



CDP Research Update -- April 10, 2014

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- Changes in emotion regulation in adults with and without a history of childhood abuse following posttraumatic stress disorder treatment.

Impact of social challenges on gaining employment for veterans with posttraumatic stress disorder: An exploratory moderator analysis.

- The use of immersive virtual reality (vr) to predict the occurrence 6 months later of paranoid thinking and posttraumatic stress symptoms assessed by self-report and interviewer methods: A study of individuals who have been physically assaulted.
- Links of Interest
- Resource of the Week -- USUHS LRC Research Guide: Psychology Resources

<http://publications.amsus.org/doi/abs/10.7205/MILMED-D-13-00471>

Casualties of the Global War on Terror and Their Future Impact on Health Care and Society: A Looming Public Health Crisis.

Michael S. Baker, MC USN (Ret.)

Military Medicine

Volume 179 Issue 4, April 2014, pp. 348-355

This article is a primer to understand the medical advances and the future health care consequences of the current conflicts in the Middle East and Southwest Asia, known as the Global War on Terror. There have been significant advances in health care learned in caring for those injured by the conflict—often a polytrauma blast victim, but there are also very high incidence rates of the hidden injuries of war—traumatic brain injury, post-traumatic stress disorder, suicide, and depression. These lead to disruptive behaviors, homelessness, and family violence. Global War on Terror returnees are using medical services and applying for disability at higher rates than in previous conflicts. The costs for veterans' care may peak 30 to 40 years or longer following the conflict, and will inflict an enormous burden on services and resources. The effects of the war will linger for years and impact across generations because of the stress on families and children. We must mobilize government agencies, create public–private partnerships, and invest our resources now to mitigate the approaching tsunami of veterans' health care needs, the impact on our social services, and the devastating costs to society.

<http://www.ncbi.nlm.nih.gov/pubmed/24660950>

Psychiatr Rehabil J. 2014 Mar;37(1):43-50. doi: 10.1037/prj0000048.

Participant experiences in peer- and clinician-facilitated mental health recovery groups for veterans.

Beehler S, Clark JA, Eisen SV.

Objective:

The purpose of the study was to characterize and compare participants' experiences of peer-facilitated versus clinician-facilitated recovery groups for veterans with mental illness.

Method:

We analyzed qualitative data from 24 interviews with veterans who participated in mental health recovery groups led by peer or clinician facilitators.

Results:

Subtle differences in group structure, participation/communication and utility/relevance between peer- and clinician-facilitated groups were identified. Participants experienced both peer and clinician facilitators as helpful in promoting recovery, though they appeared to do this in different ways.

Conclusions and Implications for Practice:

Peer and clinician facilitators offer different strengths in the promotion of mental health recovery. (PsycINFO Database Record (c) 2014 APA, all rights reserved).

<http://publications.amsus.org/doi/abs/10.7205/MILMED-D-13-00241>

Risk-Taking Behaviors and Impulsivity Among Veterans With and Without PTSD and Mild TBI.

Lisa M. James, PhD; Thad Q. Strom, PhD; Jennie Leskela, PhD

Military Medicine

Volume 179 Issue 4, April 2014, pp. 357-363

Military personnel commonly experience post-traumatic stress disorder (PTSD) and mild traumatic brain injury (mTBI), both of which are associated with premature mortality. The present study examined two factors that may play a role in premature mortality—impulsivity and risk-taking behaviors—in a sample of 234 veterans screening positive for PTSD, mTBI, PTSD + mTBI, and controls. Analyses of variance demonstrated that veterans with PTSD, regardless of mTBI status, reported engaging in more frequent risky behaviors and reported a greater tendency to engage in impulsive behaviors when in a negative affective state. They also reported more premilitary delinquent behaviors and more suicide-related behaviors than controls. The present study highlights associations between impulsivity, risk-taking behaviors, and PTSD, and suggests continuity across the lifespan in terms of a predisposition to engage in impulsive and/or risky behaviors. Thorough evaluation of impulsivity and potentially risky behaviors is important in clinical settings to guide interventions and reduce the mortality and

public health impact of high-risk behaviors in veterans.

<http://chp.sagepub.com/content/early/2014/03/20/2156587214525403.abstract>

Complementary and Alternative Medicine for Posttraumatic Stress Disorder Symptoms: A Systematic Review.

Wahbeh H, Senders A, Neuendorf R, Cayton J.

Journal of Evidence-Based Complementary & Alternative Medicine

March 27, 2014

Objectives.

To (1) characterize complementary and alternative medicine studies for posttraumatic stress disorder symptoms, (2) evaluate the quality of these studies, and (3) systematically grade the scientific evidence for individual CAM modalities for posttraumatic stress disorder.

Design.

Systematic review. Eight data sources were searched. Selection criteria included any study design assessing posttraumatic stress disorder outcomes and any complementary and alternative medicine intervention. The body of evidence for each modality was assessed with the Natural Standard evidence-based, validated grading rationale.

Results and Conclusions.

Thirty-three studies (n = 1329) were reviewed. Scientific evidence of benefit for posttraumatic stress disorder was strong for repetitive transcranial magnetic stimulation and good for acupuncture, hypnotherapy, meditation, and visualization. Evidence was unclear or conflicting for biofeedback, relaxation, Emotional Freedom and Thought Field therapies, yoga, and natural products. Considerations for clinical applications and future research recommendations are discussed.

<http://psycnet.apa.org/journals/trm/20/1/19/>

Posttraumatic stress, depression, stigma, and barriers to care among U.S. Army healthcare providers.

Chapman, Paula L.; Elnitsky, Christine; Thurman, Ryan M.; Pitts, Barbara; Figley, Charles; Unwin, Brian

Traumatology: An International Journal, Vol 20(1), Mar 2014, 19-23.

The U.S. Army Combat Medic faces enormous stress as both soldier and trauma care provider. This study provides an initial assessment of the mental health attitudes and behaviors of these soldiers. To date, there is no known research assessing Combat Medic behavioral health or their help seeking behavior following deployment. Medics who were 12 months post-deployment from a yearlong deployment to combat were compared with a baseline group of Medics who had never been deployed to war. Participants completed a survey containing measures of mental health service utilization, perceived stigma and barriers to care, depression and posttraumatic stress disorder (PTSD) symptoms. Medics screening positive for a mental health issue were more likely to report concerns about stigma and barriers to care compared to those who screened negative. Medics who had deployed to the combat were more likely to screen positive for major depression, and have sought care for mental health issues compared to the baseline group. There were no differences in PTSD screenings between the deployed group and the baseline group. Findings indicate that depression may be a salient issue for previously deployed Combat Medics. (PsycINFO Database Record (c) 2014 APA, all rights reserved)

<http://www.sciencedirect.com/science/article/pii/S0738399114001323>

Facilitating culture-centered communication between health care providers and veterans transitioning from military deployment to civilian life.

Christopher J. Koenig, Shira Maguen, Jose D. Monroy, Lindsay Mayott, Karen H. Seal

Patient Education and Counseling

Available online 31 March 2014

OBJECTIVE

To describe returning veterans' transition experience from military to civilian life and to educate health care providers about culture-centered communication that promotes readjustment to civilian life.

METHODS

Qualitative, in-depth, semi-structured interviews with 17 male and 14 female Iraq and Afghanistan veterans were audio recorded, transcribed verbatim, and analyzed using Grounded Practical Theory.

RESULTS

Veterans described disorientation when returning to civilian life after deployment. Veterans' experiences resulted from an underlying tension between military and civilian identities consistent with reverse culture shock. Participants described challenges and strategies for

managing readjustment stress across three domains: intrapersonal, professional/educational, and interpersonal.

CONCLUSIONS

To provide patient-centered care to returning Iraq and Afghanistan veterans, health care providers must be attuned to medical, psychological, and social challenges of the readjustment experience, including reverse culture shock. Culture-centered communication may help veterans integrate positive aspects of military and civilian identities, which may promote full reintegration into civilian life.

PRACTICE IMPLICATIONS

Health care providers may promote culture-centered interactions by asking veterans to reflect about their readjustment experiences. By actively eliciting challenges and helping veterans to identify possible solutions, health care providers may help veterans integrate military and civilian identities through an increased therapeutic alliance and social support throughout the readjustment process.

<http://publications.amsus.org/doi/abs/10.7205/MILMED-D-13-00306>

Using a Service Sector Segmented Approach to Identify Community Stakeholders Who Can Improve Access to Suicide Prevention Services for Veterans.

Monica M. Matthieu, PhD, LCSW; Giovanina Gardiner, MSW; Ellen Ziegemeier, MA; Miranda Buxton, MSW

Military Medicine

Volume 179 Issue 4, April 2014, pp. 388-395

Veterans in need of social services may access many different community agencies within the public and private sectors. Each of these settings has the potential to be a pipeline for attaining needed health, mental health, and benefits services; however, many service providers lack information on how to conceptualize where Veterans go for services within their local community. This article describes a conceptual framework for outreach that uses a service sector segmented approach. This framework was developed to aid recruitment of a provider-based sample of stakeholders (N = 70) for a study on improving access to the Department of Veterans Affairs and community-based suicide prevention services. Results indicate that although there are statistically significant differences in the percent of Veterans served by the different service sectors ($F(9, 55) = 2.71, p = 0.04$), exposure to suicidal Veterans and providers' referral behavior is consistent across the sectors. Challenges to using this framework include isolating the appropriate sectors for targeted outreach efforts. The service sector segmented approach holds promise for identifying and referring at-risk Veterans in need of services.

<http://publications.amsus.org/doi/abs/10.7205/MILMED-D-13-00314>

Dwell Time and Psychological Screening Outcomes Among Military Service Members With Multiple Combat Deployments.

Andrew J. MacGregor, MSC USN; Kevin J. Heltemes, MPH; Mary C. Clouser, PhD; Peggy P. Han, MPH; Michael R. Galarneau, MS

Military Medicine

Volume 179 Issue 4, April 2014, pp. 381-387

Recent studies have found that longer dwell times, or the period of time between deployments, may be protective against combat-related psychological outcomes. The purpose of this study was to examine the association between dwell time and psychological morbidity, while accounting for combat exposure. U.S. Marines with two combat deployments between 2005 and 2008 were identified from electronic deployment records. Those who screened positive for post-traumatic stress disorder and depression, and who were referred for mental health services were identified from the Post-Deployment Health Assessment. For the final study sample of 3,512 Marines, dwell time was calculated as time between deployments, and was analyzed as a ratio over length of first deployment. After adjustment for all covariates, there was an interaction ($p = 0.01$) between dwell time and combat exposure on mental health referral outcome. For personnel with maximum reported combat exposure, longer dwell times were associated with a 49% to 92% reduced odds of mental health referral. Longer dwell times may be protective against combat-related psychological outcomes. Because multiple deployments are likely to be the norm in future military operations, regulating dwell time, particularly for those with greater risk of combat exposure, should continue to be explored.

<http://www.ghpjournal.com/article/S0163-8343%2814%2900090-5/abstract>

Eating Disorder Symptoms and Comorbid Psychopathology among Male and Female Veterans.

Scott D. Litwack, Karen S. Mitchell, Denise M. Sloan, Annemarie F. Reardon, Mark W. Miller

General Hospital Psychiatry

Published online 03 April 2014

Objective:

Eating disorder (ED) symptoms have gone mostly unexamined among veterans. The current study assessed rates of bulimia nervosa (BN) and binge eating disorder (BED) symptoms and diagnoses and their associations with common comorbidities among male and female veterans.

Method:

Participants were U.S. military veterans who screened positive for trauma histories and/or a probable DSM-IV PTSD diagnosis (n=499). Symptoms of PTSD were assessed using the Clinician Administered PTSD Scale (CAPS), and symptoms of EDs, mood, and substance use disorders were assessed using the Structured Clinical Interview for the DSM-IV (SCID).

Results:

Lifetime rates of BN and BED diagnoses were comparable to civilian populations and a considerable range of lifetime and current BN and BED symptoms were identified. In multivariate models, PTSD and depression severity were most consistently associated with BN and BED symptom severity, with depression most strongly associated with EDs for women.

Conclusions:

Findings highlight the importance of screening for ED symptoms among male and female veterans, particularly those that present with PTSD and depression symptomatology. Future examinations of the temporal order of such relationships and the degree to which ED symptoms and associated symptoms impact veteran functioning are warranted.

http://link.springer.com/chapter/10.1007/7854_2014_307

Neurobehavioral Mechanisms of Traumatic Stress in Post-traumatic Stress Disorder.

M. Danet Lapid-Bluhm, Alan L. Peterson

Current Topics in Behavioral Neurosciences, 2014

Post-traumatic stress disorder (PTSD) is a debilitating psychiatric disorder that develops following trauma exposure. It is characterized by four symptom clusters: intrusion, avoidance, negative alteration in cognitions and mood, and alterations in arousal and reactivity. Several risk factors have been associated with PTSD, including trauma type and severity, gender and sexual orientation, race and ethnicity, cognitive reserve, pretrauma psychopathology, familial psychiatric history, and genetics. Great strides have been made in understanding the neurobiology of PTSD through animal models and human imaging studies. Most of the animal models have face validity, but they have limitations in the generalization to the human model of PTSD. Newer animal models, such as the "CBC" model, have better validity for PTSD, which takes into account the different components of its diagnostic criteria. To date, fear conditioning and fear extinction animal models have provided support for the hypothesis that PTSD is a

dysregulation of the processes related to fear regulation and, especially, fear extinction. More research is needed to further understand these processes as they relate not only to PTSD but also to resilience. Further, this research could be instrumental in the development of novel effective treatments for PTSD.

<http://onlinelibrary.wiley.com/doi/10.1002/jts.21908/abstract>

Comparison of Clinician- and Self-Assessments of Posttraumatic Stress Symptoms in Older Versus Younger Veterans.

Lunney, C. A., Schnurr, P. P. and Cook, J. M.

Journal of Traumatic Stress

Article first published online: 2 APR 2014

Assessment of posttraumatic stress disorder (PTSD) in older adults has received limited investigation. The purpose of this study was to compare the severity of PTSD symptoms in treatment-seeking older and younger U.S. veterans with PTSD. Participants were 360 male and 284 female veterans enrolled in 2 separate clinical trials of psychotherapy for PTSD. About 4% of the participants were age 60 years or older. Symptoms were assessed before treatment using clinician-rated and self-report measures. For men, only numbing symptoms were lower in older veterans; this was so in clinician ratings, $d = 0.76$, and self-reports, $d = 0.65$. For women, clinician-rated hyperarousal symptoms were lower in older veterans, $d = 0.57$. Clinician-rated and self-reported symptoms were strongly related, $B_s = 0.95$ and 0.80 in the male and female samples, respectively. Among men, clinician-rated and self-reported reexperiencing and hyperarousal symptoms were associated only in younger veterans. Accurate assessment of PTSD symptoms in older adults is essential to identifying and implementing effective treatment. Our findings suggest that some symptoms may be lower in older men, and that some symptoms of PTSD may be underdetected in older women. Future research should assess the combined effect of gender and age on PTSD symptom presentation.

<http://www.ncbi.nlm.nih.gov/pubmed/24699968>

J Rehabil Res Dev. 2014 Feb;50(10):1315-30.

Exploratory pilot study of driving perceptions among OIF/OEF Veterans with mTBI and PTSD.

Hannold EM, Classen S, Winter S, Lanford DN, Levy CE.

Veterans of Iraq and Afghanistan may experience driving-related challenges postdeployment, including more at-fault crashes. Causes may include defensive driving tactics learned for combat zones and consequences of traumatic brain injuries (TBIs) and posttraumatic stress disorder (PTSD). Tailoring driver interventions to meet Veterans' needs requires an understanding of their driving perceptions. We explored the driving perceptions of five combat Veterans (4 men, 1 woman) with mild TBI and PTSD using grounded theory methods. Veterans participated in single, semistructured interviews during a comprehensive driving evaluation. Interviews were digitally recorded, transcribed verbatim, verified, and imported into NVivo 8 software for coding and analysis. Veterans were insightful about driving and identified specific environmental triggers for anxious driving, speeding, and road rage. Veterans used strategies to moderate driving behaviors, but continued to drive aggressively. Themes were used to develop a conceptual framework of driving postdeployment, laying the foundation for intervention studies.

<http://www.ncbi.nlm.nih.gov/pubmed/24698651>

Eur J Pharmacol. 2014 Mar 31. pii: S0014-2999(14)00237-4. [Epub ahead of print]

From non-pharmacological treatments for post-traumatic stress disorder to novel therapeutic targets.

Hendriksen H, Olivier B, Oosting RS.

The development of new pharmacological therapies starts with target discovery. Finding new therapeutic targets for anxiety disorders is a difficult process. Most of the currently described drugs for post-traumatic stress disorder (PTSD) are based on the inhibition of serotonin reuptake. The mechanism of action of selective serotonin reuptake inhibitors was already described in 1977 (Benkert et al., 1977) Now, almost 40 years later, we still rely on the same mechanism of action and more effective pharmacological therapies, based on other working mechanisms, are not on the market yet. Finding new molecular switches that upon modulation cure or alleviate the disorder is hampered by a lack of valid animal models. Many of the characteristics of psychiatric disorders are typically human and hence animal models feature only part of the underlying pathology. In this review we define a set of criteria for animal models of PTSD. First, we describe the symptomatology and pathology of PTSD and the current pharmacological and non-pharmacological treatment options. Next, we compare three often-used animal models and analyze how these models comply with the set of criteria. Finally, we discuss how resolving the underlying mechanisms of effective non-pharmacological treatments (environmental enrichment, re-exposure) may aid therapeutic target discovery. Copyright © 2014. Published by Elsevier B.V.

<http://www.ncbi.nlm.nih.gov/pubmed/24607500>

Behav Res Ther. 2014 Apr;55:40-7. Epub 2014 Feb 6.

Psycho-educational CBT-Insomnia workshops in the community. A cost-effectiveness analysis alongside a randomised controlled trial.

Bonin EM, Beecham J, Swift N, Raikundalia S, Brown JS.

Around one in three of the UK population suffer from sleep problems, resulting in high costs to society. Cognitive behaviour therapy for insomnia (CBT-I) has been shown to be effective. Community-based workshops may be a cost-effective way to provide CBT-I to groups that are usually hard to reach or reluctant to seek treatment. A sample of 151 participants aged 18 or over from five London boroughs who self-referred were randomised into a group receiving workshops and a waiting list control group. 111 provided complete data on service use and outcome measures. Results from the cost-effectiveness and cost-utility analyses are presented using cost-effectiveness acceptability curves. At a maximum willingness to pay per quality-adjusted life-year (QALY) of £30,000, the probability of the intervention being cost-effective is 80%. If commissioners are willing to pay £150 per point improvement on the Insomnia Severity Index, which is approximately the cost of the intervention, there is a 97% probability of cost-effectiveness. Community-based CBT-I workshops are likely to be a cost-effective intervention to improve insomnia symptoms and are a promising low-level option to include within the panoply of interventions that are encouraged within the UK policy of increasing access to psychological therapies. Copyright © 2014 Elsevier Ltd. All rights reserved.

<http://www.ncbi.nlm.nih.gov/pubmed/23807062>

J Gen Intern Med. 2013 Jul;28 Suppl 2:S536-41.

Military sexual trauma among homeless veterans.

Pavao J, Turchik JA, Hyun JK, Karpenko J, Saweikis M, McCutcheon S, Kane V, Kimerling R.

BACKGROUND:

Military sexual trauma (MST) is the Veteran Health Administration's (VHA) term for sexual assault and/or sexual harassment that occurs during military service. The experience of MST is associated with a variety of mental health conditions. Preliminary research suggests that MST may be associated with homelessness among female Veterans, although to date MST has not been examined in a national study of both female and male homeless Veterans.

OBJECTIVE:

To estimate the prevalence of MST, examine the association between MST and mental health conditions, and describe mental health utilization among homeless women and men.

DESIGN AND PARTICIPANTS:

National, cross-sectional study of 126,598 homeless Veterans who used VHA outpatient care in fiscal year 2010.

MAIN MEASURES:

All variables were obtained from VHA administrative databases, including MST screening status, ICD-9-CM codes to determine mental health diagnoses, and VHA utilization.

KEY RESULTS:

Of homeless Veterans in VHA, 39.7 % of females and 3.3 % of males experienced MST. Homeless Veterans who experienced MST demonstrated a significantly higher likelihood of almost all mental health conditions examined as compared to other homeless women and men, including depression, posttraumatic stress disorder, other anxiety disorders, substance use disorders, bipolar disorders, personality disorders, suicide, and, among men only, schizophrenia and psychotic disorders. Nearly all homeless Veterans had at least one mental health visit and Veterans who experienced MST utilized significantly more mental health visits compared to Veterans who did not experience MST.

CONCLUSIONS:

A substantial proportion of homeless Veterans using VHA services have experienced MST, and those who experienced MST had increased odds of mental health diagnoses. Homeless Veterans who had experienced MST had higher intensity of mental health care utilization and high rates of MST-related mental health care. This study highlights the importance of trauma-informed care among homeless Veterans and the success of VHA homeless programs in providing mental health care to homeless Veterans.

<http://www.ncbi.nlm.nih.gov/pubmed/24625622>

Int J Environ Res Public Health. 2014 Mar 12;11(3):3046-73.

Effects of OEF/OIF-Related Physical and Emotional Co-Morbidities on Associative Learning: Concurrent Delay and Trace Eyeblink Classical Conditioning.

McGlinchey RE, Fortier CB, Venne JR, Maksimovskiy AL, Milberg WP.

This study examined the performance of veterans and active duty personnel who served in Operation Enduring Freedom and/or Operation Iraqi Freedom (OEF/OIF) on a basic associative learning task. Eighty-eight individuals participated in this study. All received a comprehensive clinical evaluation to determine the presence and severity of posttraumatic stress disorder (PTSD) and traumatic brain injury (TBI). The eyeblink conditioning task was composed of randomly intermixed delay and trace conditioned stimulus (CS) and unconditioned stimulus (US) pairs (acquisition) followed by a series of CS only trials (extinction). Results revealed that those with a clinical diagnosis of PTSD or a diagnosis of PTSD with comorbid mTBI acquired delay and trace conditioned responses (CRs) to levels and at rates similar to a deployed control group, thus suggesting intact basic associative learning. Differential extinction impairment was observed in the two clinical groups. Acquisition of CRs for both delay and trace conditioning, as well as extinction of trace CRs, was associated with alcoholic behavior across all participants. These findings help characterize the learning and memory function of individuals with PTSD and mTBI from OEF/OIF and raise the alarming possibility that the use of alcohol in this group may lead to more significant cognitive dysfunction.

<http://www.ncbi.nlm.nih.gov/pubmed/23949569>

Curr Psychiatry Rep. 2013 Sep;15(9):394.

Ketamine, sleep, and depression: current status and new questions.

Duncan WC Jr, Zarate CA Jr.

Ketamine, an N-methyl-D-aspartate (NMDA) receptor antagonist, has well-described rapid antidepressant effects in clinical studies of individuals with treatment-resistant major depressive disorder (MDD). Preclinical studies investigating the effects of ketamine on brain-derived neurotrophic factor (BDNF) and on sleep slow wave activity (SWA) support its use as a prototype for investigating the neuroplastic mechanisms presumably involved in the mechanism of rapidly acting antidepressants. This review discusses human EEG slow wave sleep parameters and plasma BDNF as central and peripheral surrogate markers of plasticity, and their use in assessing ketamine's effects. Acutely, ketamine elevates BDNF levels, as well as

early night SWA and high-amplitude slow waves; each of these measures correlates with change in mood in depressed patients who respond to ketamine. The slow wave effects are limited to the first night post-infusion, suggesting that their increase is part of an early cascade of events triggering improved mood. Increased total sleep and decreased waking occur during the first and second night post infusion, suggesting that these measures are associated with the enduring treatment response observed with ketamine.

<http://www.ncbi.nlm.nih.gov/pubmed/24630421>

Womens Health Issues. 2014 Mar-Apr;24(2):e171-6.

Anticipating the traumatic brain injury-related health care needs of women veterans after the department of defense change in combat assignment policy.

Amara J, Iverson KM, Kregel M, Pogoda TK, Hendricks A.

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. Published by Elsevier Inc.

<http://www.ncbi.nlm.nih.gov/pubmed/24628840>

Am J Addict. 2014 Mar 15. [Epub ahead of print]

Pilot study of Creating Change, a new past-focused model for PTSD and substance abuse.

Najavits LM, Johnson KM.

BACKGROUND AND OBJECTIVES:

Creating Change (CC) is a new past-focused behavioral therapy model developed for comorbid posttraumatic stress disorder (PTSD) and substance use disorder (SUD). It was designed to address current gaps in the field, including the need for a past-focused PTSD/SUD model that has flexibility, can work with complex clients, responds to the staffing and resource limitations of SUD and other community-based treatment programs, can be conducted in group or individual format, and engages clients and clinicians. It was designed to follow the style, tone, and format of Seeking Safety, a successful present-focused PTSD/SUD model. CC can be used in conjunction with SS and/or other models if desired.

METHODS:

We conducted a pilot outcome trial of the model with seven men and women outpatients diagnosed with current PTSD and SUD, who were predominantly minority and low-income, with chronic PTSD and SUD. Assessments were conducted pre- and post-treatment. **RESULTS:** Significant improvements were found in multiple domains including some PTSD and trauma-related symptoms (eg, dissociation, anxiety, depression, and sexual problems); broader psychopathology (eg, paranoia, psychotic symptoms, obsessive symptoms, and interpersonal sensitivity); daily life functioning; cognitions related to PTSD; coping strategies; and suicidal ideation (altogether 19 variables, far exceeding the rate expected by chance). Effect sizes were consistently large, including for both alcohol and drug problems. No adverse events were reported.

DISCUSSION AND CONCLUSIONS:

Despite study methodology limitations, CC is promising. **SCIENTIFIC SIGNIFICANCE:** Clients can benefit from past-focused therapy that addresses PTSD and SUD in integrated fashion. (Am J Addict 2014;XX:1-8). Copyright © American Academy of Addiction Psychiatry.

<http://www.ncbi.nlm.nih.gov/pubmed/24695266>

J Head Trauma Rehabil. 2014 Apr 1. [Epub ahead of print]

Clinician Versus Veteran Ratings on the Mayo-Portland Participation Index in Veterans With a History of Mild Traumatic Brain Injury.

McCulloch K, Pastorek NJ, Miller BI, Romesser J, Linck J, Sim AH, Troyanskaya M, Little Maestas K.

BACKGROUND::

The Department of Veterans Affairs is encouraging administration of the Mayo-Portland Adaptability Inventory-4 Participation Index (M2PI) to identify long-term psychosocial outcomes of Operation Enduring Freedom (OEF), Operation Iraqi Freedom (OIF), and Operation New Dawn (OND) Veterans with a history of traumatic brain injury (TBI).

OBJECTIVE::

To evaluate clinician and Veteran interrater reliability and how response validity influences M2PI item ratings.

PARTICIPANTS::

A total of 122 OEF/OIF/OND Veterans who reported a history consistent with mild TBI during deployment and were referred for neuropsychological evaluation following Comprehensive TBI Evaluation. DESIGN:: Interrater reliability study.

MAIN MEASURES::

M2PI; Minnesota Multiphasic Personality Inventory-2 Symptom Validity Scale (FBS).

RESULTS::

Veterans reported greater perceived restrictions than clinicians across all M2PI items and total score. Interrater correlations ranged from $r_s = 0.27$ (residence) to $r_s = 0.58$ (money management) across items, with a total score correlation of $r_s = 0.60$. When response bias was indicated, both Veterans and clinicians reported greater participation restrictions than those reported by Veterans without evidenced response bias.

CONCLUSION::

Low interrater correlation is consistent with previous findings. As ratings of clinicians and Veterans should not be interpreted as equivalent, documenting the rater's identity is important for interpretation. Using objective indicators of functional outcome may assist clinician raters, particularly when self-report may be biased.

<http://www.ncbi.nlm.nih.gov/pubmed/24706608>

Depress Anxiety. 2014 Apr 4. doi: 10.1002/da.22258. [Epub ahead of print]

Effectiveness of cognitive behavioral therapy for insomnia: influence of slight-to-moderate depressive symptom severity and worrying.

Hamoen AB, Redlich EM, de Weerd AW.

BACKGROUND:

Cognitive behavioral therapy for insomnia (CBT-I) is a well-known, effective treatment for primary insomnia. However, the majority of sleeping problems occur in the presence of another medical or psychiatric disorder. Depression and general anxiety disorder (with a main feature of excessive generalized worrying) are disorders that frequently co-occur with insomnia. The purpose of this study is to evaluate whether depressive symptom severity or worrying influences the subjective effectiveness of CBT-I.

METHODS:

Patients with a complaint of insomnia received CBT-I. At the beginning of the therapy, patients completed a sleep evaluation list, the Beck Depression Inventory (BDI-II-NL, N = 92), and the Penn State Worry Questionnaire (PSWQ, N = 119). Based on the BDI and the PSWQ, the sample was divided into different groups: patients with low versus high depression scores, low worriers versus high worriers, and patients without depressive symptoms who were also classified as low worriers and patients with depressive symptoms who were also classified as high worriers. The sleep evaluation list was completed directly after the treatment and 6 months later.

RESULTS:

Sleep evaluation scores, subjective total sleep time, subjective sleep onset latency, and subjective wake after sleep onset all changed in a positive way after CBT-I and remained that way over the next 6 months for all patients. These positive effects of CBT-I did not differ between the subgroups.

CONCLUSIONS:

Results suggest that CBT-I improves subjective sleep experiences, regardless of depressive symptom severity or worrying. © 2014 Wiley Periodicals, Inc.

<http://www.ncbi.nlm.nih.gov/pubmed/24704382>

Neurosci Lett. 2014 Apr 3. pii: S0304-3940(14)00258-4. [Epub ahead of print]

Changes in FKBP5 Expression and Memory Functions during Cognitive-Behavioral Therapy in Posttraumatic Stress Disorder: a Preliminary Study.

Szabó C, Kelemen O, Kéri S.

Posttraumatic Stress Disorder (PTSD) is characterized by hyperarousal, flashbacks, avoidance, and memory dysfunctions. Although psychotherapy improves the clinical symptoms, its effect on memory has not been explored. In addition, there is no information about gene expression changes related to hippocampal functions. We assessed PTSD patients (n=20) using the Wechsler Memory Scale-Revised (WAIS-R) and a Paired Associates Learning (PAL) test, as well as changes in blood FK506 binding protein (FKBP5) mRNA expression before and after cognitive behavioral therapy (CBT). Results revealed that before CBT PTSD patients were impaired on WAIS-R delayed recall, attention/concentration, and PAL compared with trauma-exposed control subjects (n=20). These memory dysfunctions showed a significant improvement after CBT. Better performance on the PAL test correlated with enhanced blood FKBP5 mRNA expression. These results suggest that elevated FKBP5 expression during CBT is associated with improved associative memory linked to the hippocampal formation. Copyright © 2014. Published by Elsevier Ireland Ltd.

<http://www.ncbi.nlm.nih.gov/pubmed/24706354>

J Trauma Stress. 2014 Apr 4.

[Epub ahead of print]

Effects of Cognitive-Behavioral Conjoint Therapy for PTSD on Partners' Psychological Functioning.

Shnaider P, Pukay-Martin ND, Fredman SJ, Macdonald A, Monson CM.

A number of studies have documented that posttraumatic stress disorder (PTSD) symptoms in "one" partner are negatively associated with their intimate partner's psychological functioning. The present study investigated intimate partners' mental health outcomes (i.e., depression, anxiety, and anger) in a sample of 40 partners of individuals with PTSD within a randomized waitlist controlled trial of cognitive-behavioral conjoint therapy for PTSD (Monson & Fredman,). There were no significant differences between active treatment and waitlist in intimate partners' psychological functioning at posttreatment. Subgroup analyses, however, of partners exhibiting

clinical levels of distress at pretreatment on several measures showed reliable and clinically significant improvements in their psychological functioning at posttreatment and no evidence of worsening. Results suggest that cognitive-behavioral conjoint therapy for PTSD may have additional benefits for partners presenting with psychological distress. Copyright © 2014 International Society for Traumatic Stress Studies.

<http://www.ncbi.nlm.nih.gov/pubmed/24705337>

Behav Res Ther. 2014 Mar 19;56C:68-74. [Epub ahead of print]

A pilot randomized controlled trial investigating the efficacy of Memory Specificity Training in improving symptoms of posttraumatic stress disorder.

Moradi AR, Moshirpanahi S, Parhon H, Mirzaei J, Dalgleish T, Jobson L.

Poor autobiographical memory specificity is a cognitive marker of posttraumatic stress disorder (PTSD) and an independent predictor of poor prognosis. This pilot randomized controlled trial investigated the efficacy of Memory Specificity Training (MEST) (an intervention aimed at ameliorating specificity problems) on autobiographical memory recall and PTSD symptoms. Iranian combat veterans with PTSD were randomly assigned into the MEST (n = 12) or control (n = 12) group. At baseline, groups completed Farsi versions of the Autobiographical Memory Test and Impact of Event Scale-Revised. The intervention group then had four, weekly, group sessions of MEST. The control group had no additional contact. All measures were re-administered post-intervention and at three-month follow-up. The MEST group generated significantly more specific memories and had significantly fewer PTSD symptoms following training and at follow-up than the control group. Findings suggest MEST is a promising intervention for the treatment of PTSD. Copyright © 2014 Elsevier Ltd. All rights reserved.

<http://www.ncbi.nlm.nih.gov/pubmed/24703578>

J Psychiatr Res. 2014 Mar 15. pii: S0022-3956(14)00076-4. [Epub ahead of print]

Posttraumatic stress disorder and depressive symptoms: Joined or independent sequelae of trauma?

Dekel S, Solomon Z, Horesh D, Ein-Dor T.

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 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 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. Copyright © 2014 Elsevier Ltd. All rights reserved.

<http://store.samhsa.gov/product/SMA14-4816>

TIP 57: Trauma-Informed Care in Behavioral Health Services

Substance Abuse and Mental Health Service Administration

Pub id: SMA14-4816

Publication Date: 3/2014

Popularity: Not ranked

Format: Guidelines or Manual

Audience: Professional Care Providers, Program Planners, Administrators, & Project Managers

Series: TIP Series - Treatment Improvement Protocols (TIPS)

Population Group: People with Mental Health Problems as Population Group, People with

Alcohol Use or Abuse Problems as Population Group, People with Substance Use or Abuse

Problems as Population Group

Assists behavioral health professionals in understanding the impact and consequences for those who experience trauma. Discusses patient assessment, treatment planning strategies that support recovery, and building a trauma-informed care workforce.

<http://www.ncbi.nlm.nih.gov/pubmed/24707880>

Behav Sleep Med. 2014 Apr 7. [Epub ahead of print]

Psychiatric Comorbidity and Aspects of Cognitive Coping Negatively Predict Outcome in Cognitive Behavioral Treatment of Psychophysiological Insomnia.

van de Laar M, Pevernagie D, van Mierlo P, Overeem S.

Cognitive behavioral treatment is the gold standard treatment for insomnia, although a substantial group does not respond. We examined possible predictors for treatment outcome in psychophysiological insomniacs, with a focus on the presence of clearly defined psychiatric comorbidity. This was a longitudinal uncontrolled case series study comprising 60 patients with chronic psychophysiological insomnia consecutively referred to a tertiary sleep medicine center, to receive cognitive behavioral treatment for insomnia (CBT-I). Remission of insomnia was defined as a posttreatment Insomnia Severity Index score below 8. As an alternative outcome, we used a clinically relevant decrease on the Insomnia Severity Index (drop of > 7 points). Personality, coping, and social support questionnaires were assessed before the start of the treatment and were compared between treatment responders and nonresponders. To examine whether these variables were predictive for negative treatment outcome, logistic regression analyses were applied. Treatment nonresponders had a significantly higher prevalence of psychiatric comorbidity. Logistic regression analyses showed that the presence of psychiatric comorbidity was strongly predictive for negative treatment outcome (odds ratios: 20.6 and 10.3 for the 2 outcome definitions). Additionally, higher scores on the cognitive coping strategy called "refocus on planning" were associated with worse CBT-I outcome. Current psychiatric comorbidity is strongly predictive for negative treatment outcome. The presence of a psychiatric disorder must therefore be one of the leading arguments in the choice of treatment modalities that are being proposed to patients with insomnia.

<http://www.ncbi.nlm.nih.gov/pubmed/24709385>

Arch Clin Neuropsychol. 2014 Apr 6. [Epub ahead of print]

The Relationships Among Premilitary Vocational Aptitude Assessment, Traumatic Brain Injury, and Postdeployment Cognitive Functioning in Combat Veterans.

King PR, Donnelly KT, Wade M, Donnelly JP, Dunnam M, Warner G, Kittleson CJ, Bradshaw CB, Alt M.

Traumatic brain injury (TBI) in Iraq and Afghanistan war veterans is frequently associated with a variety of complaints, including cognitive problems and posttraumatic stress disorder. In this study, the authors explored the predictive impact of premilitary cognitive abilities on postdeployment cognitive functioning, as mitigated by posttraumatic stress symptoms in a sample of veterans with and without history of TBI. Measures included clinical interview, neuropsychological tests, the PTSD Checklist-Military Version, and the Armed Services Vocational Aptitude Battery. In contrast to history of TBI, premilitary abilities and posttraumatic stress symptoms emerged as significant predictors of postdeployment cognitive deficits.

<http://www.ncbi.nlm.nih.gov/pubmed/24708349>

J Consult Clin Psychol. 2014 Apr 7. [Epub ahead of print]

Changes in emotion regulation in adults with and without a history of childhood abuse following posttraumatic stress disorder treatment.

Jerud AB, Zoellner LA, Pruitt LD, Feeny NC.

Objective:

This study compared changes in emotion regulation and trait affect over the course of PTSD treatment with either prolonged exposure (PE) therapy or sertraline in adults with and without a history of childhood abuse (CA).

Method:

Two hundred adults with PTSD received 10 weeks of PE or sertraline. Emotion regulation and trait affect were assessed pre- and posttreatment and at 6-month follow-up with the Emotion Regulation Questionnaire (Gross & John, 2003), the Negative Mood Regulation Scale (Catanzaro & Mearns, 1990), and the Positive and Negative Affect Schedule (Watson, Clark, & Tellegen, 1988).

Results:

Individuals with and without a history of CA did not differ from one another at pretreatment on PTSD severity, emotion regulation, or positive/negative affect. In addition, treatment was effective at improving emotion regulation and trait affect in those with and without a history of CA, and no significant differences in emotion regulation or trait affect emerged posttreatment or at 6-month follow-up between adults with and without a history of CA. Furthermore, noninferiority analyses indicated that the emotion regulation and trait affect outcomes of individuals with a history of CA were no worse than those of individuals without a history of CA.

Conclusion:

These findings cast doubt on the assumption that CA is associated with worse emotion regulation following PTSD treatment, arguing against assertions that a history of CA itself is a contraindication for traditional PTSD treatment. There is a clear necessity for additional interventions designed to target assumed emotion regulation deficits. (PsycINFO Database Record (c) 2014 APA, all rights reserved).

<http://www.ncbi.nlm.nih.gov/pubmed/24708195>

Psychiatr Rehabil J. 2014 Apr 7. [Epub ahead of print]

Impact of social challenges on gaining employment for veterans with posttraumatic stress disorder: An exploratory moderator analysis.

Davis LL, Pilkinton P, Poddar S, Blansett C, Toscano R, Parker PE.

Objective:

To explore whether psychosocial challenges impact effects of vocational rehabilitation in Veterans with Posttraumatic Stress Disorder (PTSD).

Methods:

A post hoc exploratory analysis of possible moderators of treatment was conducted on outcomes from a randomized, controlled trial of Individual Placement and Support in Veterans with PTSD.

Results:

When examining groups within each moderator, there was a greater IPS supportive employment benefit in gaining competitive employment for those with inadequate transportation (number needed to treat [NNT] = 1.5) and inadequate housing (NNT = 1.5) compared with the main finding of the pilot study (NNT = 2.07). Compared with the main finding of the pilot study, there was no greater advantage of IPS for those with adequate transportation (NNT = 2.4) or adequate housing (NNT = 2.4). Compared with the main finding in the pilot study, those without a family care burden had a greater benefit from IPS (NNT = 1.4) and those with family care

burden had a reduced treatment effect (NNT = 3.3).

Conclusions and Implications for Practice:

These results are exploratory and are not intended to guide clinical decision-making, but rather offer a potentially useful strategy in the design of larger trials of IPS. (PsycINFO Database Record (c) 2014 APA, all rights reserved).

<http://www.ncbi.nlm.nih.gov/pubmed/24708073>

Psychol Assess. 2014 Apr 7. [Epub ahead of print]

The use of immersive virtual reality (vr) to predict the occurrence 6 months later of paranoid thinking and posttraumatic stress symptoms assessed by self-report and interviewer methods: A study of individuals who have been physically assaulted.

Freeman D, Antley A, Ehlers A, Dunn G, Thompson C, Vorontsova N, Garety P, Kuipers E, Glucksman E, Slater M.

Presentation of social situations via immersive virtual reality (VR) has the potential to be an ecologically valid way of assessing psychiatric symptoms. In this study we assess the occurrence of paranoid thinking and of symptoms of posttraumatic stress disorder (PTSD) in response to a single neutral VR social environment as predictors of later psychiatric symptoms assessed by standard methods. One hundred six people entered an immersive VR social environment (a train ride), presented via a head-mounted display, 4 weeks after having attended hospital because of a physical assault. Paranoid thinking about the neutral computer-generated characters and the occurrence of PTSD symptoms in VR were assessed. Reactions in VR were then used to predict the occurrence 6 months later of symptoms of paranoia and PTSD, as assessed by standard interviewer and self-report methods. Responses to VR predicted the severity of paranoia and PTSD symptoms as assessed by standard measures 6 months later. The VR assessments also added predictive value to the baseline interviewer methods, especially for paranoia. Brief exposure to environments presented via virtual reality provides a symptom assessment with predictive ability over many months. VR assessment may be of particular benefit for difficult to assess problems, such as paranoia, that have no gold standard assessment method. In the future, VR environments may be used in the clinic to complement standard self-report and clinical interview methods. (PsycINFO Database Record (c) 2014 APA, all rights reserved).

Links of Interest

The Things She Carried

<http://www.nytimes.com/2014/04/01/opinion/the-things-she-carried.html>

Researchers studying new approach to treating PTSD

<http://www.myfoxtampabay.com/story/25159170/2014/04/03/usf-researchers-studying-new-approach-to-treating-ptsd>

“War has a long tail.”

<http://www.newyorker.com/online/blogs/newsdesk/2014/04/the-fort-hood-shooting-and-wars-without-end.html>

‘Busting My Ass, Defending Yours’: Everyday, the Cost of War at Fort Hood

<http://time.com/50178/fort-hood-shooting-life-inside/>

Military’s mental-health system faces shortage of providers, lack of good diagnostic tools

http://www.washingtonpost.com/world/national-security/militarys-mental-health-system-faces-shortage-of-providers-lack-of-good-diagnostic-tools/2014/04/05/e7e7da42-bb4a-11e3-96ae-f2c36d2b1245_story.html

It's the Gun, Not the Shooter: The Real Lessons From Fort Hood

<http://www.foreignaffairs.com/articles/141097/nancy-sherman/its-the-gun-not-the-shooter>

SecArmy implores: 'Take back your Army' from sexual predators

http://www.army.mil/article/122828/SecArmy_implores_Take_back_your_Army_from_sexual_predators/

Largest class of Army spouses undergo Master Resilience Training

http://www.army.mil/article/123283/Largest_class_of_Army_spouses_undergo_Master_Resilience_Training/

Study examines mental health toll exacted on civilians working with military in war zones

http://www.eurekalert.org/pub_releases/2014-04/asa-sem040914.php

Resource of the Week -- [USUHS LRC Research Guide: Psychology Resources](#)

This is one of the [many research guides](#) made available by the USUHS James A. Zimble Learning Resource Center (library). It describes and offers help on using PsycINFO, HAPI (Health and Psychosocial Instruments), Web of Science and PubMed.



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