



CDP Research Update -- December 19, 2013

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<http://content.govdelivery.com/accounts/USVHA/bulletins/99a28b>

PTSD Monthly Update -- December 2013 Sleep Problems Following Trauma

Many people have trouble sleeping at times. However, this is more likely after you have been through trauma such as an accident, war, assault, or disaster.

You may find you are sleeping too little, or too much, or having nightmares. If these symptoms don't go away, get worse over time or interfere with day to day life, you might need to see a doctor. Trouble sleeping and nightmares are also two symptoms of PTSD.

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

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

Fisher, Lauren B.

Dissertation, Doctor of Philosophy, Psychology
2013, Case Western Reserve University

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

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

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

Geraldine Hannon, Emily P. Taylor

Clinical Psychology Review, Available online 15 October 2013

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

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

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

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

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

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

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

Contributions of psychology to war and peace.

Christie, Daniel J.; Montiel, Cristina J.

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

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

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

Feasibility and utility of positive psychology exercises for suicidal inpatients.

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

General Hospital Psychiatry, Available online 14 October 2013

Objective

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

Method

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

Results

Fifty-two (85.3%) of 61 participants completed at least one exercise, and 189/213 (88.7%) assigned exercises were completed. There were overall effects of exercise on efficacy ($\chi^2 = 19.39$; $p = .013$) but not ease of completion ($\chi^2 = 11.64$; $p = .17$), accounting for age, order, and skipped exercises. Effect

(Cohen's *d*) of exercise on both optimism and hopelessness was moderate for the majority of exercises. Exercises related to gratitude and personal strengths ranked highest. Both gratitude exercises had efficacy scores that were significantly ($p = .001$) greater than the lowest-ranked exercise (forgiveness).

Conclusion

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

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

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

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

Journal of Substance Abuse Treatment, Available online 14 October 2013

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

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

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

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

Psychiatry Research: Neuroimaging, Available online 11 October 2013

Rapid eye movement (REM) sleep disturbances predict poor clinical outcomes in posttraumatic stress disorder (PTSD) and major depressive disorder (MDD). In MDD, REM sleep is characterized by activation of limbic and paralimbic brain regions compared to wakefulness. The neural correlates of PTSD during

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

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

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

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

Addictive Behaviors, Available online 12 October 2013

Objective

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

Method

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

Results

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

Conclusion

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

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

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

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

PLoS ONE 8(10): e78292.

Background

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

Method

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

Results

Under conditions of potential gain, depressed subjects demonstrated greater discounting for gains across all time frames compared to controls. In the realm of losses, both subgroups of depressed subjects discounted more steeply than controls for short time frames. However, for delayed losses ranging from >1-10 years, MDD+PTSD subjects showed shallower discounting rates relative to MDD-only subjects, who continued to discount future losses steeply. Risk attitudes did not contribute to differences in intertemporal choice.

Conclusions

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

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

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

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

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

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

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

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

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

Sleep Medicine (forthcoming)

Background:

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

Methods:

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

Results:

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

Conclusions:

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

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

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

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

Drug and Alcohol Dependence, Available online 10 October 2013

Background

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

Methods:

Cross-sectional examination of n = 1,483 soldiers recently deployed in Afghanistan and 889 never deployed soldiers using a fully-standardized diagnostic interview (MI-CIDI) including a comprehensive substance section.

Results:

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

Conclusions:

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

and suggests that deployment might promote different pathways and mechanisms involved in the evolution SU and mental disorders.

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

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

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

Culture, Medicine, and Psychiatry

October 2013

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

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

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

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

United States Army War College
Class of 2013

Suicides in the Army have increased from 70 Soldiers in 2002 to a record-breaking 325 Soldiers in 2012. This paper examines the Army's use of spirituality in the prevention of suicide, with special attention to recent studies conducted by the Army, Army training programs, the Comprehensive Soldier & Family Fitness program, the concept of generic spirituality, and the prescribed chaplain role. It then considers the power of religion/spirituality in the prevention of suicide, reviewing applicable psychological and psychiatric research and surveying attitudes and the efficacy of religion as held by the American public

and Soldiers. Finally, it focuses on an element not addressed in the Army's current suicide strategy – religion as a protective factor for preventing suicides – and offers recommendations to strengthen the program.

<http://archpsyc.jamanetwork.com/article.aspx?articleid=1785175>

Association Between Traumatic Brain Injury and Risk of Posttraumatic Stress Disorder in Active-Duty Marines.

Yurgil KA, Barkauskas DA, Vasterling JJ, et al.

JAMA Psychiatry

December 11, 2013

Importance

Whether traumatic brain injury (TBI) is a risk factor for posttraumatic stress disorder (PTSD) has been difficult to determine because of the prevalence of comorbid conditions, overlapping symptoms, and cross-sectional samples.

Objective

To examine the extent to which self-reported predeployment and deployment-related TBI confers increased risk of PTSD when accounting for combat intensity and predeployment mental health symptoms.

Design, Setting, and Participants

As part of the prospective, longitudinal Marine Resiliency Study (June 2008 to May 2012), structured clinical interviews and self-report assessments were administered approximately 1 month before a 7-month deployment to Iraq or Afghanistan and again 3 to 6 months after deployment. The study was conducted at training areas on a Marine Corps base in southern California or at Veterans Affairs San Diego Medical Center. Participants for the final analytic sample were 1648 active-duty Marine and Navy servicemen who completed predeployment and postdeployment assessments. Reasons for exclusions were nondeployment (n = 34), missing data (n = 181), and rank of noncommissioned and commissioned officers (n = 66).

Main Outcomes and Measures

The primary outcome was the total score on the Clinician-Administered PTSD Scale (CAPS) 3 months after deployment.

Results

At the predeployment assessment, 56.8% of the participants reported prior TBI; at postdeployment assessment, 19.8% reported sustaining TBI between predeployment and postdeployment assessments

(ie, deployment-related TBI). Approximately 87.2% of deployment-related TBIs were mild; 250 of 287 participants (87.1%) who reported posttraumatic amnesia reported less than 24 hours of posttraumatic amnesia (37 reported ≥ 24 hours), and 111 of 117 of those who lost consciousness (94.9%) reported less than 30 minutes of unconsciousness. Predeployment CAPS score and combat intensity score raised predicted 3-month postdeployment CAPS scores by factors of 1.02 ($P < .001$; 95% CI, 1.02-1.02) and 1.02 ($P < .001$; 95% CI, 1.01-1.02) per unit increase, respectively. Deployment-related mild TBI raised predicted CAPS scores by a factor of 1.23 ($P < .001$; 95% CI, 1.11-1.36), and moderate/severe TBI raised predicted scores by a factor of 1.71 ($P < .001$; 95% CI, 1.37-2.12). Probability of PTSD was highest for participants with severe predeployment symptoms, high combat intensity, and deployment-related TBI. Traumatic brain injury doubled or nearly doubled the PTSD rates for participants with less severe predeployment PTSD symptoms.

Conclusions and Relevance

Even when accounting for predeployment symptoms, prior TBI, and combat intensity, TBI during the most recent deployment is the strongest predictor of postdeployment PTSD symptoms.

<http://www.parl.gc.ca/Content/LOP/ResearchPublications/2013-91-e.htm>

Current Issues in Mental Health in Canada: Mental Health in the Canadian Forces and Among Veterans

Jean-Rodrigue Paré, Legal and Social Affairs Division

Melissa Radford, Economics, Resources and International Affairs Division

Library of Parliament, Canada

October 2013

On 7 July 2011, after nine and a half years in Afghanistan, Canada officially terminated its military combat operations in that country. Approximately 1,000 members of the Canadian Forces (CF) will nevertheless remain there until 2014 to provide training support for Afghan security forces.

A total of approximately 30,000 Canadian service personnel were deployed to Afghanistan, which in terms of strength exceeds Canadian participation in the Korean War between 1950 and 1953, thereby making the deployment in Afghanistan the largest Canadian military operation since the Second World War. One hundred and fifty-eight soldiers and four civilians died in Afghanistan.

The potential psychological after-effects of involvement in military operations are usually described by the medical term “post-traumatic stress disorder” (PTSD), or the military and police term “operational stress injury.” These after-effects are more difficult to anticipate than physical injuries because they are less visible, reluctantly reported by those who suffer from them, and because the symptoms may only appear years after the traumatic event. Our understanding of the condition is therefore imperfect, and there are no certainties, except for the distress of those affected.

<http://informahealthcare.com/doi/abs/10.3109/02699052.2013.857788>

Adjusting to persistent post-concussive symptoms following mild traumatic brain injury and subsequent psycho-educational intervention: A qualitative analysis in military personnel.

Helen Brunger, Jane Ogden, Kit Malia, Clare Eldred, Ronel Terblanche, & Alan Mistlin

Brain Injury

2014, Vol. 28, No. 1 , Pages 71-80

Objective:

Best practice guidelines outline ways in which mild traumatic brain injury (mTBI) and persistent post-concussive symptoms (PPCS) should be managed. In line with the existing evidence base, DMRC Headley Court established a treatment programme for UK servicemen and women with mTBI. This study explored the experiences of a sample of UK military personnel living with PPCS, who also received psycho-educational intervention (Phase 2) at this unit.

Setting:

DMRC Headley Court, Southeast England.

Participants:

Sixteen service personnel who had completed the intervention within 24 months prior to interview.

Design:

Semi-structured qualitative interview study, with purposive sampling and thematic analysis.

Results:

Participants described their mTBI in terms of: (1) onset; (2) subsequent symptom experience; (3) recovery; and (4) acceptance. All participants reported a significant degree of confusion and chaos in the aftermath of their traumatic event. These themes highlighted how, following enrolment onto the Phase 2 intervention at DMRC Headley Court, participants reported being (largely) able to manage PPCS. Further, many reported acceptance of their condition and described how they had managed to re-establish a sense of order.

Conclusions:

Following a flexible and tailored intervention for PPCS, patients report feeling empowered and describe having a renewed sense of stability.

<http://psycnet.apa.org/psycinfo/2013-43021-001/>

Traumatic Brain Injury and PTSD Screening Efforts Evaluated Using Latent Class Analysis.

Aralis, Hilary J.; Macera, Caroline A.; Rauh, Mitchell J.; MacGregor, Andrew J.

Rehabilitation Psychology, Dec 9 , 2013

Objective:

To empirically identify latent classes of service members according to persistent postconcussive symptom patterns and to characterize the identified classes relative to other postdeployment variables including posttraumatic stress disorder (PTSD) and mild traumatic brain injury (TBI) screening results. Such comparisons may directly inform policy regarding these routine assessments and translate to improved treatment decisions.

Method:

Self-report data were obtained for 12,581 combat-exposed male U.S. Navy and Marine Corps personnel who returned from deployment in 2008–2009 and completed a Post-Deployment Health Assessment (PDHA) and an associated Post-Deployment Health Reassessment (PDHRA). Persistent postconcussive symptoms indicated on the PDHRA were used as manifest variables in a latent class analysis yielding 4 distinct classes: systemic, cognitive/behavioral, comorbid, and nonpresenting.

Results:

Although the nonpresenting class endorsed few or no postconcussive symptoms, the systemic and cognitive/behavioral classes displayed elevated likelihoods of neurological and mental health symptoms, respectively. Members of the comorbid class had an increased probability of reporting a wide range of symptoms across both domains. Characterization of identified classes suggested that class membership may indicate the presence or absence of persistent conditions resulting from head injury and/or mental health issues. Under this assumption, estimated class membership probabilities implied a rate of probable neurological injury among this sample to be 17.9%, whereas the standard assessments aimed at identifying repercussions of mild TBI reported a positive screening rate of only 13.1%.

Conclusions:

Findings suggest that the routinely administered PDHA and PDHRA appear to underestimate the true prevalence of service members experiencing postdeployment health problems. Supplemental items or an alternative screening algorithm incorporating persistent postconcussive symptoms may enable identification of additional cases requiring treatment following return from deployment. (PsycINFO Database Record (c) 2013 APA, all rights reserved)

<http://www.plosone.org/article/info%3Adoi%2F10.1371%2Fjournal.pone.0081957>

Negative Emotion Regulation in Patients with Posttraumatic Stress Disorder.

Xiong K, Zhang Y, Qiu M, Zhang J, Sang L, et al.

Objective

To explore the neural mechanisms of negative emotion regulation in patients with post-traumatic stress disorder (PTSD).

Methods

Twenty PTSD patients and 20 healthy subjects were recruited. Event-related functional magnetic resonance imaging (fMRI) was used to investigate the modification of emotional responses to negative stimuli. Participants were required to regulate their emotional reactions according to the auditory regulation instructions via headphones, to maintain, enhance or diminish responses to negative stimuli during fMRI scans.

Results

The PTSD group showed poorer modification performance than the control group when diminishing responses to negative stimuli. On fMRI, the PTSD group showed decreased activation in the inferior frontal cortex, inferior parietal lobule, insula and putamen, and increased activation in posterior cingulate cortex and amygdala during up-regulation of negative emotion. Similar decreased activation regions were found during down-regulation of negative emotion, but no increased activation was found.

Conclusion

Trauma exposure might impair the ability to down-regulate negative emotion. The present findings will improve our understanding of the neural mechanisms of emotion regulation underlying PTSD.

<http://onlinelibrary.wiley.com/doi/10.1002/da.22216/abstract>

Perceived Social Support Mediates Anxiety and Depressive Symptom Changes Following Primary Care Intervention.

Dour, H. J., Wiley, J. F., Roy-Byrne, P., Stein, M. B., Sullivan, G., Sherbourne, C. D., Bystritsky, A., Rose, R. D. and Craske, M. G.

Depression and Anxiety

Article first published online: 12 DEC 2013

Background

The current study tested whether perceived social support serves as a mediator of anxiety and depressive symptom change following evidence-based anxiety treatment in the primary care setting. Gender, age, and race were tested as moderators.

Methods

Data were obtained from 1004 adult patients (age M = 43, SD = 13; 71% female; 56% White, 20% Hispanic, 12% Black) who participated in a randomized effectiveness trial (coordinated anxiety learning and management [CALM] study) comparing evidence-based intervention (cognitive-behavioral therapy and/or psychopharmacology) to usual care in the primary care setting. Patients were assessed with a battery of questionnaires at baseline, as well as at 6, 12, and 18 months following baseline. Measures utilized in the mediation analyses included the Abbreviated Medical Outcomes (MOS) Social Support Survey, the Brief Symptom Index (BSI)–Somatic and Anxiety subscales, and the Patient Health Questionnaire (PHQ-9).

Results

There was a mediating effect over time of perceived social support on symptom change following treatment, with stronger effects for 18-month depression than anxiety. None of the mediating pathways were moderated by gender, age, or race.

Conclusions

Perceived social support may be central to anxiety and depressive symptom changes over time with evidence-based intervention in the primary care setting. These findings possibly have important implications for development of anxiety interventions.

<http://psycnet.apa.org/psycinfo/2013-39019-001/>

Stalking of the Mental Health Professional: Reducing Risk and Managing Stalking Behavior by Patients.

Carr, Malique L.; Goranson, Anders C.; Drummond, David J.

Journal of Threat Assessment and Management, Nov 11 , 2013

Stalking is a prevalent issue that is often underreported and underdiscussed both in the general population and in clinical settings. Among mental health professionals, 6%–11% of providers will be stalked by a patient during their career. Stalking has a considerable negative impact on both the personal and professional lives of these individuals that is compounded by systemic and individual factors. Many health care organizations lack well-defined procedures on how to manage stalking, and mental health professionals have been found to have minimal training in how to address stalking behavior. Ethical guidelines across multiple health care disciplines emphasize avoiding harm and maintaining patient confidentiality. Although state licensing boards allow exceptions to confidentiality as mandated or permitted by law, these state laws may offer little protection to the mental health professional being stalked by his or her patient. Failing to address stalking behaviors could be detrimental to both current and future providers as well as preventing the stalker from receiving modification of problematic behavior. General models of stalking management have been offered in the past, but few address the specific challenges associated with the stalking of mental health professionals by their patients. The authors present 2 vignettes to demonstrate the common management challenges of these cases. The authors propose a dual pathway, 3-tiered model of stalking management that adopts

a public health approach to guide interventions both on the individual provider and systemic level. Limitations and suggestions for future research are discussed. (PsycINFO Database Record (c) 2013 APA, all rights reserved)

<http://onlinelibrary.wiley.com/doi/10.1111/fcsr.12046/abstract>

Motivating Military Families to Thrive.

Clark, M. G., Jordan, J. D. and Clark, K. L.

Family and Consumer Sciences Research Journal

Volume 42, Issue 2, pages 110–123, December 2013

Since 1973 excellent programs supporting military families have developed. However, a unified program across the Department of Defense (DoD) that meets family needs and connects to communities is elusive. Military Family Life Project data show that participation in many programs is limited, but when the programs are used, they often work well. The data suggest the “coercive bureaucracy” that envelops the military extends to the family and limits motivation to utilize programs. We propose that the military employ the Self-Determination Theory to motivate families to elevate above basic survival so they can thrive. With 73% of families living outside of military installations, their participation in programs will require community involvement because the government cannot meet the needs of most families by itself. Connecting government and community programs requires a transparent unified program structure. We propose that product life-cycle management will elucidate and integrate existing programs across the entire service life cycle and enhance community connectivity.

<http://www.sciencedirect.com/science/article/pii/S0091743513004568>

Prevalence and correlates of victimization and weapon carrying among military- and nonmilitary-connected youth in Southern California.

Tamika D. Gilreath, Ron A. Astor, Julie A. Cederbaum, Hazel Atuel, Rami Benbenishty

Preventive Medicine, Available online 11 December 2013

Objectives

The present analysis sought to explore the normative rates and correlates of school victimization and weapon carrying among military-connected and nonmilitary-connected youth in public schools in Southern California.

Methods

Data are from a sub-sample of the 2011 California Healthy Kids Survey (N = 14,512). Items to assess victimization and weapon carrying were separated into three categories: physical acts (e.g., being pushed or shoved), nonphysical acts (e.g., having rumors spread about them) and weapon carrying.

Results

The bivariate results indicate that youth with a military-connected parent had higher rates of physical victimization (56.8%), nonphysical victimization (68.1%), and weapon carrying (14.4%) compared to those with siblings serving (55.2%, 65.2%, and 11.4%, respectively) and nonmilitary-connected (50.3%, 61.6%, and 8.9%, respectively) youth. Having a parent in the military increased the odds of weapon carrying by 29% (OR = 1.29, 95% CI = 1.02–1.65). Changing schools and a larger number of family member deployments in the past 10 years were associated with significant increases in the likelihood of victimization and weapon carrying.

Conclusions

The results of this analysis warrant a focus on school supports for youth experiencing parental military service, multiple relocations and deployments of a family member.

<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

Volume 26, Issue 6, pages 703–709, December 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://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

Volume 26, Issue 6, pages 710–717, December 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/jts.21865/abstract>

Psychological Effects of the Marathon Bombing on Boston-Area Veterans With Posttraumatic Stress Disorder.

Miller, M. W., Wolf, E. J., Hein, C., Prince, L. and Reardon, A. F.

Journal of Traumatic Stress

Volume 26, Issue 6, pages 762–766, December 2013

This study examined the psychological impact of the Boston Marathon bombing using data from an ongoing longitudinal study of Boston-area veterans with posttraumatic stress disorder (PTSD; N = 71). Participants were assessed by telephone within 1 week of the end of the event; 42.3% of participants reported being personally affected by the bombings and/or the manhunt that followed. The majority of them reported that the bombing reminded them of their own traumas and/or caused other emotional distress. Examination of change in posttraumatic stress disorder (PTSD) symptoms from a prebombing assessment an average of 2 months earlier to 1 week after the event revealed no significant change in symptoms across the sample as a whole. However, examination of patterns of change at the individual level revealed significant correlations ($r = .33$; $p = .005$) between distress at the time of the event and change in total PTSD symptom severity, with this effect accounted for primarily by increases in intrusion and avoidance symptoms ($r_s = .35$ and $.31$, $p_s = .002$ and $.008$, respectively). Findings of this study should raise awareness of the potential impact of terror attacks, mass shootings, and other events of this type on the well-being of individuals with histories of trauma and/or pre-existing PTSD.

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

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

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

Journal of Traumatic Stress

Volume 26, Issue 6, pages 772–775, December 2013

This study was funded by the Department of Veterans Affairs (VA) Women's Health Services in the Office of Patient Care Services and the VA Health Services Research and Development (HSR&D) Service (#SDR-08-270). This material was also supported by resources from the VA Office of Academic Affiliations, Advanced Fellowship Program in Mental Illness Research and Treatment, VA Puget Sound Healthcare System, VA Greater Los Angeles HSR&D Center of Excellence, and VA Boston Healthcare System. The authors gratefully acknowledge Su Sun Mor, MPH and Michael Mitchell, PhD, for assistance with database construction, and Mark Canning for project management. The views expressed within are solely those of the authors, and do not necessarily represent the views of the Department of Veterans Affairs or of the United States government.

http://muse.jhu.edu/login?auth=0&type=summary&url=/journals/narrative_inquiry_in_bioethics/v003/3.3.gibbons.html

How Do Deployed Health Care Providers Experience Moral Injury?

Susanne W. Gibbons, Michaela Shafer, Edward J. Hickling, Gloria Ramsey

Narrative Inquiry in Bioethics

Volume 3, Number 3, Winter 2013

pp. 247-259

Combat deployments put health care providers in ethically compromising and morally challenging situations. A sample of recently deployed nurses and physicians provided narratives that were analyzed to better appreciate individual perceptions of moral dilemmas that arise in combat. Specific questions to be answered by this inquiry are: 1) How do combat deployed nurses and physicians make sense of morally injurious traumatic exposures? and 2) What are the possible psychosocial consequences of these and other deployment stressors? This narrative inquiry involves analysis of ten deployed military nurses' and physicians' aversive or traumatic experiences. Burke's dramatist pentad is used for structural narrative analysis of stories that confirm and illuminate the impact of war zone events such as betrayal, disproportionate violence, incidents involving civilians, and within-rank violence on military health care provider narrators. Results indicate cognitive dissonance and psychosocial sequelae related to moral and psychological stressors faced by military medical personnel. Discussion addresses where healing efforts should be focused.

<http://onlinelibrary.wiley.com/doi/10.1002/mpr.1401/abstract>

Design of the Army Study to Assess Risk and Resilience in Servicemembers (Army STARRS).

Kessler, R. C., Colpe, L. J., Fullerton, C. S., Gebler, N., Naifeh, J. A., Nock, M. K., Sampson, N. A., Schoenbaum, M., Zaslavsky, A. M., Stein, M. B., Ursano, R. J. and Heeringa, S. G.

International Journal of Methods in Psychiatric Research

Special Issue: The Army Study to Assess Risk and Resilience in Servicemembers (Army STARRS)

Volume 22, Issue 4, pages 267–275, December 2013

The Army Study to Assess Risk and Resilience in Servicemembers (Army STARRS) is a multi-component epidemiological and neurobiological study designed to generate actionable evidence-based recommendations to reduce US Army suicides and increase basic knowledge about the determinants of suicidality. This report presents an overview of the designs of the six components of the Army STARRS. These include: an integrated analysis of the Historical Administrative Data Study (HADS) designed to

provide data on significant administrative predictors of suicides among the more than 1.6 million soldiers on active duty in 2004–2009; retrospective case-control studies of suicide attempts and fatalities; separate large-scale cross-sectional studies of new soldiers (i.e. those just beginning Basic Combat Training [BCT], who completed self-administered questionnaires [SAQs] and neurocognitive tests and provided blood samples) and soldiers exclusive of those in BCT (who completed SAQs); a pre-post deployment study of soldiers in three Brigade Combat Teams about to deploy to Afghanistan (who completed SAQs and provided blood samples) followed multiple times after returning from deployment; and a platform for following up Army STARRS participants who have returned to civilian life. Department of Defense/Army administrative data records are linked with SAQ data to examine prospective associations between self-reports and subsequent suicidality. The presentation closes with a discussion of the methodological advantages of cross-component coordination. Copyright © 2013 John Wiley & Sons, Ltd.

<http://www.sciencedirect.com/science/article/pii/S0005789413001299>

The Driving Behavior Survey as a Measure of Behavioral Stress Responses to MVA-related PTSD.

Aaron S. Baker, Scott D. Litwack, Joshua D. Clapp, J. Gayle Beck, Denise M. Sloan

Behavior Therapy, Available online 14 December 2013

Numerous treatments are available that address the core symptoms of posttraumatic stress disorder (PTSD). However, there are a number of related behavioral stress responses that are not assessed with PTSD measures, yet these behavioral stress responses affect quality of life. The goal of the current study was to investigate whether a recently developed measure of behavioral stress response, the Driving Behavior Survey (DBS), was sensitive to change associated with treatment among a group of participants diagnosed with PTSD. The DBS indexes anxious driving behavior, which is frequently observed among individuals with motor vehicle accident-related PTSD. Participants ($n = 40$) were racially-diverse adults (M age = 40.78, 63% women) who met diagnostic criteria for motor vehicle accident-related PTSD. Hierarchical linear modeling analyses indicated that participants who were assigned to a brief, exposure-based intervention displayed significant reductions on the DBS subscales relative to participants assigned to the waitlist control condition ($r = .41-.43$). Moreover, mediational analyses indicated that the observed reductions on the DBS subscales were not better accounted for by reductions in PTSD. Taken together, these findings suggest that the DBS subscales are sensitive to changes associated with PTSD treatment and can be used to augment outcome measures in PTSD treatment trials

<http://online.liebertpub.com/doi/abs/10.1089/jwh.2013.4327>

Sexual Behaviors and Sexually Transmitted Infections in a Nationally Representative Sample of Women Veterans and Nonveterans.

Lehavot K, Katon JG, Williams EC, Nelson KM, Gardella CM, Reiber GE, Simpson TL

Background:

Women veterans are a growing population with unique characteristics and documented health disparities. Few studies have examined their sexual behaviors and rates of sexually transmitted infections (STIs), and none have compared women veterans to nonveterans to identify potential sexual health disparities.

Methods:

We used data from the 1999–2010 National Health and Nutrition Examination Survey, a nationally representative U.S. survey. We compared lifetime sexual history (age at first intercourse, number of partners), sexual activity in the last year, and STIs between women veterans (n=151) and nonveterans (n=8738), adjusting for age, race/ethnicity, education, marital status, binge drinking, and survey year.

Results:

Compared to nonveterans, women veterans reported a younger age at first intercourse and a greater number of female and male lifetime sexual partners, and they were more likely to have ever had sex with a woman. They were also more likely than nonveterans to have genital herpes and genital warts.

Conclusions:

Women veterans reported higher rates of sexual activity and STIs than nonveterans. Future research is needed to assess high-risk behaviors and determine what factors may underlie these associations. Providers should ensure thorough screening and intervention services are provided for this growing population.

<http://www.sciencedirect.com/science/article/pii/S088761851300220X>

Posttraumatic Stress Disorder and Alcohol Dependence: Individual and Combined Associations with Social Network Problems.

Courtney E. Dutton, Thomas Adams, Sarah Bujarski, Christal L. Badour, Matthew T. Feldner

Journal of Anxiety Disorders, Available online 14 December 2013

People with either posttraumatic stress disorder (PTSD) or alcohol dependence (AD) are apt to report problems in their social networks, including low perceived support and elevated conflict. However, little research has examined social networks among people with comorbid PTSD/AD despite evidence suggesting these two conditions commonly co-occur and are linked to particularly severe problems. To test the hypothesis that people with comorbid PTSD/AD experience particularly elevated social network problems, individuals with lifetime diagnoses of PTSD, AD, comorbid PTSD/AD, or no lifetime history of

Axis I psychopathology in the National Comorbidity Survey-Replication were compared on four dimensions of social networks: (1) Closeness, (2) Conflict, (3) Family Support, and (4) Apprehension. Persons with PTSD, AD, or comorbid PTSD/AD endorsed more problems with the Conflict, Family Support, and Apprehension factors compared to people with no history of Axis I psychopathology. Moreover, individuals with comorbid PTSD/AD endorsed greater Apprehension and significantly less Family Support compared to the other three groups. Results suggest people with comorbid PTSD/AD experience increased problems with their family as well as greater concerns about enlisting social support than even people with PTSD or AD alone. Treatments for people suffering from comorbid PTSD/AD should consider assessing for and possibly targeting family support and apprehension about being close to others.

http://www.cnas.org/sites/default/files/publications-pdf/CNAS_NeedsAssessment_CarterKidder.pdf

Needs Assessment: Veterans in the Western United States

Center for a New American Security

By Phillip Carter and Katherine Kidder

December 2013

Veterans in the 12 western states account for nearly one-third of all veterans nationwide, including a mix of large, dense veterans communities in urban areas and veterans dispersed across vast rural and mountainous areas.

The overwhelming majority of veterans in the western United States do well after they leave the military, with higher than average employment and income and better results for other socioeconomic indicators than their nonveteran peers. However, some veterans struggle to adjust to civilian life or suffer later in life with issues relating to their service. In the western states, our research found that these veterans' struggles often relate to broader community issues where they reside, such as the shortage of affordable housing in high-cost areas like the San Francisco Bay Area.

This policy brief summarizes the results of a needs assessment conducted by the Center for a New American Security (CNAS) between August and November 2013, focusing on veterans in the western United States. Research involved extensive qualitative research on trends in the region, quantitative research using data made public by the Department of Veterans Affairs (VA), the Department of Defense (DOD), and other agencies, and interviews and working groups with participants from more than 90 leading organizations serving veterans in the western United States.

<http://www.sciencedirect.com/science/article/pii/S0887618513002168>

Expressive Inhibition Following Interpersonal Trauma: An Analysis of Reported Function.

Joshua D. Clapp, Judiann M. Jones, Maryanne Jaconis, Shira A. Olsen, Matthew J. Woodward, J. Gayle Beck

Journal of Anxiety Disorders, Available online 14 December 2013

Existing research indicates veterans with PTSD may deliberately inhibit the expression of emotion. However, the degree to which inhibition generalizes to other trauma populations and the specific reasons survivors with PTSD inhibit expression remains unclear. The present study looked to evaluate expressive inhibition among survivors of intimate partner violence (N = 74), to determine reasons for inhibition in this population, and to examine whether any justifications for inhibition are unique to individuals with PTSD. The frequency and intensity of inhibition scores were similar to those noted in previous research although no differences were observed across women with and without PTSD. Self-reported justifications for inhibition indicated five general themes: Concern for others, Mistrust/fear of exploitation, Perception of others as indifferent/uncaring, Control/Experiential avoidance, and Situation-specific inhibition. Only mistrust/exploitation motives were uniquely associated with PTSD. Whereas expressive inhibition may be elevated within help-seeking samples, individuals who develop PTSD appear to hold unique reasons for restricting emotional expression.

Links of Interest

Brief Intervention for Short- Term Suicide Risk Reduction in Military Populations (MSRC-funded research/Craig Bryan)

https://msrc.fsu.edu/funded-research/risk_reduction

Actors thank seniors for support of film depicting veterans' struggles with PTSD

[http://www.stripes.com/news/us/actors-thank-seniors-for-support-of-film-depicting-veterans-
struggles-with-ptsd-1.234944](http://www.stripes.com/news/us/actors-thank-seniors-for-support-of-film-depicting-veterans-struggles-with-ptsd-1.234944)

Armed forces scale back, PA young people often disappointed

<http://publicsource.org/investigations/armed-forces-scale-back-pa-young-people-often-disappointed>

Holiday season challenges reservists, military families

[http://www.pressrepublican.com/archive/x601934850/Holiday-season-challenges-reservists-military-
families](http://www.pressrepublican.com/archive/x601934850/Holiday-season-challenges-reservists-military-families)

Snoozers are, in fact, losers

<http://www.newyorker.com/online/blogs/elements/2013/12/science-of-sleep-trouble-with-snooze-buttons.html>

How Concussion Can Lead to Depression Years Later

<http://www.sciencedaily.com/releases/2013/12/131209143252.htm>

The First Baseball Player Diagnosed With Chronic Traumatic Brain Injury

<http://www.theatlantic.com/health/print/2013/12/the-first-baseball-player-diagnosed-with-chronic-traumatic-brain-injury/282390/>

Canadian military faces wave of mental health cases, warns report

http://www.thestar.com/news/canada/2013/12/16/canadian_military_faces_wave_of_mental_health_cases_warns_report.html

Breaking the Silence (MST)

<http://data.baltimoresun.com/military-sexual-assaults/>

Warriors Hike the Appalachian Trail as Ecotherapy for PTSD

<http://hikingresearch.wordpress.com/2013/11/26/warriors-hike-the-appalachian-trail-as-ecotherapy-for-ptsd/>

The war next door: Can a vet with PTSD come home?

<http://www.stripes.com/news/us/the-war-next-door-can-a-vet-with-ptsd-come-home-1.257814>

Pentagon names new sexual assault prevention chief

<http://www.stripes.com/news/pentagon-names-new-sexual-assault-prevention-chief-1.257932>

What Happens in the Brain After a Concussion

<http://well.blogs.nytimes.com/2013/12/18/what-happens-in-the-brain-after-a-concussion/>

College campuses help centralize veteran services (Montgomery County)

<http://www.gazette.net/article/20131218/NEWS/131219197/1007/news&source=RSS&template=gazette>

VA Simplifies Brain Injury Claims Process

<http://www.courthousenews.com/2013/12/18/63874.htm>

Resource of the Week: [WHO MiNDbank](#)

MiNDbank, a new database from the World Health Organization, came online just last week. It offers “one-stop shopping” access to a wide range of information from about 160 countries on mental health, substance abuse and related topics.

MiNDbank includes easy and free access to the following resources:

- National mental health policies, strategies and laws
- National substance abuse policies, strategies and laws
- National disability related policies, strategies and laws
- National general health policies, strategies and laws
- National constitutions, human rights and child rights laws
- National poverty reduction and development strategies
- Health and mental health service standards
- International and regional human rights conventions and treaties
- CRPD Member States reports, Shadow Reports and Concluding Observations
- UN Special Rapporteurs reports
- Key World Health Organization and United Nations reports
- UN and WHO resolutions

Mental health

Mental health home

► mhGAP

Evidence and research

Policy and services

Media centre

Neurology and public health

Disorders management

Suicide Prevention and special programmes

Mental health in emergencies

Mental health publications

WHO MiNDbank

WHO MiNDbank: More Inclusiveness Needed in Disability and Development



WHO MiNDbank is an online platform bringing together country and international resources, covering mental health, substance abuse, disability, general health, human rights and development. It is part of WHO's QualityRights campaign to end violations against people with mental disabilities. MiNDbank aims to facilitate dialogue, advocacy and research, to

promote reform in these areas in line with international human rights and best practice standards.

Visit the WHO MiNDbank online database [↗](#)

Note for the media: MiNDbank launch



Download the WHO MiNDbank flyer

Download the WHO QualityRights Tool Kit



Mindbank includes easy and free access to the following resources:

- National mental health policies, strategies and laws
- National substance abuse policies, strategies and laws
- National disability related policies, strategies and laws
- National general health policies, strategies and laws
- National constitutions, human rights and child rights laws
- National poverty reduction and development strategies
- Health and mental health service standards
- International and regional human rights conventions and treaties
- CRPD Member States reports, Shadow Reports and Concluding Observations
- UN Special Rapporteurs reports
- Key World Health Organization and United Nations reports
- UN and WHO resolutions

MiNDbank is the only single point globally to access all comprehensive information related to mental health, substance abuse, disability, general health, human rights and development.

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