



CDP Research Update -- February 27, 2014

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http://books.nap.edu/catalog.php?record_id=18597

Preventing Psychological Disorders in Service Members and Their Families: An Assessment of Programs (2014)

Institute of Medicine

Being deployed to a war zone can result in numerous adverse psychological health conditions. It is well documented in the literature that there are high rates of psychological disorders among military personnel serving in Operation Enduring Freedom in Afghanistan and Operation Iraqi Freedom in Iraq as well as among the service members' families. For service members' families, the degree of hardship and negative consequences rises with the amount of the service members' exposure to traumatic or life-altering experiences. Adult and child members of the families of service members who experience wartime deployments have been found to be at increased risk for symptoms of psychological disorders and to be more likely to use mental health services.

In an effort to provide early recognition and early intervention that meet the psychological health needs of service members and their families, DOD currently screens for many of these conditions at numerous points during the military life cycle, and it is implementing structural interventions that support the improved integration of military line personnel, non-medical caregivers, and clinicians, such as RESPECT-Mil (Re-engineering Systems of Primary Care Treatment in the Military), embedded mental health providers, and the Patient-Centered Medical Home.

Preventing Psychological Disorders in Service Members and Their Families evaluates risk and protective factors in military and family populations and suggests that prevention strategies are needed at multiple levels - individual, interpersonal, institutional, community, and societal - in order to address the influence that these factors have on psychological health. This report reviews and critiques reintegration programs and prevention strategies for PTSD, depression, recovery support, and prevention of substance abuse, suicide, and interpersonal violence.

<http://vets.syr.edu/2013-military-spouse-study-finds-90-of-responding-female-spouses-of-active-duty-service-members-are-underemployed/>

2013 Military Spouse Study Finds 90% of Responding Female Spouses of Active Duty Service Members Are Underemployed

Military Officers Association of America (MOAA) and the Institute for Veterans and Military Families at Syracuse University (IVMF)

February 12, 2014

Military Officers Association of America (MOAA) and the Institute for Veterans and Military Families at Syracuse University (IVMF) announce the results of a national study focused on military spouse employment. The presentation will be made at MOAA's Military Spouse Symposium in San Antonio, Feb. 12, hosted in partnership with JPMorgan Chase & Co.

A major finding was 90% of responding female spouses of active duty service members report being underemployed, meaning they possess more formal education/experience than needed at their current or most recent position. Additionally, the 2012 American Community Survey (ACS) data show military spouses make an average of 38% less total personal income and are 30% more likely to be unemployed than civilian counterparts.

"The results of the 2013 Military Spouse Employment Survey demonstrate a need for concerted efforts to improve the employment issues currently faced by military spouses," MOAA President Vice Adm. Norb Ryan said.

http://www.rand.org/pubs/research_reports/RR290.html

Health and Economic Outcomes in the Alumni of the Wounded Warrior Project 2010–2012

by Heather Krull, Mustafa Oguz

RAND Corporation, 2014

The Wounded Warrior Project (WWP) has developed programs to help care for injured service members and veterans. In order to assess the mental, physical, and economic health of its member population, as well as to gain an understanding of WWP participation, WWP is engaged in a five-year survey effort. The RAND Corporation was asked to analyze the first three survey waves in order to take a more in-depth look at survey responses to explore whether outcomes differ across various subsets of WWP's database of members and, where possible, compare the experiences and outcomes of alumni with those of other ill and injured populations. This report describes specifically how WWP alumni who responded to the surveys are faring in domains related to mental health and resiliency, physical health, and employment and finances. The study finds that WWP goals are being met across a wide range of outcomes of interest but that individuals who have never been married, who are male, who are employed, and who are in higher ranks enjoy better mental health outcomes. On the other hand, women and those in junior ranks report more favorably on their physical health. Finally, married respondents and officers are more likely to have higher levels of education, be employed, and own homes. These outcomes enable WWP to target its programming and messaging to the alumni in need of support in these areas.

<http://nces.ed.gov/pubsearch/pubsinfo.asp?pubid=2014017>

Services and Support Programs for Military Service Members and Veterans at Postsecondary Institutions, 2012-13

National Center for Education Statistics

February 27, 2014

This report provides descriptive national data on the prevalence and characteristics of services and support programs for military service members and veterans at postsecondary institutions in the United States. The study presented in this report collected information for the 12-month 2012–13 academic year from postsecondary institutions on the services and programs offered to all military service members and veterans enrolled for credit, and dependents receiving military or veteran’s financial education benefits.

<http://www.ncbi.nlm.nih.gov/pubmed/24555047>

F1000Res. 2013 Mar 6;2:79. eCollection 2013.

Internet-delivered eye movement desensitization and reprocessing (iEMDR): an open trial.

Spence J, Titov N, Johnston L, Dear BF, Wootton B, Terides M, Zou J.

Recent research indicates internet-delivered cognitive behavioural therapy (iCBT) can reduce symptoms of post traumatic stress disorder (PTSD). This study examined the efficacy of an internet-delivered treatment protocol that combined iCBT and internet-delivered eye movement desensitization and reprocessing (iEMDR), in an uncontrolled trial. Eleven of the 15 participants completed post-treatment questionnaires. Large effect sizes were found from pre-treatment to 3-month follow-up ($d = 1.03 - 1.61$) on clinician-assessed and self-reported measures of PTSD, anxiety and distress, with moderate effect sizes ($d = 0.59 - 0.70$) found on measures of depression and disability. At post-treatment, 55% of the participants no longer met criteria for PTSD and this was sustained at follow-up. Symptom worsening occurred in 3 of 15 (20%) of the sample from pre- to post-treatment; however, these participants reported overall symptom improvement by follow-up. Future research directions for iEMDR are discussed.

<http://www.ncbi.nlm.nih.gov/pubmed/24553561>

J Trauma Acute Care Surg. 2014 Mar;76(3):859-865.

How are you really feeling? A prospective evaluation of cognitive function following trauma.

Hall EC, Lund E, Brown D, Murdock KR, Gettings L, Scalea TM, Stein DM.

BACKGROUND:

Mild traumatic brain injury is associated with persistent cognitive difficulties. However, these symptoms may not be specific to the head injury itself. We sought to evaluate the prevalence of these symptoms in patients following trauma.

METHODS:

A prospective analysis of patients who were seen in the outpatient trauma clinic during a 20-month period and completed self-administered Rivermead Post-Concussion Symptoms Questionnaire was conducted. "Significant" difficulty with cognition was defined by two or more symptoms reported as severe or four or more symptoms reported as moderate. Head injury was defined as head Abbreviated Injury Scale (AIS) score greater than 0, including the diagnosis of concussion. Multivariable logistic regression was used to test associations between head injury, injury severity, sex, and age with significant cognitive difficulties, loss of work/school, and unmet physical, occupational, or psychological therapy needs.

RESULTS:

A total of 587 completed questionnaires were matched to trauma registry admissions (382 early, 111 mid, 86 late). The incidence of significant cognitive difficulties was 37% at less than 1 month, 40% at 1 month to 3 months, and 45% of patients at more than 3 months following injury. Head injury was not associated with increased odds for significant cognitive difficulties (adjusted odds ratio, 1.21; 95% confidence interval, 0.82-1.77; $p = 0.3$) There was no significant difference in symptoms in patients who carried a head injury diagnosis and those who did not.

CONCLUSION:

Cognitive problems occur frequently following injury even in the absence of a head injury diagnosis. Either mild traumatic brain injury is grossly underdiagnosed or these symptoms are not specific to postconcussive states and simply are the cognitive sequelae of traumatic injury. The reporting of moderate-to-severe symptoms suggests a need to better understand the effects of trauma on cognitive function and strongly suggests that services for these patients are badly needed to maximize cognitive function and return to preinjury quality of life.

LEVEL OF EVIDENCE:

Prognostic/epidemiologic study, level II.

http://meps.ahrq.gov/mepsweb/data_files/publications/st430/stat430.shtml

Statistical Brief: Trends in Antidepressant Utilization and Expenditures in the U.S. Civilian Noninstitutionalized Population by Age, 2000 and 2010

Agency for Healthcare Research and Quality (HHS)

February 2014

Highlights

From 2000 to 2010, the number of people in the U.S. civilian noninstitutionalized population purchasing at least one outpatient prescription antidepressant increased for those ages 18-44, 45-64, and 65 and older. For those persons under age 18, there was no significant increase or decrease.

Comparing 2000 and 2010, the total number of outpatient prescription antidepressants purchased increased for those ages 18-44, 45-64, and 65 and older.

Comparing 2000 with 2010, for persons ages 18-44, 45-64, and 65 and older in the U.S. civilian noninstitutionalized population, the inflation adjusted total expense for antidepressants increased.

From 2000 to 2010, for people ages 45-64 the total number of people purchasing one or more prescribed antidepressant increased by 91.3 percent, the total number of antidepressants purchased increased by 107.4 percent, and total expense for antidepressants increased by 103.3 percent.

From 2000 to 2010, for persons age 65 and older, inflation adjusted total expense on antidepressants increased 125.6 percent and the number of antidepressants purchased increased 122.0 percent.

<http://www.sciencedirect.com/science/article/pii/S0165178114001280>

Combined PTSD and Depressive Symptoms Interact with Post-Deployment Social Support to Predict Suicidal Ideation in Operation Enduring Freedom and Operation Iraqi Freedom Veterans.

Bryann B. DeBeer, Nathan A. Kimbrel, Eric C. Meyer, Suzy B. Gulliver, Sandra B. Morissette

Available online 17 February 2014

Rates of suicide are alarmingly high in military and veteran samples. Suicide rates are, particularly elevated among those with post-traumatic stress disorder (PTSD) and depression, which, share overlapping symptoms and frequently co-occur. Identifying and confirming factors that reduce, suicide risk among veterans with PTSD and depression is imperative. The proposed study evaluated, whether post-deployment social support moderated the influence of PTSD-depression symptoms on, suicidal ideation among Veterans returning from Iraq and Afghanistan using state of the art clinical, diagnostic interviews and self-report measures. OEF/OIF Veterans (n=145) were invited to, participate in a study evaluating returning Veterans' experiences. As predicted, PTSD-depression, symptoms had almost no effect on SI when post-deployment social support was high; however, when, post-deployment social support was low, PTSD-depression symptoms were positively associated with, SI. Thus, social support may be an important factor for clinicians to assess in the context of PTSD and, depressive symptoms. Future research is needed to prospectively examine the inter-relationship, between PTSD/depression and social support on suicidal risk, as well as whether interventions to, improve social support result in decreased suicidality.

<http://www.ncbi.nlm.nih.gov/pubmed/24556895>

Med Care. 2014 Feb 19. [Epub ahead of print]

Moving Toward Integrated Behavioral Intervention for Treating Multimorbidity Among Chronic Pain, Depression, and Substance-use Disorders in Primary Care.

Haibach JP, Beehler GP, Dollar KM, Finnell DS.

INTRODUCTION:

The importance of using integrated treatment for multimorbidity has been increasingly recognized. One prevalent cluster of health conditions is multimorbidity of chronic pain, depression, and substance-use disorders, a common triad of illnesses among primary care patients. This brief report brings attention to an emerging treatment method of an integrated behavioral approach to improve health outcomes for individuals with these 3 conditions in the outpatient setting, particularly primary care.

METHODS:

A multidatabase search was conducted to identify studies of behavioral interventions targeting co-occurrence or multimorbidity among the 3 health conditions in the adult outpatient setting. An independent screening of the articles was accomplished by all authors with consensus on the final inclusion for review.

RESULTS:

Three studies met formal inclusion criteria for this review. The included studies evaluated cognitive behavioral therapy or combined motivational interviewing with cognitive behavioral therapy. Key findings from other reviews and additional studies are also included in this review to further inform the development of a common approach for treating this triad of conditions in primary care.

CONCLUSIONS:

Although there has been increased recognition for more effective and practical behavioral treatments for patients with multiple chronic health conditions, the evidence-base to inform practice remains limited. The findings from this review suggest that a common approach, rather than a distinct intervention for chronic pain, depression, or substance-use disorders, is indicated and that best care can be provided within the context of a coordinated, interdisciplinary, and patient-centered primary care team.

<http://www.ncbi.nlm.nih.gov/pubmed/24555521>

Cyberpsychol Behav Soc Netw. 2014 Feb 20. [Epub ahead of print]

Comparison of the Effectiveness of Virtual Cue Exposure Therapy and Cognitive Behavioral Therapy for Nicotine Dependence.

Park CB, Choi JS, Park SM, Lee JY, Jung HY, Seol JM, Hwang JY, Gwak AR, Kwon JS.

Previous studies have reported promising results regarding the effect of repeated virtual cue exposure therapy on nicotine dependence. This study aimed to compare the effectiveness of virtual cue exposure therapy (CET) and cognitive behavioral therapy (CBT) for nicotine dependence. Thirty subjects with nicotine dependence participated in 4 weeks of treatment with either virtual CET (n=15) or CBT (n=15). All patients were male, and none received nicotine replacement treatment during the study period. The main setting of the CET used in this study was a virtual bar. The primary foci of the CBT offered were (a) smoking cessation education, (b) withdrawal symptoms, (c) coping with high-risk situations, (d) cognitive reconstruction, and (e) stress management. Daily smoking count, level of expiratory carbon monoxide (CO), level of nicotine dependence, withdrawal symptoms, and subjective craving were examined on three occasions: week 0 (baseline), week 4 (end of treatment), and week 12 (follow-up assessment). After treatment, the daily smoking count, the expiratory CO, and nicotine dependence levels had significantly decreased. These effects continued during the entire study period. Similar changes were observed in both virtual CET and CBT groups. We found no interaction between type of therapy and time of measurement. Although the current findings are preliminary, the present study provided evidence that virtual CET is effective for the treatment of nicotine dependence at a level comparable to CBT.

<http://www.samhsa.gov/data/spotlight/spot133-major-depressive-episode-2014.pdf>

More than One Third of Adults with Major Depressive Episode Did Not Talk to a Professional

Substance Abuse and Mental Health Services Administration

Every year, about 15.2 million adults experience a major depressive episode (MDE). Combined data from the 2008 to 2012 National Surveys on Drug Use and Health (NSDUHs) show that more than one third of adults with past year MDE (38.3 percent) did not talk to a health or alternative service professional during the past 12 months. Of the adults with MDE, 48.0 percent talked to a health professional only, and 10.7 percent talked to both a health professional and an alternative service professional.

<http://www.sciencedirect.com/science/article/pii/S0165032714000597>

Improving the detection and prediction of suicidal behavior among military personnel by measuring suicidal beliefs: an evaluation of the Suicide Cognitions Scale.

Craig J. Bryan, M. David Rudd, Evelyn Wertenberger, Neysa Etienne, Bobbie N. Ray-Sannerud, Chad E. Morrow, Alan L. Peterson, Stacey Young-McCaughon

Journal of Affective Disorders

Available online 19 February 2014

Background

Newer approaches for understanding suicidal behavior suggest the assessment of suicide-specific beliefs and cognitions may improve the detection and prediction of suicidal thoughts and behaviors. The Suicide Cognitions Scale (SCS) was developed to measure suicide-specific beliefs, but it has not been tested in a military setting.

Methods

Data were analyzed from two separate studies conducted at three military mental health clinics (one U.S. Army, two U.S. Air Force). Participants included 175 active duty Army personnel with acute suicidal ideation and/or a recent suicide attempt referred for a treatment study (Sample 1) and 151 active duty Air Force personnel receiving routine outpatient mental health care (Sample 2). In both samples, participants completed self-report measures and clinician-administered interviews. Follow-up suicide attempts were assessed via clinician-administered interview for

Sample 2. Statistical analyses included confirmatory factor analysis, between-group comparisons by history of suicidality, and generalized regression modeling.

Results

Two latent factors were confirmed for the SCS: Unloveability and Unbearability. Each demonstrated good internal consistency, convergent validity, and divergent validity. Both scales significantly predicted current suicidal ideation (β s $>.316$, $ps <.002$) and significantly differentiated suicide attempts from nonsuicidal self-injury and control groups ($F(6, 286)=9.801$, $p<.001$). Both scales significantly predicted future suicide attempts (AORs >1.07 , $ps <.050$) better than other risk factors.

Limitations

Self-report methodology, small sample sizes, predominantly male samples.

Conclusions

The SCS is a reliable and valid measure that predicts suicidal ideation and suicide attempts among military personnel better than other well-established risk factors.

<http://www.ncbi.nlm.nih.gov/pubmed/24563729>

Eur J Psychotraumatol. 2014 Feb 11;5. doi: 10.3402/ejpt.v5.21359. eCollection 2014.

Implicit and explicit avoidance in sexual trauma victims suffering from posttraumatic stress disorder: a pilot study.

Fleurkens P, Rinck M, van Minnen A.

BACKGROUND:

Avoidance of stimuli that are associated with the traumatic event is a key feature of posttraumatic stress disorder (PTSD). Thus far, studies on the role of avoidance in the development and maintenance of PTSD focused primarily on strategic or explicit avoidance. However, patients may also show implicit avoidance behavior, which may remain even when explicit avoidance is reduced.

OBJECTIVES:

The present pilot study was designed to test the hypothesis that PTSD patients show implicit avoidance of threatening, trauma-related stimuli. In addition, it was tested whether this avoidance behavior also occurs for other stimuli.

METHODS:

The Approach-Avoidance Task was used as an indirect measure of avoidance. Participants were 16 women suffering from PTSD who had experienced a sexual trauma, and 23 healthy

non-traumatized women. Using a joystick, they pulled pictures closer to themselves or pushed them away. The pictures varied in content, being either high-threat sexual, non-threat sexual, high-threat accident, or positive.

RESULTS:

Compared to control participants, PTSD patients avoided high-threat sexual pictures, and the degree of avoidance was predicted by self-reported arousal level. Moreover, PTSD patients with high levels of self-reported explicit avoidance, depressive symptoms, and PTSD symptom severity also avoided high-threat accident pictures.

CONCLUSIONS:

These findings point to the possible importance of threat value instead of trauma-relatedness in explaining implicit avoidance. The results are discussed in light of cognitive-behavioral models of PTSD, and clinical implications are suggested.

<http://www.ncbi.nlm.nih.gov/pubmed/24563563>

Cognit Ther Res. 2014 Feb 1;38(1):10-22.

Perceived Control is a Transdiagnostic Predictor of Cognitive-Behavior Therapy Outcome for Anxiety Disorders.

Gallagher MW, Naragon-Gainey K, Brown TA.

Perceived control has been proposed to be a general psychological vulnerability factor that confers an elevated risk for developing anxiety disorders, but there is limited research examining perceived control during cognitive-behavioral therapies (CBT). The present study examined whether treatment resulted in improvements in perceived control, and the indirect effects of CBT on changes in symptoms of obsessive-compulsive disorder, social phobia, generalized anxiety disorder, and panic disorder via changes in perceived control. Participants (n = 606) were a large clinical sample presenting for treatment at an outpatient anxiety disorders clinic. Participants completed a series of self-report questionnaires and a structured clinical interview at an intake evaluation and at two follow-up assessments 12 and 24 months later, with the majority of participants initiating CBT between the first two assessments. Results of latent growth curve models indicated that individuals initiating CBT subsequently reported large increases in perceived control and significant indirect effects of treatment on intraindividual changes in each of the four anxiety disorders examined via intraindividual changes in perceived control. These results suggest that the promotion of more adaptive perceptions of control is associated with recovery from anxiety disorders. Furthermore, the consistent finding of indirect effects across the four anxiety disorders examined underscores the transdiagnostic importance of perceived control in predicting CBT outcomes.

<http://www.ncbi.nlm.nih.gov/pubmed/24562087>

Behav Res Ther. 2014 Feb 11;55C:7-17. doi: 10.1016/j.brat.2014.01.008. [Epub ahead of print]

A pilot randomized controlled trial of Dialectical Behavior Therapy with and without the Dialectical Behavior Therapy Prolonged Exposure protocol for suicidal and self-injuring women with borderline personality disorder and PTSD.

Harned MS, Korslund KE, Linehan MM.

OBJECTIVE:

This study evaluates the efficacy of integrating PTSD treatment into Dialectical Behavior Therapy (DBT) for women with borderline personality disorder, PTSD, and intentional self-injury.

METHODS:

Participants were randomized to DBT (n = 9) or DBT with the DBT Prolonged Exposure (DBT PE) protocol (n = 17) and assessed at 4-month intervals during the treatment year and 3-months post-treatment.

RESULTS:

Treatment expectancies, satisfaction, and completion did not differ by condition. In DBT + DBT PE, the DBT PE protocol was feasible to implement for a majority of treatment completers. Compared to DBT, DBT + DBT PE led to larger and more stable improvements in PTSD and doubled the remission rate among treatment completers (80% vs. 40%). Patients who completed the DBT PE protocol were 2.4 times less likely to attempt suicide and 1.5 times less likely to self-injure than those in DBT. Among treatment completers, moderate to large effect sizes favored DBT + DBT PE for dissociation, trauma-related guilt cognitions, shame, anxiety, depression, and global functioning.

CONCLUSIONS:

DBT with the DBT PE protocol is feasible, acceptable, and safe to administer, and may lead to larger improvements in PTSD, intentional self-injury, and other outcomes than DBT alone. The findings require replication in a larger sample. Copyright © 2014 Elsevier Ltd. All rights reserved.

<http://www.ncbi.nlm.nih.gov/pubmed/24560771>

Neurobiol Learn Mem. 2014 Feb 19. pii: S1074-7427(14)00029-X. doi: 10.1016/j.nlm.2014.02.003. [Epub ahead of print]

Sex Differences in Extinction Recall in Posttraumatic Stress Disorder: A Pilot fMRI Study.

Shvil E, Sullivan GM, Schafer S, Markowitz JC, Campeas M, Wager TD, Milad MR, Neria Y.

Recent research has found that individuals with posttraumatic stress disorder (PTSD) exhibit an impaired memory of fear extinction compounded by deficient functional activation of key nodes of the fear network including the amygdala, hippocampus, ventromedial prefrontal cortex (vmPFC) and dorsal anterior cingulate cortex (dACC). Research has shown these regions are sexually dimorphic and activate differentially in healthy men and women during fear learning tasks. To explore biological markers of sex differences following exposure to psychological trauma, we used a fear learning and extinction paradigm together with functional magnetic resonance imaging (fMRI) and skin conductance response (SCR) to assess 31 individuals with PTSD (18 women; 13 men) and 25 matched trauma-exposed healthy control subjects (13 women; 12 men). Whereas no sex differences appeared within the trauma-exposed healthy control group, both psychophysiological and neural activation patterns within the PTSD group indicated deficient recall of extinction memory among men and not among women. Men with PTSD exhibited increased activation in the left rostral dACC during extinction recall compared with women with PTSD. These findings highlight the importance of tracking sex differences in fear extinction when characterizing the underlying neurobiological mechanisms of PTSD psychopathology. Copyright © 2014 Elsevier Inc. All rights reserved.

<http://www.ncbi.nlm.nih.gov/pubmed/24560128>

J Subst Abuse Treat. 2014 Jan 17. pii: S0740-5472(14)00014-2. doi: 10.1016/j.jsat.2014.01.006. [Epub ahead of print]

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

Mason AE, Boden MT, Cucciare MA.

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://www.ncbi.nlm.nih.gov/pubmed/24559851>

Psychiatry Res. 2014 Feb 5. pii: S0165-1781(14)00087-0. doi: 10.1016/j.psychres.2014.01.046. [Epub ahead of print]

Lower health related quality of life in U.S. military personnel is associated with service-related disorders and inflammation.

Gill J, Lee H, Barr T, Baxter T, Heinzelmann M, Rak H, Mysliwiec V.

OBJECTIVE:

Military personnel who have combat exposures are at increased risk for the service-related disorders of post-traumatic stress disorder (PTSD), depression, sleep disturbances and decreased health related quality of life (HRQOL). Those with a traumatic brain injury (TBI) are at even greater risk. Inflammation is associated with these disorders and may underlie the risk for health declines.

METHODS:

We evaluated 110 recently deployed, military personnel presenting with sleep disturbances for service-related disorders (TBI, PTSD, and depression) as well as HRQOL. ANOVA models were used to examine differences among military personnel with two or more service-related disorders (high comorbid group), or one or no disorders (low comorbid group). Logistic regression models were used to determine associations among interleukin-6 (IL-6) to HRQOL and service-related disorders.

RESULTS:

Approximately one-third of the sample had two or more service-related disorders. HRQOL was lower and IL-6 concentrations were higher in military personnel with PTSD or depression, with the most profound differences in those with more service-related disorders, regardless of sleep disorder. Having symptoms of depression and PTSD resulted in a 3.5-fold risk to be in the lower quartile of HRQOL and the highest quartile of IL-6. In a linear regression model, 41% of the relationship between HRQOL and IL-6 concentrations was mediated by PTSD and depression.

CONCLUSIONS:

Military personnel with PTSD and depression are at high risk for lower HRQOL, and higher IL-6 concentrations. Comprehensive treatment is required to address co-occurring service-related disorders in military personnel to promote health and well-being. Copyright © 2014. Published by Elsevier Ireland Ltd.

http://www.dodig.mil/pubs/report_summary.cfm?id=5455

Assessment of DoD Wounded Warrior Matters: Managing Risks of Multiple Medications

U.S. Department of Defense, Office of Inspector General

02/21/2014

Objective

During the fieldwork for the assessment of Wounded Warrior programs, we identified challenges pertaining to medication management practices. This follow-on assessment focused on DoD and Service policies and programs intended to manage the risks associated with Wounded Warriors who were prescribed multiple medications during the course of their treatment and recovery. Specifically, we examined the policies related to reducing adverse drug events such as unanticipated side effects, decreased drug effectiveness, accidental overdose, and death. We also examined the procedures related to disposing of medications that are expired or no longer needed for treatment. Misuse of unneeded medications can result in similar adverse drug events.

Findings

We found that the Department of Defense did not have overarching policies and procedures to ensure consistent medication management and reconciliation practices in the Wounded Warrior population. The Services have adopted policies at various command levels; however, there is wide variance across the Services in the policies and standards for medication reconciliation.

Additionally, Wounded Warriors did not have a reliable, safe, accessible, and accountable method to dispose of medications that were no longer needed for treatment. As a result, Wounded Warriors may be at risk for overdose or misuse of unneeded medications that could result in unnecessary hospitalization and death.

Recommendations

We recommend the Department of Defense create Military Health System policy to address the risks for Wounded Warriors who may use multiple medications in the course of their treatment; and the Services update policies to address the unique needs of the Wounded Warrior population. We also recommend the Secretary of Defense request the U.S. Attorney General expedite the Drug Enforcement Administration decision for issuance of authority for Department

of Defense medical treatment facility pharmacies to conduct routine take-back of unnecessary prescription medication, and that the Services create implementation policy if that authority is given by the Drug Enforcement Administration. Finally, we recommend the Department of Defense develop additional education and information initiatives on the proper disposal of expired or unneeded medications.

Management Comments and Our Response

The Office of the Secretary of Defense, Army Surgeon General, and Navy Surgeon General provided comments to this report. Management concurred with all the recommendations. At the time of this publication, the Air Force Surgeon General had not provided management comments. We request the Air Force provide management comments to Recommendation A.2., by March 21, 2014. The full reproduction of the comments received is included in this report.

http://www.rand.org/pubs/research_reports/RR374.html

Elements of Success: How Type of Secondary Education Credential Helps Predict Enlistee Attrition

by Susan Burkhauser, Lawrence M. Hanser, Chaitra M. Hardison

RAND Corporatio, 2014

The U.S. military services have traditionally used a tiering system, including education credentials such as high school diplomas, in combination with Armed Forces Qualification Test (AFQT) scores to help gauge the likelihood of a recruit persevering through his or her first term of service. But what about less traditional credentials, such as diplomas earned through homeschooling and distance learning? The Office of the Under Secretary of Defense (Personnel and Readiness) asked RAND to examine whether its current education-credential tiering policy is still useful in predicting first-term attrition. The authors examined attrition rates at 12, 24, and 36 months of service for all enlistees from 2000 through 2011. Using statistical regression techniques, they compared attrition rates for those with distance learning or homeschool credentials to those of high school diploma holders, after controlling for other observable population differences. Overall, the analyses support current tiering policy classifying homeschool diplomas as Tier 1 if a recruit's AFQT score is 50 or higher (i.e., they are treated the same as high school diploma holders) or Tier 2 if a recruit's AFQT score is lower than 50. The results also support classifying distance learning credentials as Tier 2 regardless of AFQT score.

<http://www.ncbi.nlm.nih.gov/pubmed/24565313>

J Stud Alcohol Drugs Suppl. 2014 Mar;75 Suppl 17:68-78.

Psychosocial approaches to alcohol use disorders since 1940: a review.

McCrary BS, Owens MD, Borders AZ, Brovko JM.

Objective:

A review of psychosocial approaches to alcohol use disorders (AUDs) was performed to identify and contextualize trends in major treatment approaches and special populations and provide possible future directions for alcohol research.

Method:

The PsycINFO database was searched for peer-reviewed articles relevant to psychosocial approaches to AUDs for each decade since the 1940s, resulting in approximately 4,246 articles for review. Topics were included if they made up at least 4% of the relevant articles for any one decade. Nine treatment and seven special population topics were identified for the current review.

Results:

Psychoanalytic/psychodynamic and aversion therapies were major topics in the 1940s and 1950s, but few articles have been published recently. Other topics have shown consistent representation in the literature, including criminal justice and military populations, self-help groups, group therapies, couples and family therapies, behavioral treatments and cognitive-behavioral therapy, and complementary/ alternative treatments. The majority of the specific population topics and two newer treatment approaches have appeared more recently in significant proportions, including adolescents, college students, women, ethnic minorities, and dually diagnosed populations; newer treatments include brief interventions and motivational interviewing approaches.

Conclusions:

The number of articles on psychosocial approaches to AUDs has been increasing since the 1940s. There have been recent surges in alcohol research on specific populations, an increase in the integration of alcohol treatment with primary care, and a continued emphasis on empirically supported and cost-effective treatments for AUDs; these trends likely will continue into the future.(J. Stud. Alcohol Drugs, Supplement 17, 68-78, 2014).

<http://www.ncbi.nlm.nih.gov/pubmed/24564219>

J Consult Clin Psychol. 2014 Feb 24. [Epub ahead of print]

Successful Emotion Regulation Skills Application Predicts Subsequent Reduction of Symptom Severity During Treatment of Major Depressive Disorder.

Radkovsky A, McArdle JJ, Bockting CL, Berking M.

Objective:

Deficits in emotion regulation (ER) skills are considered a putative maintaining factor for major depressive disorder (MDD) and hence a promising target in the treatment of MDD. However, to date, the association between the successful application of arguably adaptive ER skills and changes in depressive symptom severity (DSS) has yet to be investigated over the course of treatment. Thus, the primary aim of this study was to clarify reciprocal prospective associations between successful ER skills application and DSS over the course of inpatient cognitive behavioral therapy for MDD. Additionally, we explored whether such associations would differ across specific ER skills.

Method:

We assessed successful ER skills application and DSS 4 times during the first 3 weeks of treatment in 152 inpatients (62.5% women, average age 45.6 years) meeting criteria for MDD. We first tested whether successful skills application and depression were cross-sectionally associated by computing Pearson's correlations. Then, we utilized latent curve modeling to test whether changes in successful skills application were negatively associated with changes in DSS during treatment. Finally, we used latent change score models to clarify whether successful skills application would predict subsequent reduction of DSS.

Results:

Cross-sectionally, successful ER skills application was associated with lower levels of DSS at all assessment times, and an increase of successful skills application during treatment was associated with a decrease of DSS. Moreover, successful overall ER skills application predicted subsequent changes in DSS (but not vice versa). Finally, strength of associations between successful application and DSS differed across specific ER skills. Among a broad range of potentially adaptive skills, only the abilities to tolerate negative emotions and to actively modify undesired emotions were significantly associated with subsequent improvement in DSS.

Conclusions:

Systematically enhancing health-relevant ER skills with specific interventions may help reduce DSS in patients suffering from MDD. (PsycINFO Database Record (c) 2014 APA, all rights reserved).

<http://www.ncbi.nlm.nih.gov/pubmed/24567537>

Violence Against Women. 2014 Jan;20(1):74-94. doi: 10.1177/1077801213520575.

Correlates of perceived helpfulness of mental health professionals following disclosure of sexual assault.

Starzynski LL, Ullman SE.

A diverse sample of more than 365 adult sexual assault survivors, recruited from college and community sources, was surveyed about sexual assault experiences, post-assault factors, and perceived helpfulness of and satisfaction with mental health professionals. Regression analyses were conducted to identify factors associated with perceived helpfulness of and satisfaction with mental health professionals. Older age, higher posttraumatic stress disorder (PTSD), greater control over recovery, and more emotional support reactions were associated with positive perceptions of mental health professionals. Stranger offenders, greater resistance during assault, high victim post-assault upset, and blaming social reactions from others were associated with negative perceptions of mental health professionals.

<http://www.ncbi.nlm.nih.gov/pubmed/24567364>

J Atten Disord. 2014 Feb 24. [Epub ahead of print]

The Neuropsychological Profile of Comorbid Post-Traumatic Stress Disorder in Adult ADHD.

Antshel KM, Biederman J, Spencer TJ, Faraone SV.

Objective:

ADHD and post-traumatic stress disorder (PTSD) are often comorbid yet despite the increased comorbidity between the two disorders, to our knowledge, no data have been published regarding the neuropsychological profile of adults with comorbid ADHD and PTSD. Likewise, previous empirical studies of the neuropsychology of PTSD did not control for ADHD status. We sought to fill this gap in the literature and to assess the extent to which neuropsychological test performance predicted psychosocial functioning, and perceived quality of life.

Method:

Participants were 201 adults with ADHD attending an outpatient mental health clinic between 1998 and 2003 and 123 controls without ADHD. Participants completed a large battery of self-report measures and psychological tests. Diagnoses were made using data obtained from structured psychiatric interviews (i.e., Structured Clinical Interview for DSM-IV, Schedule for Affective Disorders and Schizophrenia for School-Age Children Epidemiologic Version).

Results:

Differences emerged between control participants and participants with ADHD on multiple neuropsychological tests. Across all tests, control participants outperformed participants with ADHD. Differences between the two ADHD groups emerged on seven psychological subtests including multiple Wechsler Adult Intelligence Scale-Third edition and Rey-Osterrieth Complex Figure Test measures. These test differences did not account for self-reported quality of life differences between groups.

Conclusion:

The comorbidity with PTSD in adults with ADHD is associated with weaker cognitive performance on several tasks that appear related to spatial/perceptual abilities and fluency. Neuropsychological test performances may share variance with the quality of life variables yet are not mediators of the quality of life ratings.

<http://www.ncbi.nlm.nih.gov/pubmed/24566509>

J Nerv Ment Dis. 2014 Mar;202(3):231-8. doi: 10.1097/NMD.000000000000103.

Health service and medication use among veterans with persistent postconcussive symptoms.

King PR, Wade MJ, Beehler GP.

Persistent postconcussive symptoms (PPCS) are noted when a series of cognitive, emotional, and somatosensory complaints persist for months after a concussion. Clinical management of PPCS can be challenging in the veteran population because of the nonspecific nature of symptoms and co-occurrence with affective disturbances such as posttraumatic stress disorder (PTSD) and chronic pain. In this study, we compared health service and medication use patterns in a sample of 421 veterans with PPCS with an age-matched cohort of case controls. The results suggest that the veterans with PPCS showed high rates of medical and mental health service utilization during a mean treatment period of 2 years. Although chronic pain commonly co-occurs with PPCS in veterans, service use and medication prescribing trends seem to have been influenced more by the presence of PTSD than chronic pain. Our findings reinforce the overlap among PPCS, PTSD, and chronic pain and demonstrate the complexity inherent in treating these conditions in veterans.

<http://www.ncbi.nlm.nih.gov/pubmed/24564443>

Psychol Serv. 2014 Feb;11(1):50-9. doi: 10.1037/a0035643.

Burnout in veterans health administration mental health providers in posttraumatic stress clinics.

Garcia HA, McGeary CA, McGeary DD, Finley EP, Peterson AL.

The purpose of this study was to conduct the first assessment of burnout among Veterans Health Administration (VHA) mental health clinicians providing evidence-based posttraumatic stress disorder (PTSD) care. This study consisted of 138 participants and the sample was mostly female (67%), Caucasian (non-Hispanic; 81%), and married (70%) with a mean age of 44.3 years (SD = 11.2). Recruitment was directed through VHA PTSD Clinical Teams (PCT) throughout the United States based on a nationwide mailing list of PCT Clinic Directors. Participants completed an electronic survey that assessed demographics, organizational work factors, absenteeism, and burnout (assessed through the Maslach Burnout Inventory-General Survey, MBI-GS). Twelve percent of the sample reported low Professional Efficacy, 50% reported high levels of Exhaustion, and 47% reported high levels of Cynicism as determined by the MBI-GS cut-off scores. Only workplace characteristics were significantly associated with provider scores on all 3 scales. Exhaustion and Cynicism were most impacted by perceptions of organizational politics/bureaucracy, increased clinical workload, and control over how work is done. Organizational factors were also significantly associated with provider absenteeism and intent to leave his or her job. Findings suggest that providers in VHA specialty PTSD-care settings may benefit from programs or supports aimed at preventing and/or ameliorating burnout. (PsycINFO Database Record (c) 2014 APA, all rights reserved).

<http://www.ncbi.nlm.nih.gov/pubmed/24564299>

Behav Sleep Med. 2014 Feb 24. [Epub ahead of print]

Dissemination of an Internet-Based Treatment for Chronic Insomnia Into Primary Care.

Beaulac J, Vincent N, Walsh K.

This study evaluated the effectiveness of two strategies (provider-targeted, consumer-targeted) in the dissemination of an insomnia treatment into primary care. Results of the study indicated that more patients from the provider-targeted, than the consumer-targeted, clinic followed up on the referral for insomnia treatment, but that overall there was limited uptake. These results did not seem to be associated with low levels of provider interest, although providers expressed need for more education about the insomnia program. Implications of these results are that future research efforts would benefit from expanding upon the education of providers in terms of

treatment offered, perhaps teaching providers how to better motivate their patients for behavior change.

<http://link.springer.com/article/10.1007/s10615-014-0477-2>

Stressful Life Events Across the Life Span and Insecure Attachment Following Combat Trauma.

Danny Horesh, Anat Cohen-Zrihen, Tsachi Ein Dor, Zahava Solomon

Clinical Social Work Journal

February 2014

Attachment orientations are mostly considered to be stable interpersonal patterns. Still, a growing body of literature shows changes in attachment orientations following stressful and traumatic events. This study examined the implications of stressful life events (SLEs) throughout the life cycle in insecure attachment orientations (anxious attachment and avoidant attachment). The sample included 664 Israeli war veterans from the 1982 Lebanon War, of whom 363 suffered from acute combat stress reaction (CSR) on the battlefield, and 301 comprised a matched control group without antecedent CSR. The findings reveal a positive correlation between insecure attachment and both acute (CSR) and chronic (post-traumatic stress disorder) stress reactions. In addition, post-war SLEs were more powerful predictors of insecure attachment than other types of SLEs. Combat exposure, as well as pre-war SLEs in childhood and adulthood, made differential contributions to both types of insecure attachment orientations. Theoretical and practical implications of these findings are discussed.

<http://onlinelibrary.wiley.com/doi/10.1111/sltb.12079/abstract>

Comparative Analysis of Suicide, Accidental, and Undetermined Cause of Death Classification.

Gray, D., Coon, H., McGlade, E., Callor, W. B., Byrd, J., Viskochil, J., Bakian, A., Yurgelun-Todd, D., Grey, T. and McMahon, W. M.

Suicide and Life-Threatening Behavior

Article first published online: 20 FEB 2014

Suicide determination is not standardized across medical examiners, and many suspected

suicides are later classified as accidental or undetermined. The present study investigated patterns between these three groups using a medical examiner database and 633 structured interviews with next of kin. There were similarities across all three classification groups, including rates of mental illness and psychiatric symptoms. Those classified suicide were more likely to be male, to have died in a violent fashion, and have a stronger family history of suicide. Chronic pain was very common across all three groups, but significantly higher in the accidental and undetermined groups.

Links of Interest

Stress and Headaches (video)

http://www.nlm.nih.gov/medlineplus/videos/news/Stress_Migraines_022014-1.html

New research shows the way a room is lit can affect the way you make decisions

http://www.eurekalert.org/pub_releases/2014-02/uot-nrs022014.php

Study examines correctional officer stress

http://www.eurekalert.org/pub_releases/2014-02/shsu-sec022014.php

Could PTSD involve immune cell response to stress? Study in mice raises question

<http://www.sciencedaily.com/releases/2014/02/140220193333.htm>

Alleged military sex assault victims seek to block use of counseling records

<http://www.washingtonpost.com/blogs/local/wp/2014/02/14/alleged-military-sex-assault-victims-look-to-block-use-of-counseling-records/>

Food stamp use among military rises again

<http://money.cnn.com/2014/02/17/news/economy/military-food-stamps/index.html>

Hagel Outlines Budget Reducing Troop Strength, Force Structure

<http://www.defense.gov/news/newsarticle.aspx?id=121703>

Marines Stay in the Fight With Hidden War Wounds

www.military.com/daily-news/2014/02/14/marines-stay-in-the-fight-with-hidden-war-wounds.html

Misconduct in Army Forcing More Soldiers Out

<http://www.military.com/daily-news/2014/02/16/misconduct-in-army-forcing-more-soldiers-out.html>

Cognitive Behavioral Therapy For Insomnia Could Cut Health Care Costs

http://www.huffingtonpost.com/2014/02/20/cognitive-behavioral-therapy-insomnia_n_4782023.html

Ask Well: Awake at 2 a.m.

<http://well.blogs.nytimes.com/2014/02/21/ask-well-insomnia-and-better-sleep/>

VA doctors hope to cure the haunting of veterans

<http://www.ajc.com/ap/ap/defense/va-doctors-hope-to-cure-the-haunting-of-veterans/ndPLY/>

Mental health conditions in most suicide victims left undiagnosed at doctor visits

http://www.eurekalert.org/pub_releases/2014-02/hfhs-mhc022414.php

Lessening the Culture Shock: Military Life vs. Student Life

<http://www.nacada.ksu.edu/Resources/Academic-Advising-Today/View-Articles/Lessening-the-Culture-Shock--Military-Life-vs-Student-Life.aspx>

Military Update: VA, Congress shrug as sleep apnea claims 'surge'

<http://www.stripes.com/news/us/military-update-va-congress-shrug-as-sleep-apnea-claims-surge-1.268860>

Seeking better sleep; Lack of sleep could lead to bigger problems for U.S. troops, researchers warn

<http://www.stripes.com/seeking-better-sleep-1.133924>

American Psychiatric Association: Military Mental Health Issues Will Be in Meeting Spotlight

<http://psychnews.psychiatryonline.org/newsarticle.aspx?articleID=1833689>

Suicide among apparently well-functioning young men

http://www.eurekalert.org/pub_releases/2014-02/niop-saa022614.php

Will America forget its veterans?

<http://www.csmonitor.com/Commentary/Opinion/2014/0218/Will-America-forget-its-veterans>

What Military Base Shootings Reveal About the Mental Health Debate

<http://www.thedailybeast.com/articles/2014/02/09/what-military-base-shootings-reveal-about-the-mental-health-debate.html>

Resource of the Week -- [eBooks now available through the Catalog of U.S. Government Publications \(CGP\)](#)

To help meet the needs of the Federal Depository Library (FDL) community, the U.S. Government Printing Office (GPO) has made eBooks available in the Catalog of U.S. Government Publications (CGP). These titles are joining the growing number of online

resources that have been a vital part of the Federal Depository Library Program (FDLP) for over 20 years. Users can download GPO-provided files of eBooks free of charge, for use on various eBook reading devices. GPO's goal is to expand and provide greater access to U.S. Federal Government content.

eBook titles can be accessed via catalog records available in the CGP. Catalog records include descriptive information, as well as Persistent Uniform Resource Locators (PURLs) that link to the eBook titles. PURLs provide web links that can be reliably cited in other publications. Each CGP record displays the available formats for a title—.mobi, .epub, as well as other digital formats. Every month, newly-acquired eBook titles are added to the CGP for public access.

You can browse all available ebooks via [this link](#).

Technical help is available via [this link](#) (PDF).

And there's an [FAQ](#).

The screenshot shows the top navigation bar of the FDLP website. On the left is the GPO logo with the text "OFFICIAL DIGITAL SECURE" and a "Login" button. On the right are icons for email, RSS, calendar, and user profile. Below this is the "FDLP Federal Depository Library Program" logo. To the right of the logo are links for "HOME" and "CONTACT US", and a search box with a "Search" button. Below the logo is a horizontal navigation menu with four items: "COLLECTION TOOLS", "REQUIREMENTS & GUIDANCE", "ABOUT THE FDLP", and "CATALOGING & CLASSIFICATION".

Effective February 6, 2014, beta development is complete. This site is the official source for all new announcements, updated content, and essential forms and tools for the Federal Depository Library Program. If you are looking for specific information and you cannot find it after performing a search; or if you would like to provide feedback or report a technical difficulty, please use [this form](#).

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Last Updated: February 25 2014
Published: February 24 2014

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To help meet the needs of the Federal Depository Library (FDL) community, the U.S. Government Printing Office (GPO) has made eBooks available in the Catalog of U.S. Government Publications (CGP). These titles are joining the growing number of online resources that have been a vital part of the Federal Depository Library Program (FDLP) for over 20 years. Users

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