



CDP Research Update -- March 27, 2014

What's Here:

- Employment Situation of Veterans -- 2013
- Types of PTSD Providers and their Training (PTSD Monthly Update)
- A Guide to the Literature on Partial PTSD (PTSD Research Quarterly)
- Clinician's Trauma Update (National Center for PTSD)
- Traumatic Brain Injury, PTSD, and Current Suicidal Ideation Among Iraq and Afghanistan U.S. Veterans.
- PTSD Symptoms and Pain in Canadian Military Veterans: The Mediating Roles of Anxiety, Depression, and Alcohol Use.
- Unique PTSD Clusters Predict Intention to Seek Mental Health Care and Subsequent Utilization in US Veterans with PTSD Symptoms.
- Validation of lay-administered mental health assessments in a large Army National Guard cohort.
- Reintegrating National Guard Soldiers After Deployment: Implications and Considerations.
- Anticipating the Traumatic Brain Injury–Related Health Care Needs of Women Veterans After the Department of Defense Change in Combat Assignment Policy.
- Long-Married, Long-Military Couples in the Post 9/11 Era
- Turning Points and Trajectories in Military Deployment.
- Nonsuicidal Self-Injury Among a Sample of United States Military Personnel and Veterans Enrolled in College Classes.
- Editorial: Veterans of Combat: Still at Risk when the Battle is Over
- Combat Exposure Factors Associated With the Likelihood of Behavioral and Psychiatric Issues.
- Prevalence of Childhood Abuse Among Army National Soldiers and Its Relationship to Adult Suicidal Behavior.
- Impact of Combat Deployment and Posttraumatic Stress Disorder on Newly Reported

Coronary Heart Disease Among US Active Duty and Reserve Forces.

- The Importance of Group Cohesion in Inpatient Treatment of Combat-Related PTSD.
- Mindfulness-based cognitive therapy (MBCT) versus the health-enhancement program (HEP) for adults with treatment-resistant depression: a randomized control trial study protocol.
- Perceived Outcomes of Military-Extension Adventure Camps for Military Personnel and Their Teenage Children.
- Sleep Diaries of Vietnam War Veterans With Chronic PTSD: The Relationships Among Insomnia Symptoms, Psychosocial Stress, and Nightmares.
- Trauma exposure and sleep: using a rodent model to understand sleep function in PTSD.
- Recent medical service utilization and health conditions associated with a history of suicide attempts.
- Social Support and Positive Events as Suicide Resiliency Factors: Examination of Synergistic Buffering Effects.
- The Repeated Episodes of Self-Harm (RESH) score: A tool for predicting risk of future episodes of self-harm by hospital patients.
- Probing the Implicit Suicidal Mind: Does the Death/Suicide Implicit Association Test Reveal a Desire to Die, or a Diminished Desire to Live?
- Risk stratification using data from electronic medical records better predicts suicide risks than clinician assessments.
- Protective and Risk Factors for Inpatient Suicides: a Nested Case-Control Study.
- Posttraumatic Stress Disorder and Substance Use Disorder Comorbidity Among Individuals With Physical Disabilities: Findings From the National Comorbidity Survey Replication.
- The Effect of Geographic Moves on Mental Healthcare Utilization in Children.
- Associations between Mental Health Disorders and Body Mass Index among Military Personnel.
- Low-Frequency Repetitive Transcranial Magnetic Stimulation in the Right Prefrontal Cortex Combined With Partial Sleep Deprivation in Treatment-Resistant Depression: A Randomized Sham-Controlled Trial.
- Is depression the past tense of anxiety? An empirical study of the temporal distinction.
- Effects of mental resilience on neuroendocrine hormones level changes induced by

sleep deprivation in servicemen.

- Effect of Virtual Reality PTSD Treatment on Mood and Neurocognitive Outcomes.
- Posttraumatic Stress Disorder and Depressive Symptoms: Joined or Independent Sequelae of Trauma?
- Changes in Alcohol Use after Traumatic Experiences: The Impact of Combat on Army National Guardsmen.
- Sleep tight: Exploring the relationship between sleep and attachment style across the life span.
- Normative Data for the Neurobehavioral Symptom Inventory (NSI) and Post-Concussion Symptom Profiles Among TBI, PTSD, and Nonclinical Samples.
- Is excess mortality higher in depressed men than in depressed women?, A meta-analytic comparison.
- Associations between childhood abuse and interpersonal aggression and suicide attempt among U.S. adults in a national study.
- Deployment Experiences and Motor Vehicle Crashes Among U.S. Service Members.
- Sleep Disturbances: Implications for Cannabis Use, Cannabis Use Cessation, and Cannabis Use Treatment.
- Suicide on Facebook.
- Adaption and adjustment of military spouses to overseas postings: An online forum study.
- Links of Interest
- Resource of the Week: GSA Per Diem Mobile App

<http://www.bls.gov/news.release/vet.nr0.htm>

Employment Situation of Veterans -- 2013

Bureau of Labor Statistics

March 20, 2014

The unemployment rate for veterans who served on active duty in the U.S. Armed Forces at any time since September 2001--a group referred to as Gulf War-era II veterans--edged down to 9.0 percent in 2013, the U.S. Bureau of Labor Statistics reported today. The jobless rate for all veterans also edged down to 6.6 percent. Twenty-nine percent of Gulf War-era II veterans reported having a service-connected disability in August 2013, compared with 15 percent of all

veterans.

<http://content.govdelivery.com/accounts/USVHA/bulletins/ab730a>

Types of PTSD Providers and their Training

PTSD Monthly Update - March 2014

National Center for PTSD

Finding someone trained to treat PTSD can be challenging. If you or a loved one is struggling after going through some type of trauma, this makes the process even more difficult. Below is some information we hope will help. Overall you want to find a therapist who has experience in dealing with trauma and is trained in cognitive behavioral therapy or other effective treatments for PTSD.

<http://www.ptsd.va.gov/PTSD/professional/newsletters/research-quarterly/v25n1.pdf>

A Guide to the Literature on Partial PTSD

Schnurr, P.

PTSD Research Quarterly

National Center for PTSD

Vol. 25(1), 2014

After the diagnosis of PTSD was formalized in 1980, clinicians and researchers applying the new criteria began to encounter the challenge of how to characterize individuals who had some symptoms of PTSD but failed to qualify for a formal diagnosis. Many of these individuals had multiple symptoms and notable functional impairment, yet they did not have enough symptoms in the required categories to be given a full diagnosis. In research, how to categorize these individuals became important; they were not “non-cases” or “no PTSD controls” in a meaningful sense, even if they technically did not have PTSD. How to characterize these individuals became important in practice too, especially when a formal diagnosis was required for insurance billing or to allow the delivery of care.

As a result, a literature began to emerge in which symptomatic individuals who failed PTSD diagnostic criteria were categorized as having “partial” (or “subthreshold” or “subsyndromal”)

PTSD. In 1988, the National Vietnam Veterans Readjustment Study (NVVRS; Kulka et al., 1988; Weiss et al., 1992) was the first major study to report on the prevalence of partial PTSD. In doing so in such a visible way, this study arguably paved the way for important research over the coming decades that has helped further understanding of the consequences of exposure to traumatic events and increase attention to the needs of trauma survivors who might otherwise fall between the diagnostic cracks.

http://www.ptsd.va.gov/professional/newsletters/ctu-online/ctu_v8n1.pdf

Clinician's Trauma Update

Issue 8(1), February 2014

National Center for PTSD

CTU - Online contains summaries of clinically relevant research articles. Articles authored by staff of the National Center for PTSD are available in full text; just click the link. For other articles we provide a link to where you might be able to view or download the full text and a PILOTS ID for easy access.

<http://onlinelibrary.wiley.com/doi/10.1002/jts.21900/abstract>

Traumatic Brain Injury, PTSD, and Current Suicidal Ideation Among Iraq and Afghanistan U.S. Veterans.

Wisco, B. E., Marx, B. P., Holowka, D. W., Vasterling, J. J., Han, S. C., Chen, M. S., Gradus, J. L., Nock, M. K., Rosen, R. C. and Keane, T. M.

Journal of Traumatic Stress

Article first published online: 17 MAR 2014

Suicide is a prevalent problem among veterans deployed to Iraq and Afghanistan. Traumatic brain injury (TBI) and psychiatric conditions, such as posttraumatic stress disorder (PTSD), are potentially important risk factors for suicide in this population, but the literature is limited by a dearth of research on female veterans and imprecise assessment of TBI and suicidal behavior. This study examined 824 male and 825 female U.S. veterans who were enrolled in the baseline assessment of the Veterans After-Discharge Longitudinal Registry (Project VALOR), an observational registry of veterans with and without PTSD who deployed in support of the wars in Iraq and Afghanistan and were enrolled in the Veterans Affairs healthcare system. Results

indicated that current depressive symptoms, PTSD, and history of prior TBI were all significantly associated with current suicidal ideation (Cohen's $d = 0.91$, Cramers' $V_s = .19$ and $.08$, respectively). After adding a number of variables to the model, including psychiatric comorbidity, TBI history was associated with increased risk of current suicidal ideation among male veterans only (RR = 1.55). TBI is an important variable to consider in future research on suicide among veterans of the wars in Iraq and Afghanistan, particularly among male veterans.

<http://onlinelibrary.wiley.com/doi/10.1002/jts.21897/abstract>

PTSD Symptoms and Pain in Canadian Military Veterans: The Mediating Roles of Anxiety, Depression, and Alcohol Use.

Irwin, K. C., Konnert, C., Wong, M. and O'Neill, T. A.

Journal of Traumatic Stress

Article first published online: 17 MAR 2014

Symptoms of posttraumatic stress disorder (PTSD) and pain are often comorbid among veterans. The purpose of this study was to investigate to what extent symptoms of anxiety, depression, and alcohol use mediated the relationship between PTSD symptoms and pain among 113 treated male Canadian veterans. Measures of PTSD, pain, anxiety symptoms, depression symptoms, and alcohol use were collected as part of the initial assessment. The bootstrapped resampling analyses were consistent with the hypothesis of mediation for anxiety and depression, but not alcohol use. The confidence intervals did not include zero and the indirect effect of PTSD on pain through anxiety was $.04$, CI $[.03, .07]$. The indirect effect of PTSD on pain through depression was $.04$, CI $[.02, .07]$. These findings suggest that PTSD and pain symptoms among veterans may be related through the underlying symptoms of anxiety and depression, thus emphasizing the importance of targeting anxiety and depression symptoms when treating comorbid PTSD and pain patients.

<http://onlinelibrary.wiley.com/doi/10.1002/jts.21898/abstract>

Unique PTSD Clusters Predict Intention to Seek Mental Health Care and Subsequent Utilization in US Veterans with PTSD Symptoms.

Blais, R. K., Hoerster, K. D., Malte, C., Hunt, S. and Jakupcak, M.

Journal of Traumatic Stress

Article first published online: 14 MAR 2014

Many veterans return from deployment with posttraumatic stress disorder (PTSD), but most attend only a limited number of mental health care visits. Although global PTSD relates to seeking mental health care, it is unclear whether specific features of PTSD inform the low rates of mental health care utilization. This study examined PTSD cluster severities of avoidance, reexperiencing, dysphoria, and hyperarousal as predictors of intention to seek mental health care and prospective treatment utilization. US veterans with at least subthreshold PTSD (N = 189) completed a PTSD symptom measure and indicated whether they intended to seek mental health care. Prospective Department of Veterans Affairs mental health care utilization was extracted from the medical record. At the bivariate level, each cluster was positively associated with a positive intention to seek mental health care and prospective treatment utilization. In multivariate models, however, dysphoria severity (OR = 1.16, 95% CI [1.06, 1.26]) was uniquely and positively correlated with intention to seek mental health care, whereas higher avoidance severity (IRR = 0.86, 95% CI [0.76, 0.98]) predicted lower treatment utilization, and higher reexperiencing severity (IRR = 1.07, 95% CI [1.01, 1.14]) predicted greater treatment utilization. It is critical to tailor interventions to target specific features of PTSD and to meet patients where they are.

<http://onlinelibrary.wiley.com/doi/10.1002/mpr.1416/abstract>

Validation of lay-administered mental health assessments in a large Army National Guard cohort.

Prescott, M. R., Tamburrino, M., Calabrese, J. R., Liberzon, I., Slembariski, R., Shirley, E., Fine, T., Goto, T., Wilson, K., Ganocy, S., Chan, P., Derus, A., Serrano, M. B., Sizemore, J., Kauffman, J. and Galea, S.

International Journal of Methods in Psychiatric Research

Article first published online: 11 MAR 2014

To report the reliability and validity of key mental health assessments in an ongoing study of the Ohio Army National Guard (OHARNG). The 2616 OHARNG soldiers received hour-long structured telephone surveys including the post-traumatic stress disorder (PTSD) checklist (PCV-C) and Patient Health Questionnaire – 9 (PHQ-9). A subset (N = 500) participated in two hour clinical reappraisals, using the Clinician-Administered PTSD Scale (CAPS) and the Structured Clinical Interview for DSM (SCID). The telephone survey assessment for PTSD and for any depressive disorder were both highly specific [92% (standard error, SE 0.01), 83% (SE 0.02)] with moderate sensitivity [54% (SE 0.09), 51% (SE 0.05)]. Other psychopathologies assessed included alcohol abuse [sensitivity 40%, (SE 0.04) and specificity 80% (SE 0.02)] and alcohol dependence [sensitivity, 60% (SE 0.05) and specificity 81% (SE 0.02)]. The baseline

prevalence estimates from the telephone study suggest alcohol abuse and dependence may be higher in this sample than the general population. Validity and reliability statistics suggest specific, but moderately sensitive instruments. Copyright © 2014 John Wiley & Sons, Ltd.

<http://www.tandfonline.com/doi/abs/10.1080/21635781.2014.892411>

Reintegrating National Guard Soldiers After Deployment: Implications and Considerations.

Bonnie M. Vest

Military Behavioral Health

Published online: 10 Mar 2014

US Army National Guard members are serving overseas on deployments at a level well above expectations of reserve service and successful reintegration of citizen-soldiers post-deployment has become a significant concern. This paper examines soldiers' experiences transitioning post-deployment and offers preliminary observations on one state's Yellow Ribbon reintegration program. Data from interviews and participant-observation identified post-deployment experiences in three areas: 1) remembering the positive, 2) dealing with American civilian socio-cultural norms and values, and 3) coping with mental and emotional health needs. Data suggest that the social context of reintegration is important, and existing programs may not adequately meet soldiers' needs.

<http://www.whijournal.com/article/S1049-3867%2813%2900117-5/abstract>

Anticipating the Traumatic Brain Injury–Related Health Care Needs of Women Veterans After the Department of Defense Change in Combat Assignment Policy.

Jomana Amara, Katherine M. Iverson, Maxine Krengel, Terri K. Pogoda, Ann Hendricks

Women's Health Issues

Volume 24, Issue 2 , Pages e171-e176, March 2014

Background

Female service members' presence in combat zones during Operation Enduring Freedom and Operation Iraqi Freedom is unprecedented both in terms of the number of women deployed and

the nature of their involvement. In light of changing Department of Defense policy governing the deployment of women in combat zones, this article intends to set the groundwork for estimating future combat-related injuries and subsequent Veterans Health Administration (VHA) utilization while focusing on traumatic brain injury (TBI).

Methods

The article summarizes and presents the results of a study that examines veterans who present to VHA for TBI evaluation. For a national sample of veterans, a dataset including information on post-screening utilization, diagnoses, and location of care was constructed. The dataset included self-reported health symptoms and other information obtained from a standardized national VHA post-screening clinical evaluation, the comprehensive TBI evaluation (CTBIE).

Findings

Both women and men utilize high levels of VHA health care after a CTBIE. However, there are gender differences in the volume and types of services used, with women utilizing different services than their male counterparts and incurring higher costs, including higher overall and outpatient costs.

Conclusion

As women veterans seek more of their health care from the VHA, there will be a need for more coordinated care to identify and manage deployment-related TBI and common comorbidities such as posttraumatic stress disorder, depression, and chronic pain. Deployment-connected injuries are likely to rise because of the rescinding of the ban on women in combat. This in turn has critical implications for VHA strategic planning and budgeting.

<http://digilib.gmu.edu/xmlui/handle/1920/8666>

Long-Married, Long-Military Couples in the Post 9/11 Era

Skillman, Joan Eckhart

Thesis, Master of Arts in Sociology

2013, George Mason University

Long-married, long-military couples have coped with multiple deployments, multiple moves and the multiplications of demands as a family grows and changes during the post-9/11 era. Research on military marriage in the past has focused on military marriages that have lasted less than five years, but what factors allow military marriages to endure? In this research, I studied active duty Army and Navy couples with a male servicemember and a female civilian spouse who had been married more than 15 years. I used both survey data and in-depth interviews to examine themes of work orientation and gender ideology as a possible mechanism

that contributed to marital duration. I found that couples achieved marital duration through interrelated processes created in order to adapt to and cope with the many structures of military life, particularly constant, unpredictable deployments and PCS moves. These long-married, long-military couples relied on the spouse to “create normal” for the family, thus they fashioned and accepted a family life marked by separate spheres even when both partners espoused a more egalitarian gender ideology. Among these long-married, long-military couples, work orientation did function as the motivator to continue in a demanding profession. Both husbands and wives in this research came to view the military member’s service not as an “occupation” or a “job” or a “career,” but as a “calling”—a meaningful, socially valuable part of the servicemember’s identity that also provided financial gain and career advancement. The structure of retirement eligibility justified both continuing in the career and the sustained truncation of the wife’s career. Some spouses were able to return to traditional full-time employment. Some spouses were able to find more portable employment that allowed them to engage in the labor market while still holding the primary caretaking role at home. Other spouses were adrift, unsure how or when to return to the labor market. Military couples in this study managed multiple deployments, multiple moves and the multiple demands of families by employing separate spheres fired by a calling orientation toward the work of the military. At the end of a long military career, they are poised to emerge with a retirement income that will last the rest of their lives and the status attached to a long marriage.

<http://www.tandfonline.com/doi/abs/10.1080/15267431.2013.864293>

Turning Points and Trajectories in Military Deployment.

Erin Sahlstein Parcell, Katheryn C. Maguire

Journal of Family Communication

Vol. 14, Iss. 2, 2014

Previous military family research has assumed a stable set of deployment phases. In line with critiques of such models within family communication, we identified the varied turning points and trajectories military spouses experience across deployment. We interviewed 50 Army and Army National Guard wives whose husbands served in missions to Iraq and Afghanistan. Participants graphed turning points and corresponding marital satisfaction levels across a recent deployment. Participants reported 519 turning points that fell into four supraordinate categories: Deployment/Military-Related Events, Life Events, Communication Events, and Other. Trajectories within each deployment phase reflected five patterns: Turbulent, Increasing, Decreasing, Stabilized, and Dipped. Most participants' trajectories reflected turbulence during the predeployment and deployment phases, and declining or dipped satisfaction during the postdeployment period. Results reflect varied experiences and provide useful information for those experiencing wartime separations or those supporting military families through

deployment.

<http://onlinelibrary.wiley.com/doi/10.1002/jclp.22075/abstract>

Nonsuicidal Self-Injury Among a Sample of United States Military Personnel and Veterans Enrolled in College Classes.

Craig Bryan and Annabelle Bryan

Journal of Clinical Psychology

Article first published online: 11 MAR 2014

Objective

To investigate the rate of nonsuicidal self-injury (NSSI), to describe sociodemographic and clinical correlates of NSSI, and to examine the association of NSSI with suicidal thoughts and behaviors in a sample of U.S. military personnel and veterans.

Method

An anonymous online survey was completed by 335 U.S. military personnel and veterans (70.0% male; age mean = 36.67, standard error = 10.59; 82.3% Caucasian, 4.9% African American, 2.8% Asian, 3.7% Native American, 1.2% Pacific Islander, and 7.6% other) enrolled in college classes. Descriptive statistics were calculated, and logistic regression was used to test the associations among NSSI, suicide ideation, suicide planning, and suicide attempts.

Results

Fourteen percent of the sample reported lifetime NSSI and 3% reported NSSI during the last 12 months. The most common method was cutting (78.7%), with 66% reporting use of 2 or more methods for NSSI. Average age of NSSI onset was 17.55 years. Increased likelihood of NSSI was associated with older age, shorter length of time in service, greater trauma exposure, female gender, Native American racial identity, and combat support deployments. Personnel in the Navy and with a history of combat deployment were significantly less likely to report NSSI. NSSI was significantly associated with suicide ideation, suicide planning, and suicide attempts even when adjusting for covariates.

Conclusion

The rate of NSSI is comparable to estimates in nonmilitary U.S. samples. NSSI is a significant risk factor for suicidal thoughts and behaviors in this group.

<http://circ.ahajournals.org/content/early/2014/03/11/CIRCULATIONAHA.114.009286.abstract>

Editorial: Veterans of Combat: Still at Risk when the Battle is Over

Rachel Lampert

Circulation

Published online before print March 11, 2014

Approximately 2.6 million troops have served or are serving overseas as part of Operation Iraqi Freedom/Operation New Dawn in Iraq, and Operation Enduring Freedom in Afghanistan as of September 2013.¹ There have been 6664 casualties and 51,904 wounded as of February 2014.² While definitions of combat experience vary, 30% of veterans with service in Afghanistan and 71-86% of those serving in Iraq have participated in a firefight.³ The rising mental health problems of returning veterans are well documented,⁴ with up to 20% of returning veterans meeting diagnostic criteria for post-traumatic stress disorder (PTSD),⁵ and up to 17% meeting criteria for any psychological disorder (depression, anxiety, or PTSD).³ These mental health problems stem directly from combat with a dose-response relationship—the more firefights the soldiers had experienced, the higher the rate of PTSD and depression.³

<http://www.tandfonline.com/doi/abs/10.1080/21635781.2014.897205>

Combat Exposure Factors Associated With the Likelihood of Behavioral and Psychiatric Issues.

Michael S. Gallaway, Mary Mitchell, David S. Fink, Kelly Forys-Donahue, Joseph Pecko, Michael R. Bell, Amy M. Millikan

Military Behavioral Health

Published online: 10 Mar 2014

The objective was to evaluate correlated combat exposure factors among active-duty combat veterans deployed to Afghanistan; and then determine how these factors are associated with behavioral and psychiatric issues postdeployment. Active duty Soldiers from one brigade combat team (N = 1,739) were surveyed to assess their most recent combat exposures and behavioral outcomes. Combat exposures were factor analyzed and included in a larger structural equation model. Three factors emerged from the analysis; some combat exposures (e.g., “Active Exposure”) are protective of screening positive for post-traumatic stress, while others (“Passive Exposure” and “Exposure Invoking Emotion”) are predictive of screening positive for post-traumatic stress. These varying relationships should be considered during

implementation of intervention and treatment of redeploying Soldiers.

<http://www.tandfonline.com/doi/abs/10.1080/21635781.2014.897206>

Prevalence of Childhood Abuse Among Army National Soldiers and Its Relationship to Adult Suicidal Behavior.

James Griffith

Military Behavioral Health

Published online: 10 Mar 2014

The present study examined childhood abuse (namely, self-reported early childhood harsh punishment and physical abuse from parents) and its relationship to adult suicidal behavior among Army National Guard soldiers. Data were obtained from routinely administered surveys to soldiers, called the Unit Risk Inventory (N = 12,567 soldiers in 180 company-sized units). Due to the grouped nature of survey responses (soldiers within units), hierarchical logistic regression was used to estimate the prevalence of self-reported childhood abuse and its relationship to current suicide risk. Results showed prevalence rates of 16.0% for harsh punishment and 7.8% for physical abuse, generally consistent with those of past studies investigating childhood abuse among civilian and military populations. Soldiers who reported childhood abuse were 3 to 8 times more likely to report suicidal behavior (i.e., thought about suicide, made plans, or had attempted), with the highest likelihood of such behaviors for self-reported physical abuse. Level 2 or unit level effects were also evident: Harsh punishment and physical abuse were associated with suicidal behaviors, but the effects were less evident. Accordingly, individual self-reported experience of punishment and abuse were prominent risk factors for suicidal behavior.

<http://circ.ahajournals.org/content/early/2014/03/11/CIRCULATIONAHA.113.005407.abstract>

Impact of Combat Deployment and Posttraumatic Stress Disorder on Newly Reported Coronary Heart Disease Among US Active Duty and Reserve Forces.

Nancy F. Crum-Cianflone, Melissa E. Bagnell, Emma Schaller, Edward J. Boyko, Besa Smith, Charles Maynard, Christi S. Ulmer, Marina Vernalis, and Tyler C. Smith

Circulation

Published online before print March 11, 2014

Background—

The recent conflicts in Iraq and Afghanistan have exposed thousands of service members to intense stress, and as a result many have developed posttraumatic stress disorder (PTSD). The role of military deployment experiences and PTSD on coronary heart disease (CHD) is not well-defined, especially in young US service members with recent combat exposure.

Methods and Results—

We conducted a prospective, cohort study to investigate the relationships between war-time experiences and PTSD on CHD. Current and former US military personnel from all service branches participating in the Millennium Cohort Study during 2001-2008 (n=60,025) were evaluated for newly self-reported CHD. Electronic medical record review for ICD-9-CM codes for CHD was conducted among a subpopulation of active duty members (n=23,794). Logistic regression models examined the associations between combat experiences and PTSD with CHD while adjusting for established CHD risk factors. A total of 627 (1.0%) participants newly reported CHD over an average of 5.6 years of follow-up. Deployers with combat experiences had an increased odds of newly reporting CHD (odds ratio [OR] = 1.63; 95% confidence interval [CI], 1.11-2.40) and having a diagnosis code for new-onset CHD (OR = 1.93; 95% CI, 1.31-2.84) compared with noncombat deployers. Screening positive for PTSD symptoms was associated with self-reported CHD prior to, but not after, adjusting for depression and anxiety, and was not associated with a new diagnosis code for CHD.

Conclusions—

Combat deployments are associated with new-onset CHD among young US service members and veterans. Experiences of intense stress may increase the risk for CHD over a relatively short period among young adults.

<http://guilfordjournals.com/doi/abs/10.1521/ijgp.2014.64.2.208>

The Importance of Group Cohesion in Inpatient Treatment of Combat-Related PTSD.

Carilyn C. Ellis, Mary Peterson, Rodger Bufford, and Jon Benson

International Journal of Group Psychotherapy

2014 64:2, 208-226

Post-traumatic stress disorder (PTSD) is the most widespread mental illness resulting from exposure to combat, necessitating an increase in the provision of group therapy. This pilot study examined the efficacy of, and treatment outcome predictors associated with, group inpatient treatment of combat-related PTSD. Participants included 38 active duty military personnel deployed during Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF), diagnosed with PTSD, and consecutive admissions to an inpatient PTSD treatment facility. A

paired samples t-test revealed significant change in symptom severity and global functioning between pre- and post-treatment. Multiple regression analyses supported the predictive utility of baseline symptomatology and group cohesion (> 50% of the variance in treatment outcome), highlighting the importance of group cohesion in the efficacy of group treatment for combat-related PTSD.

<http://www.biomedcentral.com/1472-6882/14/95>

Mindfulness-based cognitive therapy (MBCT) versus the health-enhancement program (HEP) for adults with treatment-resistant depression: a randomized control trial study protocol.

Eisendrath SJ, Gillung EP, Delucchi KL, Chartier M, Mathalon DH, Sullivan JC, Segal ZV, Feldman MD

BMC Complementary and Alternative Medicine 2014, 14:95

Background

Major depressive disorder (MDD) is the leading cause of disability in the developed world, yet broadly effective treatments remain elusive. Up to 40% of patients with depression are unresponsive to at least two trials of antidepressant medication and thus have “treatment-resistant depression” (TRD). There is an urgent need for cost-effective, non-pharmacologic, evidence-based treatments for TRD. Mindfulness-Based Cognitive Therapy (MBCT) is an effective treatment for relapse prevention and residual depression in major depression, but has not been previously studied in patients with TRD in a large randomized trial.

Methods/Design

The purpose of this study was to evaluate whether MBCT is an effective augmentation of antidepressants for adults with MDD who failed to respond to standard pharmacotherapy. MBCT was compared to an active control condition, the Health-Enhancement Program (HEP), which incorporates physical activity, functional movement, music therapy and nutritional advice. HEP was designed as a comparator condition for mindfulness-based interventions to control for non-specific effects. Originally investigated in a non-clinical sample to promote stress reduction, HEP was adapted for a depressed population for this study. Individuals age 18 and older with moderate to severe TRD, who failed to respond to at least two trials of antidepressants in the current episode, were recruited to participate. All participants were taking antidepressants (Treatment as usual; TAU) at the time of enrollment. After signing an informed consent, participants were randomly assigned to either MBCT or HEP condition. Participants were followed for 1 year and assessed at weeks 1–7, 8, 24, 36, and 52. Change in depression severity, rate of treatment response and remission after 8 weeks were the primary outcomes measured by the clinician-rated Hamilton Depression Severity Rating (HAM-D) 17-item scale. The participant-rated Quick Inventory of Depression Symptomology (QIDS-SR) 16-item scale

was the secondary outcome measure of depression severity, response, and remission.

Discussion

Treatment-resistant depression entails significant morbidity and has few effective treatments. We studied the effect of augmenting antidepressant medication with MBCT, compared with a HEP control, for patients with TRD. Analyses will focus on clinician and patient assessment of depression, participants' clinical global impression change, employment and social functioning scores and quality of life and satisfaction ratings.

<http://www.tandfonline.com/doi/abs/10.1080/01926187.2013.799975>

Perceived Outcomes of Military-Extension Adventure Camps for Military Personnel and Their Teenage Children.

Kerri L. Ashurst, Lauren W. Smith, Christina A. Little, Laura M. Frey, Tracey A. Werner-Wilson, Laura Stephenson, Ronald J. Werner-Wilson

The American Journal of Family Therapy

Vol. 42, Iss. 2, 2014

The program described in the present article focused on service member parents and their teenage children participating in camps together. The scope of the project was to provide an opportunity for military personnel who recently returned from deployment to reconnect with an adolescent after an extended absence due to deployment. The camps used the Campfire Curriculum, which included experiential learning, team-building experiences and nightly campfire programs from the Blue to You curriculum for military families. Open-ended responses from parent participants suggested that time together with their children, interacting with fellow service members and their kids, sharing stories, and opportunities for camaraderie were especially important and meaningful.

<http://www.tandfonline.com/doi/abs/10.1080/15402002.2014.880344>

Sleep Diaries of Vietnam War Veterans With Chronic PTSD: The Relationships Among Insomnia Symptoms, Psychosocial Stress, and Nightmares.

Philip R. Gehrman, Gerlinde C. Harb, Joan M. Cook, Holly Barilla, Richard J. Ross

Behavioral Sleep Medicine

Published online: 11 Mar 2014

Impaired sleep and nightmares are known symptoms of posttraumatic stress disorder (PTSD) in the veteran population. In order to assess prospectively the sleep disturbances in this population, sleep diaries are an effective way to obtain information over an extended period of time. In this investigation, a sample of veterans (N = 105) completed daily sleep diaries for a 6-week period. Greater PTSD severity and nightmare-related distress were correlated with more awakenings, shorter duration of sleep, longer sleep latency, and greater frequency of nightmares. Perceived frequency of daytime stressors was associated with an increased number of nightmares, nightmare-related distress, and longer sleep latency. The use of sleep diaries in future investigations may allow targeted treatments for veteran populations with PTSD and sleep disturbances.

<http://link.springer.com/article/10.1007/s00221-014-3890-4>

Trauma exposure and sleep: using a rodent model to understand sleep function in PTSD.

William M. Vanderheyden, Gina R. Poe, Israel Liberzon

Experimental Brain Research

March 2014

Post-traumatic stress disorder (PTSD) is characterized by intrusive memories of a traumatic event, avoidance behavior related to cues of the trauma, emotional numbing, and hyperarousal. Sleep abnormalities and nightmares are core symptoms of this disorder. In this review, we propose a model which implicates abnormal activity in the locus coeruleus (LC), an important modifier of sleep-wake regulation, as the source of sleep abnormalities and memory abnormalities seen in PTSD. Abnormal LC activity may be playing a key role in symptom formation in PTSD via sleep dysregulation and suppression of hippocampal bidirectional plasticity.

<http://www.sciencedirect.com/science/article/pii/S016383431400067X>

Recent medical service utilization and health conditions associated with a history of suicide attempts.

Elizabeth D. Ballard, Mary Cwik, Carla L. Storr, Mitchell Goldstein, William W. Eaton, Holly C. Wilcox

General Hospital Psychiatry

Available online 12 March 2014

Objectives

Suicide is a leading cause of death; unfortunately most individuals at risk for suicide are not identified, assessed or treated by the mental health system. Investigating medical healthcare utilization among individuals with a history of suicide attempt may identify alternative settings for case finding and brief intervention.

Methods

The study sample (n = 1422, 58% female, 72% African-American) is from a prospective cohort of adults (27–31 years) who participated in a randomized trial of school-based interventions. Logistic regression evaluated the relationship between lifetime history of suicide attempt with past year medical service utilization and selected self-reported health conditions, controlling for lifetime Major Depressive Disorder (MDD), demographic factors, health insurance status and employment.

Results

A suicide attempt history was associated with past year ED medical visits [aOR 1.51, 95% CI 1.04-2.18, p = .03], but not primary care visits or inpatient hospitalization, when controlling for MDD and other covariates. Severe headaches and chronic gastrointestinal conditions were also associated with lifetime suicide attempt (aOR 1.50 95% CI 1.03-2.17 and aOR 1.67 95% CI 1.06-2.63, respectively).

Conclusions

Suicide prevention, including universal screening and brief intervention, is indicated in ED settings. Restricting screening to subgroups, such as those individuals presenting with depression, may miss at-risk individuals with somatic concerns.

<http://www.tandfonline.com/doi/abs/10.1080/13811118.2013.826155>

Social Support and Positive Events as Suicide Resiliency Factors: Examination of Synergistic Buffering Effects.

Evan M. Kleiman, John H. Riskind, Karen E. Schaefer

Archives of Suicide Research

Published online: 12 Mar 2014

Objectives:

We present a study on the role of social support and positive events as protective factors in suicide.

Methods:

Participants (n = 379) were administered measures of social support, life events, depressive symptoms and suicide ideation.

Results:

Results indicated that (a) social support had a direct protective effect on suicide ideation (b) social support and positive events acted as individual buffers in the relationship between negative events and suicide ideation, and (c) social support and positive events synergistically buffered the relationship between negative events and suicide ideation.

Conclusion:

Our results provide evidence that positive events and social support act as protective factors against suicide individually and synergistically when they co-occur.

<http://www.sciencedirect.com/science/article/pii/S0165032714000809>

The Repeated Episodes of Self-Harm (RESH) score: A tool for predicting risk of future episodes of self-harm by hospital patients.

Matthew J. Spittal, Jane Pirkis, Matthew Miller, Gregory Carter, David M. Studdert

Journal of Affective Disorders

Available online 12 March 2014

Background

Repetition of hospital-treated deliberate self-harm is common. Several recent studies have used emergency department data to develop clinical tools to assess risk of self-harm or suicide. Longitudinal, linked inpatient data is an alternative source of information.

Methods

We identified all individuals admitted to hospital for deliberate self-harm in two Australian states (~350 hospitals). The outcome of interest was a repeated episode of self-harm (non-fatal or fatal) within 6 months. Logistic regression was used to identify a set of predictors of repetition. A risk calculator (RESH: Repeated Episodes of Self-Harm) was derived directly from model coefficients.

Results

There were 84,659 episodes of self-harm during the study period. Four variables – number of prior episodes, time between episodes, prior psychiatric diagnoses and recent psychiatric hospital stay – strongly predicted repetition. The RESH score showed good discrimination (AUC=0.75) and had high specificity. Patients with scores of 0–3 had 14% risk of repeat episodes, whereas patients with scores of 20–25 had over 80% risk. We identified five thresholds where the RESH score could be used for prioritising interventions.

Limitations

The trade-off of a highly specific test is that the instrument has poor sensitivity. As a consequence, the RESH score cannot be used reliably for “ruling out” those who score below the thresholds.

Conclusions

The RESH score could be useful for prioritising patients to interventions to reduce readmission for deliberate self-harm. The five thresholds, representing the continuum from low to high risk, enable a stepped care model of overlapping or sequential interventions to be deployed to patients at risk of self-harm.

<http://psycnet.apa.org/psycinfo/2014-08113-001/>

Probing the Implicit Suicidal Mind: Does the Death/Suicide Implicit Association Test Reveal a Desire to Die, or a Diminished Desire to Live?

Harrison, Dominique P.; Stritzke, Werner G. K.; Fay, Nicolas; Ellison, T. Mark; Hudaib, Abdul-Rahman

Psychological Assessment, Mar 10 , 2014

Assessment of implicit self-associations with death relative to life, measured by a death/suicide implicit association test (d/s-IAT), has shown promise in the prediction of suicide risk. The current study examined whether the d/s-IAT reflects an individual's desire to die or a diminished desire to live and whether the predictive utility of implicit cognition is mediated by life-oriented beliefs. Four hundred eight undergraduate students (285 female; Mage = 20.36 years, SD = 4.72) participated. Participants completed the d/s-IAT and self-report measures assessing 6 indicators of suicide risk (suicide ideation frequency and intensity, depression, nonsuicidal self-harm thoughts frequency and intensity, and nonsuicidal self-harm attempts), as well as survival and coping beliefs and history of prior suicide attempts. The d/s-IAT significantly predicted 5 out of the 6 indicators of suicide risk above and beyond the strongest traditional indicator of risk, history of prior suicide attempts. However, the effect of the d/s-IAT on each of the risk indicators was mediated by individuals' survival and coping beliefs. Moreover, the distribution of d/s-IAT scores primarily reflected variability in self-associations with life. Implicit suicide-related cognition appears to reflect a gradual diminishing of the desire to live, rather than a desire to

die. Contemporary theories of suicide and risk assessment protocols need to account for the dynamic relationship between both risk and life-oriented resilience factors, and intervention strategies aimed at enhancing engagement with life should be a routine part of suicide risk management. (PsycINFO Database Record (c) 2014 APA, all rights reserved)

<http://www.biomedcentral.com/1471-244X/14/76/abstract>

Risk stratification using data from electronic medical records better predicts suicide risks than clinician assessments.

Tran T, Luo W, Phung D, Harvey R, Berk M, Kennedy RL, Venkatesh S

BMC Psychiatry 2014, 14:76

Background

To date, our ability to accurately identify patients at high risk from suicidal behaviour, and thus to target interventions, has been fairly limited. This study examined a large pool of factors that are potentially associated with suicide risk from the comprehensive electronic medical record (EMR) and to derive a predictive model for 1–6 month risk.

Methods

7,399 patients undergoing suicide risk assessment were followed up for 180 days. The dataset was divided into a derivation and validation cohorts of 4,911 and 2,488 respectively. Clinicians used an 18-point checklist of known risk factors to divide patients into low, medium, or high risk. Their predictive ability was compared with a risk stratification model derived from the EMR data. The model was based on the continuation-ratio ordinal regression method coupled with lasso (which stands for least absolute shrinkage and selection operator).

Results

In the year prior to suicide assessment, 66.8% of patients attended the emergency department (ED) and 41.8% had at least one hospital admission. Administrative and demographic data, along with information on prior self-harm episodes, as well as mental and physical health diagnoses were predictive of high-risk suicidal behaviour. Clinicians using the 18-point checklist were relatively poor in predicting patients at high-risk in 3 months (AUC 0.58, 95% CIs: 0.50 – 0.66). The model derived EMR was superior (AUC 0.79, 95% CIs: 0.72 – 0.84). At specificity of 0.72 (95% CIs: 0.70-0.73) the EMR model had sensitivity of 0.70 (95% CIs: 0.56-0.83).

Conclusion

Predictive models applied to data from the EMR could improve risk stratification of patients presenting with potential suicidal behaviour. The predictive factors include known risks for suicide, but also other information relating to general health and health service utilisation.

<http://www.sciencedirect.com/science/article/pii/S0165178114001863>

Protective and Risk Factors for Inpatient Suicides: a Nested Case-Control Study.

Shi-Kwang Lin, Tsui-Mei Hung, Ya-Tang Liao, Wen-Chung Lee, Shang-Ying Tsai, Chiao-Chicy Chen, Chian-Jue Kuo

Psychiatry Research

Available online 12 March 2014

This study aimed at estimating the protective effect of suicide precautions and clinical risk factors for inpatient suicides. A standardized precaution system was implemented in a large psychiatric center on January 1, 1996. A consecutive series of 33121 admissions from 1998 to 2008 constituted the post-implementation cohort and 13515 admissions from 1985 to 1995 constituted the pre-implementation cohort as comparison group. Inpatient suicides were identified via record linkage with national mortality database. For each of forty-one inpatient suicides, four controls were randomly selected based on a nested case-control study. A standardized chart review process was employed to collate clinical information for each study subject. Risk and protective factors for inpatient suicides was estimated by conditional logistic regression. The findings showed that, among subjects with shorter lengths of stay, those admitted in post-implementation era had a significantly lower adjusted risk ratio (0.157, $p=0.048$) for inpatient suicides. Three depression-related symptoms elevated the risk for inpatient suicides: depressed mood (adjusted risk ratio=2.11, $P=0.002$), loss of energy (adjusted risk ratio=1.99, $P=0.018$), and psychomotor retardation (adjusted risk ratio=1.67, $P=0.066$; with marginal statistical significance). Suicide precautions have protective effect against inpatient suicides. A better assessment and prevention efforts is needed, particularly for those with depression-related symptoms.

<http://onlinelibrary.wiley.com/doi/10.1002/jts.21894/abstract>

Posttraumatic Stress Disorder and Substance Use Disorder Comorbidity Among Individuals With Physical Disabilities: Findings From the National Comorbidity Survey Replication.

Anderson, M. L., Ziedonis, D. M. and Najavits, L. M.

Journal of Traumatic Stress

Article first published online: 21 MAR 2014

Co-occurring posttraumatic stress disorder (PTSD) and substance use disorder (SUD) affects multiple domains of functioning and presents complex challenges to recovery. Using data from the National Comorbidity Study Replication, a national epidemiological study of mental disorders (weighted N = 4,883), the current study sought to determine the prevalence of PTSD and SUD, the symptom presentation of these disorders, and help-seeking behaviors in relation to PTSD and SUD among individuals with physical disabilities (weighted n = 491; nondisabled weighted n = 4,392). Results indicated that individuals with physical disabilities exhibited higher rates of PTSD, SUD, and comorbid PTSD/SUD than nondisabled individuals. For example, they were 2.6 times more likely to meet criteria for lifetime PTSD, 1.5 times more likely for lifetime SUD, and 3.6 times more likely for lifetime PTSD/SUD compared to their nondisabled peers. Additionally, individuals with physical disabilities endorsed more recent/severe PTSD symptoms and more lifetime trauma events than nondisabled individuals with an average of 5 different trauma events compared to 3 in the nondisabled group. No significant pattern of differences was noted for SUD symptom presentation, or for receipt of lifetime or past-year PTSD or SUD treatment. Implications of these findings and recommendations for future research are discussed.

<http://www.jahonline.org/webfiles/images/journals/jah/feature.pdf>

The Effect of Geographic Moves on Mental Healthcare Utilization in Children.

Jeffrey Millegan, M.D., M.P.H., Robert McLay, M.D., Ph.D., and Charles Engel, M.D., M.P.H.

Journal of Adolescent Health

Received October 25, 2013; Accepted January 7, 2014

Purpose:

Geographic moves have been reported to have a negative impact on the mental health of children, but it is often difficult to separate the effect of the move from the circumstances that impelled it. Military populations may offer a way to examine this issue. Moves are common in military families, but parental employment and healthcare coverage remain constant.

Methods:

Children of military parents with geographic moves in 2008 were compared with those without geographic moves with regard to the odds of mental health service use in 2009.

Results:

This study included 548,336 children aged 6e17 years, and 179,486 (25%) children moved in

2008. Children aged 6e11 years with a geographic move had higher odds of mental health and outpatient visits (odds ratio [OR] 1.03; 95% confidence interval [CI] 1.01e1.06). Children aged 12e17 years with a geographic move had higher odds of mental outpatient visits (OR 1.04; 95% CI 1.01e1.07), psychiatric hospitalizations (OR 1.19; 95% CI 1.07e1.32), and emergency psychiatric visits (OR 1.20; 95% CI 1.07e1.32).

Conclusion:

Children with a geographic move in the previous year have increased odds of mental health encounters. Among adolescents, this increase extends to psychiatric hospitalizations and emergency visits.

<http://www.ingentaconnect.com/content/png/ajhb/2014/00000038/00000004/art00006>

Associations between Mental Health Disorders and Body Mass Index among Military Personnel.

Smith, Tracey J.; White, Alan; Hadden, Louise; Young., Andrew J.; Marriott, Bernadette P.

American Journal of Health Behavior

Volume 38, Number 4, July 2014 , pp. 529-540(12)

Objective:

To determine if overweight or obesity is associated with mental health disorder (MHD) symptoms among military personnel

Methods:

Secondary analysis using the 2005 Department of Defense Health Related Behaviors Survey (N = 15,195). Standard Body Mass Index (BMI) categories were used to classify participants' body composition.

Results:

For women, obesity was associated with symptoms of serious psychological distress (SPD), post-traumatic stress disorder, and depression. For men, obesity and overweight was associated with symptoms of generalized anxiety disorder and SPD, respectively. Self-reported high personal stress was the strongest predictor of MHD symptoms and suicide attempts.

Conclusion:

Self-reported stress was a stronger predictor of MHD symptoms than BMI. There is potential value in screening personnel for personal stress as a MHD risk factor.

http://journals.lww.com/ectjournal/Abstract/publishahead/Low_Frequency_Repetitive_Transcranial_Magnetic.99633.aspx

Low-Frequency Repetitive Transcranial Magnetic Stimulation in the Right Prefrontal Cortex Combined With Partial Sleep Deprivation in Treatment-Resistant Depression: A Randomized Sham-Controlled Trial.

Krstic, Jelena MD, PhD; Buzadžić, Ivana MS; Milanovic, Sladan D. PhD; Ilic, Nela V. MD, Mr Sci; Pajic, Sanja MS; Ilic, Tihomir V. MD, PhD

Journal of ECT:
POST AUTHOR CORRECTIONS, 12 March 2014

Introduction:

Sham-controlled low-frequency repetitive transcranial magnetic stimulation (rTMS) was used in patients with pharmacoresistant major depression as an added treatment along with partial sleep deprivation (PSD). In addition, the potential predictive role of brain-derived neurotrophic factor genetic polymorphism on treatment response was analyzed.

Methods:

We recruited 19 female patients (48.3 +/- 8.6 years old) with treatment-resistant unipolar major depression (Hamilton Depression Rating Scale [HDRS] score ≥ 20) who were on a stable antidepressant treatment. They received either 1-Hz rTMS or sham stimulation over the right dorsolateral prefrontal cortex (intensity of 110% of the threshold; 3000 stimuli per protocol; and 10 daily sessions). Additionally, PSD was applied once per week during the treatment. The patients were evaluated (HDRS and Clinical Global Impression Scale) by a blind rater at baseline (B) and after 2 and 3 weeks (W2 and W3) of treatment for short-term outcome. Long-term evaluations were performed after 12 (W12) and 24 weeks (W24) for patients who received active stimulation.

Results:

Eleven patients in the active group showed a significant HDRS score reduction from 30.09 +/- 3.53 (B) to 16.73 +/- 5.71 (W3) compared to the lack of therapeutic response in the sham-treated patients. The long-term follow-up for the active group included 64% of the responders at W12 and 55% at W24. Full remission (HDRS ≤ 10) was achieved in 5 of 11 patients. Four of these 5 patients with long-term sustained remission expressed the Val66Val genotype.

Conclusion:

Our study suggests a clinically relevant response, persisting for up to 6 months, from 1-Hz rTMS over the right dorsolateral prefrontal cortex and PSD in patients with pharmacoresistant major depression. The brain-derived neurotrophic factor Val66Val homozygous genotype may be related to a better treatment outcome.

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<http://onlinelibrary.wiley.com/doi/10.1002/ijop.12050/abstract>

Is depression the past tense of anxiety? An empirical study of the temporal distinction.

Andrew M. Pomerantz and Paul Rose

International Journal of Psychology

Article first published online: 14 MAR 2014

It has long been recognised that depression and anxiety share a common core of negative affect, but research on similarities and differences between these two emotions is growing. The focus of the current study was on whether the timing of a triggering event can determine whether the dominant emotional reaction is depression or anxiety. It was hypothesised that aversive events in the past would elicit more depression than anxiety, whereas the same aversive events in the future would elicit more anxiety than depression. We created temporally varied versions of vignettes describing aversive events occurring at either time, and asked participants to rate the extent to which the events would elicit feelings of depression or anxiety. Results indicated that adverse past events elicited much higher ratings of anticipated depression and adverse future events elicited much higher ratings of anticipated anxiety. Implications for understanding these two emotions and depressive and anxiety disorders are discussed.

<http://link.springer.com/article/10.1007/s12020-014-0228-8>

Effects of mental resilience on neuroendocrine hormones level changes induced by sleep deprivation in servicemen.

Xinyang Sun, Xuyan Dai, Tingshu Yang, Hongtao Song, Jialin Yang, Jing Bai, Liyi Zhang

Endocrine

March 2014

The aim of this study was to investigate the effects of mental resilience on the changes of serum rennin, angiotensin, and cortisol level induced by sleep deprivation in servicemen. By random cluster sampling, a total of 160 servicemen, aged from 18 to 30, were selected to undergo 24-hour total sleep deprivation and administered the military personnel mental resilience scale after

the deprivation procedure. The sleep deprivation procedure started at 8 a.m. on Day 8 and ended at 8 a.m. on Day 9 after 7 days of normal sleep for baseline preparation. Blood samples were drawn from the 160 participants at 8 a.m. respectively on Day 8 and Day 9 for hormonal measurements. All blood samples were analyzed using radioimmunoassay. As hypothesized, serum rennin, angiotensin II, and cortisol level of the participants after sleep deprivation were significantly higher than those before ($P < 0.05$). The changes of serum rennin and cortisol in the lower mental resilience subgroup were significantly greater ($P < 0.05$); problem-solving skill and willpower were the leading influence factors for the increases of serum rennin and cortisol respectively induced by sleep deprivation. We conclude that mental resilience plays a significant role in alleviating the changes of neurohormones level induced by sleep deprivation in servicemen.

<http://online.liebertpub.com/doi/abs/10.1089/cyber.2013.0383>

Effect of Virtual Reality PTSD Treatment on Mood and Neurocognitive Outcomes.

Robert McLay, MD, PhD, Vasudha Ram, MPH, Jennifer Murphy, PhD, James Spira, PhD, Dennis P. Wood, PhD, Mark D. Wiederhold, MD, PhD, Brenda K. Wiederhold, PhD, MBA, Scott Johnston, PhD, and Dennis Reeves, PhD

Cyberpsychology, Behavior, and Social Networking

Online Ahead of Print: March 17, 2014

Virtual reality (VR) is an emerging tool to help treat posttraumatic stress disorder (PTSD). Previously published studies have shown that VR graded exposure therapy (VR-GET) treatment can result in improvements in PTSD symptoms. Less is known about the impact on depression, general anxiety, and neuropsychological functioning in patients with PTSD. This study examined changes in self-reports of PTSD, depression, and anxiety before and after treatment, and also examined neuropsychological functioning as assessed by a computerized test of simple reaction time, procedural reaction time, and performance on the congruent, incongruent, emotional, and neutral (match the color of the “nonsense word”) Stroop tests. Results showed that subjects treated with VR-GET showed significant reductions in PTSD and anxiety severity and significant improvements on the emotional Stroop test. Changes in depression and other measures of neuropsychological function were not significant. Change scores on the emotional Stroop test did not correlate with changes in self-report measures of PTSD. Overall, these findings support the use of VR-GET as a treatment for PTSD but indicate that benefits may be narrowly focused. Additional treatments may be needed after or alongside VR-GET for service members with neuropsychological impairments.

Posttraumatic Stress Disorder and Depressive Symptoms: Joined or Independent Sequelae of Trauma?

Sharon Dekel, Zahava Solomon, Danny Horesh, Tsachi Ein-Dor

Journal of Psychiatric Research

Available online 15 March 2014

Objective

The nature of co-morbidity between posttraumatic stress disorder (PTSD) and depression has been the subject of much controversy. This study addresses this issue by investigating associations between probable PTSD and depressive symptoms in a prospective, longitudinal sample of combat veterans.

Method

Symptoms of PTSD and depression were assessed at 3 points of time (i.e., 1991, 2003, 2008) over a period of 17 years utilizing the PTSD Inventory (Solomon et al., 1994) and the SCL-90 (Derogatis, 1977). Two groups of combat veterans, 275 former prisoners of war (ex-POWs) and 219 matched combatants (controls), were assessed. Data were analyzed using descriptive statistics, latent variable modeling, and confirmatory factor analysis.

Results

A series of χ^2 tests revealed that the prevalence proportions of depressive symptoms and probable PTSD were higher among ex-POWs compared to controls at all time points. The prevalence of depressive symptoms was higher than the prevalence of PTSD symptoms in both groups at the each of the times. Latent Trajectories Modeling (LTM) indicated that while ex-POWs' PTSD symptom severity increased over time, the severity of symptoms remained stable among controls. Parallel Process Latent Growth Modeling (PLGM) revealed a positive bi-directional relationship whereby PTSD symptoms mediated the affect of captivity on depressive symptoms and depressive symptoms mediated the affect of captivity on PTSD symptoms over time. Utilizing Confirmatory Factor Analysis (CFA), a single factor model emerged for depressive and PTSD symptoms.

Conclusion

The findings suggest that while depression and PTSD seem to be different long-term manifestations of traumatic stress, accounted for in part by the severity of the trauma, they both may be parts of a common general traumatic stress construct. Clinical and theoretical implications of these findings are discussed.

<http://www.sciencedirect.com/science/article/pii/S0376871614007790>

Changes in Alcohol Use after Traumatic Experiences: The Impact of Combat on Army National Guardsmen.

Dale W. Russell, Cristel Antonia Russell, Lyndon A. Riviere, Jeffrey L. Thomas, Joshua E. Wilk, Paul D. Bliese

Drug and Alcohol Dependence

Available online 15 March 2014

Objective

This research documents the impact of combat experiences on alcohol use and misuse among National Guard soldiers. Whereas much research regarding combat personnel is based on post-experience data, this study's design uses both pre- and post-deployment data to identify the association between different types of combat experiences and changes in substance use and misuse.

Method

A National Guard Infantry Brigade Combat Team was surveyed before and after its deployment to Iraq in 2005-2006. Members of the unit completed anonymous surveys regarding behavioral health and alcohol use and, in the post-survey, the combat experiences they had during deployment. The unit was surveyed three months prior to its deployment and three months after its deployment.

Results

Prevalence rates of alcohol use increased from 70.8% pre-deployment to 80.5% post-deployment. Prevalence rates of alcohol misuse more than doubled, increasing from 8.51% before deployment to 19.15% after deployment. However, among the combat experiences examined in this study, changes in alcohol misuse post-deployment appear to be solely affected by the combat experience of killing. Alcohol misuse decreased amongst those who experienced killing during combat.

Conclusions

This study highlights the role of combat experiences on substance use.

<http://www.sciencedirect.com/science/article/pii/S1087079214000239>

Sleep tight: Exploring the relationship between sleep and attachment style across the life span.

G. Camelia Adams, Melissa A. Stoops, Robert Skomro
Sleep Medicine Reviews

Available online 15 March 2014

Based on early life experiences in which developmental, genetic, and environmental components interact, humans learn to trust themselves and others and connect emotionally in consistent ways that are broadly defined as “attachment styles.” These relatively stable patterns of interpersonal interaction are associated with either vulnerability to various health risks or resilience. Similarly, the mechanisms involved in sleep regulation undergo developmental changes that overlap temporally with attachment formation and remain sensitive to a series of biological, environmental and psychological influences. Interestingly, while sleep has been conceptualized as a fundamental attachment behavior given its dyadic context, few studies have explored its relationship with attachment style in various ages. We present the first systematic review of the published literature examining the relationship between attachment style and sleep in humans across the life span. While levels of evidence and methods of assessment vary significantly, the results suggest a possible life-long relationship between individual attachment style and sleep. These findings are particularly useful in understanding relatively ingrained psychological mechanisms that can affect and be affected by sleep. Clinical and research implications are discussed.

<http://www.tandfonline.com/doi/abs/10.1080/13854046.2014.894576>

Normative Data for the Neurobehavioral Symptom Inventory (NSI) and Post-Concussion Symptom Profiles Among TBI, PTSD, and Nonclinical Samples.

Jason R. Soble, Marc A. Silva, Rodney D. Vanderploeg, Glenn Curtiss, Heather G. Belanger, Alison J. Donnell, Steven G. Scott

The Clinical Neuropsychologist

Published online: 14 Mar 2014

The Neurobehavioral Symptom Inventory (NSI) is a self-report measure of symptoms commonly associated with Post-Concussion Syndrome (PCS) that may emerge after mild traumatic brain injury (mTBI). Despite frequent clinical use, no NSI norms have been developed. Thus, the main objective of this study was to establish NSI normative data using the four NSI factors (i.e., vestibular, somatic, cognitive, and affective) identified by Vanderploeg, Silva, et al. (2014) among nonclinical epidemiological samples of deployed and non-deployed Florida National Guard members as well as a reference sample of Guard members with combat-related mTBI. In addition, NSI subscale profile patterns were compared across four distinct subgroups (i.e., non-deployed-nonclinical, deployed-nonclinical, deployed-mTBI, and deployed-PTSD). The

deployed-nonclinical group endorsed greater PCS symptom severity than the non-deployed group, and the mTBI group uniformly endorsed more symptoms than both nonclinical groups. However, the PTSD group endorsed higher symptom severity relative to the other three subgroups. As such, this highlights the non-specificity of PCS symptoms and suggests that PTSD is associated with higher symptom endorsement than mTBI.

<http://www.sciencedirect.com/science/article/pii/S0165032714001050>

Is excess mortality higher in depressed men than in depressed women?, A meta-analytic comparison.

Journal of Affective Disorders

Available online 15 March 2014

Background

It is not well-established whether excess mortality associated with depression is higher in men than in women.

Methods

We conducted a meta-analysis of prospective studies in which depression was measured at baseline, where mortality rates were reported at follow-up, and in which separate mortality rates for men and women were reported. We conducted systematic searches in bibliographical databases and calculated relative risks of excess mortality in men and women.

Results

Thirteen studies were included. Among the people with depression, excess mortality in men was higher than in women (RR=1.97; 1.63~2.37). Compared with non-depressed participants, excess mortality was increased in depressed women (RR=1.55; 95% CI: 1.32~1.82), but not as much as in men (RR=2.04; 95% CI: 1.76~2.37), and the difference between excess mortality in men was significantly higher than in women ($p<0.05$).

Conclusions

Excess mortality related to depression is higher in men than in women. Although the exact mechanisms for this difference are not clear, it may point at differential or more intensified pathways leading from depression to increased mortality in depressed men compared to women.

<http://www.sciencedirect.com/science/article/pii/S0145213414000659>

Associations between childhood abuse and interpersonal aggression and suicide attempt among U.S. adults in a national study.

Thomas C. Harford, Hsiao-ye Yi, Bridget F. Grant

Child Abuse & Neglect

Available online 21 March 2014

The aim of this study is to examine associations among childhood physical, emotional, or sexual abuse and violence toward self (suicide attempts [SA]) and others (interpersonal aggression [IA]). Data were obtained from the National Epidemiologic Survey on Alcohol and Related Conditions Waves 1 and 2 (n = 34,653). Multinomial logistic regression examined associations between type of childhood abuse and violence categories, adjusting for demographic variables, other childhood adversity, and DSM-IV psychiatric disorders. The prevalence of reported childhood abuse was 4.60% for physical abuse, 7.83% for emotional abuse, and 10.20% for sexual abuse. Approximately 18% of adults reported some form of violent behavior, distributed as follows: IA, 13.37%; SA, 2.64%; and SA with IA, 1.85%. After adjusting for demographic variables, other childhood adversity, and psychiatric disorders, each type of childhood abuse was significantly related to increased risk for each violence category as compared with the no violence category. Furthermore, the odds ratio of childhood physical abuse was significantly higher for SA with IA when compared with IA, and the odds ratio of childhood sexual abuse was significantly higher for SA and SA with IA when compared with IA. Childhood physical, emotional, and sexual abuse is directly related to the risk for violent behaviors to self and others. Both internalizing and externalizing psychiatric disorders impact the association between childhood abuse and violence. The inclusion of suicidal behaviors and interpersonal aggression and internalizing/externalizing psychiatric disorders within an integrated conceptual framework will facilitate more effective interventions for long-lasting effects of child abuse.

<http://www.sciencedirect.com/science/article/pii/S0749379713006430>

Deployment Experiences and Motor Vehicle Crashes Among U.S. Service Members.

Kelly A. Woodall, Isabel G. Jacobson, Nancy F. Crum-Cianflone

American Journal of Preventive Medicine

Volume 46, Issue 4, April 2014, Pages 350–358

Background

Motor vehicle crashes (MVCs) continue to account for a third of service member fatalities each

year. Sociodemographic factors associated with MVCs among service members have been evaluated, but whether deployment-specific experiences during the recent operations are associated with a higher risk of MVCs is unclear.

Purpose

Evaluate if military members with specific deployment experiences are at an increased risk of MVCs, while taking into account several potential confounders.

Methods

Millennium Cohort Study participants who enrolled during 2001–2006 and were on active-duty service were evaluated. The Military Health System Data Repository (MDR) was used to investigate MVC-related injuries occurring 6 months postdeployment in relation to service-related factors, while adjusting for demographic, behavioral, and mental and physical health factors. Analysis conducted in 2012 used Cox proportional hazards modeling.

Results

There were 13,620 deployed personnel included in this study. After adjusting for covariates, deployers with combat experiences (hazard ratio [HR]=1.86, 95% CI=1.33, 2.62) and those with more than one deployment (two deployments, HR=1.93, 95% CI=1.32, 2.83; three or more deployments, HR=2.83, 95% CI=1.71, 4.67) had an increased risk for an MVC within 6 months postdeployment. Enlisted rank and non-Hispanic black race/ethnicity were also associated with increased risk for MVCs.

Conclusion

Experiencing combat during deployment and multiple deployments are both strong predictors for MVCs within 6 months of returning home among U.S. military members. These data provide critical information for targeting prevention strategies to decrease MVCs among personnel postdeployment.

<http://link.springer.com/article/10.1007/s40429-014-0016-9>

Sleep Disturbances: Implications for Cannabis Use, Cannabis Use Cessation, and Cannabis Use Treatment.

Kimberly A. Babson, Marcel O. Bonn-Miller

Current Addiction Reports

March 2014

Cannabis may be used, among certain individuals, for its actual and/or perceived sleep-promoting properties. Although evidence suggests that cannabis is likely beneficial for sleep

initiation, over time individuals may develop tolerance to these benefits, leading to greater use in order to maintain the same sleep-inducing effects. This form of use likely contributes to the development of problematic cannabis use patterns, including cannabis use disorders. Evidence also points to sleep as an important consideration in terms of understanding cannabis withdrawal and relapse. Here, sleep disturbances have been reported as a primary symptom of withdrawal, with studies revealing that this increase in sleep disruption during discontinuation of cannabis use may be a significant risk factor for relapse. Therefore, it is likely important to consider interventions aimed at providing alternative means to cope with and/or treat sleep disturbances (e.g., behavioral or pharmacological approaches) as adjuncts to interventions for cannabis use disorders to improve treatment outcomes.

http://journals.lww.com/practicalpsychiatry/Abstract/2014/03000/Suicide_on_Facebook.8.aspx

Suicide on Facebook.

Ahuja, Amir Kumar Md; Biesaga, Krystine Md; Sudak, Donna M. Md; Draper, John Phd;
Womble, Ashley

Journal of Psychiatric Practice:

March 2014 - Volume 20 - Issue 2 - p 141-146

Current suicide assessment relies primarily on the patient's oral history. This article describes the case of a patient who was hospitalized after making an impulsive suicide attempt. Subsequently, social media was used to identify the events leading up to the attempt and to reconstruct a timeline. This evidence helped the patient gain more insight into the severity of his condition and agree to participate in treatment. Facebook and other social media may prove to be helpful adjuncts to suicide prevention efforts both in treatment and in screening for high-risk individuals who may not voluntarily come to clinical attention.

<http://www.sciencedirect.com/science/article/pii/S0272735814000506>

Visual mental imagery in psychopathology – implications for the maintenance and treatment of depression.

Charlotte Weßlau, Regina Steil

Clinical Psychology Review

Available online 17 March 2014

Negative mental images are a common feature in a range of mental disorders as well as in healthy subjects. Intrusive negative mental images have only recently become a focus of attention in clinical research on depression. Research so far indicates that they can be an important factor regarding the onset and chronicity of affective disorders. This article is the first to provide an extensive overview of the current state of research in the field of visual mental images in depression. It aims to investigate disorder-specific characteristics, as well as the role of imagery as a maintaining factor. A detailed definition and description of empirical results about mental images in depressive disorders is followed by a presentation and analysis of treatment studies using imagery techniques in depressed samples. Additionally, methodological issues like small sample sizes and the lack of control groups are pointed out and implications for future research are discussed. Case vignettes are included in the appendix to exemplify the importance of negative mental images in patients suffering from depression.

<http://onlinelibrary.wiley.com/doi/10.1111/nhs.12122/abstract>

Adaption and adjustment of military spouses to overseas postings: An online forum study.

Blakely, G., Hennessy, C., Chung, M. C. and Skirton, H.

Nursing & Health Sciences

Article first published online: 17 MAR 2014

Little research has examined the impact of being an accompanying spouse on British military foreign postings. The aim of this qualitative study was to investigate the experiences of 13 military spouses from 11 different overseas locations. Data were collected via an online forum and thematic content analysis was conducted. Key findings revealed that, regardless of the location, reactions to overseas posting varied considerably and were related to the military spouse's personality and personal circumstances, as well as their relationship with family, husband and their support networks. Spouses experienced a loss of control over their lives that was in some cases psychologically distressing. The findings corroborate and extend the findings from a previous study that was limited to one location, further highlighting the need for pre-established support resources from the military and healthcare professionals to be readily accessible for all military spouses. Importantly, such support provision may also facilitate the military spouse in regaining some control over their everyday life, enhancing their well-being and the experience for the family.

Links of Interest

The Pulse (official USU newsletter) - March 2014
<http://www.usuhs.mil/vpe/enews/newsed1405.pdf>

Moral Injury (series)
<http://projects.huffingtonpost.com/moral-injury>

Acceptance and Commitment Therapy: A Different Approach to Anxiety Disorders
<http://www.socialworkhelper.com/2014/03/20/acceptance-commitment-therapy-different-approach-anxiety-disorders/>

Fight Against Military Sexual Assault Hits New Milestone
<http://www.npr.org/2014/03/11/289022201/fight-against-military-sexual-assault-hits-new-milestone>

Poor sleep linked to brain deterioration in Gulf War veterans
<http://www.healio.com/psychiatry/sleep-disorders/news/online/%7B8f37548a-0595-49fd-9bfe-79230e426da9%7D/poor-sleep-linked-to-brain-deterioration-in-gulf-war-veterans>

Colleges struggle with turning veterans into graduates
<http://hamptonroads.com/2014/03/colleges-struggle-turning-veterans-graduates>

Collateral damage: The mental health issues facing children of veterans
<http://www.cbsnews.com/news/collateral-damage-the-mental-health-issues-facing-children-of-veterans/>

Cop With PTSD Killed, Grieving Family Says
<http://www.courthousenews.com/2014/03/20/66318.htm>

Brain Injury Book List
<http://www.brainline.org/content/2013/12/brain-injury-book-list.html>

Mental health on the go: Reducing anxiety with smartphone app
<http://www.sciencedaily.com/releases/2014/03/140318111900.htm>

Stress undermines empathic abilities in men but increases them in women
<http://www.sciencedaily.com/releases/2014/03/140317095927.htm>

Gov't approves study of marijuana smoking to treat PTSD in military veterans
<http://www.cbsnews.com/news/government-approves-marijuana-study-for-treating-ptsd-in-veterans/>

Rikers Island Struggles With a Surge in Violence and Mental Illness
<http://www.nytimes.com/2014/03/19/nyregion/rise-in-mental-illness-and-violence-at-vast-jail-on-rikers-island.html>

Student veterans will march in marathon-length desert course to honor late alumnus (GWU)
<http://www.gwhatchet.com/2014/03/20/student-veterans-will-march-in-marathon-length-desert-course-to-honor-late-alumnus/>

'Flat Stanley' home after decade in soldier's wallet

<http://www.usatoday.com/story/news/nation/2014/03/23/flat-stanley-home-safe-after-decade-in-soldiers-wallet-/6762359/>

PTSD: Battling the shock of war

<http://www.militarytimes.com/article/20140325/NEWS/303250058/>

Helping incarcerated veterans get on their feet again when released

<http://www.stripes.com/news/veterans/helping-incarcerated-veterans-get-on-their-feet-again-when-released-1.274397>

Achieving New Mental Health Treatment Goals for Veterans, Servicemembers and their Families

<http://www.mentalhealth.gov/blog/2014/03/new-mental-health-treatment-goals-for-veterans.html>

Resource of the Week: [GSA Per Diem Mobile App](#)

This app allows travelers to look up Federal government per diem rates by city/state and ZIP code in locations throughout the United States and its territories. Per diem is the daily allowance for lodging (excluding taxes), meals and incidental expenses. These rates are established by the General Services Administration for destinations in the lower 48 contiguous United States, and by the U.S. Department of Defense for locations in Alaska, Hawaii and the U.S. territories. The U.S. Department of State sets rates for foreign travel locations.

The app is available for the iPhone, Android devices and BlackBerry.

- Per Diem**
- Overview
- FY 2014 Per Diem Highlights
- ▶ **Per Diem Mobile App**
- FAQ
- Per Diem Contacts
- M&IE Breakdown
- Factors Influencing Lodging Rates
- Fire Safe Hotels
- Per Diem Rates
- Per Diem Files (Archived)
- Per Diem Mobile Blackberry File Download

Per Diem Mobile App

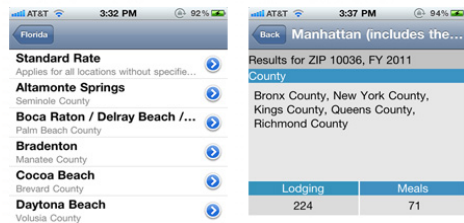


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Note: Blackberry users must have Blackberry App World installed to download the app. From your Blackberry smartphone, visit www.blackberry.com/appworld/download. Also see notes below*

Download restrictions? Visit our [Mobile App Download](#) page.



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