



## CDP Research Update -- January 16, 2014

### What's Here:

- Suicide Rates in VHA Patients through 2011 with Comparisons with Other Americans and other Veterans through 2010
- Sexual Assault Reports Drop at Service Academies
- PTSD Research Quarterly - The Dissociative Subtype of PTSD: Rationale, Evidence, and Future Directions
- Clinician's Trauma Update, December 2013 (National Center for PTSD)
- Military Suicide Research Consortium News -- January 2013
- Behavioral Health Tech Review (T2)
- The Development and Application of the RAND Program Classification Tool -- The RAND Toolkit, Volume 1
- The RAND Online Measure Repository for Evaluating Psychological Health and Traumatic Brain Injury Programs -- The RAND Toolkit, Volume 2
- A Systematic Process to Facilitate Evidence-Informed Decisionmaking Regarding Program Expansion -- The RAND Toolkit, Volume 3
- A Program Manager's Guide for Program Improvement in Ongoing Psychological Health and Traumatic Brain Injury Programs -- The RAND Toolkit, Volume 4
- The Quality of Mental Health Information Commonly Searched For on the Internet.
- Effects of School-Based Interventions With U.S. Military-Connected Children: A Systematic Review.
- Neuroendocrine dysfunction following mild TBI: When to screen for it.
- Online support groups for mental health: A space for challenging self-stigma or a means of social avoidance?
- Child Maltreatment Among Civilian Parents Before, During, and After Deployment in United States Air Force Families.

- Provider practices in the primary care behavioral health (PCBH) model: An initial examination in the Veterans Health Administration and United States Air Force.
- Using cannabis to help you sleep: Heightened frequency of medical cannabis use among those with PTSD.
- Improving Veterans Affairs Services by Embracing a Communitarian Model for Mental Health Providers.
- Beyond Suicide: Action Needed to Improve Self-injury Mortality Accounting.
- Risk factors associated with sleep disturbance following traumatic brain injury.
- Suicide attempts and completions on medical-surgical and intensive care units.
- Recognizing Trauma and Posttraumatic Stress Disorder Symptoms in Individuals With Psychotic Disorders.
- Coping with the challenges of being a significant other of a law enforcement officer and a U.S. military reservist
- Encountering Women Veterans With Military Sexual Trauma.
- Military Parents' Perceptions of Public School Support for Their Children.
- School-Age Children of Military Families: Theoretical Applications, Skills Training, Considerations, and Interventions.
- The Influence of Intergenerational Family Dynamics on Suicidal Behavior: Conceptualization, Assessment, and Intervention.
- The socio-environmental determinants of railway suicide: a systematic review.
- Reporting Sexual Harassment in the Military: Associations Between Victims' Perceptions of the Reporting Process and Psychosocial Well-being.
- Warring Identities: Identity Conflict and the Mental Distress of American Veterans of the Wars in Iraq and Afghanistan.
- Cognitive Behavioral Therapy for insomnia with veterans: Evaluation of effectiveness and correlates of treatment outcomes.
- Inclusion and Exclusion Criteria in Randomized Controlled Trials of Psychotherapy for PTSD.
- Cognitive Change across Cognitive-Behavioral and Light Therapy Treatments for Seasonal Affective Disorder: What Accounts for Clinical Status the Next Winter?
- Clinical experiences in conducting cognitive-behavioral therapy for social phobia.

- Clinical experiences in conducting empirically supported treatments for generalized anxiety disorder.
- Diffuse brain injury induces acute post-traumatic sleep.
- Is transcranial magnetic stimulation effective in treatment-resistant combat related posttraumatic stress disorder?
- Internalizing disorders and leukocyte telomere erosion: a prospective study of depression, generalized anxiety disorder and post-traumatic stress disorder.
- Using cannabis to help you sleep: Heightened frequency of medical cannabis use among those with PTSD.
- Reporting Sexual Harassment in the Military: Associations Between Victims' Perceptions of the Reporting Process and Psychosocial Well-being.
- Jet Lag: Use of Melatonin and Melatonergic Drugs (book chapter)
- Melatonin and Its Agonists in Sleep Disorders (book chapter)
- Update in Pain Medicine for Primary Care Providers: A Narrative Review, 2010-2012.
- Post-traumatic Stress Disorder Symptoms Mediate the Relationship Between Trauma Exposure and Smoking Status in College Students.
- Evidence-based treatment of post-traumatic stress disorder.
- Links of Interest
- Resource of the Week: CDP's New PE Session Notes

-----

[http://www.mentalhealth.va.gov/docs/Suicide\\_Data\\_Report\\_Update\\_January\\_2014.pdf](http://www.mentalhealth.va.gov/docs/Suicide_Data_Report_Update_January_2014.pdf)

**Suicide Rates in VHA Patients through 2011 with Comparisons with Other Americans and other Veterans through 2010**

Janet E. Kemp, RN, PhD

Veterans Health Administration, January 2014

(slides with detailed statistics)

-----

<http://www.defense.gov/news/newsarticle.aspx?id=121459>

## **Sexual Assault Reports Drop at Service Academies**

U.S. Department of Defense

Jan. 10, 2014

Reports of sexual assault decreased in two of the three military academies in academic year 2012-13, officials of the Defense Department's Sexual Assault Prevention and Response Office said today. The statistics came from DOD's Annual Report on Sexual Harassment and Violence at the Military Service Academies, which is being delivered to Congress today.

During the academic year, a total of 70 reports were made at the U.S. Military Academy, the U.S. Naval Academy or the U.S. Air Force Academy, officials said. The number of sexual assaults reported declined at West Point and Colorado Springs, but rose at Annapolis.

A report of sexual assault means at least one military victim or subject, said Air Force Col. Alan Metzler, an official with the Pentagon's Sexual Assault Response and Prevention Office.

Of the 70 reports, 53 came from cadets and midshipmen for events they experienced in military service. "We are getting reports from victims for events prior to their military service or prior to entering the service academies," Metzler said.

The report provides an assessment of the effectiveness of the service academies' policies and training to prevent sexual violence. The assessment found the academies were compliant with their policies regarding sexual harassment and sexual assault during the academic year, which ran from June 2012 to May 2013.

+ [Full Report](#) (PDF)

+ [Focus Group Findings](#) (PDF)

+ [Memorandum](#) (PDF) by Secretary of Defense Chuck Hagel "directing the implementation of several essential measures that address the findings and recommendations" in the report.

-----

<http://www.ptsd.va.gov/professional/newsletters/research-quarterly/v24n4.pdf>

## **PTSD Research Quarterly - The Dissociative Subtype of PTSD: Rationale, Evidence, and Future Directions**

Wolf, E.J.

RQ Vol. 24(4), 2013

The PTSD diagnosis has undergone numerous changes in Diagnostic and Statistical Manual-5. One is the addition of the dissociative subtype. This subtype applies to individuals who meet full criteria for PTSD and also exhibit marked symptoms of derealization (i.e., perceiving one's world or environment as not real) and/or depersonalization (i.e., perceiving one's self as not whole, connected, or real).

-----

[http://www.ptsd.va.gov/professional/newsletters/ctu-online/ctu\\_V7N6.pdf](http://www.ptsd.va.gov/professional/newsletters/ctu-online/ctu_V7N6.pdf)

### **Clinician's Trauma Update**

Issue 7(6), December 2013

National Center for PTSD

In this issue:

- Will Cognitive Processing Therapy work for me (or for my patient)?
- New findings on DCS for exposure therapy
- Therapeutic alliance in Prolonged Exposure: If it's broke, fix it
- Long - term sleep outcomes of CPT and PE
- What Veterans with PTSD want from treatment
- Army providers' use of evidence - based psychotherapy for PTSD
- Longitudinal study finds TBI during deployment strongly linked to postdeployment PTSD

-----

<https://msrc.fsu.edu/members/newsletter/msrc-newsletter-january-2013>

### **Military Suicide Research Consortium News -- January 2013**

"A quarterly update on the consortium's progress"

-----

<https://www.t2.health.mil/sites/default/files/Behavioral-health-tech-review-Dec-2013.pdf>

### **Behavioral Health Tech Review**

National Center for Telehealth & Technology (T2)

December 2013

The “Behavioral Health Tech Review” is published quarterly by the National Center for Telehealth & Technology (T2) to inform senior military leaders, healthcare providers, and T2 collaborators about existing and new innovative technologies which support the treatment of behavioral health patients.

-----

[http://www.rand.org/pubs/research\\_reports/RR487z1.html](http://www.rand.org/pubs/research_reports/RR487z1.html)

### **The Development and Application of the RAND Program Classification Tool -- The RAND Toolkit, Volume 1**

by Joie Acosta, Gabriella C. Gonzalez, Emily M. Gillen, Jeffrey Garnett, Carrie M. Farmer, Robin M. Weinick

2014, RAND Corporation

As a result of extended military engagements in Iraq and Afghanistan during the past decade, the U.S. Department of Defense (DoD) has implemented numerous programs to support servicemembers and family members who experience difficulty handling stress, face mental health challenges, or are affected by a traumatic brain injury (TBI). As these efforts have proliferated, it has become more challenging to monitor these programs and to avoid duplication. To support DoD in this area, RAND compiled a comprehensive catalog of DoD-funded programs that address psychological health and TBI. In creating the catalog of programs, RAND recognized the need to consistently describe and compare multiple programs according to a set of core program characteristics, driven largely by the lack of a single, clear, widely-accepted operational definition of what constitutes a program. To do this, RAND developed the RAND Program Classification Tool (R-PCT) to allow users to describe and compare programs, particularly those related to psychological health and TBI, along eight key dimensions. The tool consists of a set of questions and responses for consistently describing various aspects of programs, along with detailed guidance regarding how to select the appropriate responses. The purpose of this report is to describe the R-PCT, to help potential users understand how it was developed, and to explain how the tool can be used.

-----

[http://www.rand.org/pubs/research\\_reports/RR487z2.html](http://www.rand.org/pubs/research_reports/RR487z2.html)

### **The RAND Online Measure Repository for Evaluating Psychological Health and Traumatic Brain Injury Programs -- The RAND Toolkit, Volume 2**

by Joie Acosta, Kerry Reynolds, Emily M. Gillen, Kevin Carter Feeney, Carrie M. Farmer, Robin M. Weinick

2014, RAND Corporation

Since 2001, U.S. military forces have been engaged in extended conflicts in Iraq and Afghanistan. While most military personnel cope well across the deployment cycle, the operational tempo may raise the risk of mental health problems, such as post-traumatic stress disorder (PTSD) and major depression, and consequences from traumatic brain injury (TBI). To support servicemembers and their families as they cope with these challenges, the U.S. Department of Defense has implemented numerous programs addressing biological, social, spiritual, and holistic influences on psychological health along the resilience, prevention, and treatment continuum that focus on a variety of clinical and nonclinical concerns.

As these efforts have proliferated, evaluating their effectiveness has become increasingly important. To support the design and implementation of program evaluation, RAND developed the RAND Online Measure Repository (ROMR) which indexes and describes measures related to psychological health and TBI. The ROMR is a publicly accessible, online, searchable database containing 171 measures related to psychological health and TBI. This report describes the rationale for developing the ROMR, the content included in the ROMR, and its potential in both civilian and military populations. The ROMR includes information about measure domains, psychometrics, number of items, and costs, which can inform the selection of measures for program evaluations. Included measures address domains of primary importance to psychological health (PTSD, depression, anxiety, suicidal ideation, and resiliency) and TBI (cognition, executive functioning, and memory). Also identified are measures relevant to military units, such as unit cohesion and force readiness and preservation.

-----

[http://www.rand.org/pubs/research\\_reports/RR487z3.html](http://www.rand.org/pubs/research_reports/RR487z3.html)

### **A Systematic Process to Facilitate Evidence-Informed Decisionmaking Regarding Program Expansion -- The RAND Toolkit, Volume 3**

by Laurie T. Martin, Coreen Farris, David M. Adamson, Robin M. Weinick

2014, RAND Corporation

While the Department of Defense supports more than 200 psychological health and traumatic brain injury programs, it lacks an approach and process to systematically develop, track, and assess the performance of this portfolio of programs. Further, there is not yet a uniform approach to decisionmaking around program support and expansion of particularly promising, evidence-based programs. This lack of centralized oversight may result in the proliferation of untested programs that are developed without an evidence base; an inefficient use of resources; and added cost and administrative inefficiencies. RAND researchers developed a potential model and tools to support a centralized, systematic, and ongoing process to help in making decisions around continued program support, and by which expansion can be facilitated. This report includes two tools. The first is a Program Abstraction Form, which collects relevant background information from programs and asks explicitly about program

effectiveness and the design of the program evaluation used to assess program effectiveness, as a poor evaluation design may lead to incorrect conclusions about the effectiveness of the program. The second is the RAND Program Expansion Tool, which provides a standardized summary of the quality and outcome of a program evaluation. The focus of these tools is on decisionmaking around program expansion, and does not preclude or address initial funding decisions of particularly promising new programs that may not yet have a solid evidence base.

-----

[http://www.rand.org/pubs/research\\_reports/RR487z4.html](http://www.rand.org/pubs/research_reports/RR487z4.html)

**A Program Manager's Guide for Program Improvement in Ongoing Psychological Health and Traumatic Brain Injury Programs -- The RAND Toolkit, Volume 4**

by Gery W. Ryan, Carrie M. Farmer, David M. Adamson, Robin M. Weinick

2014, RAND Corporation

Between 2001 and 2011, the U.S. Department of Defense has implemented numerous programs to support service members and their families in coping with the stressors from a decade of the longstanding conflicts in Iraq and Afghanistan. These programs, which address both psychological health and traumatic brain injury (TBI), number in the hundreds and vary in their size, scope, and target population. To ensure that resources are wisely invested and maximize the benefits of such programs, RAND developed a tool to help assess program performance, consider options for improvement, implement solutions, then assess whether the changes worked, with the intention of helping those responsible for managing or implementing programs to conduct assessments of how well the program is performing and to implement solutions for improving performance. Specifically, the tool is intended to provide practical guidance in program improvement and continuous quality improvement for all programs.

-----

<http://www.ncbi.nlm.nih.gov/pubmed/24237287>

Cyberpsychol Behav Soc Netw. 2013 Nov 16. [Epub ahead of print]

**The Quality of Mental Health Information Commonly Searched For on the Internet.**

Grohol JM, Slimowicz J, Granda R.

Previous research has reviewed the quality of online information related to specific mental disorders. Yet, no comprehensive study has been conducted on the overall quality of mental health information



searched for online. This study examined the first 20 search results of two popular search engines- Google and Bing-for 11 common mental health terms. They were analyzed using the DISCERN instrument, an adaptation of the Depression Website Content Checklist (ADWCC), Flesch Reading Ease and Flesch-Kincaid Grade Level readability measures, HONCode badge display, and commercial status, resulting in an analysis of 440 web pages. Quality of Web site results varied based on type of disorder examined, with higher quality Web sites found for schizophrenia, bipolar disorder, and dysthymia, and lower quality ratings for phobia, anxiety, and panic disorder Web sites. Of the total Web sites analyzed, 67.5% had good or better quality content. Nearly one-third of the search results produced Web sites from three entities: WebMD, Wikipedia, and the Mayo Clinic. The mean Flesch Reading Ease score was 41.21, and the mean Flesch-Kincaid Grade Level score was 11.68. The presence of the HONCode badge and noncommercial status was found to have a small correlation with Web site quality, and Web sites displaying the HONCode badge and commercial sites had lower readability scores. Popular search engines appear to offer generally reliable results pointing to mostly good or better quality mental health Web sites. However, additional work is needed to make these sites more readable.

-----

<http://rsw.sagepub.com/content/early/2013/12/30/1049731513517143.abstract>

### **Effects of School-Based Interventions With U.S. Military-Connected Children: A Systematic Review.**

Kristen Esposito Brendel, Brandy R. Maynard, David L. Albright, and Mary Bellomo

Research on Social Work Practice 1049731513517143, first published on December 31, 2013

#### **Objective:**

To examine the effects of school-based interventions on the well-being of military-connected children (i.e., dependents of U.S. military service members, veterans, or reserve component members) who attend public or private elementary or secondary schools with parental deployment, parental reintegration, parental military-related trauma or death, or frequent moves.

#### **Method:**

Systematic review methods were employed to search, retrieve, select, and analyze studies that met inclusion criteria.

#### **Results:**

Over 1,400 citations were reviewed and 22 full-text reports were screened. One study met criteria for inclusion in this review. Effects on anxiety, self-esteem, and internalizing and externalizing behaviors were not significant.

Discussion:

The paucity of intervention research in this area is surprising, given the increased awareness and research on the stresses and impacts of military deployment and other unique stressors related to military life on children. The results of this systematic review support the need for further development and testing of school-based interventions that address the needs of military-connected children.

-----

<http://www.jfponline.com/home/article/neuroendocrine-dysfunction-following-mild-tbi-when-to-screen-for-it/07e3308f05fb1743fed529c8ac70e64d.html>

### **Neuroendocrine dysfunction following mild TBI: When to screen for it.**

Therese A. West, DNP, APN, BC; Col (R) Stephen Sharp, MD

Journal of Family Practice

2014 1;63(1):11-16

The Centers for Disease Control and Prevention (CDC) reports that >1.7 million cases of traumatic brain injury (TBI) occur annually in the United States. More than 266,000 military service members sustained at least one TBI from 2000 to 2012. Most TBIs (80%-85%), military and civilian, are classified as mild (mTBI), and most mTBI patients (80%-85%) experience a complete functional recovery within 3 months of injury. 1,3 The remaining 15% to 20% of mTBI patients experience persistent symptoms and difficulty in re - habilitation, particularly if there are concomitant disorders, such as post-traumatic stress disorder (PTSD), sleep disorders, acute stress disorder, substance abuse disorder, and depression. Symptoms that mTBI and these other disorders have in common can make differential diagnosis difficult, requiring a high degree of clinical awareness by primary care providers.

-----

<http://www.sciencedirect.com/science/article/pii/S0747563213004366>

### **Online support groups for mental health: A space for challenging self-stigma or a means of social avoidance?**

Aideen Lawlor, Jurek Kirakowski

Computers in Human Behavior, Volume 32, March 2014, Pages 152–161

A mediation model was used to test two hypotheses, (1) Online Support Group (OSG) use mediates self-stigma and recovery from self-stigma and (2), recovery from self-stigma mediates OSG use and support

seeking. Structural Equation Modelling (SEM) using Bayesian estimation with Monte-Carlo Markov Chain (MCMC) was used to analyse the model, based on the data collected from 99 users of OSGs for mental illness. The hypotheses were not supported. Active users were found to have higher levels of recovery from self-stigma and increased likelihood to have sought formal support. However, these perceived benefits maybe attributable to underlying factors which encourage a user to actively participate. Frequency of visits negatively affects recovery from self-stigma, suggesting that OSGs are a form of social avoidance, as opposed to a method of challenging the problem of stigma. This supports a growing body of research which is highlighting the negative effects of excessive dependency on OSGs. Users, moderators and mental health professionals need to be cognizant of the potential harm that excessive dependency can cause to already vulnerable people.

-----

<http://psycnet.apa.org/psycinfo/2013-45443-001/>

### **Child Maltreatment Among Civilian Parents Before, During, and After Deployment in United States Air Force Families.**

McCarthy, Randy J.; Rabenhorst, Mandy M.; Thomsen, Cynthia J.; Milner, Joel S.; Travis, Wendy J.; Copeland, Carol W.; Foster, Rachel E.

Psychology of Violence, Dec 30 , 2013

#### **Objective:**

To conduct the first population-based study comparing child maltreatment rates perpetrated by civilian parents in military families before, during, and after combat-related deployments.

#### **Method:**

The sample included children in United States Air Force families who experienced at least 1 child maltreatment incident perpetrated by their civilian parent and whose active-duty parent experienced at least 1 combat-related deployment between October 1, 2001, and October 31, 2008.

Results: During the study period, 2,442 children were involved in 2,879 substantiated child maltreatment incidents perpetrated by the civilian parent. Rates of child maltreatment by civilian parents increased 52% during deployments compared with before the active-duty parent's first deployment. The overall postdeployment child maltreatment rate was lower than the predeployment and during-deployment maltreatment rates. The large increase in child maltreatment by the civilian parent during deployment compared with predeployment was largely driven by a 124% increase in child neglect.

#### **Conclusion:**

During combat-related deployments, children are at heightened risk of child neglect perpetrated by their civilian parent. These results suggest a need for focused maltreatment prevention/intervention

efforts during this time of increased risk of children being neglected by their civilian parent. (PsycINFO Database Record (c) 2013 APA, all rights reserved)

-----

<http://psycnet.apa.org/journals/fsh/31/4/341/>

**Provider practices in the primary care behavioral health (PCBH) model: An initial examination in the Veterans Health Administration and United States Air Force.**

Funderburk, Jennifer S.; Dobbmeyer, Anne C.; Hunter, Christopher L.; Walsh, Christine O.; Maisto, Stephen A.

Families, Systems, & Health, Vol 31(4), Dec 2013, 341-353

The goals of this study were to identify characteristics of both behavioral health providers (BHPs) and the patients seen in a primary care behavioral health (PCBH) model of service delivery using prospective data obtained from BHPs. A secondary objective was to explore similarities and differences between these variables within the Veterans Health Administration (VHA) and United States Air Force (USAF) primary care clinics. A total of 159 VHA and 23 USAF BHPs, representing almost every state in the United States, completed the study, yielding data from 403 patient appointments. BHPs completed a web-based questionnaire that assessed BHP and setting characteristics, and a separate questionnaire after each patient seen on one day of clinical service. Data demonstrated that there are many similarities between the VHA and USAF BHPs and practices. Both systems tend to use well-trained psychologists as BHPs, had systems that support the BHP being in close proximity to the primary care providers, and have seamless operational elements (i.e., shared record, one waiting room, same-day appointments, and administrative support for BHPs). Comorbid anxiety and depression was the most common presenting problem in both systems, but overall rates were higher in VHA clinics, and patients were significantly more likely to meet diagnostic criteria for mental health conditions. This study provides the first systematic, prospective examination of BHPs and practices within a PCBH model of service delivery in two large health systems with well over 5 years of experience with behavioral health integration. Many elements of the PCBH model were implemented in a manner consistent with the model, although some variability exists within both settings. These data can help guide future implementation and training efforts. (PsycINFO Database Record (c) 2013 APA, all rights reserved)

-----

<http://www.sciencedirect.com/science/article/pii/S0376871613005243>

**Using cannabis to help you sleep: Heightened frequency of medical cannabis use among those with PTSD.**

Marcel O. Bonn-Miller, Kimberly A. Babson, Ryan Vandrey

Drug and Alcohol Dependence, Available online 31 December 2013

### Background

The use of cannabis for medical purposes is proliferating in the U.S., and PTSD is an explicitly approved condition for accessing medical cannabis in 5 states. Prior research suggests that people with PTSD often use cannabis to help cope with their condition, and that doing so results in more frequent and problematic cannabis use patterns. Specific coping motivations, such as sleep improvement, among medical cannabis users, have not been examined.

### Methods

The present study evaluated specific coping use motivations, frequency of cannabis and alcohol use, and mental health among a convenience sample of patients (N = 170) at a medical cannabis dispensary in California.

### Results

Those with high PTSD scores were more likely to use cannabis to improve sleep, and for coping reasons more generally, compared with those with low PTSD scores. Cannabis use frequency was greater among those with high PTSD scores who used for sleep promoting purposes compared with those with low PTSD scores or those who did not use for sleep promoting purposes.

### Conclusions

Consistent with prior research, this study found increased rates of coping-oriented use of cannabis and greater frequency of cannabis use among medical users with high PTSD scores compared with low PTSD scores. In addition, sleep improvement appears to be a primary motivator for coping-oriented use. Additional research is needed to examine the health consequences of this pattern of cannabis use and whether alternative sleep promoting interventions (e.g. CBT-I) could reduce the reliance on cannabis for adequate sleep among those with PTSD.

-----

<http://ps.psychiatryonline.org/article.aspx?articleid=1792178>

### **Improving Veterans Affairs Services by Embracing a Communitarian Model for Mental Health Providers.**

Michelle D. Sherman, Ph.D.

Psychiatric Services 2014

Working as a mental health professional in the Veterans Affairs (VA) health care system can be very rewarding. Providers have the privilege of caring for America's heroes, many opportunities to learn and implement evidence-based practices, and the ability to work in interdisciplinary teams. However, providers also face some unique challenges. VA leadership and staff can embrace a communitarian approach to professional ethics by creating opportunities for mental health professionals to engage in mutual awareness, support, and accountability. The author describes five ideas for infusing this model at VA facilities to support and strengthen the mental health workforce.

-----

<http://archpsyc.jamanetwork.com/article.aspx?articleid=1790916>

### **Beyond Suicide: Action Needed to Improve Self-injury Mortality Accounting.**

Rockett IH, Kapusta ND, Coben JH

JAMA Psychiatry

January 01, 2014

National suicide and unintentional poisoning mortality rates have risen dramatically since 2000,<sup>1,2</sup> by almost 20% and 140%, respectively. Both rate rises peak among the middle-aged population, not a historically high-risk injury group. Poisoning mortality is increasingly being driven by intoxication from pharmaceuticals, especially opioid analgesics.<sup>3</sup> Collectively, these facts present vital challenges for clinical medicine, medicolegal death investigations, public safety, and public health. Concern about substance abuse sensitized us to a dormant issue of nonsuicide self-injury mortality and provokes our proposition that accounting of self-injury mortality must encompass more than suicide and its problematic measurement.

-----

<http://www.sciencedirect.com/science/article/pii/S1389945713014536>

### **Risk factors associated with sleep disturbance following traumatic brain injury.**

Y. Dong, P. Sheng, W. Tong, Z. Li, D. Xu, L. Hou

Sleep Medicine, Volume 14, Supplement 1, December 2013, Pages e109

#### Introduction

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

## Materials and methods

98 TBI patients (72 males, mean age SD, 47.13 years, range 18–70) were recruited. Severity of TBI was evaluated based on Glasgow Coma Scale (GCS). All participants were performed cranial computed tomography and examined on self-reported sleep quality, anxiety, and depression.

## Results

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

## Conclusion

Our data demonstrate that TBI patients with insomnia are prone to suffer from concomitant headache and/or dizziness and report more symptoms of anxiety and depression. Severe TBI patients are likely to experience hypersomnia.

-----

<http://onlinelibrary.wiley.com/doi/10.1002/jhm.2141/abstract>

## **Suicide attempts and completions on medical-surgical and intensive care units.**

Mills, P. D., Vince Watts, B. and Hemphill, R. R.

Journal of Hospital Medicine

Article first published online: 7 JAN 2014

Studies of inpatient suicide attempts and completions on medical-surgical and intensive care units are rare, and there are no large studies in the United States. We reviewed 50 cases, including 45 suicide attempts and 5 completed suicides, that occurred on medical surgical or intensive care units in the Veterans Health Administration between December 1, 1999 and December 31, 2012. The method, location, and the root causes of the events were categorized. The most common methods included cutting with a sharp object, followed by overdose and hanging. Root causes included problems with communication of risk, need for staff education in suicide assessment, and the need for better treatment for depressed and suicidal patients on medical units. Based on these results, we made our recommendations for managing suicidal patients on medical-surgical and intensive care units, including improved education for staff, standardized communication about suicide risk, and clear management protocols for suicidal patients. Journal of Hospital Medicine 2013. © 2013 Society of Hospital Medicine

-----

<http://onlinelibrary.wiley.com/doi/10.1002/j.1556-6676.2014.00133.x/full>

**Recognizing Trauma and Posttraumatic Stress Disorder Symptoms in Individuals With Psychotic Disorders.**

Matthew R. Putts

Journal of Counseling & Development

Volume 92, Issue 1, pages 83–89, January 2014

The majority of individuals diagnosed with a psychotic episode also meet symptom criteria for posttraumatic stress disorder (PTSD; Mueser, Lu, Rosenberg, & Wolfe, 2010). Unfortunately, trauma from both previous life events and the experiences of a psychotic episode as well as PTSD symptoms are rarely recognized in this population. Steps to assessing trauma history and PTSD symptoms and initiating treatment in a client diagnosed with a psychotic disorder are highlighted.

-----

<http://dspace.calstate.edu/handle/10211.2/4858>

**Coping with the challenges of being a significant other of a law enforcement officer and a U.S. military reservist**

Mireles, Jennifer Ann

Thesis, 2014

University of California - Northridge

When discussing the daily stressors of our law enforcement officers, the significant others of these brave officers tend to be overlooked. Much research has been done regarding the effects of the demands of policing, shift work, emotional dissonance, marital difficulties, mental health, effects on children, domestic violence, etc... Many significant others are fascinated and mesmerized with the excitement of the job that their significant other has while they are dating. However, significant others may not realize the true reality of what the job entails especially once the couple is married and has other marital responsibilities, such as children, financial responsibilities, homeownership, family obligations, and more. For instance, a significant other's work obligations often include a constant change of schedules along with difficulty finding time together. Most significant others are not aware of how important independence is when partnering to someone so dedicated to serving our communities



and country. This workshop has been designed to focus on providing insight to the wives behind the badge. Support and awareness of what it takes to be the significant other of a Los Angeles County Sheriff's Deputy is key, when dealing with the challenges of busy schedules, department obligations, home obligations and much more. Knowledge on maintaining a healthy marriage and strong communication skills is what the presenters hope to enhance within their attendees of this workshop. By building on skills such as; conflict resolution, strengthening the intimate and work related bonds with your Deputy, developing a strong social support group and proper communication skills. These and many other aspects will assist in providing the spouses of law enforcement officers with a positive outlook, independency, a healthier physical and emotional demeanor, and financial stability within their marriage.

-----

<http://onlinelibrary.wiley.com/doi/10.1111/ppc.12055/abstract>

### **Encountering Women Veterans With Military Sexual Trauma.**

Conard, P. L., Young, C., Hogan, L. and Armstrong, M. L.

Perspectives in Psychiatric Care

Article first published online: 10 JAN 2014

#### **Purpose**

As women veterans (WVs) are returning from Operation Iraqi Freedom and Operation Enduring Freedom with military sexual trauma (MST), the purpose of this article is twofold. First, important exploratory questions that can assist with a thorough assessment and history are presented as well as the applicable treatment for any new, recurrent, or unresolved symptoms that involve MST.

#### **Design and Methods**

Review of multiple literary materials, as well as a clinical situation.

#### **Findings**

WVs will be encountered in a variety of military or civilian primary and community care healthcare settings. Every woman (and man) in the civilian sector should be asked, "Have you ever served in the military?"

#### **Practice Implications**

Recognition, acknowledgment, and applicable interventions for MST and associated comorbidities, especially post-traumatic stress disorder, are presented as currently 80–90% of MST experiences have gone unreported. Immediate treatment and follow-up are critical for the well-being of the WVs.

-----

<http://cs.oxfordjournals.org/content/early/2014/01/07/cs.cdt024.short>

### **Military Parents' Perceptions of Public School Support for Their Children.**

Ruth Berkowitz, Kris M. Tunac De Pedro, Julie Couture, and Rami Benbenishty

Children & Schools

First published online: January 8, 2014

This study examined how military-connected (MC) and nonmilitary parents perceive civilian schools' climate, schools' encouragement of parental involvement, problems in school, their needs in school, and their school satisfaction. The sample comprised 3,914 parents from eight school districts in the San Diego area. The parents completed the core and MC parent modules of the California School Climate Survey for Parents. Approximately 10 percent identified themselves as MC. Military parents provided significantly more negative assessments of schools' climate and encouragement for parental involvement compared with nonmilitary parents in the same schools. Nevertheless, they saw fewer violence problems in schools compared with nonmilitary parents. Military parents' most pressing need was for information on educational resources for military families. Although military parents were satisfied with many aspects of the school, a relatively large proportion expressed dissatisfaction with a sense of connection to other families in the school, the degree of understanding that staff showed them, and the responsiveness of the school administration to their concerns. Educators and social workers may need more training regarding military culture and the needs of military students and families. Programs should be developed to effectively involve military parents in schools and address their needs.

-----

<http://cs.oxfordjournals.org/content/early/2014/01/07/cs.cdt023.short>

### **School-Age Children of Military Families: Theoretical Applications, Skills Training, Considerations, and Interventions.**

Carlos V. Guzman

Children & Schools

First published online: January 8, 2014

Since the start of the conflicts in Iraq and Afghanistan, more than 2 million children in the United States have been directly affected by the deployment of a parent. There are few recent empirical investigations

that examine interventions designed to help children within military-connected (MC) schools. The purpose of this article is to provide a brief overview of relevant studies, review some interventions, and call for more research studies to help MC schools develop effective practices and programs to address the unique needs of MC students.

-----

<http://www.tandfonline.com/doi/abs/10.1080/00377317.2014.860787>

**The Influence of Intergenerational Family Dynamics on Suicidal Behavior: Conceptualization, Assessment, and Intervention.**

Cathleen M. Morey

Smith College Studies in Social Work

Published online: 09 Jan 2014

Suicidal behavior is often conceptualized as an intrapsychically- determined phenomenon. This article illustrates the value of conceptualizing suicidal behavior from a psychodynamic theoretical perspective that includes a comprehensive understanding and formulation of intergenerational family dynamics, in addition to the individual's intrapsychic determinants, and emphasizes that family therapy, informed by psychoanalytic principles, is an important treatment modality for suicidal patients and their families. A conceptual framework that delineates the psychodynamics of familial transmission of suicidality is presented along with an assessment and intervention protocol.

-----

<http://www.biomedcentral.com/1471-2458/14/20/abstract>

**The socio-environmental determinants of railway suicide: a systematic review.**

Lay San Too, Allison Milner, Lyndal Bugeja and Roderick McClure

BMC Public Health 2014, 14:20

Background

Railway suicide has significant adverse impacts for the victims, their family and friends, witnesses to the incident, general public and train network. There is no previous review on the socio-environmental factors and railway suicide. The research question asked in this review was: 'What socio-environmental risk and protective predictors are significantly associated with railway suicide?'

## Methods

The review searched Medline, PsycINFO, Web of Science and Scopus for English-language studies that assessed the associations between socio-environmental (i.e. geographical, physical, economic and social) factors and railway suicide from their inception to June 2013. It was reported based on the PRISMA Statement.

## Results

Eleven studies met the inclusion criteria. They were categorised into railway environments (availability of railways and trains, accessibility to railways and familiarity with trains), population characteristics and impact of media reporting. Findings from ecological studies using population level railway suicide data suggested weak and inconsistent evidence for the first two categories. The evidence on the impact of media reporting was moderately strong, with irresponsible media reporting being associated with an increased risk of railway suicide.

## Conclusions

There is a need for further research activity to strengthen evidence about socio-environmental risk factors for railway suicide. The focus of this research should be on the factors that determine individuals' decisions of using the railway as a method of suicide, with the consideration of a range of geographical, physical, social, and economic factors.

-----

<http://www.tandfonline.com/doi/abs/10.1080/15299732.2014.867563>

## **Reporting Sexual Harassment in the Military: Associations Between Victims' Perceptions of the Reporting Process and Psychosocial Well-being.**

Margret E. Bell, Amy E. Street, Jane Stafford

Journal of Trauma & Dissociation

Published online: 10 Jan 2014

Given the importance of reporting to sexual harassment prevention and intervention efforts, is not surprising that an extensive scientific literature has developed on predictors of victims' decisions about making a formal report to authorities about their experiences. In contrast, little empirical work has focused on how reporting affects victims, particularly their psychosocial well-being. This study used a national sample of 1,562 former military Reservists who had experienced sexual harassment during their service to examine the relationship between reporting, experiences reporting, and psychosocial well-being, as indicated by post-harassment functioning, symptoms of posttraumatic stress disorder (PTSD) at their worst following the harassment, and current symptoms of depression. Making a formal report was not associated with well-being, but among those who did report, perceiving that the report had

resulted in the harassment being addressed by authorities was associated with better post-harassment functioning and fewer symptoms of PTSD. Satisfaction with the reporting process showed the strongest association with well-being, demonstrating small but meaningful associations with depression and medium-to-large and medium associations with post-harassment functioning and PTSD, respectively. Although findings did not vary by gender, predictors accounted for more variance in well-being for men than women. In the whole sample, satisfaction with the reporting process mediated the relationship between victims' perceptions of system responsiveness to the report and post-harassment functioning and PTSD. Findings suggest that a victim's perceptions of and satisfaction with the reporting process may impact well-being more strongly than whether or not the victim made a report to authorities. Men may be even more strongly impacted by their experiences with the reporting process than women.

-----

<http://smh.sagepub.com/content/early/2014/01/09/2156869313512212.abstract>

**Warring Identities: Identity Conflict and the Mental Distress of American Veterans of the Wars in Iraq and Afghanistan.**

R. Tyson Smith and Gala True

Society and Mental Health

January 9, 2014

Drawing from 26 life story interviews of recent American veterans, this paper analyzes the identity struggle faced by soldiers returning from Operation Iraqi Freedom and Operation Enduring Freedom and reentering the civilian world. Instead of examining veterans' problems as a consequence of post-combat mental illnesses such as PTSD and major depression, we analyze the contrast between the participants' identities as soldiers and their identities as civilians. We find that the postwar transition causes adverse mental health effects that stem from contrasts between the military's demands for deindividuation, obedience, chain-of-command, and dissociation and the civilian identity expectations of autonomy, self-advocacy, and being relational. Veterans' reintegration to civilian society is further hindered by a culture that is perceived (by veterans) as having decreased understanding of the soldier/veteran experience itself. These identity conflicts—what we term warring identities—have an important yet understudied effect on veterans' combat-related mental health problems.

-----

<http://www.ncbi.nlm.nih.gov/pubmed/24412462>

Behav Res Ther. 2013 Dec 15;53C:41-46. doi: 10.1016/j.brat.2013.11.006. [Epub ahead of print]

**Cognitive Behavioral Therapy for insomnia with veterans: Evaluation of effectiveness and correlates of treatment outcomes.**

Trockel M1, Karlin BE2, Taylor CB1, Manber R1.

This paper examines the effectiveness of Cognitive Behavioral Therapy for insomnia (CBT-I) in Veterans and the effects of two process measures on CBT-I outcomes: 1) therapist ratings of patient adherence and 2) patient ratings of therapeutic alliance. Data are from 316 therapists in the Department of Veterans Affairs CBT-I Training Program and 696 patients receiving CBT-I from therapists undergoing training. Mixed effects model results indicate Insomnia Severity Index scores decreased from 20.7 at baseline to 10.9 ( $d = 2.3$ ) during a typical course of CBT-I. Patients with highest tercile compared to those with lowest tercile adherence achieved, on average, 4.1 points greater reduction in ISI scores ( $d = 0.95$ ). The effect of therapeutic alliance on change in insomnia severity was not significant after adjusting for adherence to CBT-I. These results support the effectiveness and feasibility of large-scale training in and implementation of CBT-I and indicate that greater focus on patient adherence may lead to enhanced outcomes. The current findings suggest that CBT-I therapists and training programs place greater emphasis on attending to and increasing patient adherence.

Published by Elsevier Ltd.

-----

<http://www.ncbi.nlm.nih.gov/pubmed/24419308>

J Psychiatr Pract. 2014 Jan;20(1):25-37. doi: 10.1097/01.pra.0000442936.23457.5b.

**Inclusion and Exclusion Criteria in Randomized Controlled Trials of Psychotherapy for PTSD.**

Ronconi JM, Shiner B, Watts BV.

**Objective.**

Posttraumatic stress disorder (PTSD) is a prevalent and often disabling condition. Fortunately, effective psychological treatments for PTSD are available. However, research indicates that these treatments may be underutilized in clinical practice. One reason for this underutilization may be clinicians' unwarranted exclusion of patients from these treatments based on their understanding of exclusion criteria used in clinical trials of psychological treatments for PTSD. There is no comprehensive and up-to-date review of inclusion and exclusion criteria used in randomized clinical trials (RCTs) of psychological treatments for PTSD. Therefore, our objective was to better understand how patients were excluded from such RCTs in

order to provide guidance to clinicians regarding clinical populations likely to benefit from these treatments.

#### Methods.

We conducted a comprehensive literature review of RCTs of psychological treatments for PTSD from January 1, 1980 through April 1, 2012. We categorized these clinical trials according to the types of psychotherapy discussed in the major guidelines for treatment of PTSD and reviewed all treatments that were studied in at least two RCTs (N=64 published studies with 75 intervention arms since some studies compared two or more interventions). We abstracted and tabulated information concerning exclusion criteria for each type of psychotherapy for PTSD.

#### Results.

We identified multiple RCTs of cognitive behavioral therapy (n=56), eye movement desensitization and reprocessing (n=11), and group psychotherapy (n=8) for PTSD. The most common exclusions were psychosis, substance abuse and dependence, bipolar disorder, and suicidal ideation. Clinical trials varied in how stringently these criteria were applied. It is important to note that no exclusion criterion was used in all studies and there was at least one study of each type of therapy that included patients from each of the commonly excluded groups. A paucity of evidence exists concerning the treatment of patients with PTSD and four comorbidities: alcohol and substance abuse or dependence with current use, current psychosis, current mania, and suicidal ideation with current intent.

#### Conclusions.

Psychological treatments for PTSD have been studied in broad and representative clinical populations. It appears that more liberal use of these treatments regardless of comorbidities is warranted. (Journal of Psychiatric Practice 2014;20:25-37).

-----

<http://www.ncbi.nlm.nih.gov/pubmed/24415812>

Cognit Ther Res. 2013 Dec;37(6). doi: 10.1007/s10608-013-9561-0.

#### **Cognitive Change across Cognitive-Behavioral and Light Therapy Treatments for Seasonal Affective Disorder: What Accounts for Clinical Status the Next Winter?**

Evans M1, Rohan KJ1, Sitnikov L1, Mahon JN1, Nillni YI1, Lindsey KT2, Vacek PM3.

Efficacious treatments for seasonal affective disorder include light therapy and a seasonal affective disorder-tailored form of cognitive-behavioral therapy. Using data from a parent clinical trial, these secondary analyses examined the relationship between cognitive change over treatment with cognitive-behavioral therapy, light therapy, or combination treatment and mood outcomes the next winter. Sixty-nine participants were randomly assigned to 6-weeks of cognitive-behavioral therapy, light therapy, or

combination treatment. Cognitive constructs (i.e., dysfunctional attitudes, negative automatic thoughts, and rumination) were assessed at pre- and post-treatment. Dysfunctional attitudes, negative automatic thoughts, and rumination improved over acute treatment, regardless of modality; however, in participants randomized to solo cognitive-behavioral therapy, a greater degree of improvement in dysfunctional attitudes and automatic thoughts was uniquely associated with less severe depressive symptoms the next winter. Change in maladaptive thoughts during acute treatment appears mechanistic of solo cognitive-behavioral therapy's enduring effects the next winter, but is simply a consequence of diminished depression in light therapy and combination treatment.

-----

<http://www.ncbi.nlm.nih.gov/pubmed/24411111>

Behav Ther. 2014 Jan;45(1):21-35. doi: 10.1016/j.beth.2013.09.008. Epub 2013 Oct 4.

### **Clinical experiences in conducting cognitive-behavioral therapy for social phobia.**

McAleavey AA1, Castonguay LG2, Goldfried MR3.

Several authors have identified a disconnect between psychotherapy research, including research on cognitive behavioral therapy (CBT), and real-world psychotherapy practice. This disconnect has several negative consequences, potentially including less-than-optimal practice standards as well as a lack of input from practicing psychotherapists on how research can be improved and made more relevant in their day-to-day clinical work. As part of an ongoing effort to engage practicing psychotherapists in a feedback loop with psychotherapy researchers, this study reports the results of a survey of CBT therapists who have used CBT in the treatment of social phobia (SP). The survey was designed primarily to document how often certain potential problems, identified by expert researchers and CBT manuals, actually act as barriers to successful treatment when CBT is employed in nonresearch environments. The participants were 276 psychotherapists responding to email, online, and print advertisements completing the online survey. Participants varied considerably in psychotherapy experience, work environment, experience in using CBT for SP, and in some ways varied in their usual CBT techniques when treating SP. Among the most prominent barriers identified by many of the participants were patient motivation, comorbidity, logistical problems (especially with exposures), patient resistance, and severity and chronicity of SP symptoms. These findings may be useful for psychotherapy researchers as areas for potential study. The results may also suggest topics requiring clinical guidelines, innovations within CBT, and dissemination of successful techniques to address the barriers identified here.

-----



<http://www.ncbi.nlm.nih.gov/pubmed/24411110>

Behav Ther. 2014 Jan;45(1):7-20. doi: 10.1016/j.beth.2013.09.009. Epub 2013 Oct 15.

**Clinical experiences in conducting empirically supported treatments for generalized anxiety disorder.**

Szkodny LE1, Newman MG2, Goldfried MR3.

Knowledge of the efficacy of cognitive-behavioral therapy (CBT) for generalized anxiety disorder (GAD) predominantly derives from randomized controlled trials (RCTs). However, there may be unique or complex issues encountered in practice, but not necessarily in the context of a controlled clinical trial. Therefore, launching a systematic dialogue between researcher and practicing clinician can be instrumental in augmenting evidence-based therapies through identification of variables that promote and interfere with clinical effectiveness. Through an initiative sponsored by the American Psychological Association's Divisions 12 (Society for Clinical Psychology) and 29 (Psychotherapy), this study aimed to examine clinical experiences conducting CBT for GAD. The participants were 260 psychotherapists who completed an online survey on assessment and therapeutic intervention utilization and their experience of factors that limit successful GAD treatment and symptom reduction. The majority of respondents reported 20 years or less experience using ESTs for GAD, typically treating clients in outpatient clinics, treatment centers, and private practice. Some of the most commonly used interventions address clients' maladaptive cognitions and elevated anxiety and muscle tension typical of GAD. Approximately one half of respondents reported incorporating integrative techniques into treatment. Factors perceived as limiting effective GAD treatment included severity and chronicity of GAD, presence of comorbid conditions, stressful home and work environments, client motivation and resistance to treatment, and issues encountered when executing therapy techniques. This study provides researchers with clinically derived directions for future empirical investigation into enhancing efficacy of GAD treatment.

-----

<http://www.ncbi.nlm.nih.gov/pubmed/24416145>

PLoS One. 2014 Jan 8;9(1):e82507. doi: 10.1371/journal.pone.0082507.

**Diffuse brain injury induces acute post-traumatic sleep.**

Rowe RK1, Striz M2, Bachstetter AD3, Van Eldik LJ4, Donohue KD5, O'Hara BF6, Lifshitz J7.

**OBJECTIVE:**

Clinical observations report excessive sleepiness immediately following traumatic brain injury (TBI); however, there is a lack of experimental evidence to support or refute the benefit of sleep following a brain injury. The aim of this study is to investigate acute post-traumatic sleep.

#### METHODS:

Sham, mild or moderate diffuse TBI was induced by midline fluid percussion injury (mFPI) in male C57BL/6J mice at 9:00 or 21:00 to evaluate injury-induced sleep behavior at sleep and wake onset, respectively. Sleep profiles were measured post-injury using a non-invasive, piezoelectric cage system. In separate cohorts of mice, inflammatory cytokines in the neocortex were quantified by immunoassay, and microglial activation was visualized by immunohistochemistry.

#### RESULTS:

Immediately after diffuse TBI, quantitative measures of sleep were characterized by a significant increase in sleep (>50%) for the first 6 hours post-injury, resulting from increases in sleep bout length, compared to sham. Acute post-traumatic sleep increased significantly independent of injury severity and time of injury (9:00 vs 21:00). The pro-inflammatory cytokine IL-1 $\beta$  increased in brain-injured mice compared to sham over the first 9 hours post-injury. Iba-1 positive microglia were evident in brain-injured cortex at 6 hours post-injury.

#### CONCLUSION:

Post-traumatic sleep occurs for up to 6 hours after diffuse brain injury in the mouse regardless of injury severity or time of day. The temporal profile of secondary injury cascades may be driving the significant increase in post-traumatic sleep and contribute to the natural course of recovery through cellular repair.

-----

<http://www.ncbi.nlm.nih.gov/pubmed/24419446>

Neurosciences (Riyadh). 2014 Jan;19(1):29-32.

#### **Is transcranial magnetic stimulation effective in treatment-resistant combat related posttraumatic stress disorder?**

Oznur T, Akarsu S, Celik C, Bolu A, Ozdemir B, Akcay BD, Ozselek S, Bozkurt A, Ozmenler KN.

#### OBJECTIVE:

To examine the effectiveness of repetitive transcranial magnetic stimulation (rTMS) in patients with treatment-resistant posttraumatic stress disorder (PTSD) with co-occurring major depression.

#### METHODS:

We examined data on 20 male combat related PTSD patients admitted to the Post Traumatic Stress Disorder Clinic of Gulhane Military Medical Academy, Ankara, Turkey between January 2011 and December 2012 that received rTMS in addition to medical therapy. We obtained the data by examining the case files and hospital computer records.

## RESULTS:

Decreases in the Impact of Event Scale (IES) hyperarousal scores were statistically significant. However, there were no statistically significant differences between the total IES scores, IES intrusion scores, IES avoidance scores, Beck Depression Inventory, and Beck Anxiety Inventory scores before and after rTMS treatment.

## CONCLUSION:

The efficacy of rTMS on the hyperarousal symptoms indicated that rTMS could be used in the treatment of patients with treatment-resistant PTSD. The role of rTMS in the clinical management of PTSD should be identified in further comprehensive studies.

-----

<http://www.ncbi.nlm.nih.gov/pubmed/24419039>

Mol Psychiatry. 2014 Jan 14. doi: 10.1038/mp.2013.183. [Epub ahead of print]

### **Internalizing disorders and leukocyte telomere erosion: a prospective study of depression, generalized anxiety disorder and post-traumatic stress disorder.**

Shalev I1, Moffitt TE2, Braithwaite AW3, Danese A4, Fleming NI5, Goldman-Mellor S1, Harrington HL1, Houts RM1, Israel S1, Poulton R6, Robertson SP7, Sugden K2, Williams B2, Caspi A2.

There is evidence that persistent psychiatric disorders lead to age-related disease and premature mortality. Telomere length has emerged as a promising biomarker in studies that test the hypothesis that internalizing psychiatric disorders are associated with accumulating cellular damage. We tested the association between the persistence of internalizing disorders (depression, generalized anxiety disorder and post-traumatic stress disorder) and leukocyte telomere length (LTL) in the prospective longitudinal Dunedin Study (n=1037). Analyses showed that the persistence of internalizing disorders across repeated assessments from ages 11 to 38 years predicted shorter LTL at age 38 years in a dose-response manner, specifically in men ( $\beta=-0.137$ , 95% confidence interval (CI): -0.232, -0.042,  $P=0.005$ ). This association was not accounted for by alternative explanatory factors, including childhood maltreatment, tobacco smoking, substance dependence, psychiatric medication use, poor physical health or low socioeconomic status. Additional analyses using DNA from blood collected at two time points (ages 26 and 38 years) showed that LTL erosion was accelerated among men who were diagnosed with internalizing disorder in the interim ( $\beta=-0.111$ , 95% CI: -0.184, -0.037,  $P=0.003$ ). No significant associations were found among women in any analysis, highlighting potential sex differences in internalizing-related telomere biology. These findings point to a potential mechanism linking internalizing disorders to accelerated biological aging in the first half of the life course, particularly in men. Because internalizing disorders are treatable, the findings suggest the hypothesis that treating psychiatric disorders in the first half of the life course may reduce the population burden of age-related

disease and extend health expectancy. *Molecular Psychiatry* advance online publication, 14 January 2014; doi:10.1038/mp.2013.183.

-----

<http://www.ncbi.nlm.nih.gov/pubmed/24412475>

*Drug Alcohol Depend.* 2013 Dec 31. pii: S0376-8716(13)00524-3. doi: 10.1016/j.drugalcdep.2013.12.008. [Epub ahead of print]

### **Using cannabis to help you sleep: Heightened frequency of medical cannabis use among those with PTSD.**

Bonn-Miller MO1, Babson KA2, Vandrey R3.

#### **BACKGROUND:**

The use of cannabis for medical purposes is proliferating in the U.S., and PTSD is an explicitly approved condition for accessing medical cannabis in 5 states. Prior research suggests that people with PTSD often use cannabis to help cope with their condition, and that doing so results in more frequent and problematic cannabis use patterns. Specific coping motivations, such as sleep improvement, among medical cannabis users, have not been examined.

#### **METHODS:**

The present study evaluated specific coping use motivations, frequency of cannabis and alcohol use, and mental health among a convenience sample of patients (N=170) at a medical cannabis dispensary in California.

#### **RESULTS:**

Those with high PTSD scores were more likely to use cannabis to improve sleep, and for coping reasons more generally, compared with those with low PTSD scores. Cannabis use frequency was greater among those with high PTSD scores who used for sleep promoting purposes compared with those with low PTSD scores or those who did not use for sleep promoting purposes.

#### **CONCLUSIONS:**

Consistent with prior research, this study found increased rates of coping-oriented use of cannabis and greater frequency of cannabis use among medical users with high PTSD scores compared with low PTSD scores. In addition, sleep improvement appears to be a primary motivator for coping-oriented use. Additional research is needed to examine the health consequences of this pattern of cannabis use and whether alternative sleep promoting interventions (e.g. CBT-I) could reduce the reliance on cannabis for adequate sleep among those with PTSD.

Published by Elsevier Ireland Ltd.

-----

<http://www.ncbi.nlm.nih.gov/pubmed/24410254>

J Trauma Dissociation. 2014 Jan 10. [Epub ahead of print]

### **Reporting Sexual Harassment in the Military: Associations Between Victims' Perceptions of the Reporting Process and Psychosocial Well-being.**

Bell ME, Street AE, Stafford J.

Given the importance of reporting to sexual harassment prevention and intervention efforts, is not surprising that an extensive scientific literature has developed on predictors of victims' decisions about making a formal report to authorities about their experiences. In contrast, little empirical work has focused on how reporting affects victims, particularly their psychosocial well-being. This study used a national sample of 1,562 former military Reservists who had experienced sexual harassment during their service to examine the relationship between reporting, experiences reporting, and psychosocial well-being, as indicated by post-harassment functioning, symptoms of posttraumatic stress disorder (PTSD) at their worst following the harassment, and current symptoms of depression. Making a formal report was not associated with well-being, but among those who did report, perceiving that the report had resulted in the harassment being addressed by authorities was associated with better post-harassment functioning and fewer symptoms of PTSD. Satisfaction with the reporting process showed the strongest association with well-being, demonstrating small but meaningful associations with depression and medium-to-large and medium associations with post-harassment functioning and PTSD, respectively. Although findings did not vary by gender, predictors accounted for more variance in well-being for men than women. In the whole sample, satisfaction with the reporting process mediated the relationship between victims' perceptions of system responsiveness to the report and post-harassment functioning and PTSD. Findings suggest that a victim's perceptions of and satisfaction with the reporting process may impact well-being more strongly than whether or not the victim made a report to authorities. Men may be even more strongly impacted by their experiences with the reporting process than women.

-----

[http://link.springer.com/chapter/10.1007/978-81-322-0825-9\\_26](http://link.springer.com/chapter/10.1007/978-81-322-0825-9_26)

### **Jet Lag: Use of Melatonin and Melatonergic Drugs (book chapter)**

Venkataramanujam Srinivasan MSc, PhD, MAMS, Jarnail Singh MBBS, Dip Av Med, MSc(OM), FAMS, Amnon Brzezinski MD, Rahimah Zakaria MBBS, MSc, PhD (Physiology), Samuel D. Shillcutt PharmD, PhD, Gregory M. Brown BA, MD, PhD, FRCPC, FRSC

Melatonin and Melatonergic Drugs in Clinical Practice

2014, pp 367-378

Jet lag comprises a constellation of symptoms that occurs as a result of disruptions of entrainment associated with time zone transitions. The jet lag symptoms include daytime fatigue, impaired alertness, insomnia, loss of appetite, poor psychomotor coordination, reduced cognitive skills, and depressed mood. The severity of jet lag symptoms depends on the number of time zones crossed as well as the direction of travel. Eastbound travel tends to cause difficulties in falling asleep, whereas westbound travel interferes with sleep maintenance. Clinical studies also indicate that jet lag can exacerbate existing affective disorders. It has been suggested that dysregulation of melatonin secretion and occurrence of circadian rhythm disturbances may be the common links which underlie jet lag and affective disorders. Melatonin has proven to be highly effective for treating the range of symptoms that accompany transmeridian air travel largely because of its regulatory effects on the circadian system. The therapeutic values of melatonin and its agonists such as ramelteon in reducing the jet lag symptoms and use of the melatonergic antidepressant, agomelatine, for jet lag-associated depressive disorders are discussed in this chapter.

-----

[http://link.springer.com/chapter/10.1007/978-81-322-0825-9\\_18](http://link.springer.com/chapter/10.1007/978-81-322-0825-9_18)

### **Melatonin and Its Agonists in Sleep Disorders (book chapter)**

Amnon Brzezinski MD

Melatonin and Melatonergic Drugs in Clinical Practice

2014, pp 263-273

Exogenous melatonin reportedly induces drowsiness and sleep and may ameliorate sleep disturbances, including the nocturnal awakenings associated with old age. Daytime administration of exogenous melatonin (when it is not present endogenously) promotes sleep in humans and results in sleeplike brain activity patterns at specific areas such as the precuneus and hippocampus. However, existing studies on the hypnotic efficacy of melatonin have been highly heterogeneous in regard to inclusion and exclusion criteria, measures to evaluate insomnia, doses of the medication, and routes of administration.

The inconsistent reports about the effectiveness of exogenous melatonin in the treatment of insomnia brought about the development of more potent melatonin analogs with prolonged effects and the design of slow-release melatonin preparations. The melatonergic receptor ramelteon is a selective melatonin-1 (MT1) and melatonin-2 (MT2) receptor agonist with negligible affinity for other neuronal receptors, including gamma-aminobutyric acid and benzodiazepine receptors. It was found effective in

increasing total sleep time and sleep efficiency as well as in reducing sleep latency, in insomnia patients. The melatonergic antidepressant agomelatine, displaying potent MT1 and MT2 melatonergic agonism and relatively weak serotonin 5-HT<sub>2C</sub> receptor antagonism, reportedly is effective in the treatment of depression-associated insomnia. A review of the currently available evidence regarding the effects of these compounds on sleep quality is presented in this chapter.

-----

<http://www.ncbi.nlm.nih.gov/pubmed/24423083>

Pain Med. 2014 Jan 14. doi: 10.1111/pme.12337. [Epub ahead of print]

### **Update in Pain Medicine for Primary Care Providers: A Narrative Review, 2010-2012.**

Frank JW, Bair MJ, Becker WC, Krebs EE, Liebschutz JM, Alford DP.

#### **OBJECTIVE:**

This manuscript reviews peer-reviewed literature published from 2010-2012 relevant to the management of chronic pain in the primary care setting.

#### **DESIGN:**

Narrative review of peer-reviewed literature.

#### **METHODS:**

We searched MEDLINE, PubMed, and reference lists and queried expert contacts for English-language studies related to the management of chronic noncancer pain in adult patients in primary care settings. One investigator reviewed all eligible studies for relevance, and 47 studies were reviewed by all authors and rated according to their impact on 1) primary care clinical practice, 2) policy, 3) research, and 4) quality of study methods. Through iterative discussion, nine articles were selected for detailed review and discussion.

#### **RESULTS:**

We present articles in six topic areas: interventional pain management; opioid dose and risk of overdose death; neuropathic pain; yoga for chronic low back pain; cognitive behavioral therapy; and systematic approaches to treating back pain. We discuss implications for pain management in primary care.

#### **CONCLUSIONS:**

There is growing evidence for the risks, benefits, and limitations of the multiple modalities available to primary care providers for the management of chronic pain. The dissemination and implementation of the evidence from these studies as well as novel system-level interventions warrant additional study and support from clinicians, educators, and policy makers.

-----

<http://www.ncbi.nlm.nih.gov/pubmed/24424717>

Stress Health. 2014 Jan 14. doi: 10.1002/smi.2543. [Epub ahead of print]

**Post-traumatic Stress Disorder Symptoms Mediate the Relationship Between Trauma Exposure and Smoking Status in College Students.**

Gabert-Quillen CA, Selya A, Delahanty DL.

The present study examined the relationship between trauma exposure and smoking status and the extent to which post-traumatic stress disorder symptoms mediated this relationship in a sample of 329 college students who experienced a prior traumatic event. Participants experienced an average of 2.2 prior traumas, and approximately 15% (n = 49) were smokers. Bootstrapping analyses revealed that after controlling for age, gender and time since trauma, post-traumatic stress disorder symptoms served as a pathway through which trauma exposure increased the risk of smoking [BC 95% CI (0.02, 0.18)]. Results appeared to be due largely to the influence of hyperarousal symptoms [BC 95% CI (0.05, 0.22)]. Comprehensive interventions for undergraduate smokers may be improved by attending to the impact of prior trauma and mental health needs. Copyright © 2014 John Wiley & Sons, Ltd. Copyright © 2014 John Wiley & Sons, Ltd.

-----

<http://www.ncbi.nlm.nih.gov/pubmed/24422573>

Annu Rev Med. 2014 Jan 14;65:319-32. doi: 10.1146/annurev-med-051812-145438.

**Evidence-based treatment of post-traumatic stress disorder.**

Difede J, Olden M, Cukor J.

The term translational research is typically used to refer both to "bench to bedside" research, in which preclinical research findings inform the development of novel therapeutics, and to the dissemination of new treatments to the community to encourage the use of the new health practices and treatments. Both definitions are germane to understanding the evidence base for treatment of post-traumatic stress disorder (PTSD) today. This article offers (a) an overview of evidence-based treatments for PTSD, (b) a description of a translational model of PTSD, and (c) a discussion of common barriers to dissemination and implementation of the empirically validated treatments. Recent studies in the field are discussed with a focus on pharmacotherapies, psychotherapies, and combined treatments.

-----



## Links of Interest

Think Twice Before Asking Police to Deal With the Mentally Ill

<http://www.theatlanticcities.com/politics/2014/01/why-we-should-think-twice-asking-police-deal-mentally-ill/8053/>

Army Restructures Warrior Transition Units

<http://www.defense.gov/releases/release.aspx?releaseid=16471>

National Guard Bureau Chief Frank Grass talks readiness, state of the force

<http://www.nationalguard.mil/news/archives/2014/01/011014-Chief.aspx>

APA Calls for Better Training to Treat Chronic Pain, Addiction Among Vets

<http://psychnews.psychiatryonline.org/newsarticle.aspx?articleid=1793814>

Army Takes On Its Own Toxic Leaders

<http://www.npr.org/2014/01/06/259422776/army-takes-on-its-own-toxic-leaders>

'Final desperate act': husband reveals details of another Canadian soldier's suicide

<http://www.ctvnews.ca/canada/final-desperate-act-husband-reveals-details-of-another-canadian-soldier-s-suicide-1.1630129>

More People Searched Google for Stress-Related Health Information During Great Recession

<http://psychcentral.com/news/2014/01/08/more-people-searched-google-for-stress-related-health-information-during-great-recession/64244.html>

PTSD may cause families to reverse roles

<http://www.ftleavenworthlamp.com/article/20140103/NEWS/140109875/1348>

Report: Suicide rate spikes among young veterans

<http://www.stripes.com/report-suicide-rate-spikes-among-young-veterans-1.261283>

Big data may soon tell hospitals who is and isn't a suicide risk

<http://www.cincinnati.com/features/2014/01/02/last-words>

Davie Marine's suicide sparks mom's efforts to call attention to PTSD

<http://www.sun-sentinel.com/news/broward/fl-ptsd-awareness-ride-2-20140112,0,2460496.story>

Eat These Foods for a Restful Sleep

[http://www.health.mil/blog/14-01-15/Eat\\_These\\_Foods\\_for\\_a\\_Restful\\_Sleep.aspx](http://www.health.mil/blog/14-01-15/Eat_These_Foods_for_a_Restful_Sleep.aspx)

Heavy drinking in middle age may speed memory loss by up to 6 years in men  
[http://www.eurekalert.org/pub\\_releases/2014-01/aaon-hdi010714.php](http://www.eurekalert.org/pub_releases/2014-01/aaon-hdi010714.php)

-----

**Resource of the Week:** [CDP's New PE Session Notes](#)

PE Session Notes are quick, just-in-time reviews of the major segments of each session of PE. You can review them as often as needed. New PE therapists may find it helpful to review just before seeing a client the first few times they do a particular PE session. Seasoned PE therapists may benefit by viewing Session Notes as quick refreshers if it has been a while since they used their PE skills. These reviews are only intended as supports for providers who have completed a full training workshop in PE. They are not intended to be stand-alone training courses. For more information on training workshops in Prolonged Exposure therapy in your area, visit our [Training page](#). If you have been trained in PE by CDP and want more in-depth consultation and support, please visit our [Consultation Services page](#).



**PE Session 1:** Dr. Kelly Chrestman reviews the major segments to be covered in PE session 1, including orientation to treatment, a

discussion regarding the rationale for treatment using exposure, collaboratively identifying the index trauma for treatment focus, teaching an anxiety-reducing breathing technique, and assigning homework. The importance of assigning and reviewing "homework," or between-session practice assignments, is discussed.



**PE Session ~6:** COMING SOON. This episode will review the relevant concepts and tasks for introducing "hot spots," and focusing on a specific hot spot during imaginal exposure. It includes the rationale for focusing on hotspots, collaboratively identifying hot spots, conducting an imaginal exposure exercise focusing on a hot spot, and processing the imaginal exposure.



**PE Session 2:** Dr. Kelly Chrestman continues the series as she reviews the major segments to be covered in the second session of PE. These include homework

review, a discussion regarding the common reactions to trauma, rationale for in vivo exposure, constructing an in vivo hierarchy, and assigning in vivo exposure homework.



**Final Session:** COMING SOON. This episode will review the major segments of the final session of PE, which usually occurs somewhere between session 8 and session 12. These include reviewing homework, conducting a final imaginal exposure for the full narrative, processing the exposure, reviewing the in vivo hierarchy and rating each item again to show progress, reviewing the client's progress overall in treatment, and a discussion about the future.



**PE Session 3:** Dr. Bill Brim reviews the major tasks to be accomplished in the third session of PE, including homework review, a discussion regarding the rationale for imaginal exposure with the trauma memory, conducting the first imaginal



**PE Coach App:** The PE Coach app was developed to be used in the context of Prolonged Exposure therapy. It is not a stand-alone treatment for PTSD, and does not replace individual therapy with a trained, competent PE therapist. However, the app supports, organizes, and augments many of the tasks and procedures involved in Prolonged Exposure therapy. It is available for free

-----

Shirl Kennedy  
Web Content Strategist  
Center for Deployment Psychology  
[www.deploymentpsych.org](http://www.deploymentpsych.org)  
skennedy@deploymentpsych.org  
301 - 816 - 4749