



CDP Research Update -- January 23, 2014

What's Here:

- Chronic traumatic encephalopathy: a spectrum of neuropathological changes following repetitive brain trauma in athletes and military personnel.
- Polysomnographic findings in a cohort of chronic insomnia patients with benzodiazepine abuse.
- Insights and Advances in Post-traumatic Headache: Research Considerations.
- Factors associated with comorbidity patterns in full and partial PTSD: findings from the PsyCoLaus study.
- Do Family Communication Patterns Buffer Children from Difficulties Associated with a Parent's Military Deployment? Examining Deployed and At-home Parents' Perspectives.
- Suicide, Fatal Injuries, and Other Causes of Premature Mortality in Patients With Traumatic Brain Injury: A 41-Year Swedish Population Study.
- Substance use disorders and PTSD: An exploratory study of treatment preferences among military veterans.
- Group problem-solving skills training for self-harm: randomised controlled trial.
- Benzodiazepines: A Major Component in Unintentional Prescription Drug Overdoses With Opioid Analgesics.
- Pathways to Well-Being in the Lives of Recently Returning Veterans.
- Positive Effects of Basic Training on Cognitive Performance and Mood of Adult Females.
- Prospective associations among approach coping, alcohol misuse and psychiatric symptoms among veterans receiving a brief alcohol intervention.
- Psychosocial and Mental Health Care for the Deployed Staff of Rescue, Professional First Response and Aid Agencies, NGOs and Military Organisations (book chapter)
- Network Supports and Resiliency among U.S. Military Spouses with Children with Special Health Care Needs.
- Reintegration Challenges in U.S. Service Members and Veterans Following Combat Deployment.

- Perceived Burdensomeness and Suicide-Related Behaviors in Clinical Samples: Current Evidence and Future Directions.
- Five-year Trends in Women Veterans' Use of VA Maternity Benefits, 2008–2012.
- Study of insomnia and associated factors in Traumatic Brain Injury.
- Therapeutic Alliance in Face-to-Face and Telephone-Administered Cognitive Behavioral Therapy.
- Perception vs. circumstances of the child sexual abuse event in relation to depression and post-traumatic stress symptomatology.
- fMRI response to negative words and SSRI treatment outcome in major depressive disorder: a preliminary study.
- Self-Focused Thinking Predicts Nighttime Physiological De-arousal.
- The co-occurrence of PTSD and dissociation: differentiating severe PTSD from dissociative-PTSD.
- Impaired social decision making in patients with major depressive disorder.
- Effect of Cognitive-Behavioral Therapy for Anxiety Disorders on Quality of Life: A Meta-Analysis.
- An Integrative Review of the Mental Health of Partners of Veterans With Combat-Related Posttraumatic Stress Disorder.
- CAM and Energy Psychology Techniques Remediate PTSD Symptoms in Veterans and Spouses.
- Effectiveness of cognitive behavioral therapy: An evaluation of therapies provided by trainees at a university psychotherapy training center.
- Strategies for achieving full remission when first-line antidepressants are not enough.
- The psychological effects of improvised explosive devices (IEDs) on UK military personnel in Afghanistan.
- Assessing impact of differential symptom functioning on post-traumatic stress disorder (PTSD) diagnosis.
- Working together to address domestic violence among veterans.
- Long-term trajectories of posttraumatic stress disorder in veterans: the role of social resources.
- Do benzodiazepines reduce the effectiveness of exposure therapy for posttraumatic stress disorder?
- Mental health outcomes in US and UK military personnel returning from Iraq.
- Implementation of Evidence-Based Psychotherapies for Posttraumatic Stress Disorder in VA Specialty Clinics.

- Managing insomnia: an overview of insomnia and pharmacologic treatment strategies in use and on the horizon.
- Links of Interest
- Resource of the Week: Down for Just Me?

<http://www.ncbi.nlm.nih.gov/pubmed/24423082>

Alzheimers Res Ther. 2014 Jan 15;6(1):4. [Epub ahead of print]

Chronic traumatic encephalopathy: a spectrum of neuropathological changes following repetitive brain trauma in athletes and military personnel.

Stein TD, Alvarez VE, McKee AC.

Chronic traumatic encephalopathy (CTE) is a progressive neurodegenerative disease that occurs in association with repetitive traumatic brain injury experienced in sport and military service. In most instances, the clinical symptoms of the disease begin after a long period of latency ranging from several years to several decades. The initial symptoms are typically insidious, consisting of irritability, impulsivity, aggression, depression, short-term memory loss and heightened suicidality. The symptoms progress slowly over decades to include cognitive deficits and dementia. The pathology of CTE is characterized by the accumulation of phosphorylated tau protein in neurons and astrocytes in a pattern that is unique from other tauopathies, including Alzheimer's disease. The hyperphosphorylated tau abnormalities begin focally, as perivascular neurofibrillary tangles and neurites at the depths of the cerebral sulci, and then spread to involve superficial layers of adjacent cortex before becoming a widespread degeneration affecting medial temporal lobe structures, diencephalon and brainstem. Most instances of CTE (>85% of cases) show abnormal accumulations of phosphorylated 43 kDa TAR DNA binding protein that are partially colocalized with phosphorylated tau protein. As CTE is characterized pathologically by frontal and temporal lobe atrophy, by abnormal deposits of phosphorylated tau and by 43 kDa TAR DNA binding protein and is associated clinically with behavioral and personality changes, as well as cognitive impairments, CTE is increasingly categorized as an acquired frontotemporal lobar degeneration. Currently, some of the greatest challenges are that CTE cannot be diagnosed during life and the incidence and prevalence of the disorder remain uncertain. Furthermore, the contribution of age, gender, genetics, stress, alcohol and substance abuse to the development of CTE remains to be determined.

<http://www.ncbi.nlm.nih.gov/pubmed/24426818>

J Clin Sleep Med. 2014 Jan 15;10(1):35-42. doi: 10.5664/jcsm.3354.

Polysomnographic findings in a cohort of chronic insomnia patients with benzodiazepine abuse.

Mazza M, Losurdo A, Testani E, Marano G, Di Nicola M, Dittoni S, Gnani V, Di Blasi C, Giannantoni NM, Lapenta L, Brunetti V, Bria P, Janiri L, Mazza S, Della Marca G.

STUDY OBJECTIVES:

To evaluate sleep modifications induced by chronic benzodiazepine (BDZ) abuse.

METHODS:

Cohort study, comparison of sleep measures between BDZs abusers and controls. Drug Addiction Unit (Institute of Psychiatry) and Unit of Sleep Disorders (Institute of Neurology) of the Catholic University in Rome. Six outpatients affected by chronic BDZ abuse were enrolled, (4 men, 2 women, mean age 53.3 ± 14.8 , range: 34-70 years); 55 healthy controls were also enrolled (23 men, 32 women, mean age 54.2 ± 13.0 , range: 27-76 years). All patients underwent clinical evaluation, psychometric measures, ambulatory polysomnography, scoring of sleep macrostructure and microstructure (power spectral fast-frequency EEG arousal, cyclic alternating pattern [CAP]), and heart rate variability.

RESULTS:

BDZ abusers had relevant modification of sleep macrostructure and a marked reduction of fast-frequency EEG arousal in NREM (patients: 6.6 ± 3.7 events/h, controls 13.7 ± 4.9 events/h, U-test: 294, $p = 0.002$) and REM (patients: 8.4 ± 2.4 events/h, controls 13.3 ± 5.1 events/h, U-test: 264, $p = 0.016$), and of CAP rate (patients: $15.0 \pm 8.6\%$, controls: $51.2\% \pm 12.1\%$, U-test: 325, $p < 0.001$).

DISCUSSION:

BDZ abusers have reduction of arousals associated with increased number of nocturnal awakenings and severe impairment of sleep architecture. The effect of chronic BDZ abuse on sleep may be described as a severe impairment of arousal dynamics; the result is the inability to modulate levels of vigilance.

<http://link.springer.com/article/10.1007/s11910-013-0428-2>

Insights and Advances in Post-traumatic Headache: Research Considerations.

Teshamae S. Monteith, David Borsook

Current Neurology and Neuroscience Reports

January 2014, 14:428

Despite the growing awareness of mild traumatic brain injury in military and civilian populations, understanding of the acute and chronic effects of concussion on central nervous system structure and function is limited. Even less is understood about the underpinnings of the cardinal postconcussive symptom, post-traumatic headache (PTH). Here, we review recent advances in PTH, with special emphasis on the migraine-like phenotype, the most disabling form. Considerations for future research in PTH are discussed, including diagnostic classification, and applications with advanced neuroimaging techniques, biomarkers, and treatments.

<http://www.sciencedirect.com/science/article/pii/S0010440X14000145>

Factors associated with comorbidity patterns in full and partial PTSD: findings from the PsyCoLaus study.

Mario Müller, Caroline Vandeleur, Stephanie Rodgers, Wulf Rössler, Enrique Castelao, Martin Preisig, Vladeta Ajdacic-Gross

Comprehensive Psychiatry, Available online 17 January 2014

Subtypes of comorbid conditions and their associated trauma and clinical characteristics in full and partial PTSD were examined. Data from 289 subjects from the general population that met criteria for full or partial PTSD were analyzed. Latent class analyses (LCA) were performed to derive homogeneous patterns of DSM-IV Axis-I disorders and anti-social personality comorbid to PTSD. Logistic regression models were conducted to characterize these classes by trauma-related and clinical features. The LCA revealed three classes: (1) low comorbidity; (2) high comorbidity with primarily substance-related disorders and a higher proportion of males; and (3) more severe PTSD-symptomatology and higher comorbid anxiety disorders and depression, almost entirely represented by females. Exposure of sexual abuse was more likely in the substance-dependent class and contributed strongly to the distinction between classes. Affective disorders tended to precede the onset of PTSD in the substance-dependent class, whereas phobias were more likely to follow PTSD in the depressed-anxious class. Posttrauma onset of alcohol use disorders in the substance dependent class confirmed the self-medication hypothesis. The three classes of comorbidity and their sequence of onset with PTSD suggest different mechanisms involved in their development. Our findings suggest that PTSD-related comorbidity subtypes also apply to individuals with partial PTSD.

<http://www.tandfonline.com/doi/abs/10.1080/15267431.2013.857325>

Do Family Communication Patterns Buffer Children from Difficulties Associated with a Parent's Military Deployment? Examining Deployed and At-home Parents' Perspectives.

Steven R. Wilson, Skye M. Chernichky, Kristi Wilkum, Jennifer Sue Owlett

Journal of Family Communication

Vol. 14, Iss. 1, 2014

Based on models of family resiliency, this study explored whether deployed and at-home parents' reports of family communication patterns were associated with reported child difficulties and prosocial behavior during a military parent's deployment. Participants were National Guard families attending yellow-ribbon reintegration events. Parents completed the Revised Family Communication Patterns short-form measure as well as the Strengths and Difficulties Questionnaire about their oldest child. For deployed parents, conversation orientation was associated with fewer reported child behavioral problems and more prosocial child behavior during the reunion period, suggesting that conversation orientation serves as a protective factor as service members reintegrate into the family. At-home parents' reports of conversation orientation were not significantly associated with their reports of child difficulties or prosocial behavior. Future research needs to clarify how the communicative behaviors of deployed and at-home parents might function differently in promoting children's resiliency during a military parent's deployment and return.

<http://oem.bmj.com/content/early/2014/01/16/oemed-2013-101903.abstract>

The psychological effects of improvised explosive devices (IEDs) on UK military personnel in Afghanistan.

Norman Jones, Gursimran Thandi, Nicola T Fear, Simon Wessely, Neil Greenberg

Occupational & Environmental Medicine

Published Online First: 16 January 2014

Objective

To explore the psychological consequences of improvised explosive device (IED) exposure as IEDs have been the greatest threat to UK military personnel in Afghanistan though the mental health consequences of IED exposure are largely unknown.

Method

Deployed UK military personnel completed a survey while deployed in Afghanistan. Combat personnel and those dealing specifically with the IED threat were compared with all other deployed personnel; the relationship between IED exposure, general combat experiences, Post Traumatic Stress Disorder (PTSD) Checklist-Civilian Version (PCL-C) and General Health Questionnaire scores were evaluated.

Results

The response rate was 98% (n=2794). Half reported IED-related concerns, a third experienced exploding IEDs and a quarter gave medical aid to IED casualties. Combat and counter-IED threat personnel had higher levels of IED exposure than other deployed personnel. 18.8% of personnel who witnessed exploding IEDs scored positive for common mental disorder (General Health Questionnaire-12 scores ≥ 4) and 7.6% scored positive for probable PTSD symptoms (PTSD Checklist-Civilian Version scores ≥ 44). After adjusting for general combat exposure and other observed confounders, PTSD symptoms were associated with IED exposure whereas common mental disorder symptoms were not. IED exposure, IED-related concerns and functional impairment accumulated during deployment but functional impairment was related to factors other than IED exposure alone.

Conclusions

In Afghanistan, a substantial proportion of personnel were exposed to exploding IEDs however, the majority of exposed personnel were psychologically healthy. Psychological effects were similar for combat personnel and those dealing specifically with the IED threat but both groups were at greater psychological risk than other deployed personnel.

<http://archpsyc.jamanetwork.com/article.aspx?articleid=1812719>

Suicide, Fatal Injuries, and Other Causes of Premature Mortality in Patients With Traumatic Brain Injury: A 41-Year Swedish Population Study.

Fazel S, Wolf A, Pillas D, Lichtenstein P, Långström N.

JAMA Psychiatry. Published online January 15, 2014

Importance

Longer-term mortality in individuals who have survived a traumatic brain injury (TBI) is not known.

Objectives

To examine the relationship between TBI and premature mortality, particularly by external causes, and determine the role of psychiatric comorbidity.

Design, Setting, and Patients

We studied all persons born in 1954 or later in Sweden who received inpatient and outpatient International Classification of Diseases-based diagnoses of TBI from 1969 to 2009 (n = 218 300). We compared mortality rates 6 months or more after TBI to general population controls matched on age and sex (n = 2 163 190) and to unaffected siblings of patients with TBI (n = 150 513). Furthermore, we specifically examined external causes of death (suicide, injury, or assault). We conducted sensitivity analyses to investigate whether mortality rates differed by sex, age at death, severity (including concussion), and different follow-up times after diagnosis.

Main Outcomes and Measures

Adjusted odds ratios (AORs) of premature death by external causes in patients with TBI compared with general population controls.

Results

Among those who survived 6 months after TBI, we found a 3-fold increased odds of mortality (AOR, 3.2; 95% CI, 3.0-3.4) compared with general population controls and an adjusted increased odds of mortality of 2.6 (95% CI, 2.3-2.8) compared with unaffected siblings. Risks of mortality from external causes were elevated, including for suicide (AOR, 3.3; 95% CI, 2.9-3.7), injuries (AOR, 4.3; 95% CI, 3.8-4.8), and assault (AOR, 3.9; 95% CI, 2.7-5.7). Among those with TBI, absolute rates of death were high in those with any psychiatric or substance abuse comorbidity (3.8% died prematurely) and those with solely substance abuse (6.2%) compared with those without comorbidity (0.5%).

Conclusions and Relevance

Traumatic brain injury is associated with substantially elevated risks of premature mortality, particularly for suicide, injuries, and assaults, even after adjustment for sociodemographic and familial factors. Current clinical guidelines may need revision to reduce mortality risks beyond the first few months after injury and address high rates of psychiatric comorbidity and substance abuse.

<http://www.sciencedirect.com/science/article/pii/S0306460313002761>

Substance use disorders and PTSD: An exploratory study of treatment preferences among military veterans.

Sudie E. Back, Therese K. Killeen, Andrew P. Teer, Emily E. Hartwell, Amanda Federline, Frank Beylotte, Elizabeth Cox

Addictive Behaviors, Volume 39, Issue 2, February 2014, Pages 369–373

Background

Substance use disorders (SUDs) and Post Traumatic Stress Disorder (PTSD) frequently co-occur among Veterans and are associated with poor treatment outcomes. Historically, treatments for SUDs and PTSD have been delivered sequentially and independently. More recently, however, integrated treatments have shown promise. This study investigated Veterans' perceptions of the interrelationship between SUDs and PTSD, as well as treatment preferences.

Methods

Participants were 35 Veterans of recent military conflicts in Iraq and Afghanistan, and prior operations, who completed the Treatment Preferences Questionnaire as well as an in-depth interview.

Results

The majority (94.3%) perceived a relationship between their SUD and PTSD symptoms. Veterans reported that PTSD symptom exacerbation was typically (85.3%) associated with an increase in substance use, and PTSD symptom improvement was typically (61.8%) followed by a decrease in substance use ($p < .01$). Approximately 66% preferred an integrated treatment approach.

Conclusions

Although preliminary, the findings provide clinically-relevant information that can be used to enhance the development and provision of care for Veterans with SUDs and PTSD.

<http://bjp.rcpsych.org/content/early/2014/01/02/bjp.bp.111.101816.abstract>

Group problem-solving skills training for self-harm: randomised controlled trial.

Carmel McAuliffe, Breda C. McLeavey, Tony Fitzgerald, Paul Corcoran, Bernie Carroll, Louise Ryan, Brian O'Keeffe, Eva Fitzgerald, Portia Hickey, Mary O'Regan, Jillian Mulqueen and Ella Arensman

British Journal of Psychiatry

Published ahead of print January 16, 2014

Background

Rates of self-harm are high and have recently increased. This trend and the repetitive nature of self-harm pose a significant challenge to mental health services.

Aims

To determine the efficacy of a structured group problem-solving skills training (PST) programme as an intervention approach for self-harm in addition to treatment as usual (TAU) as offered by mental health services.

Method

A total of 433 participants (aged 18–64 years) were randomly assigned to TAU plus PST or TAU alone. Assessments were carried out at baseline and at 6-week and 6-month follow-up and repeated hospital-treated self-harm was ascertained at 12-month follow-up.

Results

The treatment groups did not differ in rates of repeated self-harm at 6-week, 6-month and 12-month follow-up. Both treatment groups showed significant improvements in psychological and social functioning at follow-up. Only one measure (needing and receiving practical help from those closest to them) showed a positive treatment effect at 6-week ($P = 0.004$) and 6-month ($P = 0.01$) follow-up. Repetition was not associated with waiting time in the PST group.

Conclusions

This brief intervention for self-harm is no more effective than treatment as usual. Further work is required to establish whether a modified, more intensive programme delivered sooner after the index episode would be effective.

<http://jpp.sagepub.com/content/27/1/5.short>

Benzodiazepines: A Major Component in Unintentional Prescription Drug Overdoses With Opioid Analgesics.

Michael Jann, William Klugh Kennedy, and Gaylord Lopez

Journal of Pharmacy Practice February 2014 27: 5-16

The misuse and abuse of prescription medications in the United States continues to increase despite interventions by health care professionals, regulatory, and law enforcement agencies. Opioid analgesics are the leading class of prescription drugs that have caused unintentional overdose deaths.

Benzodiazepines when taken alone are relatively safe agents in overdose. However, a 5-fold increase in deaths attributed to benzodiazepines occurred from 1999 to 2009. Emergency department visits related to opioid analgesics increased by 111% followed by benzodiazepines 89%. During 2003 to 2009, the 2 prescriptions drugs with the highest increase in death rates were oxycodone 264.6% and alprazolam 233.8%. Therefore, benzodiazepines have a significant impact on prescription drug unintentional overdoses second only to the opioid analgesics. The combination prescribing of benzodiazepines and opioid analgesics commonly takes place. The pharmacokinetic drug interactions between benzodiazepines and opioid analgesics are complex. The pharmacodynamic actions of these agents differ as their combined effects produce significant respiratory depression. Physician and pharmacy shopping by patients occurs, and prescription drug-monitoring programs can provide important

information on benzodiazepine and opioid analgesic prescribing patterns and patient usage. Health care professionals need to inform patients and work closely with regulatory agencies and legislatures to stem the increasing fatalities from prescription drug unintentional overdoses.

http://scholarworks.umb.edu/masters_theses/225/

Pathways to Well-Being in the Lives of Recently Returning Veterans.

Sarah Krill Williston

University of Massachusetts Boston

Graduate Masters Theses. Paper 225, 2013

Given the intensity and duration of military deployments since 2001, the risk for combat related stress injuries is significant. Prevalence ratings suggest anywhere between 1 in 6, to 40% of combat veterans will experience combat related psychopathology, such as anxiety, PTSD, and depression after deployment and potentially benefit from treatment services. However, less than half of those veterans are likely to seek professional mental health care for fear of stigma. Given that the majority of recently returning veterans do not seek professional mental health care, understanding the protective processes of the social support network outside of professional settings is important. The current study examined how post-deployment social support and emotional regulation skills relate to well-being (including quality of life and post-traumatic growth) in a sample of recently returning (OEF/ OIF /OND) college student veterans. Sixty-five participants completed an online survey containing questions about post-deployment and general social support, emotion regulation, psychological distress, military experiences and demographics. Results provided partial support for the proposed bi-directional mediational relations between post-deployment social support and emotion regulation predicting to quality of life, but not post-traumatic growth, suggesting that both social support and emotion regulation skills may be useful targets for prevention and intervention efforts. Limitations and clinical implications as well as areas for future research are discussed.

<http://hfs.sagepub.com/content/early/2014/01/16/0018720813519472.abstract>

Positive Effects of Basic Training on Cognitive Performance and Mood of Adult Females.

Harris R. Lieberman, J. Philip Karl, Philip J. Niro, Kelly W. Williams, Emily K. Farina, Sonya J. Cable, and James P. McClung

Human Factors: The Journal of the Human Factors and Ergonomics Society, first published on January 17, 2014

Objective:

This study investigated whether a stressful military training program, the 9- to 10-week U.S. Army basic combat training (BCT) course, alters the cognitive performance and mood of healthy young adult females.

Background: Structured training programs including adolescent boot camps, sports training camps, learning enrichment programs, and military basic training are accepted methods for improving academic and social functioning. However, limited research is available on the behavioral effects of structured training programs in regard to cognitive performance and mood.

Method:

Two separate, within-subject studies were conducted with different BCT classes; in total 212 female volunteers were assessed before and after BCT. In Study 1, Four-Choice Reaction Time, Match-to-Sample, and Grammatical Reasoning tests were administered. The Psychomotor Vigilance Test (PVT) was administered in Study 2. The Profile of Mood States (POMS) was administered in both studies.

Results:

In Study 1, reaction time to correct responses on all three of the performance tests improved from pre- to post-BCT. In Study 2, PVT reaction time significantly improved. All POMS subscales improved over time in the second study, whereas POMS subscales in the first study failed to meet criteria for statistically significant differences over time.

Conclusion:

Cognition and mood substantially improved over military basic training. These changes may be a result of structured physical and mental training experienced during basic training or other factors not as yet identified.

Application:

Properly structured training may have extensive, beneficial effects on cognitive performance and mood; however, additional research is needed to determine what factors are responsible for such changes.

<http://www.sciencedirect.com/science/article/pii/S0740547214000142>

Prospective associations among approach coping, alcohol misuse and psychiatric symptoms among veterans receiving a brief alcohol intervention.

Ashley E. Mason, Matthew Tyler Boden, Michael Cucciare

Available online 17 January 2014

Brief Alcohol Interventions (BAIs) target alcohol consumption and may exert secondary benefits including reduced depression and Posttraumatic Stress Disorder (PTSD) symptoms among non-veteran and veteran populations. This study examined whether approach coping, alcohol misuse, and an interaction of these two factors prior to the administration of a BAI (i.e., baseline) would predict depression and PTSD symptoms 6-months post BAI (i.e., follow-up). Veterans (N= 166) received a BAI after screening positive for alcohol misuse during a primary care visit and completed assessments of alcohol misuse, approach coping, and depression and PTSD symptoms at baseline and follow-up. Baseline substance misuse, but not approach coping, significantly predicted depression and PTSD symptoms at follow-up. Approach coping moderated associations between baseline alcohol misuse and psychiatric symptoms: Veterans reporting more alcohol misuse and more (relative to less) approach coping at baseline evidenced fewer psychiatric symptoms at follow-up after accounting for symptoms assessed at baseline.

http://link.springer.com/chapter/10.1007/978-1-4471-2927-1_27

Psychosocial and Mental Health Care for the Deployed Staff of Rescue, Professional First Response and Aid Agencies, NGOs and Military Organisations (book chapter)

Richard Williams OBE, TD, FRCPsych, FRCPCH, DMCC, Neil Greenberg BM, MMedSc, DOccMed, FRCPsych

Conflict and Catastrophe Medicine

2014, pp 395-432

This chapter is about understanding and meeting the psychosocial and mental healthcare needs of people who are staff of rescue, professional first response and aid agencies, NGOs and military organisations. We refer to them as “staff”. There is a plethora of terms used to describe conflict and natural and human-made disasters. In this text, we refer to all of them as “major incidents” as a shorthand term.

<http://onlinelibrary.wiley.com/doi/10.1111/fare.12045/abstract>

Network Supports and Resiliency among U.S. Military Spouses with Children with Special Health Care Needs.

Farrell, A. F., Bowen, G. L. and Swick, D. C.

Family Relations

Volume 63, Issue 1, pages 55–70, February 2014

Understanding how military families who have children with special health care needs (CSHCN) successfully cope in the context of exceptional demands of the military lifestyle can inform scholarship, policy, and practice to the benefit of families. Using data from 775 female civilian parents (mothers serving as Key Spouses) married to active duty Air Force members, this study examined differences on dimensions of network support and spouse resiliency between mothers who do and do not have CSHCN, as well as the relative contribution of formal and informal network support to variation in self-reports of resiliency among mothers with CSHCN. Mothers with CSHCN experience significantly less formal and informal network support than their counterparts. Despite this, they reported equivalent overall resiliency, with lower perceived resiliency on only one of four resiliency outcomes. More formal and informal network support was generally associated with higher resilience. Implications for policy, practice, and research are discussed.

<http://onlinelibrary.wiley.com/doi/10.1111/sipr.12001/abstract>

Reintegration Challenges in U.S. Service Members and Veterans Following Combat Deployment.

Sayer, N. A., Carlson, K. F. and Frazier, P. A.

Social Issues and Policy Review

Volume 8, Issue 1, pages 33–73, January 2014

Although the majority of combat veterans reintegrate into civilian life without long-lasting problems, a sizable minority return from deployment with psychiatric or physical injuries that warrant medical attention. Even in the absence of diagnosable disorders, many experience functional problems that impede full reintegration into civilian life. Considerable resources have been allocated to studying, diagnosing, treating, and compensating combat-related disorders. This important work has resulted in significant improvements in healthcare for those with deployment-related difficulties. Nevertheless, many service members and veterans with reintegration difficulty may not receive needed help. Based on our review, we argue that in addition to treatment and compensation for diagnosable postdeployment problems, a comprehensive approach to reintegration is needed that includes partnership between the government, private sector, and the public.

<http://onlinelibrary.wiley.com/doi/10.1002/jclp.22071/abstract>

Perceived Burdensomeness and Suicide-Related Behaviors in Clinical Samples: Current Evidence and Future Directions.

Hill, R. M. and Pettit, J. W.

Journal of Clinical Psychology

Article first published online: 13 JAN 2014

Context

The interpersonal-psychological theory of suicide identifies perceived burdensomeness as a primary component of suicidal desire and a possible point of intervention for suicide prevention. A growing literature has explored the relationship between perceived burdensomeness and suicide-related behaviors.

Objective

The aim of this review is to integrate the evidence, identify critical gaps in the evidence-base, and explore implications for translation to prevention and intervention science.

Methods

Papers published that reported on the association between perceived burdensomeness and suicide-related behaviors were included.

Results

The literature indicates (a) significant cross-sectional associations between perceived burdensomeness and suicidal ideation and suicide attempts and (b) that perceived burdensomeness acts as either a moderator or a mediator of the association between risk and protective factors and suicide-related behaviors.

Conclusion

Research is needed to examine the longitudinal association between perceived burdensomeness and suicide-related behaviors, develop additional measurement approaches, generalize findings to other samples, and begin translating findings to prevention and intervention science.

Five-year Trends in Women Veterans' Use of VA Maternity Benefits, 2008–2012.

Kristin M. Mattocks, PhD, MPH, Susan Frayne, MD, MPH, Ciaran S. Phibbs, PhD, Elizabeth M. Yano, PhD, MSPH, Laurie Zephyrin, MD, MPH, MBA, Holly Shryock, Sally Haskell, MD, Jodie Katon, MS, PhD, J. Cherry Sullivan, MPH, Linda Weinreb, MD, Christine Ulbricht, MPH, Lori A. Bastian, MD, MPH

Women's Health Issues, Volume 24, Issue 1, January–February 2014, Pages e37–e42

Background

An increasing number of young women veterans are returning from war and military service and are seeking reproductive health care from the Veterans Health Administration (VHA). Many of these women seek maternity benefits from the VHA, and yet little is known regarding the number of women veterans utilizing VHA maternity benefits nor the characteristics of pregnant veterans using these benefits. In May 2010, VHA maternity benefits were expanded to include 7 days of infant care, which may serve to entice more women to use VHA maternity benefits. Understanding the changing trends in women veterans seeking maternity benefits will help the VHA to improve the quality of reproductive care over time.

Objective

The goal of this study was to examine the trends in delivery claims among women veterans receiving VHA maternity benefits over a 5-year period and the characteristics of pregnant veterans utilizing VHA benefits.

Design

We undertook a retrospective, national cohort study of pregnant veterans enrolled in VHA care with inpatient deliveries between fiscal years (FY) 2008 and 2012.

Participants

We included pregnant veterans using VHA maternity benefits for delivery.

Main Measures

Measures included annualized numbers and rates of inpatient deliveries and delivery-related costs, as well as cesarean section rates as a quality indicator.

Key Results

During the 5-year study period, there was a significant increase in the number of deliveries to women veterans using VHA maternity benefits. The overall delivery rate increased by 44% over the study period from 12.4 to 17.8 deliveries per 1,000 women veterans. A majority of women using VHA maternity benefits were age 30 or older and had a service-connected disability. From FY 2008 to 2012, the VHA

paid more than \$46 million in delivery claims to community providers for deliveries to women veterans (\$4,993/veteran).

Conclusions

Over a 5-year period, the volume of women veterans using VHA maternity benefits increased by 44%. Given this sizeable increase, the VHA must increase its capacity to care for pregnant veterans and ensure care coordination systems are in place to address the needs of pregnant veterans with service-connected disabilities.

<http://www.sciencedirect.com/science/article/pii/S1876201814000033>

Study of insomnia and associated factors in Traumatic Brain Injury.

Akhilesh jain, R.S. mittal, Achal Sharma, Anand Sharma, I.D. Gupta

Asian Journal of Psychiatry, Available online 17 January 2014

Objectives

This study is designed to investigate prevalence and risk factors of insomnia in TBI. This study has also tried to explore the connection between insomnia with neuroanatomical localization of TBI as well as depression.

Design

Prospective study

Material and Method

All eligible participants were evaluated initially after two week interval for first 4 weeks and monthly interval subsequently till one year. Demographic and injury characteristics of the participants were assessed on a self designed semi structured performa. Interviews focused on assessment of severity of TBI, insomnia and depression using GCS, ISI and PHQ-9 respectively.

Results

Total 204 patients were included, mean age was 33.34 years. 40.2% participants were found to have insomnia. None of the demographic variables were associated with insomnia except severity and duration of TBI. Moderate TBI patient (70.73%) had significantly higher occurrence of insomnia than the mild cases (19.67%) ($P = 0.000$, $df 1$). First three month after TBI witnessed more than half (63.41%) of those patient who had insomnia. This was found statistically significant ($P < 0.017$). Neuroanatomical localization was also correlated with insomnia. Cerebral contusion was the most common (40.24%) site of impact. Almost half (42.42%) of the patients with insomnia had multiple contusions. 32.84% of the

study population had depression. No significant correlation could be established between depression and insomnia.

Conclusion

Insomnia is a prevalent condition after TBI requiring more clinical and scientific attention as it may have important repercussions on rehabilitation.

<http://www.ncbi.nlm.nih.gov/pubmed/24447003>

J Consult Clin Psychol. 2014 Jan 20. [Epub ahead of print]

Therapeutic Alliance in Face-to-Face and Telephone-Administered Cognitive Behavioral Therapy.

Stiles-Shields C, Kwasny MJ, Cai X, Mohr DC.

Objective:

Telephone-administered therapies have emerged as an alternative method of delivery for the treatment of depression, yet concerns persist that the use of the telephone may have a deleterious effect on therapeutic alliance. The purpose of this study was to compare therapeutic alliance in clients receiving cognitive behavioral therapy (CBT) for depression by telephone (T-CBT) or face-to-face (FtF-CBT).

Method:

We randomized 325 participants to receive 18 sessions of T-CBT or FtF-CBT. The Working Alliance Inventory (WAI) was administered at Weeks 4 and 14. Depression was measured during treatment and over 1 year posttreatment follow-up using the Hamilton Rating Scale for Depression and Patient Health Questionnaire-9.

Results:

There were no significant differences in client or therapist WAI between T-CBT or FtF-CBT (Cohen's f^2 ranged from 0 to .013, all $ps > .05$). All WAI scores predicted depression end of treatment outcomes (Cohen's f^2 ranged from .009 to .06, all $ps < .02$). The relationship between the WAI and depression outcomes did not vary by treatment group (Cohen's f^2 ranged from 0 to .004, $ps > .07$). The WAI did not significantly predict depression during posttreatment follow-up (all $ps > .12$).

Conclusions:

Results from this analysis do not support the hypothesis that the use of the telephone to provide CBT reduces therapeutic alliance relative to FtF-CBT. (PsycINFO Database Record (c) 2014 APA, all rights reserved).

<http://www.ncbi.nlm.nih.gov/pubmed/23829831>

J Child Sex Abus. 2013;22(5):519-33. doi: 10.1080/10538712.2013.800932.

Perception vs. circumstances of the child sexual abuse event in relation to depression and post-traumatic stress symptomatology.

Lev-Wiesel R, Markus L.

The study examined the impact of the circumstances of childhood sexual abuse on post-traumatic stress symptoms and depression among female adult survivors of childhood sexual abuse. The sample consisted of 225 Israeli women divided into two groups according to the identity of the perpetrator (nonfamily perpetrator versus a family member perpetrator). A self-report questionnaire was used consisting of the following scales: demographic variables, the Traumatic Events Questionnaire, Childhood Sexual Experiences Scale, Post-Traumatic Stress Disorder Symptom Scale, and Depression Scale. The findings indicated that the identity of the offender significantly differed between groups only if intercourse had occurred. Women who experienced coerced intercourse scored significantly higher on depression and post-traumatic stress compared to those who experienced other forms of childhood sexual abuse.

<http://www.ncbi.nlm.nih.gov/pubmed/24446548>

Psychiatry Res. 2013 Dec 30;214(3):296-305.

fMRI response to negative words and SSRI treatment outcome in major depressive disorder: a preliminary study.

Miller JM, Schneck N, Siegle GJ, Chen Y, Ogden RT, Kikuchi T, Oquendo MA, Mann JJ, Parsey RV.

Clinically useful predictors of treatment outcome in major depressive disorder (MDD) remain elusive. We examined associations between functional magnetic resonance imaging (fMRI) blood oxygen level dependent (BOLD) signal during active negative word processing and subsequent selective serotonin reuptake inhibitor (SSRI) treatment outcome in MDD. Unmedicated MDD subjects (n=17) performed an emotional word processing fMRI task, and then received eight weeks of standardized antidepressant treatment with escitalopram. Lower pre-treatment BOLD responses to negative words in midbrain, dorsolateral prefrontal cortex, paracingulate, anterior cingulate, thalamus and caudate nuclei correlated significantly with greater improvement following escitalopram treatment. Activation of these regions in response to negative words correlated significantly with reaction time for rating word relevance. Maximally predictive clusters of voxels identified using a cross-validation approach predicted 48% of the variance in response to treatment. This study provides preliminary evidence that SSRIs may be most

beneficial in patients who are less able to engage cognitive control networks while processing negative stimuli. Differences between these findings and previous fMRI studies of SSRI treatment outcome may relate to differences in task design. Regional BOLD responses to negative words predictive of SSRI outcome in this study were both overlapping and distinct from those predictive of outcome with cognitive behavioral therapy (CBT) in previous studies using the same task. Future studies may examine prediction of differential outcome across treatments in the context of a randomized controlled trial.

<http://www.ncbi.nlm.nih.gov/pubmed/24444702>

Biol Psychol. 2014 Jan 17. pii: S0301-0511(14)00022-2. doi: 10.1016/j.biopsycho.2014.01.001. [Epub ahead of print]

Self-Focused Thinking Predicts Nighttime Physiological De-arousal.

Takano K1, Ueno M2, Tanno Y3.

Excessive focus on the internal self has maladaptive consequences for mental and physical health. Although the emotional functions of self-focus have been well established, no study has examined physiological arousal during the daily experience of self-focused thinking. The present study investigates the association between self-focus and autonomic activity using the experience sampling method with ambulatory monitoring of heart rate variability (HRV). Forty-five students reported the content of their thoughts during their daily activities while their heart rate (HR) was being recorded. Multilevel modeling analyses showed that HRV was lower (and HR was higher) over the sampling day if participants engaged in more self-focus, while HRV increased (and HR decreased) from midday to nighttime if participants did not engage in self-focused thinking. These results suggest that self-focus at night is associated with increased physiological arousal, and leads to inhibition of de-arousal associated with normal sleep processes. Implications for insomnia are discussed.

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<http://www.ncbi.nlm.nih.gov/pubmed/24445579>

Soc Psychiatry Psychiatr Epidemiol. 2014 Jan 21. [Epub ahead of print]

The co-occurrence of PTSD and dissociation: differentiating severe PTSD from dissociative-PTSD.

Armour C, Karstoft KI, Richardson JD.

PURPOSE:

A dissociative-posttraumatic stress disorder (PTSD) subtype has been included in the DSM-5. However, it is not yet clear whether certain socio-demographic characteristics or psychological/clinical constructs such as comorbid psychopathology differentiate between severe PTSD and dissociative-PTSD. The current study investigated the existence of a dissociative-PTSD subtype and explored whether a number of trauma and clinical covariates could differentiate between severe PTSD alone and dissociative-PTSD.

METHODS:

The current study utilized a sample of 432 treatment seeking Canadian military veterans. Participants were assessed with the Clinician Administered PTSD Scale (CAPS) and self-report measures of traumatic life events, depression, and anxiety. CAPS severity scores were created reflecting the sum of the frequency and intensity items from each of the 17 PTSD and 3 dissociation items. The CAPS severity scores were used as indicators in a latent profile analysis (LPA) to investigate the existence of a dissociative-PTSD subtype. Subsequently, several covariates were added to the model to explore differences between severe PTSD alone and dissociative-PTSD.

RESULTS:

The LPA identified five classes: one of which constituted a severe PTSD group (30.5 %), and one of which constituted a dissociative-PTSD group (13.7 %). None of the included, demographic, trauma, or clinical covariates were significantly predictive of membership in the dissociative-PTSD group compared to the severe PTSD group.

CONCLUSIONS:

In conclusion, a significant proportion of individuals report high levels of dissociation alongside their PTSD, which constitutes a dissociative-PTSD subtype. Further investigation is needed to identify which factors may increase or decrease the likelihood of membership in a dissociative-PTSD subtype group compared to a severe PTSD only group.

<http://www.biomedcentral.com/1471-244X/14/18/abstract>

Impaired social decision making in patients with major depressive disorder.

Yun Wang, Yuan Zhou, Shu Li, Peng Wang, Guo-Wei Wu and Zhe-Ning Liu

BMC Psychiatry 2014, 14:18

Background

Abnormal decision-making processes have been observed in patients with major depressive disorder (MDD). However, it is unresolved whether MDD patients show abnormalities in decision making in a

social interaction context, in which decisions have actual influences on both the self-interests of the decision makers per se and those of their partners.

Methods

Using a well-studied ultimatum game (UG), which is frequently used to investigate social interaction behavior, we examined whether MDD can be associated with abnormalities in social decision-making behavior by comparing the acceptance rates of MDD patients (N = 14) with those of normal controls (N = 19).

Results

The acceptance rates of the patients were lower than those of the normal controls. Additionally, unfair proposals were accepted at similar rates from computer partners and human partners in the MDD patients, unlike the acceptance rates in the normal controls, who were able to discriminatively treat unfair proposals from computer partners and human partners.

Conclusions

Depressed patients show abnormal decision-making behavior in a social interaction context. Several possible explanations, such as increased sensitivity to fairness, negative emotional state and disturbed affective cognition, have been proposed to account for the abnormal social decision-making behavior in patients with MDD. This aberrant social decision-making behavior may provide a new perspective in the search to find biomarkers for the diagnosis and prognosis of MDD.

<http://www.ncbi.nlm.nih.gov/pubmed/24447006>

J Consult Clin Psychol. 2014 Jan 20. [Epub ahead of print]

Effect of Cognitive-Behavioral Therapy for Anxiety Disorders on Quality of Life: A Meta-Analysis.

Hofmann SG, Wu JQ, Boettcher H.

Objective:

Although cognitive-behavioral therapy (CBT) is effective for treating anxiety disorders, little is known about its effect on quality of life. To conduct a meta-analysis of CBT for anxiety disorders on quality of life, we searched for relevant studies in PubMed, PsycINFO, and the Cochrane Library and conducted manual searches.

Method:

The search identified 44 studies that included 59 CBT trials, totaling 3,326 participants receiving CBT for anxiety disorders. We estimated the controlled and within-group random effects of the treatment changes on quality of life.

Results:

The pre-post within-group and controlled effect sizes were moderately strong (Hedges's $g = 0.54$ and Hedges's $g = 0.56$, respectively). Improvements were greater for physical and psychological domains of quality of life than for environmental and social domains. The overall effect sizes decreased with publication year and increased with treatment duration. Face-to-face treatments delivered individually and in groups produced significantly higher effect sizes than Internet-delivered treatments.

Conclusion:

CBT for anxiety disorders is moderately effective for improving quality of life, especially in physical and psychological domains. Internet-delivered treatments are less effective than face-to-face treatments in improving quality of life. (PsycINFO Database Record (c) 2014 APA, all rights reserved).

<http://www.ncbi.nlm.nih.gov/pubmed/24441511>

J Am Psychiatr Nurses Assoc. 2014 Jan 17. [Epub ahead of print]

An Integrative Review of the Mental Health of Partners of Veterans With Combat-Related Posttraumatic Stress Disorder.

Yambo T, Johnson M.

The aim of this article is to present an integrative review of the mental health of veteran partners living with veterans with combat-related posttraumatic stress disorder (PTSD). Living with a veteran with PTSD affects the psychological well-being and health outcomes of a veteran partner. Fourteen research articles that focused on the mental health of military partners, which directly influence the psychological well-being of veteran partners, were reviewed. Findings indicate that a range of mental health concerns exist among veteran partners living with veterans with PTSD. The mental well-being of veteran partners is affected by the emotional strain of living and caring for veterans with PTSD. For years, the partner's presence has been overlooked in the PTSD treatment. However, to promote the comprehensive health of veterans with PTSD, it is paramount to understand the mental health state of veteran partners. Understanding the mental health state of veteran partners will provide a broader perspective to the plight of veteran partners.

<http://www.ncbi.nlm.nih.gov/pubmed/24439093>

Explore (NY). 2014 Jan-Feb;10(1):24-33. doi: 10.1016/j.explore.2013.10.006. Epub 2013 Oct 17.

CAM and Energy Psychology Techniques Remediate PTSD Symptoms in Veterans and Spouses.

Church D1, Brooks AJ2.

Male veterans and their spouses (N = 218) attending one of six-week-long retreats were assessed for posttraumatic stress disorder (PTSD) symptoms pre- and postintervention. Participants were evaluated using the PTSD checklist (PCL), on which, a score of >49 indicates clinical symptom levels. The mean pretest score was 61.1 (SD \pm 12.5) for veterans and 42.6 (SD \pm 16.5) for spouses; 83% of veterans and 29% of spouses met clinical criteria. The multimodal intervention used Emotional Freedom Techniques and other energy psychology (EP) methods to address PTSD symptoms and a variety of complementary and alternative medicine (CAM) modalities for stress reduction and resource building. Interventions were delivered in group format as well as individual counseling sessions. Data were analyzed for each retreat, as well as for the six retreats as a whole. Mean post-test PCL scores decreased to 41.8 (SE \pm 1.2; $p < .001$) for veterans, with 28% still clinical. Spouses demonstrated substantial symptom reductions (M = 28.7, SE \pm 1.0; $p < .001$), with 4% still clinical. A follow-up assessment (n = 63) found PTSD symptom levels dropping even further for spouses ($p < .003$), whereas gains were maintained for veterans. The significant reduction in PTSD symptoms is consistent with other published reports of EP treatment, though counter to the usual long-term course of the condition. The results indicate that a multimodal CAM intervention incorporating EP may offer benefits to family members as well as veterans suffering from PTSD symptoms. Recommendations are made for further research to answer the questions posed by this study.

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<http://www.ncbi.nlm.nih.gov/pubmed/24436779>

Psych J. 2013 Aug;2(2):101-112. Epub 2013 May 30.

Effectiveness of cognitive behavioral therapy: An evaluation of therapies provided by trainees at a university psychotherapy training center.

Hiltunen AJ, Kocys E, Perrin-Wallqvist R.

At the psychotherapy training center at Karlstad University, a study was carried out to examine the levels of symptom change and satisfaction with therapy in a heterogeneous population of clients treated using cognitive behavioral therapy (CBT) by less experienced trainee therapists with limited theoretical education. The clients received an average of 11 therapy sessions. The results suggested that CBT

performed by less experienced trainee therapists can be effective. According to client estimations, a statistically significant reduction in symptoms, measured using the Symptoms Checklist, was achieved for seven of nine variables ($p \leq .006$), as well as a significant increase in satisfaction with life ($p \leq .001$). Also, the pre- and posttherapy measurements using the Montgomery-Åsberg Depression Rating Scale showed a statistically significant improvement in the clients' condition. According to the therapists' estimations, 64% (SD = 32.01) of the clients experienced a significant improvement in their condition. In addition, the results of a survey of client satisfaction demonstrated that the clients were very pleased with the therapy received. Also the therapists were, to a great extent, satisfied with the treatment process itself, including the supervision received, and very satisfied with the client alliance. A correlation analysis between the clients' perceived level of improvement and therapist satisfaction showed a strong correlation between the two variables ($r = .50$, $p < .005$). By including the Comparative Psychotherapy Process Scale (CPPS) in our study it was possible to measure trueness to therapy form. An analysis of the CPPS results confirmed that the form of therapy used at the training site was more strongly CBT than psychodynamic interpersonal treatment ($p \leq .001$). The CBT subscale score indicated that the therapy was characteristic of CBT, confirming that the interventions used in the therapy belong to the CBT genre.

<http://www.ncbi.nlm.nih.gov/pubmed/24433249>

Trials. 2014 Jan 16;15(1):24. [Epub ahead of print]

Cognitive behavioral therapy for insomnia in euthymic bipolar disorder: study protocol for a randomized controlled trial.

Steinan MK, Krane-Gartiser K, Langsrud K, Sand T, Kallestad H, Morken G.

BACKGROUND:

Patients with bipolar disorder experience sleep disturbance, even in euthymic phases. Changes in sleep pattern are frequent signs of a new episode of (hypo)mania or depression. Cognitive behavioral therapy for insomnia (CBT-I) is an effective treatment for primary insomnia, but there are no published results on the effects of CBT-I in patients with bipolar disorder. In this randomized controlled trial, we wish to compare CBT-I and treatment as usual with treatment as usual alone to determine its effect in improving quality of sleep, stabilizing minor mood variations and preventing new mood episodes in euthymic patients with bipolar disorder and comorbid insomnia.

METHODS:

Patients with euthymic bipolar I or II disorder and insomnia, as verified by the Structured Clinical Interview for DSM Disorders (SCID-1) assessment, will be included. The patients enter a three-week run-in phase in which they complete a sleep diary and a mood diary, are monitored for seven consecutive days with an actigraph and on two of these nights with polysomnography in addition before randomization to an eight-week treatment trial. Treatment as usual consists of pharmacological and

supportive psychosocial treatment. In this trial, CBT-I will consist of sleep restriction, psychoeducation about sleep, stabilization of the circadian rhythm, and challenging and correcting sleep state misperception, in three to eight sessions.

DISCUSSION:

This trial could document a new treatment for insomnia in bipolar disorder with possible effects on sleep and on stability of mood. In addition, more precise information can be obtained about the character of sleep disturbance in bipolar disorder.

Trial registration: ClinicalTrials.gov: NCT01704352.

<http://www.ncbi.nlm.nih.gov/pubmed/24434110>

J Clin Psychiatry. 2013 Dec;74(12):e26. doi: 10.4088/JCP.13018tx3c.

Strategies for achieving full remission when first-line antidepressants are not enough.

Nierenberg AA.

Remission rates for patients with major depressive disorder are discouragingly low. Even when first-line treatment is administered at an adequate dose for a sufficient duration, approximately two-thirds of patients will fail to achieve remission, and many who remit have residual symptoms. Clinicians must assess problems with the first treatment and select the most appropriate second-line treatment based on patient preference, clinical judgment, and any comorbid conditions. Strategies like implementing psychotherapy, switching agents, or augmenting antidepressants may help patients achieve remission. Patients may also require adjunctive therapy to target common residual symptoms such as fatigue or insomnia.

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<http://www.ncbi.nlm.nih.gov/pubmed/24436060>

Occup Environ Med. 2014 Jan 16. doi: 10.1136/oemed-2013-101903. [Epub ahead of print]

The psychological effects of improvised explosive devices (IEDs) on UK military personnel in Afghanistan.

Jones N, Thandi G, Fear NT, Wessely S, Greenberg N.

OBJECTIVE:

To explore the psychological consequences of improvised explosive device (IED) exposure as IEDs have been the greatest threat to UK military personnel in Afghanistan though the mental health consequences of IED exposure are largely unknown.

METHOD:

Deployed UK military personnel completed a survey while deployed in Afghanistan. Combat personnel and those dealing specifically with the IED threat were compared with all other deployed personnel; the relationship between IED exposure, general combat experiences, Post Traumatic Stress Disorder (PTSD) Checklist-Civilian Version (PCL-C) and General Health Questionnaire scores were evaluated.

RESULTS:

The response rate was 98% (n=2794). Half reported IED-related concerns, a third experienced exploding IEDs and a quarter gave medical aid to IED casualties. Combat and counter-IED threat personnel had higher levels of IED exposure than other deployed personnel. 18.8% of personnel who witnessed exploding IEDs scored positive for common mental disorder (General Health Questionnaire-12 scores ≥ 4) and 7.6% scored positive for probable PTSD symptoms (PTSD Checklist-Civilian Version scores ≥ 44). After adjusting for general combat exposure and other observed confounders, PTSD symptoms were associated with IED exposure whereas common mental disorder symptoms were not. IED exposure, IED-related concerns and functional impairment accumulated during deployment but functional impairment was related to factors other than IED exposure alone.

CONCLUSIONS:

In Afghanistan, a substantial proportion of personnel were exposed to exploding IEDs however, the majority of exposed personnel were psychologically healthy. Psychological effects were similar for combat personnel and those dealing specifically with the IED threat but both groups were at greater psychological risk than other deployed personnel.

<http://www.ncbi.nlm.nih.gov/pubmed/24436035>

Int J Methods Psychiatr Res. 2014 Jan 17. doi: 10.1002/mpr.1417. [Epub ahead of print]

Assessing impact of differential symptom functioning on post-traumatic stress disorder (PTSD) diagnosis.

He Q, Glas CA, Veldkamp BP.

This article explores the generalizability of the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV) diagnostic criteria for post-traumatic stress disorder (PTSD) to various subpopulations. Besides identifying the differential symptom functioning (also referred to as differential

item functioning [DIF]) related to various background variables such as gender, marital status and educational level, this study emphasizes the importance of evaluating the impact of DIF on population inferences as made in health surveys and clinical trials, and on the diagnosis of individual patients. Using a sample from the National Comorbidity Study-Replication (NCS-R), four symptoms for gender, one symptom for marital status, and three symptoms for educational level were significantly flagged as DIF, but their impact on diagnosis was fairly small. We conclude that the DSM-IV diagnostic criteria for PTSD do not produce substantially biased results in the investigated subpopulations, and there should be few reservations regarding their use. Further, although the impact of DIF (i.e. the influence of differential symptom functioning on diagnostic results) was found to be quite small in the current study, we recommend that diagnosticians always perform a DIF analysis of various subpopulations using the methodology presented here to ensure the diagnostic criteria is valid in their own studies.

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<http://www.ncbi.nlm.nih.gov/pubmed/24434109>

J Clin Psychiatry. 2013 Dec;74(12):e25. doi: 10.4088/JCP.12124tx2c.

Working together to address domestic violence among veterans.

Taft CT.

Most veterans do not have psychiatric illness and do not have problems with domestic violence, but PTSD is a strong risk factor for intimate partner violence. Other risk factors include depression and substance use disorders, and the risk is compounded by the presence of several factors. Clinicians should screen for domestic violence among veterans and their partners using direct, nonjudgmental questions. To improve their relationships, veterans may need help with problems such as mistrust, low esteem for self or others, and power/control conflicts. Veterans and their intimate partners should also receive education about any psychiatric diagnosis that is given, the problem of survival-mode thinking at home, and available resources such as cognitive-behavioral interventions to prevent or stop domestic violence. When addressing a veteran's domestic violence, coordination of care is necessary to reduce recidivism. With intimate partners, clinicians should discuss the support system and safety plan.

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<http://www.ncbi.nlm.nih.gov/pubmed/2443410>

J Clin Psychiatry. 2013 Dec;74(12):e1163-8. doi: 10.4088/JCP.13m08428.

Long-term trajectories of posttraumatic stress disorder in veterans: the role of social resources.

Karstoft KI, Armour C, Elklit A, Solomon Z.

OBJECTIVE:

To (1) identify long-term trajectories of combat-induced posttraumatic stress disorder (PTSD) symptoms over a 20-year period from 1983 to 2002 in veterans with and without combat stress reaction (CSR) and (2) identify social predictors of these trajectories.

METHOD:

A latent growth mixture modeling analysis on PTSD symptoms was conducted to identify PTSD trajectories and predictors. PTSD was defined according to DSM-III and assessed through the PTSD Inventory. Israeli male veterans with (n = 369) and without (n = 306) CSR were queried at 1, 2, and 20 years after war about combat exposure, military unit support, family environment, and social reintegration.

RESULTS:

For both study groups, we identified 4 distinct trajectories with varying prevalence across groups: resilience (CSR = 34.4%, non-CSR = 76.5%), recovery (CSR = 36.3%, non-CSR = 10.5%), delayed onset (CSR = 8.4%, non-CSR = 6.9%), and chronicity (CSR = 20.9%, non-CSR = 6.2%). Predictors of trajectories in both groups included perception of war threat (ORs = 1.59-2.47, P values \leq .30), and negative social reintegration (ORs = 0.24-0.51, P values \leq .047). Social support was associated with symptomatology only in the CSR group (ORs = 0.40-0.61, P values \leq .045), while family coherence was predictive of symptomatology in the non-CSR group (OR = 0.76, P = .015) but not in the CSR group.

CONCLUSIONS:

Findings confirmed heterogeneity of long-term sequelae of combat, revealing 4 trajectories of resilience, recovery, delay, and chronicity in veterans with and without CSR. Symptomatic trajectories were more prevalent for the CSR group, suggesting that acute functional impairment predicts pathological outcomes. Predictors of symptomatic trajectories included perceived threat and social resources at the family, network, and societal levels.

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<http://www.ncbi.nlm.nih.gov/pubmed/24434093>

J Clin Psychiatry. 2013 Dec;74(12):1241-8. doi: 10.4088/JCP.13m08592.

Do benzodiazepines reduce the effectiveness of exposure therapy for posttraumatic stress disorder?

Rosen CS, Greenbaum MA, Schnurr PP, Holmes TH, Brennan PL, Friedman MJ.

OBJECTIVE:

Benzodiazepines, other anxiolytics, or sedative hypnotics are prescribed for 30%-50% of posttraumatic stress disorder (PTSD) patients. Prior data and theory suggest that these medications may inhibit response to exposure therapy, one of the most effective PTSD treatments. The present post hoc study reanalyzed results from a psychotherapy trial to assess whether benzodiazepine use was associated with reduced response to exposure therapy.

METHOD:

Between August 2002 and October 2005, 283 female veterans and soldiers meeting DSM-IV criteria for PTSD were randomly assigned to 10 weekly 90-minute sessions of either prolonged exposure ($n = 140$) or present-centered psychotherapy ($n = 143$). Benzodiazepine use ($n = 57$) or non-use ($n = 226$) at intake was not randomly assigned. Multilevel modeling was used to assess the effects of benzodiazepine status, psychotherapy condition, and their interaction on changes on the Clinician-Administered PTSD Scale and the PTSD Checklist during the treatment and 6-month follow-up periods.

RESULTS:

Consistent with prior reports from these data, prolonged exposure psychotherapy produced greater reductions per week in PTSD symptoms than did present-centered psychotherapy ($b = -0.48$, $P = .02$). Patients prescribed benzodiazepines did not have weaker response to prolonged exposure, but demonstrated poorer posttreatment maintenance of gains from present-centered psychotherapy ($b = -0.78$, $P < .001$).

CONCLUSIONS:

Prolonged exposure is a sufficiently robust treatment that patients who are taking benzodiazepines can benefit from it. It is unclear whether benzodiazepine use or other patient factors accounted for benzodiazepine recipients' poorer maintenance of gains in present-centered psychotherapy.

TRIAL REGISTRATION:

ClinicalTrials.gov identifier: NCT00032617.

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<http://www.ncbi.nlm.nih.gov/pubmed/24434071>

Br J Psychiatry. 2014 Jan 16. [Epub ahead of print]

Mental health outcomes in US and UK military personnel returning from Iraq.

Sundin J, Herrell RK, Hoge CW, Fear NT, Adler AB, Greenberg N, Riviere LA, Thomas JL, Wessely S, Bliese PD.

BACKGROUND:

Research of military personnel who deployed to the conflicts in Iraq or Afghanistan has suggested that there are differences in mental health outcomes between UK and US military personnel.

AIMS:

To compare the prevalence of post-traumatic stress disorder (PTSD), hazardous alcohol consumption, aggressive behaviour and multiple physical symptoms in US and UK military personnel deployed to Iraq.

METHOD:

Data were from one US (n = 1560) and one UK (n = 313) study of post-deployment military health of army personnel who had deployed to Iraq during 2007-2008. Analyses were stratified by high- and low-combat exposure.

RESULTS:

Significant differences in combat exposure and sociodemographics were observed between US and UK personnel; controlling for these variables accounted for the difference in prevalence of PTSD, but not in the total symptom level scores. Levels of hazardous alcohol consumption (low-combat exposure: odds ratio (OR) = 0.13, 95% CI 0.07-0.21; high-combat exposure: OR = 0.23, 95% CI 0.14-0.39) and aggression (low-combat exposure: OR = 0.36, 95% CI 0.19-0.68) were significantly lower in US compared with UK personnel. There was no difference in multiple physical symptoms.

CONCLUSIONS:

Differences in self-reported combat exposures explain most of the differences in reported prevalence of PTSD. Adjusting for self-reported combat exposures and sociodemographics did not explain differences in hazardous alcohol consumption or aggression.

<http://www.ncbi.nlm.nih.gov/pubmed/24430622>

Psychiatr Serv. 2014 Jan 15. doi: 10.1176/appi.ps.201300176. [Epub ahead of print]

Implementation of Evidence-Based Psychotherapies for Posttraumatic Stress Disorder in VA Specialty Clinics.

Watts BV, Shiner B, Zubkoff L, Carpenter-Song E, Ronconi JM, Coldwell CM.

OBJECTIVE

The U.S. Department of Veterans Affairs (VA) has engaged in substantial efforts to promote the use of evidence-based psychotherapies for posttraumatic stress disorder (PTSD). The authors evaluated the effectiveness of these efforts.

METHODS

This study used a cross-sectional, mixed-methods evaluation of treatment provided by the VA at specialty PTSD clinics in New England during the first six months of fiscal year 2010. Natural language processing algorithms were applied to clinical notes to determine utilization of evidence-based psychotherapy (prolonged exposure therapy and cognitive-processing therapy) among patients who were newly diagnosed as having PTSD. Data regarding efforts to implement evidence-based psychotherapy and other clinic characteristics were obtained through qualitative interviews with clinical and administrative staff (N=30), and the Promoting Action on Research Implementation in Health Services framework was used to identify clinic factors associated with use of evidence-based psychotherapy.

RESULTS

Six percent of patients (N=1,924) received any sessions of an evidence-based psychotherapy for PTSD (median=five sessions). Several clinic factors were associated with an increased rate of implementation, including prior experience with use of the treatments, customization of training, and prolonged contact with the implementation and training team. Facilitation with broad training goals and clinics with highly organized systems of care were negatively associated with implementation.

CONCLUSIONS

Few patients with PTSD received evidence-based psychotherapy for PTSD during their first six months of treatment at a VA specialty PTSD clinic. The implementation framework poorly predicted factors associated with uptake of evidence-based psychotherapy. These results suggest that additional research is needed to understand implementation of evidence-based therapy in mental health settings.

<http://www.ncbi.nlm.nih.gov/pubmed/24432044>

Drugs Context. 2013 Oct 4;2013:212257. doi: 10.7573/dic.212257. eCollection 2013.

Managing insomnia: an overview of insomnia and pharmacologic treatment strategies in use and on the horizon.

Schwartz TL, Goradia V.

This review explores basic sleep physiology, the mechanism of action for each class of hypnotic agents, their clinical application based on pharmacodynamic and pharmacokinetic factors, and potential pharmacologic sleep-inducing mechanisms of future hypnotics. The paper challenges the reader to understand the neuroscientific basis of insomnia and use this knowledge to guide prescription of hypnotic agents. Currently indicated hypnotic agents are discussed with regard to their mechanism of drug action and clinical application. A broader discussion is developed throughout this paper regarding

other non-indicated agents that may improve sleep and describing newer pharmacological treatments that may become available in the future for use in sleep disorders and their comorbid conditions.

Links of Interest

Nondrug interventions can effectively improve time to fall asleep and total sleep time

<http://www.oncologynurseadvisor.com/nondrug-interventions-can-effectively-improve-time-to-fall-asleep-and-total-sleep-time/article/329849/>

Former Green Beret asking for mercy in bank robbery sentencing

<http://tbo.com/news/crime/former-green-beret-asking-for-mercy-in-bank-robbery-sentencing-20140120/>

Drugs That Weaken Traumatic Memories Hold Promise for PTSD Treatment

<http://www.sciencedaily.com/releases/2014/01/140116130648.htm>

After Years at War, the Army Adapts to Garrison Life

<http://www.nytimes.com/2014/01/19/us/after-years-at-war-the-army-adapts-to-garrison-life.html>

Technology increases cognitive behavioral therapy options for insomnia

http://www.medwirenews.com/1738/105278/Primary_care/Technology_increases_cognitive_behavioral_therapy_options_for_insomnia_.html

Spirituality, Religion May Protect Against Major Depression by Thickening Brain Cortex

<http://www.sciencedaily.com/releases/2014/01/140116084846.htm>

Program to End Homelessness Among Veterans Reaches a Milestone in Arizona

<http://www.nytimes.com/2014/01/16/us/program-to-end-homelessness-among-veterans-hits-milestone-in-arizona.html>

Telehealth Therapy Stacks Up When Compared to Standard Care

http://www.dcoe.mil/blog/14-01-14/Telehealth_Therapy_Stacks_Up_When_Compared_to_Standard_Care.aspx

Congress seeks to improve military sex assault investigations

<http://www.marinecorpstimes.com/article/20140114/NEWS05/301140014/Congress-s>

Head Injuries Triple Long-Term Risk of Early Death

<http://www.sciencedaily.com/releases/2014/01/140115172828.htm>

Urban night shift police more likely to suffer long-term job injuries, study finds

<http://www.buffalo.edu/news/releases/2014/01/014.html>

Study finds troubling relationship between drinking and PTSD symptoms in college students

http://www.eurekalert.org/pub_releases/2014-01/uab-sft011614.php

Study identifies drug that could improve treatment of PTSD

http://www.eurekalert.org/pub_releases/2014-01/miot-sid011414.php

Computerized Therapy: Will Your Next Therapist Be a Computer?

<http://psychcentral.com/lib/computerized-therapy-will-your-next-therapist-be-a-computer/00018531>

Telling the whole truth may ease feelings of guilt

http://www.eurekalert.org/pub_releases/2014-01/apa-ttw012214.php

Sleep During the Day May Throw Genes Into Disarray

http://www.nlm.nih.gov/medlineplus/news/fullstory_144149.html

Could Ecstasy Help People With Anxiety, PTSD?

http://www.nlm.nih.gov/medlineplus/news/fullstory_144109.html

Resource of the Week: [Down for Just Me?](#)

You're trying to visit a particular website but it just won't load for you. You wonder if the problem is on their end or yours. Here's a simple website that does one thing, and does it well. Type the URL of the site you're trying to visit into the text box here and click the "or just me" link. Then you'll know if it's them or you.

Of course, if Down for Just Me? isn't working, you need a Plan B -- just give up and try again later.

Is down for everyone [or just me?](#)

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