, sleep latency, naps (as measured by MSD and wrist actigraphs [WAs]), hypnotic medication use, veteran satisfaction, and attrition rates.

Results:

Subjects in the true auricular acupuncture group had a statistically significant improvement ($p=0.0165$) in sleep quality as measured by the ISI at time (t)=1 month. This group had a trend toward lower MSD TST at $t=2$ months ($p=0.078$), lower WA TST at $t=1$ month ($p=0.0893$), and toward higher MSD nap times than the other two groups post-treatment ($p=0.0666$). No statistically significant association between group assignment and hypnotic medication use and satisfaction scores were noted.

Conclusions:

Acupuncturists should consider incorporating sleep hygiene education into their clinical practices and/or collaborate with insomnia health care professionals when working with individuals with insomnia. This study also supports the finding that perceived sleep quality and objective WA measurements are not significantly correlated.

<http://www.ijpm.info/article.asp?issn=0253-7176;year=2013;volume=35;issue=4;spage=378;epage=384;aulast=Kumar>

An exploratory analysis of personality factors contributed to suicide attempts.

P. N. Suresh Kumar, V Rajmohan, K Sushil

Indian Journal of Psychological Medicine

Year : 2013 | Volume : 35 | Issue : 4 | Page : 378-384

Background:

People who attempt suicide have certain individual predispositions, part of which is contributed by personality traits. Aims: The present study was conducted to identify the psycho-sociodemographic and personality related factors contributing to suicide attempts.

Materials and Methods:

104 suicide attempters admitted in various departments and referred to the department of psychiatry of IQRAA Hospital formed the study sample. They were evaluated with a self designed socio-demographic proforma, Eysenck's Personality Questionnaire Revised, Albert Einstein College of Medicine-Impulsivity Coping Scale, and Past Feelings and Acts of Violence Scale. Statistics

Analysis:

The data was initially analyzed by percentage of frequencies. Association between socio-demographic and selected psychological factors was analyzed using t-test and Chi-square test. Intercorrelation among psychological factors was calculated by Pearson's correlation coefficient "r".

Results and Conclusion:

Factors such as young age, being married, nuclear family, feeling lonely and burden to family, inability to solve the problems of day to day life, and presence of psychiatric diagnosis and personality traits such as neuroticism, impulsivity, and violence were contributed to suicide attempt. A significant positive relationship between these factors was also identified. Findings of the present study call the attention of mental health professionals to identify these high risk factors in susceptible individuals and to modify these factors to prevent them from attempting suicide.

<http://www.sciencedirect.com/science/article/pii/S0149718913000906>

Evaluation of an Implementation Initiative for Embedding Dialectical Behavior Therapy in Community Settings.

Amy D. Herschell, Oliver J. Lindhiem, Jane N. Kogan, Karen L. Celedonia, Bradley D. Stein

Evaluation and Program Planning, Available online 26 November 2013

We examined the effectiveness of Dialectical Behavior Therapy (DBT) training in community-based agencies. Data were gathered at four time points over a two-year period from front-line mental health therapists (N = 64) from 10 community-based agencies that participated in a DBT implementation initiative. We examined change on therapist attitudes towards consumers with Borderline Personality Disorder (BPD), confidence in the effectiveness of DBT, and use of DBT model components. All measures were self-report. Participating in DBT training resulted in positive changes over time, including improved therapist attitudes toward consumers with BPD, improved confidence in the effectiveness of DBT, and increased use of DBT components. Therapists who had the lowest baseline scores on the study outcomes had the greatest self-reported positive change in outcomes over time. Moreover, there were notable positive correlations in therapist characteristics; therapists who had the lowest baseline attitudes towards individuals with BPD, confidence in the effectiveness of DBT, or who were least likely to use DBT modes and components were the therapists who had the greatest reported increase over time in each respective area. DBT training with ongoing support resulted in changes not commonly observed in standard training approaches typically used in community settings. It is encouraging to observe positive outcomes in therapist self-reported skill, perceived self-efficacy and DBT component use, all of which are important to evidence-based treatment (EBT) implementation. Our results underscore the importance to recognize and target therapist diversity of learning levels, experience, and expertise in EBT implementation.

<http://psycnet.apa.org/psycinfo/2013-40949-001/>

Differences Between Latino Individuals With Posttraumatic Stress Disorder and Those With Other Anxiety Disorders.

Pérez Benítez, Carlos I.; Sibrava, Nicholas J.; Zlotnick, Caron; Weisberg, Risa; Keller, Martin B.

Psychological Trauma: Theory, Research, Practice, and Policy, Nov 25 , 2013

The goal of this study was to examine differences between Latino individuals with anxiety disorder diagnoses that include posttraumatic stress disorder (PTSD) and those with anxiety disorders without PTSD, in regards to comorbidity, psychosocial impairment, physical functioning, and treatment participation. The sample consisted of 150 adult Latinos participating in the Harvard/Brown Anxiety Research Project–Phase-II (HARP-II). Participants had at least one of the anxiety disorders included in the study (generalized anxiety disorder, panic disorder with and without agoraphobia, social phobia, and/or PTSD). Forty-five (30%) participants had PTSD which was lower than rates of generalized anxiety disorder (n = 90, 60%), social anxiety (n = 86, 57.3%), and panic disorder with agoraphobia (n = 83, 55.3%), and higher than panic disorder without agoraphobia, (n = 10, 6.6%). Those with PTSD compared with those with other anxiety disorders had a statistically significant higher number of comorbid Axis I diagnoses, higher rates of psychiatric hospitalizations, and poorer overall social adjustment than participants with other anxiety disorders. Clinical implications for assessment and treatment planning of Latino individuals with anxiety disorders are discussed. (PsycINFO Database Record (c) 2013 APA, all rights reserved)

<http://www.ncbi.nlm.nih.gov/pubmed/24279841>

BMC Psychiatry. 2013 Nov 26;13(1):318. [Epub ahead of print]

Internet-based treatment of major depression for patients on a waiting list for inpatient psychotherapy: protocol for a multi-centre randomised controlled trial.

Reins JA, Ebert DD, Lehr D, Riper H, Cuijpers P, Berking M.

BACKGROUND:

Major depressive disorder (MDD) is a prevalent and severe disorder. Although effective treatments for MDD are available, many patients remain untreated, mainly because of insufficient treatment capacities in the health care system. Resulting waiting periods are often associated with prolonged suffering and impairment as well as a higher risk of chronification. Web-based interventions may help to alleviate these problems. Numerous studies provided evidence for the efficacy of web-based interventions for depression. The aim of this study is to evaluate a new web-based guided self-help intervention (GET.ON-Mood Enhancer-WL) specifically developed for patients waiting to commence inpatient therapy for MDD.

METHODS:

In a two-armed randomised controlled trial (n = 200), the web-based guided intervention GET.ON-Mood Enhancer-WL in addition to treatment as usual (TAU) will be compared with TAU alone. The intervention contains six modules (psycho education, behavioural activation I & II, problem solving I & II, and preparation for subsequent inpatient depression therapy). The participants will be supported by an e-coach, who will provide written feedback after each module. Inclusion criteria include a diagnosis of MDD assessed with a structured clinical interview [SCID] and a waiting period of at least three weeks before start of inpatient treatment. The primary outcome is observer-rated depressive symptom severity (HRSD24). Further (explorative) questions include whether remission will be achieved earlier and by more patients during inpatient therapy because of the web-based preparatory intervention.

DISCUSSION:

If GET.ON-Mood Enhancer-WL is proven to be effective, patients may start inpatient therapy with reduced depressive symptom severity, ideally leading to higher remission rates, shortened inpatient therapy, reduced costs, and decreased waiting times. Trial registration: German Clinical Trial Registration (DRKS): DRKS00004708.

http://jolt.merlot.org/vol9no3/starr-glass_0913.htm

Experiences with Military Online Learners: Toward a Mindful Practice.

David Starr-Glass

Journal of Online Learning and Teaching

Vol. 9, No. 3, September 2013

Active military service members are increasing as constituents of online distance learning environments in America. For instructors, first-time engagement with military learners poses challenges and opportunities. This paper considers military learners through a framework of stereotype, labeling, and culture. It explores the use of stereotypes in new social engagements and provides a brief discussion of the cultural differences that military learners bring to the learning environment. It presents a small-scale phenomenological study of military learners' experiences in online courses, and suggests that their values and concerns do not differ significantly from non-military students. It concludes that, as with all learners, the most effective way of engaging with military students is for the instructor to be actively present, critically aware, and genuinely open. This approach, mindful practice, is presented as a strategy for exploring and developing a deeper understanding of the military learner. Suggestions for such practice are offered in the concluding section.

<http://onlinelibrary.wiley.com/doi/10.1002/jts.21862/abstract>

Head Injury and Loss of Consciousness Raise the Likelihood of Developing and Maintaining PTSD Symptoms.

Roitman, P., Gilad, M., Ankri, Y. L. E. and Shalev, A. Y.

Journal of Traumatic Stress

Article first published online: 21 NOV 2013

Mild traumatic brain injury has been associated with higher prevalence of posttraumatic stress disorder (PTSD). The extent to which head injury or loss of consciousness predicts PTSD is unknown. To evaluate the contribution of head injury and loss of consciousness to the occurrence of PTSD, we made a longitudinal evaluation of 1,260 road accident survivors admitted to the emergency department with head injury (n = 287), head injury and loss of consciousness (n = 115), or neither (n = 858). A telephone-administered posttraumatic symptoms scale inferred PTSD and quantified PTSD symptoms at 10 days and 8 months after admission. The study groups had similar heart rate, blood pressure, and pain levels in the emergency department. Survivors with loss of consciousness and head injury had higher prevalence of PTSD and higher levels of PTSD symptoms, suggesting that patients with head injury and loss of consciousness reported in the emergency department are at higher risk for PTSD.

<http://www.strategicstudiesinstitute.army.mil/pubs/display.cfm?pubID=1179>

Changing Minds In The Army: Why It Is So Difficult and What To Do About It

Authored by Dr. Stephen J. Gerras, Dr. Leonard Wong

Strategic Studies Institute, U.S. Army War College

October 28, 2013

History and organizational studies both demonstrate that changing one's mind is quite difficult, even in the face of overwhelming evidence that this change needs to occur. This monograph explains how smart, professional, and incredibly performance-oriented Army senior leaders develop frames of reference and then oftentimes cling to their outdated frames in the face of new information. It describes the influence of individual-level concepts—personality, cognitive dissonance reduction, the hardwiring of the brain, the imprints of early career events, and senior leader intuition—along with group level factors to explain how frames of reference are established, exercised, and rewarded. It concludes by offering recommendations to senior leaders on how to structure Army leader development systems to create leaders comfortable with changing their minds when the environment dictates.

<http://informahealthcare.com/doi/abs/10.3109/10582452.2013.851761>

Quality of Life in Patients with Lower Limb Amputation: Does It Affect Post-amputation Pain, Functional Status, Emotional Status and Perception of Body Image?

Yesim Akyol, Berna Tander, Ahmet Salim Goktepe, Ismail Safaz, Omer Kuru, Arif Kenan Tan

Journal of Musculoskeletal Pain

December 2013, Vol. 21, No. 4 , Pages 334-340

Objective:

Comparison of quality of life [QOL] and emotional status in male patients with traumatic lower limb amputation [LLA] and controls and evaluation of the relationship between these outcomes and post-amputation pain, functional status and perception of body image.

Methods:

Thirty male patients aged between 20 and 45 years, with traumatic LLA and 30 healthy normal controls were enrolled. The Nottingham Health Profile [NHP], Beck Depression Inventory [BDI], Beck Anxiety Inventory [BAI], visual analog scale [VAS], Locomotor Capabilities Index [LCI] and Amputee Body Image Scale [ABIS] were used.

Results:

There were significantly higher NHP, BDI and BAI scores in patients with LLA than control subjects [$p < 0.05$]. In patients with LLA, all subgroups of NHP were positively correlated with BDI, BAI and ABIS scores [$p < 0.05$]. The NHP energy and physical disability subgroups scores were negatively correlated with LCI scores. The positive correlation was found between the NHP pain subgroup score and post-

amputation pain VAS score [$p < 0.05$]. There was no correlation between NHP scores and age and time since amputation [$p > 0.05$]. The positive correlation was found between BDI, BAI and ABIS score [$p < 0.05$].

Conclusion:

It was found that QOL and emotional status deteriorated in male patients with LLA. According to the results of this study, depression, anxiety and body image disturbances may be the determinants of QOL. Having lower functional status were higher post-amputation pain were associated with the poor QOL for some domain. Emotional status of LLA patients may be linked to perception of body image.

<http://psycnet.apa.org/psycinfo/2013-41328-001/>

Endorsed and Anticipated Stigma Inventory (EASI): A Tool for Assessing Beliefs About Mental Illness and Mental Health Treatment Among Military Personnel and Veterans.

Vogt, Dawne; Di Leone, Brooke A. L.; Wang, Joyce M.; Sayer, Nina A.; Pineles, Suzanne L.; Litz, Brett T.

Psychological Services, Nov 25 , 2013

Many military personnel and veterans who would benefit from mental health treatment do not seek care, underscoring the need to identify factors that influence initiation and retention in mental health care. Both endorsed and anticipated mental health stigma may serve as principal barriers to treatment seeking. To date, most research on mental health stigma in military and veteran populations has relied on nonvalidated measures with limited content coverage and confounding in the assessment of different domains of mental health stigma. This article describes the development and psychometric evaluation of the Endorsed and Anticipated Stigma Inventory (EASI), which was designed to assess different dimensions of stigma-related beliefs about mental health among military and veteran populations. Findings based on a national sample of U.S. veterans deployed in support of Operation Enduring Freedom (OEF) in Afghanistan or Operation Iraqi Freedom (OIF) in Iraq suggest that the EASI is a psychometrically sound instrument. Specifically, results revealed evidence for the internal consistency reliability, content validity, convergent and discriminant validity, and discriminative validity of EASI scales. In addition, confirmatory factor analysis results supported the proposed factor structure for this inventory of scales. (PsycINFO Database Record (c) 2013 APA, all rights reserved)

<http://onlinelibrary.wiley.com/doi/10.1002/jts.21868/abstract>

Deployment Risk and Resilience Inventory-2 (DRRI-2): An Updated Tool for Assessing Psychosocial Risk and Resilience Factors Among Service Members and Veterans.

Vogt, D., Smith, B. N., King, L. A., King, D. W., Knight, J. and Vasterling, J. J.

Journal of Traumatic Stress

Article first published online: 25 NOV 2013

The Deployment Risk and Resilience Inventory (DRRI) is a widely used instrument for assessing deployment-related risk and resilience factors among war veterans. A revision of this instrument was recently undertaken to enhance the DRRI's applicability across a variety of deployment-related circumstances and military subgroups. The resulting suite of 17 distinct DRRI-2 scales is the product of a multiyear psychometric endeavor that involved (a) focus groups with Operation Enduring Freedom/Operation Iraqi Freedom (OEF/OIF) veterans to inform an assessment of the content validity of original DRRI measures, (b) examination of item and scale characteristics of revised scales in a national sample of 469 OEF/OIF veterans, and (c) administration of refined scales to a second national sample of 1,046 OEF/OIF veterans to confirm their psychometric quality. Both classical test theory and item response theory analytical strategies were applied to inform major revisions, which included updating the coverage of warfare-related stressors, expanding the assessment of family factors throughout the deployment cycle, and shortening scales. Finalized DRRI-2 scales demonstrated strong internal consistency reliability and criterion-related validity. The DRRI-2 can be applied to examine the role that psychosocial factors play in postdeployment health and inform interventions aimed at reducing risk and enhancing resilience among war veterans.

<http://onlinelibrary.wiley.com/doi/10.1002/2327-6924.12085/abstract>

The invisible wounds of war: Caring for women veterans who have experienced military sexual trauma.

Rossiter, A. G. and Smith, S.

Journal of the American Association of Nurse Practitioners

Article first published online: 21 NOV 2013

Purpose

The purpose of this case study is to raise awareness about military sexual trauma (MST) and posttraumatic stress disorder (PTSD), and the physical and psychological comorbidities associated with MST.

Data sources

Health Science Data Sources—PubMed and authors' experiences.

Conclusions

Women veterans are the fastest growing segment of the veteran population. Approximately 200,000 of the 2.6 million veterans who have deployed in support of Operation Enduring Freedom/Operation Iraqi Freedom/Operation New Dawn (OEF/OIF/OND) are women. Many are seeking care in both the Veteran Administration and the civilian sector. It is estimated that upwards of 26,000 women have experienced some form of sexual assault in the military. MST can lead to multiple deleterious physical and

psychological comorbidities. It is imperative that nurse practitioners (NPs) ask women about military service and utilize the Military Health History Pocket Card for Clinicians to ascertain service-connected health risks, primarily MST and PTSD. Prompt identification and intervention is key to reducing physical and psychological comorbidities.

Implications for practice

This case study emphasizes the need for NPs to ask all women about military service and potential exposure to sexual trauma. It provides guidance on how to incorporate the Military Health History Pocket Card for Clinicians into practice.

<http://www.omicsgroup.org/journals/editorial-regarding-the-new-dsm-diagnosis-of-ptsd-in-veterans-and-nonveterans-2167-1044-2-139.php?aid=20435>

Editorial Regarding the New DSM-5 Diagnosis of PTSD in Veterans and Non-veterans.

Jack R Cornelius

Journal of Depression and Anxiety

Received October 20, 2013; Accepted October 29, 2013; Published November 04, 2013

Post-Traumatic Stress Disorder (PTSD) is a common condition, particularly among military personnel, but its diagnostic criteria are controversial. Major changes occurred recently in the diagnostic criteria for PTSD when the DSM-IV diagnostic system was superseded by the DSM-5 system in May 2013 [1-5]. However, to date, the diagnostic criteria for PTSD in the DSM-5 diagnostic system have not been adequately assessed. In this editorial, critiques of the DSMIV criteria for PTSD will be reviewed and a preliminary evaluation of the changes in the new DSM-5 diagnostic criteria for PTSD will be presented, citing material from a Google literature search of those topics. The implications of these changes in diagnostic criteria among veterans and non-veterans will then be discussed.

<http://online.liebertpub.com/doi/abs/10.1089/jomh.2012.00066>

Development of Men's Depressive Symptoms: A Systematic Review of Prospective Cohort Studies.

Brett Scholz, Shona Crabb, and Gary Wittert

Journal of Men's Health

November 2013, 10(3): 91-103.

Background:

Depression is common in men, but research on the topic remains limited. This article aims to synthesize

and assess published evidence about the development of depressive symptoms in men and provide an account of current findings.

Methods:

Medline, Cochrane Library, PsycINFO, and Scopus were searched for prospective, observational cohort studies containing a measure of depression as an outcome variable. Studies included were those with a focus on incident depression or change in depressive symptoms. Each article was critically appraised for methodological quality. Seventy-three articles were included in the final review.

Results:

Factors consistently associated with increased depressive symptoms across studies were low marital satisfaction, poor overall health, being HIV-positive, clinically defined insomnia, stressful occupational events, and history of panic attacks.

Conclusions:

There are a number of complex factors that influence the development of depression in men. Taken together, these data support the interaction of multiple stressors and an underlying vulnerability in the development of depression. The variability among the included studies, especially in regard to period of follow-up and assessment of depressive symptoms, highlights the necessity for further longitudinal cohort studies examining depression in men.

<http://sgo.sagepub.com/content/3/4/2158244013512133.short>

Recovery From Comorbidity: Depression or Anxiety With Alcohol Misuse—A Systematic and Integrative Supradisciplinary Review and Critical Appraisal.

Mathew Carter, Colleen Fisher, and Mohan Isaac

SAGE Open October-December 2013 3: 2158244013512133

Comorbidity among mood, anxiety, and alcohol disorders is common and burdensome, affecting individuals, families, and public health. A systematic and integrative review of the literature across disciplines and research methodologies was performed. Supradisciplinary approaches were applied to the review and the ensuing critical appraisal. Definitions, measurement, and estimation are controversial and inconstant. Recovery from comorbidity cannot be easily extricated from a sociocultural milieu. Methodological challenges in quantitative and qualitative research and across disciplines are many and are discussed. The evidence supporting current treatments is sparse and short-term, and modalities operating in isolation typically fail. People easily fall into the cracks between mental health and addiction services. Clinicians feel untrained and consumers bear the brunt of this: Judgmental and moralistic interactions persist and comorbidity is unrecognized in high-risk populations. Competing historical paradigms of mental illness and addiction present a barrier to progress and reductionism is an impediment to care and an obstacle to the integration and interpretation of research. What matters to consumers is challenging to quantify but worth considering: Finding employment, safe

housing, and meaning are crucial to recovery. Complex social networks and peer support in recovery are important but poorly understood. The focus on modalities of limited evidence or generalizability persists in literature and practice. We need to consider different combinations of comorbidity, transitions as opposed to dichotomies of use or illness, and explore the long-term view and emic perspectives.

<http://www.va.gov/oig/pubs/VAOIG-13-00133-12.pdf>

Healthcare Inspection: Alleged Improper Opioid Prescription Renewal Practices, San Francisco VA Medical Center

U.S. Department of Veterans Affairs, Office of Inspector General

November 7, 2013

The VA Office of Inspector General Office of Healthcare Inspections conducted an inspection in response to complaints concerning improper opioid prescription renewal practices in the Medical Practice Clinic at the San Francisco VA Medical Center (facility), San Francisco, CA. We reviewed the following allegations: (1) attendings on-duty are tasked with evaluating numerous opioid renewal requests for patients with whom they are unfamiliar, (2) providers do not routinely document patients' opioid prescription renewal problems in the electronic health record, and (3) there have been patient hospitalizations and deaths related to opioid misuse.

We substantiated that attendings on-duty are tasked with evaluating numerous opioid renewal requests for patients with whom they are unfamiliar; however, Veterans Health Administration regulations and local policy do not prohibit such practice.

We partially substantiated that providers do not routinely document patients' opioid prescription renewal problems in the electronic health record. The providers did not consistently document an assessment for adherence with appropriate use of opioids and monitor patients for misuse, abuse, or addiction. The primary care providers did not consistently complete the templated Narcotic Instructions Note for patients with opioid prescription renewal problems.

We partially substantiated that there have been hospitalizations and deaths of patients related to opioid misuse. Seven patients were hospitalized for opioid overdose; however, the primary care provider, Psychiatry Service, and/or the facility's Substance Abuse Program assessed and appropriately monitored the patients for misuse. There were no deaths related to opioid overdose.

We recommended that the Facility Director (1) ensure that providers comply with all elements of the management of opioid therapy for chronic pain, as required by Veterans Health Administration and the VA/DoD Clinical Practice Guideline for Management of Opioid Therapy for Chronic Pain, and (2) ensure that the Narcotic Instructions Note is reevaluated for appropriate use in the Medical Practice Clinic and that providers comply with established protocol.

The Veterans Integrated Service Network and Facility Directors concurred with our recommendations and provided an acceptable action plan. (See Appendixes A and B, pages 6–9 for the Director’s comments.) We will follow up on the planned actions until they are completed.

<http://www.ncbi.nlm.nih.gov/pubmed/24291395>

J Anxiety Disord. 2013 Oct 29. pii: S0887-6185(13)00178-3. doi: 10.1016/j.janxdis.2013.10.001. [Epub ahead of print]

Attentional bias and attentional control in Posttraumatic Stress Disorder.

Schoorl M, Putman P, Van Der Werff S, Van Der Does AJ.

Source: Leiden University, Institute of Psychology, Leiden, The Netherlands; PsyQ Haaglanden, Department of Psychotrauma, The Hague, The Netherlands. Electronic address: mschoorl@xs4all.nl.

Extensive evidence exists for an association between attentional bias (AB; attentional vigilance or avoidance) and anxiety. Recent studies in healthy participants suggest that attentional control (AC) may facilitate inhibition of automatic attentional processes associated with anxiety. To investigate relationships among AC, trauma-related AB, symptom severity and trait anxiety in patients with Posttraumatic Stress Disorder (PTSD), participants (N=91) completed self-report measures of AC, posttraumatic stress symptoms (PTSS) and trait anxiety. AB was measured with a pictorial version of the Dot Probe Test. AC moderated the relationship between PTSS and AB (threat avoidance). Patients high in PTSS and low in AC showed attentional avoidance. No association between PTSS and AB in patients with medium or high levels of AC was found. A similar pattern of results was observed for the relationship between trait anxiety, AC and AB. These results suggest that a low ability to control attention is a risk factor for AB in PTSD. This first clinical study corroborates the accumulating evidence from analog studies that individual differences in top-down attentional control are of considerable importance in the expression of AB in anxious psychopathology. Copyright © 2013. Published by Elsevier Ltd.

<http://www.ncbi.nlm.nih.gov/pubmed/24291397>

J Anxiety Disord. 2013 Nov 2. pii: S0887-6185(13)00182-5. doi: 10.1016/j.janxdis.2013.10.005. [Epub ahead of print]

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

Shakespeare-Finch J, Lurie-Beck J.

Source: School of Psychology and Counselling, Faculty of Health, Institute of Health and Biomedical Innovation, Queensland University of Technology, Australia. Electronic address: j.shakespeare-finch@qut.edu.au.

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 ($r=0.315$, CI=0.299, 0.331), but also a significantly stronger (as tested by Fisher's transformation) curvilinear relationship ($r=0.372$, 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 may limit or slow recovery and mask the potential for growth.

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<http://www.ncbi.nlm.nih.gov/pubmed/24290879>

Addict Behav. 2013 Nov 4. pii: S0306-4603(13)00332-8. doi: 10.1016/j.addbeh.2013.10.030. [Epub ahead of print]

Prevalence and correlates of smoking status among Veterans Affairs primary care patients with probable Major Depressive Disorder.

Lombardero A, Campbell DG, Harris KJ, Chaney EF, Lanto AB, Rubenstein LV.

Source: Department of Psychology, The University of Montana, 32 Campus Drive, Missoula, MT 59812, United States. Electronic address: anayansilombardero@gmail.com.

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.

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Links of Interest

What Dreams May Come: Treating the Nightmares of PTSD

<http://blogs.plos.org/mindthebrain/2013/11/19/what-dreams-may-come-treating-the-nightmares-of-ptsd/>

Treating insomnia, but without the medications; Studies show that CBT-I sessions are effective, but most people have never heard of it

<http://www.chicagotribune.com/health/sc-health-1204-insomnia-cbt-20131205,0,2929531.story>

Group therapy may help ease social anxiety disorder

<http://www.baltimoresun.com/health/sns-rt-us-group-therapy-social-anxiety-20131204,0,1893796.story>

Study finds minorities receive subpar anxiety care

<http://www.browndailyherald.com/2013/11/22/study-finds-minorities-receive-subpar-anxiety-care/>

FTC Testifies Before Congress on Fraud Affecting Military Community

<http://www.ftc.gov/opa/2013/11/military.shtm>

Military Families Can Stay Connected with Technology

http://www.health.mil/News_And_Multimedia/News/detail/13-11-22/Military_Families_Can_Stay_Connected_with_Technology.aspx

Sleep Therapy Is Expected to Gain a Wider Role in Depression Treatment

<http://www.nytimes.com/2013/11/24/health/sleep-therapy-is-expected-to-gain-a-wider-role-in-depression-treatment.html>

See also: Editorial -- Curing Insomnia to Treat Depression

<http://www.nytimes.com/2013/11/24/opinion/sunday/curing-insomnia-to-treat-depression.html>

The Untold Story of Military Sexual Assault

<http://www.nytimes.com/2013/11/25/opinion/the-untold-story-of-military-sexual-assault.html>

Wounded Veterans' Groups Wage War

<http://www.courthousenews.com/2013/11/26/63232.htm>

The Good News in Bad News

<http://www.sciencedaily.com/releases/2013/11/131125164747.htm>

("...repeated exposure to a negative event neutralizes its effect on your mood and your thinking.")

Investigation into Quantico murder-suicide reveals barracks security failures

<http://www.marinecorpstimes.com/article/20131125/NEWS/311250019/>

Modafinil Reduces Depression's Severity When Taken With Antidepressants

<http://www.sciencedaily.com/releases/2013/11/131127115355.htm>

Hearing loss a silent military epidemic

<http://www.mysanantonio.com/opinion/commentary/article/Hearing-loss-a-silent-military-epidemic-4991782.php>

My Suicide Attempt and My Struggles to Get Help

<http://atwar.blogs.nytimes.com/2013/11/05/reflections-on-my-suicide-attempt-and-the-struggles-to-get-help/>

Brainwave technology could help Canadian soldiers fight mental illness

<http://canadaam.ctvnews.ca/brainwave-technology-could-help-canadian-soldiers-fight-mental-illness-1.1551824>

Gillibrand & Cruz: Stop sexual violence in the military

<http://www.usatoday.com/story/opinion/2013/11/20/cruz-gillibrand-military-sexual-assault-rape-column/3645127/>

Brass slow-walk President Obama's marching orders on sex assault

<http://www.politico.com/story/2013/11/military-sex-assault-obama-99962.html>

Military Stigma: Battling Mental Illness in the Military (video)

<http://www.youtube.com/watch?v=v5WW-cqzgeM>

Dealing With Burnout, Which Doesn't Always Stem From Overwork

<http://www.nytimes.com/2013/11/30/your-money/a-solution-to-burnout-that-doesnt-mean-less-work.html>

Imaging Shows Long-Term Impact of Blast-Induced Brain Injuries in Veterans

<http://www.sciencedaily.com/releases/2013/12/131202082638.htm>

Increased Risk for Cardiac Ischemia in Patients With PTSD

<http://www.sciencedaily.com/releases/2013/12/131202121310.htm>

Talk therapy may reverse biological changes in PTSD patients

http://www.eurekalert.org/pub_releases/2013-12/e-ttm120313.php

Even Mild Blast Injuries Tied to Long-Term Brain Changes in Vets

http://www.nlm.nih.gov/medlineplus/news/fullstory_143020.html

Neurofeedback tunes key brain networks, improving subjective well-being in PTSD

http://www.eurekalert.org/pub_releases/2013-12/uowo-ntk120313.php

PTSD therapy by West Hartford therapist gains national exposure (PE)

<http://www.westhartfordnews.com/articles/2013/12/03/news/doc529e18f23179b720725697.txt>

Important Discovery Related to Anxiety Disorders, Trauma (protein PC7)

<http://www.sciencedaily.com/releases/2013/12/131204112010.htm>

Special care, treatment available to sexual assault victims

http://www.army.mil/article/116315/Special_care_treatment_available_to_sexual_assault_victims/

Resource of the Week: [Mobile App -- CBT-i Coach](#)

Created by the [VA's National Center for PTSD](#) in partnership with the [DoD's National Center for Telehealth and Technology](#), this mobile app “is designed to help you develop good sleep habits and sleep better.”

CBT-i Coach, available for both iOS and Android devices, “is best used when you are in Cognitive Behavioral Therapy for Insomnia with a health provider. This form of therapy is available at many VA/DoD and other mental health clinics.” More information about the app is [available for clinicians](#).

CDP’s [Dr. Holly O’Reilly](#) wrote [a review of the app](#) back in October.

CBT-i is form of Cognitive Behavioral Therapy, long regarded as a “gold standard” evidence-based therapy for treating depression, PTSD and a range of other psychological issues. CDP’s [Dr. Bill Brim](#) explains [what it’s all about](#).



PTSD: National Center for PTSD

PTSD

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For the Public

Public Section HOME

PTSD Overview

PTSD Basics

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Treatment and Coping

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PTSD and Communities

Páginas en Español

Apps, Videos and More

PUBLIC This section is for Veterans, General Public, Family & Friends

Mobile App: CBT-i Coach

Sleep problems are very common for people with posttraumatic stress disorder (PTSD). The CBT-i Coach mobile application (mobile app) is designed to help you develop good sleep habits and sleep better. This app is for use with your therapist to help you get the most out of CBT for Insomnia (CBT-i).

Features include:

- Record daily sleep and track insomnia symptom changes with a sleep diary.
- Update your sleep prescription with provider recommendations.
- Use tools and exercises to quiet your mind.
- Learn about sleep, the benefits of sleep hygiene and terms used in CBT-i.
- Set reminder messages with tips, motivation and alarms to change sleep habits.



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