



## CDP Research Update -- March 6, 2014

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- Lay providers can deliver effective cognitive behavior therapy for older adults with generalized anxiety disorder: a randomized trial.
- Links of Interest
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<http://www.ncbi.nlm.nih.gov/pubmed/24590178>

JAMA Psychiatry. 2014 Mar 5. doi: 10.1001/jamapsychiatry.2014.30. [Epub ahead of print]

**Prevalence and Correlates of Suicidal Behavior Among Soldiers: Results From the Army Study to Assess Risk and Resilience in Servicemembers (Army STARRS).**

Nock MK, Stein MB, Heeringa SG, Ursano RJ, Colpe LJ, Fullerton CS, Hwang I, Naifeh JA, Sampson NA, Schoenbaum M, Zaslavsky AM, Kessler RC; for the Army STARRS Collaborators.

**IMPORTANCE**

The suicide rate among US Army soldiers has increased substantially in recent years.

**OBJECTIVES**

To estimate the lifetime prevalence and sociodemographic, Army career, and psychiatric predictors of suicidal behaviors among nondeployed US Army soldiers. **DESIGN, SETTING, AND**

**PARTICIPANTS**

A representative cross-sectional survey of 5428 nondeployed soldiers participating in a group self-administered survey.

**MAIN OUTCOMES AND MEASURES**

Lifetime suicidal ideation, suicide plans, and suicide attempts.

**RESULTS**

The lifetime prevalence estimates of suicidal ideation, suicide plans, and suicide attempts are 13.9%, 5.3%, and 2.4%. Most reported cases (47.0%-58.2%) had pre-enlistment onsets. Pre-enlistment onset rates were lower than in a prior national civilian survey (with imputed/simulated age at enlistment), whereas post-enlistment onsets of ideation and plans were higher; post-enlistment first attempts were equivalent to civilian rates. Most reported onsets of plans and attempts among ideators (58.3%-63.3%) occur within a year of onset of ideation. Post-enlistment attempts are positively related to being a woman (with an odds ratio [OR] of 3.3 [95% CI, 1.5-7.5]), lower rank (OR=5.8 [95% CI, 1.8-18.1]), and previously deployed (OR=2.4-3.7) and are negatively related to being unmarried (OR=0.1-0.8) and assigned to Special Operations Command (OR=0.0 [95% CI, 0.0-0.0]). Five mental disorders predict post-enlistment first suicide attempts in multivariate analysis: pre-enlistment panic disorder (OR=0.1 [95% CI, 0.0-0.8]), pre-enlistment posttraumatic stress disorder (OR=0.1 [95% CI, 0.0-0.7]), post-enlistment depression (OR=3.8 [95% CI, 1.2-11.6]), and both pre- and post-enlistment intermittent explosive disorder (OR=3.7-3.8). Four of these 5 ORs (posttraumatic stress disorder is the exception) predict ideation, whereas only post-enlistment intermittent explosive disorder predicts attempts among ideators. The population-attributable risk

proportions of lifetime mental disorders predicting post-enlistment suicide attempts are 31.3% for pre-enlistment onset disorders, 41.2% for post-enlistment onset disorders, and 59.9% for all disorders.

#### CONCLUSIONS AND RELEVANCE

The fact that approximately one-third of post-enlistment suicide attempts are associated with pre-enlistment mental disorders suggests that pre-enlistment mental disorders might be targets for early screening and intervention. The possibility of higher fatality rates among Army suicide attempts than among civilian suicide attempts highlights the potential importance of means control (ie, restricting access to lethal means [such as firearms]) as a suicide prevention strategy.

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<http://www.ncbi.nlm.nih.gov/pubmed/24590120>

JAMA Psychiatry. 2014 Mar 5. doi: 10.1001/jamapsychiatry.2014.28. [Epub ahead of print]

#### **Thirty-Day Prevalence of DSM-IV Mental Disorders Among Nondeployed Soldiers in the US Army: Results from the Army Study to Assess Risk and Resilience in Servicemembers (Army STARRS).**

Kessler RC, Heeringa SG, Stein MB, Colpe LJ, Fullerton CS, Hwang I, Naifeh JA, Nock MK, Petukhova M, Sampson NA, Schoenbaum M, Zaslavsky AM, Ursano RJ; for the Army STARRS Collaborators.

#### IMPORTANCE

Although high rates of current mental disorder are known to exist in the US Army, little is known about the proportions of these disorders that had onsets prior to enlistment.

#### OBJECTIVE

To estimate the proportions of 30-day DSM-IV mental disorders among nondeployed US Army personnel with first onsets prior to enlistment and the extent which role impairments associated with 30-day disorders differ depending on whether the disorders had pre-vs post-enlistment onsets.

#### DESIGN, SETTING, AND PARTICIPANTS

A representative sample of 5428 soldiers participating in the Army Study to Assess Risk and Resilience in Servicemembers completed self-administered questionnaires and consented to linkage of questionnaire responses with administrative records.

#### MAIN OUTCOMES AND MEASURES

Thirty-day DSM-IV internalizing (major depressive, bipolar, generalized anxiety, panic, and

posttraumatic stress) and externalizing (attention-deficit/hyperactivity, intermittent explosive, alcohol/drug) disorders were assessed with validated self-report scales. Age at onset was assessed retrospectively. Role impairment was assessed with a modified Sheehan Disability Scale.

## RESULTS

A total of 25.1% of respondents met criteria for any 30-day disorder (15.0% internalizing; 18.4% externalizing) and 11.1% for multiple disorders. A total of 76.6% of cases reported pre-enlistment age at onset of at least one 30-day disorder (49.6% internalizing; 81.7% externalizing). Also, 12.8% of respondents reported severe role impairment. Controlling for sociodemographic and Army career correlates, which were broadly consistent with other studies, 30-day disorders with pre-enlistment ( $\chi^2_8 = 131.8$ ,  $P < .001$ ) and post-enlistment ( $\chi^2_7 = 123.8$ ,  $P < .001$ ) ages at onset both significantly predicted severe role impairment, although pre-enlistment disorders were more consistent powerful predictors (7 of 8 disorders significant; odds ratios, 1.6-11.4) than post-enlistment disorders (5 of 7 disorders significant; odds ratios, 1.5-7.7). Population-attributable risk proportions of severe role impairment were 21.7% for pre-enlistment disorders, 24.3% for post-enlistment disorders, and 43.4% for all disorders.

## CONCLUSIONS AND RELEVANCE

Interventions to limit accession or increase resilience of new soldiers with pre-enlistment mental disorders might reduce prevalence and impairments of mental disorders in the US Army.

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<http://www.ncbi.nlm.nih.gov/pubmed/24590048>

JAMA Psychiatry. 2014 Mar 5. doi: 10.1001/jamapsychiatry.2013.4417. [Epub ahead of print]

### **Predictors of Suicide and Accident Death in the Army Study to Assess Risk and Resilience in Servicemembers (Army STARRS): Results From the Army Study to Assess Risk and Resilience in Servicemembers (Army STARRS).**

Schoenbaum M, Kessler RC, Gilman SE, Colpe LJ, Heeringa SG, Stein MB, Ursano RJ, Cox KL; for the Army STARRS Collaborators.

## IMPORTANCE

The Army Study to Assess Risk and Resilience in Servicemembers (Army STARRS) is a multicomponent study designed to generate actionable recommendations to reduce Army suicides and increase knowledge of risk and resilience factors for suicidality.

## OBJECTIVES

To present data on prevalence, trends, and basic sociodemographic and Army experience correlates of suicides and accident deaths among active duty Regular Army soldiers between

January 1, 2004, and December 31, 2009, and thereby establish a foundation for future Army STARRS investigations.

#### DESIGN, SETTING, AND PARTICIPANTS

Analysis of trends and predictors of suicide and accident deaths using Army and Department of Defense administrative data systems. Participants were all members of the US Regular Army serving at any time between 2004 and 2009.

#### MAIN OUTCOMES AND MEASURES

Death by suicide or accident during active Army service.

#### RESULTS

The suicide rate rose between 2004 and 2009 among never deployed and currently and previously deployed Regular Army soldiers. The accident death rate fell sharply among currently deployed soldiers, remained constant among the previously deployed, and trended upward among the never deployed. Increased suicide risk was associated with being a man (or a woman during deployment), white race/ethnicity, junior enlisted rank, recent demotion, and current or previous deployment. Sociodemographic and Army experience predictors were generally similar for suicides and accident deaths. Time trends in these predictors and in the Army's increased use of accession waivers (which relaxed some qualifications for new soldiers) do not explain the rise in Army suicides.

#### CONCLUSIONS AND RELEVANCE

Predictors of Army suicides were largely similar to those reported elsewhere for civilians, although some predictors distinct to Army service emerged that deserve more in-depth analysis. The existence of a time trend in suicide risk among never-deployed soldiers argues indirectly against the view that exposure to combat-related trauma is the exclusive cause of the increase in Army suicides.

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<http://www.fas.org/sqp/crs/natsec/R43184.pdf>

#### **FY2014 National Defense Authorization Act: Selected Military Personnel Issues**

Congressional Research Service (via Federation of American Scientists)

Don J. Jansen, Coordinator Analyst in Defense Health Care Policy

David F. Burrelli Specialist in Military Manpower Policy

Lawrence Kapp Specialist in Military Manpower Policy

Catherine A. Theohary Specialist in National Security Policy and Information Operations

February 24, 2014

Military personnel issues typically generate significant interest from many Members of Congress and their staffs. Ongoing operations in Afghanistan, along with the operational role of the Reserve Components, further heighten interest in a wide range of military personnel policies and issues.

The Congressional Research Service (CRS) has selected a number of the military personnel issues considered in deliberations on the initial House-passed version of the National Defense Authorization Act for Fiscal Year 2014 and on the bill that was enacted and became law (P.L. 113-66). This report provides a brief synopsis of sections that pertain to personnel policy. These include end strengths, pay raises, health care, and sexual assault, as well as less prominent issues that nonetheless generate significant public interest.

This report focuses exclusively on the annual defense authorization process. It does not include language concerning appropriations, veterans' affairs, tax implications of policy choices, or any discussion of separately introduced legislation, topics which are addressed in other CRS products. Some issues were addressed in the FY2013 National Defense Authorization Act and discussed in CRS Report R42651, FY2013 National Defense Authorization Act: Selected Military Personnel Policy Issues, coordinated by Catherine A. Theohary. Those issues that were considered previously are designated with a "\*" in the relevant section titles of this report.

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<http://www.ncbi.nlm.nih.gov/pubmed/24578444>

Br J Psychiatry. 2014 Feb 27. [Epub ahead of print]

### **Violent behaviour and post-traumatic stress disorder in US Iraq and Afghanistan veterans.**

Elbogen EB, Johnson SC, Wagner HR, Sullivan C, Taft CT, Beckham JC.

#### **BACKGROUND:**

Violence towards others in the community has been identified as a significant problem for a subset of Iraq and Afghanistan veterans. AIMS: To investigate the extent to which post-traumatic stress disorder (PTSD) and other risk factors predict future violent behaviour in military veterans.

#### **METHOD:**

A national, multiwave survey enrolling a random sample of all US veterans who served in the military after 11 September 2001 was conducted. A total of 1090 veterans from 50 US states and all military branches completed two survey waves mailed 1 year apart (retention rate = 79%).

## RESULTS:

Overall, 9% endorsed engaging in severe violence and 26% in other physical aggression in the previous year, as measured at Wave 2. Younger age, financial instability, history of violence before military service, higher combat exposure, PTSD, and alcohol misuse at Wave 1 were significantly associated with higher severe violence and other physical aggression in the past year at Wave 2. When combinations of these risk factors were present, predicted probability of violence in veterans rose sharply. Veterans with both PTSD and alcohol misuse had a substantially higher rate of subsequent severe violence (35.9%) compared with veterans with alcohol misuse without PTSD (10.6%), PTSD without alcohol misuse (10.0%) or neither PTSD nor alcohol misuse (5.3%). Using multiple regression, we found that veterans with PTSD and without alcohol misuse were not at significantly higher risk of severe violence than veterans with neither PTSD nor alcohol misuse. There was a trend for other physical aggression to be higher in veterans with PTSD without alcohol misuse.

## CONCLUSIONS:

Co-occurring PTSD and alcohol misuse was associated with a marked increase in violence and aggression in veterans. Compared with veterans with neither PTSD nor alcohol misuse, veterans with PTSD and no alcohol misuse were not significantly more likely to be severely violent and were only marginally more likely to engage in other physical aggression. Attention to cumulative effects of multiple risk factors beyond diagnosis - including demographics, violence history, combat exposure, and veterans' having money to cover basic needs like food, shelter, transportation, and medical care - is crucial for optimising violence risk management.

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<http://www.ncbi.nlm.nih.gov/pubmed/24574023>

J Am Assoc Nurse Pract. 2013 Nov 21. doi: 10.1002/2327-6924.12085. [Epub ahead of print]

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

Rossiter AG, Smith S.

## PURPOSE:

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

## DATA SOURCES:

Health Science Data Sources-PubMed and authors' experiences.



## CONCLUSIONS:

Women veterans are the fastest growing segment of the veteran population. Approximately 200,000 of the 2.6 million veterans who have deployed in support of Operation Enduring Freedom/Operation Iraqi Freedom/Operation New Dawn (OEF/OIF/OND) are women. Many are seeking care in both the Veteran Administration and the civilian sector. It is estimated that upwards of 26,000 women have experienced some form of sexual assault in the military. MST can lead to multiple deleterious physical and psychological comorbidities. It is imperative that nurse practitioners (NPs) ask women about military service and utilize the Military Health History Pocket Card for Clinicians to ascertain service-connected health risks, primarily MST and PTSD. Prompt identification and intervention is key to reducing physical and psychological comorbidities.

**IMPLICATIONS FOR PRACTICE:** This case study emphasizes the need for NPs to ask all women about military service and potential exposure to sexual trauma. It provides guidance on how to incorporate the Military Health History Pocket Card for Clinicians into practice. ©2013 The Author(s) ©2013 American Association of Nurse Practitioners.

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<http://www.ncbi.nlm.nih.gov/pubmed/24574930>

ScientificWorldJournal. 2014 Jan 19;2014:892048. doi: 10.1155/2014/892048. eCollection 2014

## **Facebook enhances antidepressant pharmacotherapy effects.**

Mota Pereira J.

Treatment-resistant major depressive disorder (TR-MDD) is a complex condition, with very low remission rates. In recent years some studies have been conducted on the implementation of cognitive behavioral therapy and psychodynamic psychotherapy interventions via the Internet to MDD patients, and results have been promising. However, there have been no studies in patients with TR-MDD nor with the use of Facebook with the psychiatrist as "friend." 60 TR-MDD patients were randomized to one of three groups: Facebook group with psychiatrist as "friend," Facebook group without psychiatrist as "friend," and control group (no Facebook use). Both Facebook groups spent at least 1 hour/day on Facebook, 7 days/week, during the 3 months. All patients maintained their usual pharmacotherapy. All participants were evaluated at baseline and at 1, 2, and 3 months for depressive symptoms using HAD17 and BDI-II. Results show that both Facebook groups had a decrease on HADM17 and BDI-II scores as well as higher remission and response rates than the control group, with better results if the psychiatrist was a "friend" on Facebook. Therefore, in TR-MDD, Facebook can be used as an effective enhancement therapy, adjuvant to pharmacological therapy with regular consultations, especially if the psychiatrist is the patient's online "friend."

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<http://www.ncbi.nlm.nih.gov/pubmed/24568300>

Brain Inj. 2014;28(3):261-70. doi: 10.3109/02699052.2013.873821

**PTSD and TBI co-morbidity: Scope, clinical presentation and treatment options.**

Tanev KS, Pentel KZ, Kredlow MA, Charney ME.

Primary objective:

To summarize the literature on post-traumatic stress disorder (PTSD) and traumatic brain injury (TBI) and their co-morbidity, focusing on diagnosis, clinical symptoms and treatment issues relevant to the clinician.

Research design:

Review of the literature. Methods and procedures: Pubmed searches were performed using the terms post-traumatic stress disorder, traumatic brain injury, sleep, cognitive, depression, anxiety, treatment and combinations of these terms. Those articles relevant to the objective were included.

Main outcomes and results:

This study presents pathophysiological, neuroimaging and clinical data on co-morbid PTSD and TBI. It reviews associated conditions, emphasizing the impact of cognitive and sleep problems. It summarizes the emerging literature on treatment effectiveness for co-morbid PTSD and TBI, including psychotherapy, pharmacotherapy and cognitive rehabilitation.

Conclusions:

Both PTSD and TBI commonly occur in the general population, both share some pathophysiological characteristics and both are associated with cognitive impairment and sleep disruption. PTSD and TBI present with a number of overlapping symptoms, which can lead to over-diagnosis or misdiagnosis. Both conditions are associated with co-morbidities important in diagnosis and treatment planning. More research is needed to elucidate what treatments are effective in PTSD and TBI co-morbidity and on factors predictive of treatment success.

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<http://www.ncbi.nlm.nih.gov/pubmed/24568642>

Syst Rev. 2014 Feb 25;3(1):18. [Epub ahead of print]

**The association between sleep disturbances and suicidal behaviors in patients with psychiatric diagnoses: a systematic review and meta-analysis.**

Malik S, Kanwar A, Sim LA, Prokop LJ, Wang Z, Benkhadra K, Murad MH.

#### BACKGROUND:

Identifying patients with increased risk of suicidal behaviors is a constant challenge and concern for clinicians caring for patients with psychiatric conditions. We conducted a systematic review to assess the association between suicidal behaviors and sleep disturbances in psychiatric patients.

#### METHODS:

A systematic literature search of Ovid Medline In-Process & Other Non-Indexed Citations, Ovid MEDLINE, Ovid EMBASE, Ovid PsycInfo, Ovid Cochrane Database of Systematic Reviews, Ovid Cochrane Central Register of Controlled Trials, and Scopus was conducted using earliest inclusive dates to 28 June 2013. Eligible studies were comparative observational studies that reported sleep disturbances in psychiatric patients and the outcome of interest (any type of suicidal behaviors). Pairs of reviewers extracted descriptive data, study quality, and outcomes. Odds ratios (OR) and 95% confidence intervals (CI) were pooled across studies using the random-effects model. Newcastle-Ottawa scale was used to critically appraise study quality.

#### RESULTS:

Nineteen studies met the inclusion criteria. Compared to those without sleep disturbances, patients with psychiatric diagnoses and co-morbid sleep disturbances were significantly more likely to report suicidal behaviors (OR = 1.99, 95% CI 1.72, 2.30, P <0.001). The association was also demonstrated across several psychiatric conditions including depression (OR = 3.05, 95% CI 2.07, 4.48, P <0.001), post-traumatic stress disorder (PTSD) (OR = 2.56, 95% CI 1.91, 3.43, P <0.001), panic disorder (OR = 3.22, 95% CI 1.09, 9.45, P = 0.03), and schizophrenia (OR = 12.66, 95% CI 1.40, 114.44, P = 0.02). In subgroup analysis based on the type of sleep disorder, we also found suicidal behavior to be significantly associated with the presence of insomnia, parasomnias, and sleep-related breathing disorders, but not hypersomnias.

#### CONCLUSIONS:

This systematic review and meta-analysis suggests that in patients with psychiatric diagnoses, sleep disturbances are associated with the increased risk of suicidal behaviors.

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<http://www.ncbi.nlm.nih.gov/pubmed/24568742>

J Anxiety Disord. 2014 Jan 22. pii: S0887-6185(14)00002-4. doi: 10.1016/j.janxdis.2013.12.008. [Epub ahead of print]

**The DSM-5 dissociative-PTSD subtype: Can levels of depression, anxiety, hostility, and sleeping difficulties differentiate between dissociative-PTSD and PTSD in rape and sexual assault victims?**

Armour C, Elklit A, Lauterbach D, Elhai JD.

The DSM-5 currently includes a dissociative-PTSD subtype within its nomenclature. Several studies have confirmed the dissociative-PTSD subtype in both American Veteran and American civilian samples. Studies have begun to assess specific factors which differentiate between dissociative vs. non-dissociative PTSD. The current study takes a novel approach to investigating the presence of a dissociative-PTSD subtype in its use of European victims of sexual assault and rape (N=351). Utilizing Latent Profile Analyses, we hypothesized that a discrete group of individuals would represent a dissociative-PTSD subtype. We additionally hypothesized that levels of depression, anger, hostility, and sleeping difficulties would differentiate dissociative-PTSD from a similarly severe form of PTSD in the absence of dissociation. Results concluded that there were four discrete groups termed baseline, moderate PTSD, high PTSD, and dissociative-PTSD. The dissociative-PTSD group encompassed 13.1% of the sample and evidenced significantly higher mean scores on measures of depression, anxiety, hostility, and sleeping difficulties. Implications are discussed in relation to both treatment planning and the newly published DSM-5. Copyright © 2014 Elsevier Ltd. All rights reserved.

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<http://www.plosone.org/article/info%3Adoi%2F10.1371%2Fjournal.pone.0090118>

**Effectiveness of Online Self-Help for Suicidal Thoughts: Results of a Randomised Controlled Trial.**

van Spijker BAJ, van Straten A, Kerkhof AJFM

**Background**

Many people with suicidal thoughts do not receive treatment. The Internet can be used to reach more people in need of support.

**Objective**

To test the effectiveness of unguided online self-help to reduce suicidal thoughts.

## Method

236 adults with mild to moderate suicidal thoughts were randomised to the intervention (n = 116) or a waitlist control group (n = 120). Assessments took place at baseline, and 2, 4 and 6 weeks later. Primary outcome was suicidal thoughts. Secondary outcomes were depressive symptoms, anxiety, hopelessness, worry, and health status.

## Results

The intervention group showed a small significant effect in reducing suicidal thoughts (d = 0.28). Effects were more pronounced for those with a history of repeated suicide attempts. There was also a significant reduction in worry (d = 0.33). All other secondary outcomes showed small but non-significant improvements.

## Conclusions

Although effect sizes were small, the reach of the internet could enable this intervention to help many people reduce their suicidal thoughts.

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<http://hsw.oxfordjournals.org/content/early/2014/02/26/hsw.hlu002.abstract>

## **Psychosocial Concerns of Veterans of Operation Enduring Freedom/Operation Iraqi Freedom.**

Jessica Strong, Kathleen Ray, Patricia A. Findley, Rita Torres, Lisa Pickett and Richard J. Byrne

Health Social Work (2014)

First published online: February 26, 2014

U.S. veterans present with complex medical and psychosocial concerns postdeployment. Identification of psychosocial concerns is necessary for appropriate and targeted social work interventions to improve delivery and receipt of health care through the U.S. Department of Veterans Affairs. The purpose of this article is to identify specific psychosocial concerns of veterans of Operations Iraqi Freedom and Enduring Freedom (OIF/OEF) presenting at the War Related Illness and Injury Study Center. A retrospective chart review of psychosocial concerns from all OIF/OEF veterans seen from June 2008 to June 2010 provided data for this mixed methods study. Veterans in the sample (N = 356) reported an average of 5.2 psychosocial concerns (SD = 2.32, range = 0 to 11). The most commonly reported concerns were pain (72 percent), sleep (62 percent), cognition (61 percent), vocational issues (53 percent), education (49 percent), finances (42 percent), relationships (37 percent), anger (30 percent), substance abuse (23 percent), and social support (20 percent), though these categories were not exclusive and many veterans endorsed more than one category. Multiple psychosocial concerns reported by veterans suggest the need for targeted social work intervention.

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[http://jammonline.com/?page=article&article\\_id=17010](http://jammonline.com/?page=article&article_id=17010)

## **Mental Health in Spouses of Iraq-Iran War Veterans With PTSD.**

Arsia Taghva; Parviz Dabbaghi; Susan Shafighi; Seyyed Mohammad Ali Mortazaviha; and Vahid Donyavi

Journal of Archives in Military Medicine. 2(1): E17010

### **Background:**

Mental challenges are among the most frequent complications of wars, afflicting individuals directly or indirectly involved in military confrontations. Post-traumatic stress disorder (PTSD) is one of the most common disorders in such situations.

### **Objectives:**

Our goal is to assess mental health of spouses of Iraq-Iran war veterans with post-traumatic stress disorder (PTSD).

### **Materials and Methods:**

In this cross-sectional study, two groups of the spouses of the veterans, 40 cases diagnosed with PTSD as the case group and 40 cases who were not, as the control group, were enrolled into the study and compared. Mental health was assessed using the general health questionnaire (GHQ-28) which has four major domains including somatic symptoms, anxiety and insomnia, depression, and social malfunction.

### **Results:**

Twenty-two patients (55%) in case group and 11 patients (27.5%) in control group had impaired general health status ( $P < 0.05$ ,  $P$  value = 0.02). Nineteen patients (47.5%) in case group and 9 patients (22.5%) in control group complained of somatic symptoms ( $P$  value = 0.001). Anxiety and insomnia (45% vs. 22.5%) ( $P$  value = 0.002) and depression (47.5% vs. 25%) ( $P$  value = 0.008) were more common in the case group.

### **Conclusions:**

Although imposed Iran-Iraq war ended 25 years ago, we observed that spouses of veterans with PTSD have more somatic complaints and poorer mental health compared to spouses of veterans without PTSD. Further studies seem essential regarding proper management and provision of psychology consultation services along with medical treatments to raise mental health of their spouses.

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<http://dc.etsu.edu/etd/2318/>

## **Explaining Combat Related Posttraumatic Stress Disorder: An Integrated Mental Illness and Military Process Model**

Mandi F. Deitz, East Tennessee State University

Degree Name: PhD (Doctor of Philosophy)

Program: Psychology

Date of Award: 8-2014

The purpose of the current study was to examine a process model of combat-related and mental-illness related processes that explain increased likelihood of Posttraumatic Stress Disorder (PTSD). This dissertation proposed the development of PTSD may occur due to cultural, social, and self-related pathways associated with veterans' dual encounters with combat (i.e., severity) and mental illness symptoms. Participants were 195 military veterans recruited from multiple sites and strategies to maximize sample size and representation. Participants were asked to complete several self-administered assessment inventories, including: the Posttraumatic Stress Disorder Checklist-Military, the Trauma Symptom Checklist, the Combat Experiences scale, the Self-Stigma of Mental Illness Scale, an adapted version of the Iraq War Attitude Scale, a perceptions scale, an adapted version of the Likelihood of Disclosure Scale, the Unit Support Scale, the Post-Deployment Support Scale, the UCLA Loneliness Scale (Version 3), as well as covariates that included demographics and details of military service (e.g., deployment information). Overall, results revealed that the impaired social support indicator of social isolation was linked to PTSD, whereas impaired unit support and impaired postdeployment support were not predictive of PTSD. Results also revealed that it is the cultural stereotypes and stigma associated with military and war but not of mental illness that plays a role in social isolation and subsequently PTSD. Overall, evidence supports the combined explanations of combat-related processes and mental illness processes in understanding likelihood of PTSD.

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<http://link.springer.com/article/10.1007/s11930-014-0018-6>

## **A Review of Sexual Health Among Lesbian, Gay, and Bisexual Veterans.**

Michael R. Kauth, Colton Meier, David M. Latini

Current Sexual Health Reports

March 2014

Research on the sexual health of lesbian, gay, and bisexual (LGB) military veterans is limited. Nevertheless, studies have identified significant health concerns such as depression, anxiety, problem drinking, smoking, and cardiovascular disease that contribute to poor sexual health and sexual problems. Research on health disparities among LGB individuals and veterans generally suggests that sexual minority status and military service place LGB veterans at even greater risk of poor sexual health. It is possible that concealment of sexual orientation during military service contributed to health risks. The VHA has begun raising awareness of veterans' sexual health needs, particularly LGB and transgender veterans. Additional research in this area and a positive sexual health approach by providers can begin to address the needs of LGB veterans. A positive sexual health approach would also benefit heterosexuals and non-veterans.

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<http://hsw.oxfordjournals.org/content/early/2014/02/20/hsw.hlu005.full>

### **Fathering after Military Deployment: Parenting Challenges and Goals of Fathers of Young Children.**

Tova B. Walsh, Carolyn J. Dayton, Michael S. Erwin, Maria Muzik, Alexandra Busuito and Katherine L. Rosenblum

Health Social Work (2014)

First published online: February 20, 2014

Although often eagerly anticipated, reunification after deployment poses challenges for families, including adjusting to the parent–soldier's return, re-establishing roles and routines, and the potentially necessary accommodation to combat-related injuries or psychological effects. Fourteen male service members, previously deployed to a combat zone, parent to at least one child under seven years of age, were interviewed about their relationships with their young children. Principles of grounded theory guided data analysis to identify key themes related to parenting young children after deployment. Participants reported significant levels of parenting stress and identified specific challenges, including difficulty reconnecting with children, adapting expectations from military to family life, and coparenting. Fathers acknowledged regret about missing an important period in their child's development and indicated a strong desire to improve their parenting skills. They described a need for support in expressing emotions, nurturing, and managing their tempers. Results affirm the need for support to military families during reintegration and demonstrate that military fathers are receptive to opportunities to engage in parenting interventions. Helping fathers understand their children's behavior in the context of age-typical responses to separation and reunion may help them to renew parent–child relationships and reengage in optimal parenting of their young children.

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<http://hsw.oxfordjournals.org/content/early/2014/02/25/hsw.hlu001.abstract>

## **Engaging OEF/OIF/OND Military Parents in a Home-Based Reintegration Program: A Consideration of Strategies.**

Abigail M. Ross and Ellen R. DeVoe

Health Social Work

First published online: February 25, 2014

For more than a decade, the long wars in Afghanistan and Iraq have placed tremendous and cumulative strain on U.S. military personnel and their families. The high operational tempo, length, and number of deployments—and greater in-theater exposure to threat—have resulted in well-documented psychological health concerns among service members and veterans. In addition, there is increasing and compelling evidence describing the significant deleterious impact of the deployment cycle on family members, including children, in military-connected families. However, rates of engagement and service utilization in prevention and intervention services continue to lag far below apparent need among service members and their families, because of both practical and psychological barriers. The authors describe the dynamic and ultimately successful process of engaging military families with young children in a home-based reintegration program designed to support parenting and strengthen parent–child relationships as service member parents move back into family life. In addition to the integration of existing evidence-based engagement strategies, the authors applied a strengths-based approach to working with military families and worked from a community-based participatory foundation to enhance family engagement and program completion. Implications for engagement of military personnel and their loved ones are discussed.

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<http://link.springer.com/article/10.1007/s12207-014-9186-y>

## **One Quintillion Ways to Have PTSD Comorbidity: Recommendations for the Disordered DSM-5.**

Gerald Young, Craig Lareau, Brandon Pierre

Psychological Injury and Law

February 2014

Galatzer-Levy and Bryant (*Perspect Psychol Sci* 8:651–662, 2013) have calculated the number of ways that Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5; American Psychiatric Association, 2013) posttraumatic stress disorder (PTSD) symptoms can be combined as over 600,000. They concluded that the amount is astounding and the category is rendered amorphous. PTSD often occurs in the context of polytrauma or comorbidity. The epidemiological literature indicates that the most common comorbid conditions in cases of PTSD include major depressive disorder (MDD), chronic pain, neurocognitive disorder due to traumatic brain injury (e.g., mild), and alcohol use disorder, with premorbid personality disorder possible, as well (which we consider as exacerbated due to the traumatic incident at issue, as in borderline personality disorder). We calculated the possible symptom combinations for each of these disorders and then in comorbid combination with PTSD (e.g., PTSD with MDD, but also when all six conditions are present). The number of symptom combinations in full polytrauma involving all six conditions listed is truly astounding, over one quintillion. Also, we reviewed the range of PTSD comorbidities, which adds to the symptom heterogeneity in cases. We make recommendations to prioritize symptoms in disorders as primary (e.g., unique, marker), secondary (e.g., core essential), and tertiary (e.g., common, cross-diagnostic). The latter tertiary type of symptoms in a disorder, if any, should be kept apart in its own criterion. This approach might help make the next version of the DSM more clinically useful both to clinicians and to court.

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<http://bjp.rcpsych.org/content/early/2014/02/19/bjp.bp.113.134627.abstract>

### **Violent behaviour and post-traumatic stress disorder in US Iraq and Afghanistan veterans.**

Eric B. Elbogen, Sally C. Johnson, H. Ryan Wagner, Connor Sullivan, Casey T. Taft and Jean C. Beckham

British Journal of Psychiatry

Published online ahead of print February 27, 2014

#### **Background**

Violence towards others in the community has been identified as a significant problem for a subset of Iraq and Afghanistan veterans.

#### **Aims**

To investigate the extent to which post-traumatic stress disorder (PTSD) and other risk factors

predict future violent behaviour in military veterans.

#### Method

A national, multiwave survey enrolling a random sample of all US veterans who served in the military after 11 September 2001 was conducted. A total of 1090 veterans from 50 US states and all military branches completed two survey waves mailed 1 year apart (retention rate = 79%).

#### Results

Overall, 9% endorsed engaging in severe violence and 26% in other physical aggression in the previous year, as measured at Wave 2. Younger age, financial instability, history of violence before military service, higher combat exposure, PTSD, and alcohol misuse at Wave 1 were significantly associated with higher severe violence and other physical aggression in the past year at Wave 2. When combinations of these risk factors were present, predicted probability of violence in veterans rose sharply. Veterans with both PTSD and alcohol misuse had a substantially higher rate of subsequent severe violence (35.9%) compared with veterans with alcohol misuse without PTSD (10.6%), PTSD without alcohol misuse (10.0%) or neither PTSD nor alcohol misuse (5.3%). Using multiple regression, we found that veterans with PTSD and without alcohol misuse were not at significantly higher risk of severe violence than veterans with neither PTSD nor alcohol misuse. There was a trend for other physical aggression to be higher in veterans with PTSD without alcohol misuse.

#### Conclusions

Co-occurring PTSD and alcohol misuse was associated with a marked increase in violence and aggression in veterans. Compared with veterans with neither PTSD nor alcohol misuse, veterans with PTSD and no alcohol misuse were not significantly more likely to be severely violent and were only marginally more likely to engage in other physical aggression. Attention to cumulative effects of multiple risk factors beyond diagnosis - including demographics, violence history, combat exposure, and veterans' having money to cover basic needs like food, shelter, transportation, and medical care - is crucial for optimising violence risk management.

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<http://asm.sagepub.com/content/early/2014/02/26/1073191114524014.abstract>

### **Examining the Factor Structure of the Connor–Davidson Resilience Scale (CD-RISC) in a Post-9/11 U.S. Military Veteran Sample.**

#### Assessment

Published online before print February 27, 2014

The present study examined the structural validity of the 25-item Connor–Davidson Resilience Scale (CD-RISC) in a large sample of U.S. veterans with military service since September 11,

2001. Participants (N = 1,981) completed the 25-item CD-RISC, a structured clinical interview and a self-report questionnaire assessing psychiatric symptoms. The study sample was randomly divided into two subsamples: an initial sample (Sample 1: n = 990) and a replication sample (Sample 2: n = 991). Findings derived from exploratory factor analysis (EFA) did not support the five-factor analytic structure as initially suggested in Connor and Davidson's instrument validation study. Although parallel analyses indicated a two-factor structural model, we tested one to six factor solutions for best model fit using confirmatory factor analysis. Results supported a two-factor model of resilience, composed of adaptability- (8 items) and self-efficacy-themed (6 items) items; however, only the adaptability-themed factor was found to be consistent with our view of resilience—a factor of protection against the development of psychopathology following trauma exposure. The adaptability-themed factor may be a useful measure of resilience for post-9/11 U.S. military veterans.

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<http://www.sciencedirect.com/science/article/pii/S1550830714000330>

### **Reductions in Pain, Depression, and Anxiety Symptoms after PTSD Remediation in Veterans.**

Dawson Church, PhD

EXPLORE: The Journal of Science and Healing

Available online 26 February 2014

A randomized controlled trial of veterans with clinical levels of PTSD symptoms found significant improvements after EFT (Emotional Freedom Techniques). Although pain, depression, and anxiety were not the primary targets of treatment, significant improvements in these conditions were noted. Subjects (N = 59) received 6 sessions of EFT coaching supplementary to primary care. They were assessed using the SA-45, which measures 9 mental health symptom domains, and also has 2 general scales measuring the breadth and depth of psychological distress. Anxiety and depression both reduced significantly, as did the breadth and depth of psychological symptoms. Pain decreased significantly during the intervention period (– 41%,  $p < .0001$ ). Subjects were followed at 3 and 6 months, revealing significant relationships between PTSD, depression, and anxiety at several assessment points. At follow-up, pain remained significantly lower than at pretest. The results of this study are consistent with other reports showing that, as PTSD symptoms are reduced, general mental health improves, and pain levels drop. The ability of EFT to produce reliable and long-term gains after relatively brief interventions indicates its utility in reducing the estimated trillion-dollar cost of treating veteran mental health disorders in the coming years.

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<http://psycnet.apa.org/journals/ser/11/1/68/>

**Secondary trauma and ethical obligations for military psychologists: Preserving compassion and competence in the crucible of combat.**

Johnson, W. Brad; Bertschinger, Michael; Snell, Alicia K.; Wilson, Amber

Psychological Services, Vol 11(1), Feb 2014, 68-74. doi: 10.1037/a0033913  
Special Section: Secondary Trauma and Burnout

Current ethical guidelines require psychologists to self-assess competence and take steps to limit or discontinue clinical work when they can no longer render competent care. Yet even in the best of circumstances, human beings—psychologists included—are not very good at evaluating their own performance. Moreover, when psychologists are deployed to combat zones and work constantly with severely traumatized and injured service members, evidence suggests that they become vulnerable to compassion fatigue and secondary trauma syndromes. In this article, we consider the unique threats to competence faced by military clinical psychologists. We conclude with several specific recommendations for deployed military clinical psychologists themselves and for the community leaders tasked with training and supervising them. (PsycINFO Database Record (c) 2014 APA, all rights reserved)

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<http://www.tandfonline.com/doi/abs/10.1080/15398285.2014.869170>

**The National Center for PTSD.**

Karen Evans, Saori Wendy Herman

Journal of Consumer Health On the Internet

Vol. 18, Iss. 1, 2014

The National Center for PTSD, part of the United States Department of Veterans Affairs, provides a myriad of resources on post-traumatic stress disorder (PTSD) for military and civilian personnel. The site offers information for the public (those suffering from PTSD, family, friends) and professionals (clinicians and health professionals). The resources encompass research from the National Center and outside research entities. Additional information sources include About Face, a program where military personnel discuss their PTSD via video and clinicians discuss treatment options and how treatment can help those suffering from PTSD. Access to PILOTS, a database providing citation and abstract information for publications, is available.

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<http://onlinelibrary.wiley.com/doi/10.1002/da.22240/abstract>

## **An Investigation of the Interactive Effects of the Capability for Suicide and Acute Agitation on Suicidality in a Military Sample.**

Ribeiro, J. D., Bender, T. W., Buchman, J. M., Nock, M. K., Rudd, M. D., Bryan, C. J., Lim, I. C., Baker, M. T., Knight, C., Gutierrez, P. M. and Joiner, T. E.

Depression and Anxiety

Article first published online: 22 FEB 2014

### **Background**

According to the interpersonal theory of suicide (1, 2), the difficulties inherently associated with death by suicide deter many individuals from engaging in suicidal behavior. Consistent with the notion that suicide is fearsome, acute states of heightened arousal are commonly observed in individuals immediately prior to lethal and near-lethal suicidal behavior. We suggest that among individuals who possess elevated levels of the capability for suicide, the heightened state of arousal experienced during periods of acute agitation may facilitate suicidal behavior in part because it would provide the necessary energy to approach a potentially lethal stimulus. Among individuals who are low on capability, the arousal experienced during agitation may result in further avoidance.

### **Methods**

In the present project we examine how acute agitation may interact with the capability for suicide to predict suicidality in a large military sample ( $n = 1,208$ ) using hierarchical multiple regression.

### **Results**

Results were in line with a priori hypotheses: among individuals high on capability, as agitation increases, suicidality increases whereas as agitation increases among individuals low on capability, suicidality decreases. Results held beyond the effects of thwarted belongingness, perceived burdensomeness, and suicidal cognitions.

### **Conclusions**

Beyond further substantiating the link between agitation and suicide, findings of the present study provide evidence for the construct validity of the acquired capability as well as offer initial evidence for moderating role of capability on the effect of agitation on suicide. Limitations of the current study highlight a need for future research that improves upon the techniques used in the present study. Implications for science and practice are discussed.

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<http://omicsgroup.org/journals/post-traumatic-stress-disorder-ptsd-as-an-over-activation-of-sympathetic-nervous-system-an-alternative-view-2167-1222.1000181.php?aid=23398>

## **Post Traumatic Stress Disorder (PTSD) as an Over Activation of Sympathetic Nervous System: An Alternative View.**

Eugene Lipov

Trauma & Treatment

Published December 26, 2013

Stress and trauma are a part of the human condition. Trauma that is a catastrophic stressor, being defined as “outside the range of usual human experience” such as war, torture, rape, or natural disaster commonly leads to PTSD. Stressors can be physical, emotional, or a combination of both. Current treatment modalities for treating PTSD include conventional pharmaceuticals together with psychological therapeutics including cognitive processing therapy (CPT), exposure therapy and a number of other approaches. The success rates of combined therapies noted above is dangerously low, considering the acute need for successful treatments. The necessity to change the treatment paradigm from the conventional to more effective approaches cannot be over stated. Fortunately, sympathetic nervous system (SNS) modulation treatments are currently available, and are showing significant promise in the treatment of PTSD. One recent innovation is stellate ganglion block which is a selective sympathetic injection that can lead to normalization of over active SNS. In the near future, a combination of SNS based therapeutics with current approaches may lead to a marked improvement in the PTSD therapy success rates.

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<http://www.biomedcentral.com/1471-244X/14/67/abstract>

## **The effectiveness of integrated treatment in patients with substance use disorders co-occurring with anxiety and/or depression - a group randomized trial.**

Linda E Wüsthoff, Helge Waal and Rolf W Gråwe

BMC Psychiatry 2014, 14:67

Published: 5 March 2014

Background

Integrated Treatment (IT) has proved effective in treating patients with Substance Use Disorders

(SUD) co-occurring with severe Mental Disorders (MD), less is known about the effectiveness of IT for patients with SUD co-occurring with less severe MD. The aim of this study was to investigate the effectiveness of IT for patients with SUD co-occurring with anxiety and/or depression on the following parameters: 1. The use of substances, as measured by the Alcohol Use Identification Test (AUDIT), the Drug Use Identification Test (DUDIT), and the Addiction Severity Index (EuropASI). 2. The severity of psychiatric symptoms, as measured by the Symptom Check List 90 r (SCL 90R). 3. The client's motivation for changing his/her substance use behaviour, as measured by the Substance Abuse Treatment Scale (SATSr).

## Methods

This is a group randomized clinical trial comparing the effectiveness of IT to treatment as usual in Community Mental Health Centres (CMHCs). Five CMHCs were drawn to the Intervention Group (IG) and four CMHCs to the Control Group (CG). The allocation to treatment conditions was not blinded. New referrals were screened with the AUDIT and the DUDIT. Those who scored above the cut-off level of these instruments were assessed with the Structured Clinical Interview for DSM-IV 1 and 2. We included patients with anxiety and/or depression together with one or more SUDs.

## Results

We included 55 patients in the IG and 21 in the CG. A linear multilevel model was used. Both groups reduced their alcohol and substance use during the trial, while there was no change in psychiatric symptoms in either group. However, the IG had a greater increase in motivation for substance use treatment after 12 months than had the CG with an estimate of 1.76,  $p = 0.043$ , CI95% (0.08; 3.44) (adjusted analyses). There were no adverse events.

## Conclusion

Integrated treatment is effective in increasing the motivation for treatment amongst patients with anxiety and/or depression together with SUD in outpatient clinics.

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<http://www.ncbi.nlm.nih.gov/pubmed/24587566>

Sleep. 2014 Mar 1;37(3):445-52. doi: 10.5665/sleep.3472.

## **Associations between Subjective Sleep Quality and Brain Volume in Gulf War Veterans.**

Chao LL, Mohlenhoff BS, Weiner MW1, Neylan TC.

### STUDY OBJECTIVES:

To investigate whether subjective sleep quality is associated with brain volume independent of comorbid psychiatric conditions.



DESIGN:

Cross-sectional.

SETTING:

Department of Veterans Affairs (VA) Medical Center. PARTICIPANTS: One hundred forty-four Gulf War Veterans (mean age 45 years; range: 31-70 years; 14% female).

INTERVENTIONS:

None.

MEASUREMENTS AND RESULTS:

Total cortical, lobar gray matter, and hippocampal volumes were quantified from 1.5 Tesla magnetic resonance images using Freesurfer version 4.5. Subjective sleep quality was assessed with the Pittsburgh Sleep Quality Index (PSQI). Multiple linear regressions were used to determine the association of sleep quality with total and regional brain volumes. The global PSQI score was positively correlated with lifetime and current posttraumatic stress disorder (PTSD) and current depressive symptoms ( $P < 0.001$ ) and was higher in veterans with Gulf War Illness, trauma exposure, and those using psychotropic medication ( $P \leq 0.03$ ). After adjusting for these comorbid variables, age, intracranial volume, and multiple comparisons, global PSQI was inversely associated with total cortical and frontal gray matter volume (adjusted  $P \leq 0.03$ ). Within the frontal lobe, total PSQI was inversely associated with the superior and middle frontal, orbitofrontal, anterior cingulate, and frontal pole volumes (adjusted  $P \leq 0.02$ ). Examination of the 3-factor structure of the PSQI revealed that the associations were driven by perceived sleep quality.

CONCLUSIONS:

Poorer subjective sleep quality was associated with reduced total cortical and regional frontal lobe volumes independent of comorbid psychiatric conditions. Future work will be needed to examine if effective treatment of disturbed sleep leads to improved structural and functional integrity of the frontal lobes.

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<http://www.ncbi.nlm.nih.gov/pubmed/24581908>

Arch Phys Med Rehabil. 2014 Mar;95(3S):S230-S237. doi: 10.1016/j.apmr.2013.08.297.

**Systematic Review of Prognosis After Mild Traumatic Brain Injury in the Military: Results of the International Collaboration on Mild Traumatic Brain Injury Prognosis.**

Boyle E, Cancelliere C, Hartvigsen J, Carroll LJ, Holm LW, Cassidy JD.

OBJECTIVE:

The World Health Organization Collaborating Centre Task Force on Mild Traumatic Brain Injury

(MTBI) published its findings on the prognosis of MTBI in 2004. This is an update of that review with a focus on deployed military personnel.

#### DATA SOURCES:

Relevant literature published between January 2001 and February 2012 listed in MEDLINE and 4 other databases.

#### STUDY SELECTION:

Controlled trials and cohort and case-control studies were selected according to predefined criteria. After 77,914 titles and abstracts were screened, 13 articles were rated eligible for this review and 3 (23%) with a low risk of bias were accepted. Two independent reviewers critically appraised eligible studies using a modification of the Scottish Intercollegiate Guidelines Network criteria.

#### DATA EXTRACTION:

The reviewers independently extracted data from eligible studies and produced evidence tables.

#### DATA SYNTHESIS:

The evidence was synthesized qualitatively and presented in evidence tables. Our findings are based on 3 studies of U.S. military personnel who were deployed in Iraq or Afghanistan. We found that military personnel with MTBI report posttraumatic stress disorder and postconcussive symptoms. In addition, reporting of postconcussive symptoms differed on the basis of levels of combat stress the individuals experienced. The evidence suggests a slight decline in neurocognitive function after MTBI, but this decline was in the normal range of brain functioning.

#### CONCLUSIONS:

We found limited evidence that combat stress, posttraumatic stress disorder, and postconcussive symptoms affect recovery and prognosis of MTBI in military personnel. Additional high-quality research is needed to fully assess the prognosis of MTBI in military personnel. Copyright © 2014 American Congress of Rehabilitation Medicine. Published by Elsevier Inc. All rights reserved.

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<http://www.ncbi.nlm.nih.gov/pubmed/24577847>

Depress Anxiety. 2014 Feb 27. doi: 10.1002/da.22239. [Epub ahead of print]

#### **Lay providers can deliver effective cognitive behavior therapy for older adults with generalized anxiety disorder: a randomized trial.**

Stanley MA, Wilson NL, Amspoker AB, Kraus-Schuman C, Wagener PD, Calleo JS, Cully JA, Teng E, Rhoades HM, Williams S, Masozera N, Horsfield M, Kunik ME

## BACKGROUND:

The Institute of Medicine recommends developing a broader workforce of mental health providers, including nontraditional providers, to expand services for older adults. Cognitive behavior therapy (CBT) is effective for late-life generalized anxiety disorder (GAD), but no study has examined outcomes with delivery by lay providers working under the supervision of licensed providers. The current study examined the effects of CBT delivered by lay, bachelor-level providers (BLP) relative to Ph.D.-level expert providers (PLP), and usual care (UC) in older adults with GAD.

## METHODS:

Participants were 223 older adults (mean age, 66.9 years) with GAD recruited from primary care clinics at two sites and assigned randomly to BLP (n = 76), PLP (n = 74), or UC (n = 73). Assessments occurred at baseline and 6 months. CBT in BLP and PLP included core and elective modules (3 months: skills training; 3 months: skills review) delivered in person and by telephone, according to patient choice.

## RESULTS:

CBT in both BLP and PLP groups significantly improved GAD severity (GAD Severity Scale), anxiety (Spielberger State-Trait Anxiety Inventory; Structured Interview Guide for the Hamilton Anxiety Scale), depression (Patient Health Questionnaire), insomnia (Insomnia Severity Index), and mental health quality of life (Short-Form-12), relative to UC. Response rates defined by 20% reduction from pre- to posttreatment in at least three of four primary outcomes were higher for study completers in BLP and PLP relative to UC (BLP: 38.5%; PLP: 40.0%; UC: 19.1%).

## CONCLUSION:

Lay providers, working under the supervision of licensed providers, can deliver effective CBT. Published 2014. This article is a U.S. Government work and is in the public domain in the USA.

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## Links of Interest

Suicide in the military: Army-NIH funded study points to risk and protective factors

<http://www.nih.gov/news/health/mar2014/nimh-03.htm>

and this New York Times story:

Suicidal Tendencies Are Evident Before Deployment, Study Finds

<http://www.nytimes.com/2014/03/04/science/suicidal-tendencies-are-evident-before-deployment-study-finds.html>

9th Annual Amygdala, Stress and PTSD Conference: Bench to Bedside

22 April 2014 , USU Sanford Auditorium

<http://www.amygdalaptsdconference.org>

Soldiers survive combat, then lose their jobs

<http://www.usatoday.com/story/news/nation/2014/02/24/soldiers-troops-fired-reduction-downsizing/5560515/>

Dear Military Spouses: I'm Sorry

[http://www.huffingtonpost.com/kayla-williams/dear-military-spouses-im-sorry\\_b\\_4855838.html](http://www.huffingtonpost.com/kayla-williams/dear-military-spouses-im-sorry_b_4855838.html)

Psychological side-effects of anti-depressants worse than thought

<http://www.sciencedaily.com/releases/2014/02/140225122429.htm>

Ex-VA doctor says she was forced out after limiting opiate prescriptions

<http://cironline.org/reports/ex-va-doctor-says-she-was-forced-out-after-limiting-opiate-prescriptions-6051>

Veterans at Home, on a Mission of Compassion

<http://opinionator.blogs.nytimes.com/2014/02/26/returning-veterans-on-a-mission-of-compassion/>

Medal of Honor Recipient Waging War on PTSD

<http://www.military.com/daily-news/2014/02/25/medal-of-honor-recipient-waging-war-on-ptsd.html>

Social Work tackles military and veteran issues

<http://cir.usc.edu/news/2014/02/social-work-tackles-military-and-veteran-issues>

Navy psychiatrist's acupuncture, meditation methods embraced by special operators

<http://www.navytimes.com/article/20140302/NEWS/303020007/Navy-psychiatrist-s>

Why Hospitals Are Failing Civilians Who Get PTSD

<http://www.propublica.org/article/why-hospitals-are-failing-civilians-who-get-ptsd>

LSD, Reconsidered for Therapy

<http://www.nytimes.com/2014/03/04/health/lsd-reconsidered-for-therapy.html>

American Music Therapy Association Releases White Paper on Music Therapy & Military

[http://www.musictherapy.org/amta\\_releases\\_white\\_paper\\_on\\_music\\_therapy\\_military/](http://www.musictherapy.org/amta_releases_white_paper_on_music_therapy_military/)

Vietnam Veterans Sue Military Over PTSD

<http://www.military.com/daily-news/2014/03/03/vietnam-veterans-sue-military-over-ptsd.html>

Suicide in apparently well-functioning young men

<http://www.sciencedaily.com/releases/2014/02/140226074923.htm>

Too Often, Doctors Miss Suicide's Warning Signs: Study  
[http://www.nlm.nih.gov/medlineplus/news/fullstory\\_144851.html](http://www.nlm.nih.gov/medlineplus/news/fullstory_144851.html)

Opioid prescribing patterns examined in related research letter, study  
[http://www.eurekalert.org/pub\\_releases/2014-03/tjn-opp030314.php](http://www.eurekalert.org/pub_releases/2014-03/tjn-opp030314.php)  
("Bottom Line: Most people who use opioid painkillers without a physician's prescription initially get them from friends or relatives for free, but as the number of days of use increase sources for the medications expand to include prescriptions from physicians and purchases from friends, relatives, drug dealers or strangers.")

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## Resource of the Week: [National Center for Biotechnology Information Bookshelf](#)

The [National Center for Biotechnology](#), part of the [National Library of Medicine](#), "provides free access to books and documents in life science and healthcare." There is a lot of good stuff here, but it seems difficult to browse by subject; I could not find a category for psychology or mental health.

The screenshot shows the NCBI Bookshelf website. At the top, there is a navigation bar with "NCBI Resources" and "How To" menus, and a "Sign in to NCBI" link. Below this is a search bar with a "Books" dropdown menu and a "Search" button. There are also links for "Browse Titles", "Limits", and "Advanced".

The main content area features a large image of green, textured biological structures on the left. To the right, the "Bookshelf" title is displayed above a descriptive paragraph: "Bookshelf provides free access to books and documents in life science and healthcare. A vital node in the data-rich resource network at NCBI, Bookshelf enables users to easily browse, retrieve, and read content, and spurs discovery of related information."

Below the main content, there are three columns of links:

- Using Bookshelf:** Quick Start Guide, FAQ, Tutorials, Bookshelf News, Copyright and Permissions.
- Read:** Browse Titles, New Releases.
- Participate:** Authors and Publishers, How to Apply, Participation Agreement.

At the bottom, there are three more sections:

- New & Updated:** Health IT and Patient Safety: Building Safer Systems for Better Care [Internet]. Committee on Patient Safety and Health Information Technology; Institute of Medicine. Washington (DC): National Academies Press (US); 2011 Nov 10. OECD Guidelines on Measuring Subjective Well-being [Internet]. Organisation for Economic Co-operation and Development (OECD). Paris: OECD Publishing; 2013 Mar 20. Research in the Life Sciences with Dual Use Potential: An International Faculty Development Project on Education About the Responsible Conduct of Science [Internet]. Committee on Developing a Framework for an International Faculty Development Project on Education about Research in the Life Sciences with Dual Use Potential; National Center for Biotechnology Information (NCBI). Washington (DC): National Center for Biotechnology Information (NCBI); 2013.
- Featured Titles:** Chronic Heart Failure: National Clinical Guideline for Diagnosis and Management in Primary and Secondary Care: Partial Update [Internet]. NICE Clinical Guidelines, No. 108. National Clinical Guideline Centre (UK). London: Royal College of Physicians (UK); 2010 Aug. Coffee Break: Tutorials for NCBI Tools [Internet]. Dean L, McEntyre J, editors. Bethesda (MD): National Center for Biotechnology Information (US); 1999-. A Guide to Family Health History. Genetic Alliance. Washington (DC): Genetic Alliance; 2006. Substance Abuse Treatment: Addressing the Specific Needs of Women. Treatment Improvement Protocol (TIP) Series, No. 51. Center for Substance Abuse Treatment.
- More Information:** NLM Literature Archive, Open Access Subset, Librarians.

The search engine is also not that great; you can search for authors or title keywords, but not for specific subjects/topics. It's kind of a shame, since there's a lot of good stuff here that might get overlooked. But it's worth trying various subject terms to see what comes up.

**Browse Titles**  
 Select a category or enter filter term below.  
 Filter term:  in

**Subjects**  
 All Subjects  
 Health Care (6)  
 Evidence-based Medicine (3)  
 Health Policy (1)  
 Neurosciences (1)  
 More







**Types**  
 All Types  
 Report (6)  
 Book (1)  
 More

**Publishers**  
 All Publishers  
 Department of Veterans Affairs (US) (3)  
 Agency for Healthcare Research and Quality (US) (2)  
 CRC Press/Taylor and Francis Group (1)  
 US Department of Health and Human Services (1)  
 More

**Versions/Editions**  
 Current titles in Bookshelf  
 Include previous versions/editions

**Display Settings:**  Sorted by Pub Date (Reverse) [Send to:](#)  [Save link:](#)


**7 Titles for "suicide"**

-  [Screening for Suicide Risk in Primary Care: A Systematic Evidence Review for the U.S. Preventive Services Task Force \[Internet\].](#)  
 O'Connor E, Gaynes B, Burda BU, et al.  
 Rockville (MD): Agency for Healthcare Research and Quality (US); 2013 Apr. (Evidence Syntheses, No. 103).  
 Report | Health Care
-  [2012 National Strategy for Suicide Prevention: Goals and Objectives for Action: A Report of the U.S. Surgeon General and of the National Action Alliance for Suicide Prevention.](#)  
 Office of the Surgeon General (US); National Action Alliance for Suicide Prevention (US).  
 Washington (DC): US Department of Health & Human Services (US); 2012 Sep.  
 Report | Health Care, Health Policy
-  [Suicide Prevention Interventions and Referral/Follow-Up Services: A Systematic Review \[Internet\].](#)  
 O'Neil ME, Peterson K, Low A, et al.  
 Washington (DC): Department of Veterans Affairs; 2012 Mar.  
 Report | Evidence-based Medicine, Health Care
-  [Suicide Risk Factors and Risk Assessment Tools: A Systematic Review \[Internet\].](#)  
 Haney EM, O'Neil ME, Carson S, et al.  
 Washington (DC): Department of Veterans Affairs; 2012 Mar.  
 Report | Evidence-based Medicine, Health Care
-  [The Neurobiological Basis of Suicide.](#)  
 Dwivedi Y, editor.  
 Boca Raton (FL): CRC Press; 2012.  
 Book | Neurosciences
-  [Strategies for Suicide Prevention in Veterans \[Internet\].](#)  
 Shekelle P, Bagley S, Munjas B.  
 Washington (DC): Department of Veterans Affairs (US); 2009 Jan.  
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*Treatment Improvement Protocol (TIP) Series, No. 51*  
 Center for Substance Abuse Treatment.  
 Rockville (MD): [Substance Abuse and Mental Health Services Administration \(US\)](#); 2009.  
 Report No.: (SMA) 09-4426  
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The primary goal of this TIP, Substance Abuse Treatment: Addressing the Specific Needs of Women, is to assist substance abuse treatment providers in offering effective, up-to-date treatment to adult women with substance use disorders. This TIP reviews gender-specific research and best practices beginning with the common patterns of initiation of substance use among women and extending to specific treatment issues and strategies across substance abuse treatment services. In the last 15 years, women-specific substance abuse research and gender-responsive treatment strategies have dramatically increased, thus providing this TIP with a wealth of women-specific resources to guide its development. This TIP provides clinical and administrative information to assist counselors, clinical supervisors, program administrators, and others working with female clients with substance use disorders on how they can best respond to the specific treatment needs of women. The TIP will provide researchers and clinicians with a guide to sources of information and topics for further inquiry.

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