



CDP Research Update -- April 17, 2014

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- Glasgow Coma Scores, Early Opioids, and Posttraumatic Stress Disorder Among Combat Amputees.
- Diagnostic Accuracy of the Composite International Diagnostic Interview (CIDI 3.0) PTSD Module Among Female Vietnam-Era Veterans.

- Unique PTSD Clusters Predict Intention to Seek Mental Health Care and Subsequent Utilization in US Veterans with PTSD Symptoms.
- PTSD Symptoms and Pain in Canadian Military Veterans: The Mediating Roles of Anxiety, Depression, and Alcohol Use.
- Posttraumatic Stress Disorder and Substance Use Disorder Comorbidity Among Individuals With Physical Disabilities: Findings From the National Comorbidity Survey Replication.
- Relationships of Posttraumatic Stress Symptoms and Sleep Measures to Cognitive Performance in Young-Adult African Americans.
- Attention Bias Variability and Symptoms of Posttraumatic Stress Disorder.
- Links of Interest
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<http://content.govdelivery.com/accounts/USVHA/bulletins/b01ff1>

PTSD Monthly Update -- April 2014
Social Support

National Center for PTSD

Friends, family and others can help you through tough times. Social support after a disaster, assault, accident or other trauma is related to lower risk of developing PTSD.

Family and Peer Support
 How to Seek and Give Social Support
 Involving Others in Professional Care
 Psychological First Aid (PFA) Following Disaster
 (and more)

<http://www.gahmj.com/doi/abs/10.7453/gahmj.2013.075>

Non-pharmacological Intervention for Chronic Pain in Veterans: A Pilot Study of Heart Rate Variability Biofeedback.

Melanie E. Berry, MS; Iva T. Chapple, MD; Jay P. Ginsberg, PhD; Kurt J. Gleichauf, PhD; Jeff

A. Meyer, PhD; Madan L. Nagpal, PhD

Global Advances in Health and Medicine

Objective:

Chronic pain is an emotionally and physically debilitating form of pain that activates the body's stress response and over time can result in lowered heart rate variability (HRV) power, which is associated with reduced resiliency and lower self-regulatory capacity. This pilot project was intended to determine the effectiveness of HRV coherence biofeedback (HRVCB) as a pain and stress management intervention for veterans with chronic pain and to estimate the effect sizes. It was hypothesized that HRVCB will increase parasympathetic activity resulting in higher HRV coherence measured as power and decrease self-reported pain symptoms in chronic pain patients.

Study design:

Fourteen veterans receiving treatment for chronic pain were enrolled in the pre-post intervention study. They were randomly assigned, with 8 subjects enrolled in the treatment group and 6 in the control group. The treatment group received biofeedback intervention plus standard care, and the other group received standard care only. The treatment group received four HRVCB training sessions as the intervention.

Measures:

Pre-post measurements of HRV amplitude, HRV power spectrum variables, cardiac coherence, and self-ratings of perceived pain, stress, negative emotions, and physical activity limitation were made for both treatment and control groups.

Results:

The mean pain severity for all subjects at baseline, using the self-scored Brief Pain Inventory (BPI), was 26.71 (SD=4.46; range=21–35) indicating a moderate to severe perceived pain level across the study subjects. There was no significant difference between the treatment and control groups at baseline on any of the measures. Post-HRVCB, the treatment group was significantly higher on coherence ($P=.01$) and lower ($P=.02$) on pain ratings than the control group. The treatment group showed marked and statistically significant (1-tailed) increases over the baseline in coherence ratio (191%, $P=.04$) and marked, significant (1-tailed) reduction in pain ratings (36%, $P<.001$), stress perception (16%, $P=.02$), negative emotions (49%, $P<.001$), and physical activity limitation (42%, $P<.001$). Significant between-group effects on all measures were found when pre-training values were used as covariates.

Conclusions:

HRVCB intervention was effective in increasing HRV coherence measured as power in the upper range of the LF band and reduced perceived pain, stress, negative emotions, and physical activity limitation in veterans suffering from chronic pain. HRVCB shows promise as an effective non-pharmacological intervention to support standard treatments for chronic pain.

<http://www.tandfonline.com/doi/abs/10.1080/10437797.2014.885272>

Suicide Prevention in Social Work Education: How Prepared Are Social Work Students?

Philip J. Osteen, Jodi M. Jacobson, Tanya L. Sharpe

Journal of Social Work Education

Vol. 50, Iss. 2, 2014

The prevalence of suicide suggests social workers will encounter clients at risk for suicide, but research shows social workers receive little to no training on suicide and suicide prevention and feel unprepared to work effectively with clients at risk. Baseline results from a randomized intervention study of the Question, Persuade, and Refer suicide prevention gatekeeper training with 73 advanced master's of social work student interns show suicide knowledge was average, attitudes about suicide prevention were generally neutral, and use of suicide prevention practice skills was low. These results indicate an opportunity for enhancing student outcomes through training and inform social work education regarding necessary preparation for student interns and new graduates to identify and respond effectively to client suicide risk.

<http://jmh.sagepub.com/content/early/2014/04/01/1557988314528533.abstract>

Risk and Protective Factors for Three Major Mental Health Problems Among Latino American Men Nationwide.

Amy L. Ai, Cara Pappas, and Elena Simonsen

American Journal of Men's Health

April 3, 2014

The present study investigated psychosocial predictors for major depressive disorder (MDD), general anxiety disorder (GAD), and suicidal ideation (SI) of Latino American men identified in the first national mental health epidemiological survey of Latinos. Three separate sets of logistic regression analyses were performed for 1,127 Latinos, following preplanned two steps (Model 1—Known Demographic and Acculturation Predictors as controls, Model 2—Psychosocial Risk and Protective Factors). Results show that Negative Interactions with family members significantly predicted the likelihood of both MDD and SI, while SI was also associated with Discrimination. Acculturation Stress was associated with that of GAD (alongside more Income, Education of 12 years, and Years in the United States for less than 11 years). Other potential

protective factors (social support, racial/ethnic identity, religious involvement) were not influential. The differential predictors for mental health issues among Latino men imply that assessment and intervention for them may need certain gender-specific foci in order to improve mental health disparities in this population.

<http://onlinelibrary.wiley.com/doi/10.1002/smrj.24/abstract>

Sexual Healthcare for Wounded Warriors with Serious Combat-Related Injuries and Disabilities.

Mitchell S. Tepper PhD, MPH

Sexual Medicine Reviews

Article first published online: 4 APR 2014

Short of the rich literature on sexuality in men following spinal cord injury, started largely by physicians and mental health professionals within the United States Department of Veterans Affairs (VA) system following earlier wars, little attention has been paid to the sexual healthcare of wounded warriors with other serious combat-related injuries. The recent wars in Iraq and Afghanistan—Operation Enduring Freedom (OEF), Operation Iraqi Freedom (OIF), and Operation New Dawn (OND)—resulted in physical injuries including traumatic brain injuries (TBIs), amputations, and serious burns. There are wounded warriors who are left blind or deaf, and a significant percent of OEF/OIF/OND warriors acquire other “invisible” injuries. While the signature injury of the war in Iraq is said to be TBI, there are a substantial number of service members surviving with posttraumatic stress disorder (PTSD). Many with serious injury are struggling with co-occurring depression. Furthermore, many of our wounded warriors are surviving with polytrauma (multiple traumatic injuries, i.e., amputation plus burns). One specific constellation of injuries seen too frequently among our service members in Afghanistan is referred to as a Dismounted Complex Blast Injury (DCBI) sometimes resulting in orchiectomy and/or penile injury. As with other blast injuries, burns, shrapnel injuries, vision loss, hearing loss, TBI, and PTSD often accompany DCBIs. All of the above injuries have significant sexual, endocrine, psychological, and relationship issues that need to be addressed.

<http://sw.oxfordjournals.org/content/early/2014/04/03/sw.swu010.extract>

Exploring the Ethical Dilemma of Integrating Social Work Values and Military Social Work Practice.

Mark Douglas Olson

Social Work

First published online: April 4, 2014

Social workers often encounter situations in which they are required to function in systems where competing philosophies coexist. One example is the divergent philosophies of social work and the military. Throughout its history, social work has advocated peace as an essential means to achieving social and economic justice. At the same time, professional social workers have been an integral part of the military system dating back to World War I, when social workers joined forces with the Red Cross to treat victims of “shell shock” (Council on Social Work Education [CSWE], 2010). Currently, the Veterans Administration is the nations' largest employer of professional social workers and provider of graduate internships (NASW, 2012).

Defining an ethical dilemma as “a predicament in which the decision-maker must choose between two options of near or equal value,” Tallant and Ryberg (2000, para. 9) posited that military social workers may be forced to choose between the military mission and their client. This dilemma exemplifies the paradox of the social worker within the military system. In recent years, CSWE has called for enhancing content on military practice in social work curricula. Although cautioning that it is not endorsing “war or aggression,” CSWE has argued that increasing students' capacity to work with veterans will establish social workers as leaders in military care and secure future employment opportunities (CSWE, 2010, p. 2). However, discrepancies between the culture and philosophy of the military system and the social work profession warrant further discussion.

<http://www.gahmj.com/doi/abs/10.7453/gahmj.2014.015>

Police Department Personnel Stress Resilience Training: An Institutional Case Study.

Gershon Weltman, PhD; Jonathan Lamon; Elan Freedy; Donald Chartrand

Global Advances in Health and Medicine

March 2014, Volume 3, Number 2

The objective of this case study was to test the impact in law enforcement personnel of an innovative self-regulation and resilience building program delivered via an iPad (Apple Inc, Cupertino, California) app and personal mentoring. The Stress Resilience Training System (SRTS) app includes training on stress and its effects, HRV coherence biofeedback, a series of HeartMath self-regulation techniques (The Institute of HeartMath, Boulder Creek, California), and HRV-controlled games. The stressful nature of law enforcement work is well established, and the need for meaningful and effective stress resilience training programs is becoming better

understood, as it has been in the military. Law enforcement and military service share many stress-related features including psychological stressors connected with the mission, extended duty cycles, and exposure to horrific scenes of death and injury. San Diego (California) Police Department personnel who participated in the study were 12 sworn officers and 2 dispatchers, 10 men and 4 women. The SRTS intervention comprised an introductory 2-hour training session, 6 weeks of individualized learning and practice with the SRTS app, and four 1-hour telephone mentoring sessions by experienced HeartMath mentors spread over a four week period. Outcome measures were the Personal and Organizational Quality Assessment (POQA) survey, the mentors' reports of their observations, and records of participants' comments from the mentoring sessions. The POQA results were overwhelmingly positive: All four main scales showed improvement; Emotional Vitality improved by 25% ($P=.05$) and Physical Stress improved by 24% ($P=.01$). Eight of the nine subscales showed improvement, with the Stress subscale, perhaps the key measure of the study, improving by approximately 40% ($P=.06$). Participant responses were also uniformly positive and enthusiastic. Individual participants praised the program and related improvements in both on-the-job performance and personal and familial situations. The results support the efficacy of the program to achieve its goal of building stress resilience and improving officer wellness by providing practical self-regulation skills for better management of emotional energy. We conclude that the SRTS program for building resilience and improving psychological wellness can be as effective for law enforcement as it is for military personnel.

<http://www.biomedcentral.com/1471-244X/14/109/abstract>

Understanding the acceptability of e-mental health - attitudes and expectations towards computerised self-help treatments for mental health problems.

Peter Musiat, Philip Goldstone and Nicholas Tarrier

BMC Psychiatry 2014, 14:109

Background

E-mental health and m-mental health include the use of technology in the prevention, treatment and aftercare of mental health problems. With the economical pressure on mental health services increasing, e-mental health and m-mental health could bridge treatment gaps, reduce waiting times for patients and deliver interventions at lower costs. However, despite the existence of numerous effective interventions, the transition of computerised interventions into care is slow. The aim of the present study was to investigate the acceptability of e-mental health and m-mental health in the general population.

Methods

An advisory group of service users identified dimensions that potentially influence an individual's decision to engage with a particular treatment for mental health problems. A large sample ($N =$

490) recruited through email, flyers and social media was asked to rate the acceptability of different treatment options for mental health problems on these domains. Results were analysed using repeated measures MANOVA.

Results

Participants rated the perceived helpfulness of an intervention, the ability to motivate users, intervention credibility, and immediate access without waiting time as most important dimensions with regard to engaging with a treatment for mental health problems. Participants expected face-to-face therapy to meet their needs on most of these dimensions. Computerised treatments and smartphone applications for mental health were reported to not meet participants' expectations on most domains. However, these interventions scored higher than face-to-face treatments on domains associated with the convenience of access. Overall, participants reported a very low likelihood of using computerised treatments for mental health in the future.

Conclusions

Individuals in this study expressed negative views about computerised self-help intervention and low likelihood of use in the future. To improve the implementation and uptake, policy makers need to improve the public perception of such interventions.

<http://www.ncbi.nlm.nih.gov/pubmed/24717377>

J Clin Psychiatry. 2014 Mar;75(3):222-30.

Cost-Effectiveness of prolonged exposure therapy versus pharmacotherapy and treatment choice in posttraumatic stress disorder (the optimizing PTSD treatment trial): a doubly randomized preference trial.

Le QA, Doctor JN, Zoellner LA, Feeny NC.

OBJECTIVE:

Cost-effectiveness of treatment for posttraumatic stress disorder (PTSD) may depend on type of treatment (eg, pharmacotherapy vs psychotherapy) and patient choice of treatment. We examined the cost-effectiveness of treatment with prolonged exposure therapy versus pharmacotherapy with sertraline, overall treatment preference, preference for choosing prolonged exposure therapy, and preference for choosing pharmacotherapy with sertraline from the US societal perspective.

METHOD:

Two hundred patients aged 18 to 65 years with PTSD diagnosis based on DSM-IV criteria enrolled in a doubly randomized preference trial. Patients were randomized to receive their treatment of choice (n = 97) or to be randomly assigned treatment (n = 103). In the choice arm,

patients chose either prolonged exposure therapy (n = 61) or pharmacotherapy with sertraline (n = 36). In the no-choice arm, patients were randomized to either prolonged exposure therapy (n = 48) or pharmacotherapy with sertraline (n = 55). The total costs, including direct medical costs, direct nonmedical costs, and indirect costs, were estimated in 2012 US dollars; and total quality-adjusted life-year (QALY) was assessed using the EuroQoL Questionnaire-5 dimensions (EQ-5D) instrument in a 12-month period. This study was conducted from July 2004 to January 2009.

RESULTS:

Relative to pharmacotherapy with sertraline, prolonged exposure therapy was less costly (-\$262; 95% CI, -\$5,068 to \$4,946) and produced more QALYs (0.056; 95% CI, 0.014 to 0.100) when treatment was assigned, with 93.2% probability of being cost-effective at \$100,000/QALY. Independently, giving a choice of treatment also yielded lower cost (-\$1,826; 95% CI, -\$4,634 to \$749) and more QALYs (0.010; 95% CI, -0.019 to 0.044) over no choice of treatment, with 87.0% probability of cost-effectiveness at \$100,000/QALY.

CONCLUSIONS:

Giving PTSD patients a choice of treatment appears to be cost-effective. When choice is not possible, prolonged exposure therapy may provide a cost-effective option over pharmacotherapy with sertraline.

TRIAL REGISTRATION:

ClinicalTrials.gov identifier: NCT00127673. © Copyright 2014 Physicians Postgraduate Press

<http://www.ncbi.nlm.nih.gov/pubmed/24717141>

J Addict Dis. 2014 Apr 9. [Epub ahead of print]

Association of Alcohol Use Biomarkers and Cognitive Performance in Veterans with Problematic Alcohol Use and Posttraumatic Stress Disorder: Data from the Mind Your Heart Study.

Kalapatapu RK, Neylan TC, Regan MC, Cohen BE.

We conducted a study of alcohol use biomarkers and cognitive performance among 85 veterans with problematic alcohol use and posttraumatic stress disorder (PTSD). All analyses were adjusted for demographics, depression, anxiety, and PTSD symptoms. Elevated levels of aspartate aminotransferase (AST) were associated with worse performance on the Trail Making Test Part A and Hopkins Verbal Learning Test. Two other biomarkers were not associated with any neurocognitive measures. Indirect alcohol use biomarkers (e.g., AST) may have a specific role in identifying those veterans with problematic alcohol use and PTSD who show a change in psychomotor speed and immediate verbal memory performance.

<http://www.ncbi.nlm.nih.gov/pubmed/24713523>

Am J Mens Health. 2014 Apr 8. [Epub ahead of print]

Cognitive-Behavioral Treatment of Depression in Men: Tailoring Treatment and Directions for Future Research.

Spendelov JS.

Depression is a significant public health issue and many researchers have suggested that modifications to conventional cognitive-behavioral therapy (CBT) are required to address infrequent help-seeking in men and counter negative effects of traditional masculinity on therapeutic engagement. This narrative review summarizes recommended alterations to CBT in the areas of therapeutic setting, process, and content. Key themes from this literature include a focus on behavioural interventions, and harmful cognitions that originate from the traditional male gender stereotype. This literature is marked by limited empirical support for many of the recommended treatment modifications, and several options for future research are outlined.

<http://www.ncbi.nlm.nih.gov/pubmed/24712772>

Memory. 2014 Aug;22(6):595-604.

Episodic and semantic components of autobiographical memories and imagined future events in post-traumatic stress disorder.

Brown AD, Addis DR, Romano TA, Marmar CR, Bryant RA, Hirst W, Schacter DL.

Individuals with post-traumatic stress disorder (PTSD) tend to retrieve autobiographical memories with less episodic specificity, referred to as overgeneralised autobiographical memory. In line with evidence that autobiographical memory overlaps with one's capacity to imagine the future, recent work has also shown that individuals with PTSD also imagine themselves in the future with less episodic specificity. To date most studies quantify episodic specificity by the presence of a distinct event. However, this method does not distinguish between the numbers of internal (episodic) and external (semantic) details, which can provide additional insights into remembering the past and imagining the future. This study employed the Autobiographical Interview (AI) coding scheme to the autobiographical memory and imagined future event narratives generated by combat veterans with and without PTSD. Responses were coded for the number of internal and external details. Compared to combat veterans without PTSD, those with PTSD generated more external than internal details when recalling past or

imagining future events, and fewer internal details were associated with greater symptom severity. The potential mechanisms underlying these bidirectional deficits and clinical implications are discussed.

<http://www.biomedcentral.com/1471-244X/14/107/abstract>

Review: Lifestyle medicine for depression.

Jerome Sarris, Adrienne O'Neil, Carolyn E Coulson, Isaac Schweitzer and Michael Berk

BMC Psychiatry 2014, 14:107

The prevalence of depression appears to have increased over the past three decades. While this may be an artefact of diagnostic practices, it is likely that there are factors about modernity that are contributing to this rise. There is now compelling evidence that a range of lifestyle factors are involved in the pathogenesis of depression. Many of these factors can potentially be modified, yet they receive little consideration in the contemporary treatment of depression, where medication and psychological intervention remain the first line treatments. "Lifestyle Medicine" provides a nexus between public health promotion and clinical treatments, involving the application of environmental, behavioural, and psychological principles to enhance physical and mental wellbeing. This may also provide opportunities for general health promotion and potential prevention of depression. In this paper we provide a narrative discussion of the major components of Lifestyle Medicine, consisting of the evidence-based adoption of physical activity or exercise, dietary modification, adequate relaxation/sleep and social interaction, use of mindfulness-based meditation techniques, and the reduction of recreational substances such as nicotine, drugs, and alcohol. We also discuss other potential lifestyle factors that have a more nascent evidence base, such as environmental issues (e.g. urbanisation, and exposure to air, water, noise, and chemical pollution), and the increasing human interface with technology. Clinical considerations are also outlined. While data supports that some of these individual elements are modifiers of overall mental health, and in many cases depression, rigorous research needs to address the long-term application of Lifestyle Medicine for depression prevention and management. Critically, studies exploring lifestyle modification involving multiple lifestyle elements are needed. While the judicious use of medication and psychological techniques are still advocated, due to the complexity of human illness/wellbeing, the emerging evidence encourages a more integrative approach for depression, and an acknowledgment that lifestyle modification should be a routine part of treatment and preventative efforts.

<http://www.ploscompbiol.org/article/info:doi/10.1371/journal.pcbi.1003523>

Optimal Schedules of Light Exposure for Rapidly Correcting Circadian Misalignment.

Kirill Serkh, Daniel B. Forge

PLoS Computational Biology

Published: April 10, 2014

Jet lag arises from a misalignment of circadian biological timing with the timing of human activity, and is caused by rapid transmeridian travel. Jet lag's symptoms, such as depressed cognitive alertness, also arise from work and social schedules misaligned with the timing of the circadian clock. Using experimentally validated mathematical models, we develop a new methodology to find mathematically optimal schedules of light exposure and avoidance for rapidly re-entraining the human circadian system. In simulations, our schedules are found to significantly outperform other recently proposed schedules. Moreover, our schedules appear to be significantly more robust to both noise in light and to inter-individual variations in endogenous circadian period than other proposed schedules. By comparing the optimal schedules for thousands of different situations, and by using general mathematical arguments, we are also able to translate our findings into general principles of optimal circadian re-entrainment. These principles include: 1) a class of schedules where circadian amplitude is only slightly perturbed, optimal for dim light and for small shifts 2) another class of schedules where shifting occurs along the shortest path in phase-space, optimal for bright light and for large shifts 3) the determination that short light pulses are less effective than sustained light if the goal is to re-entrain quickly, and 4) the determination that length of daytime should be significantly shorter when delaying the clock than when advancing it.

<http://www.ij-psycol.org/PaperInfo.aspx?ID=9596>

Barriers to Psychiatric Care among Military and Veteran Populations in the US: The Effect of Stigma and Prejudice on Psychological and Pharmacological Treatment.

International Journal of Advances in Psychology, 2014, 3(1), 1-9.

Henry Venter

This paper addresses the importance of understanding veterans' individual beliefs and the effects of stigma on pharmacological and psychological treatment among active military personnel and veterans. The discussion can assist treating clinicians in reducing barriers to treatment and increasing compliance with effective psychological and pharmacological interventions for this population. The author has conducted more than 3000 interviews with veterans from World War II (WWII), the Korean War, the Vietnam War, Gulf War, and the wars in Iraq and Afghanistan who applied for service connected Veterans Administration compensation due to mental health conditions. A summary of the responses from veterans

regarding their reaction to psychiatric treatment is given and compared to the findings of other provided preliminary studies regarding the effect of individual beliefs and stigma on treatment compliance.

<http://www.ncbi.nlm.nih.gov/pubmed/24723461>

Arch Clin Neuropsychol. 2014 Apr 9. [Epub ahead of print]

Factors Influencing Postconcussion and Posttraumatic Stress Symptom Reporting Following Military-Related Concurrent Polytrauma and Traumatic Brain Injury.

Lange RT, Brickell TA, Kennedy JE, Bailie JM, Sills C, Asmussen S, Amador R, Dilay A, Ivins B, French LM.

The purpose of this study was to identify factors that are predictive of, or associated with, high endorsement of postconcussion and posttraumatic stress symptoms following military-related traumatic brain injury (TBI). Participants were 1,600 U.S. service members (age: M = 27.1, SD = 7.1; 95.4% male) who had sustained a mild-to-moderate TBI and who had been evaluated by the Defense and Veterans Brain Injury Center at one of six military medical centers. Twenty-two factors were examined that included demographic, injury circumstances/severity, treatment/evaluation, and psychological/physical variables. Four factors were statistically and meaningfully associated with clinically elevated postconcussion symptoms: (i) low bodily injury severity, (ii) posttraumatic stress, (iii) depression, and (iv) military operation where wounded ($p < .001$, 43.2% variance). The combination of depression and posttraumatic stress symptoms accounted for the vast majority of unique variance (41.5%) and were strongly associated with, and predictive of, clinically elevated postconcussion symptoms [range: odds ratios (OR) = 4.24-7.75; relative risk (RR) = 2.28-2.51]. Five factors were statistically and meaningfully associated with clinically elevated posttraumatic stress symptoms: (i) low bodily injury severity, (ii) depression, (iii) a longer time from injury to evaluation, (iv) military operation where wounded, and (v) current auditory deficits ($p < .001$; 65.6% variance accounted for). Depression alone accounted for the vast majority of unique variance (60.0%) and was strongly associated with, and predictive of, clinically elevated posttraumatic stress symptoms (OR = 38.78; RR = 4.63). There was a very clear, strong, and clinically meaningful association between depression, posttraumatic stress, and postconcussion symptoms in this sample. Brain injury severity, however, was not associated with symptom reporting following TBI.

<http://store.samhsa.gov/shin/content/SMA14-4816/SMA14-4816.pdf>

A Treatment Improvement Protocol: Trauma-Informed Care in Behavioral Health Services

Substance Abuse and Mental Health Services Administration

HHS Publication No. (SMA) 14-4816

First Print ed 2014

Trauma results from an event or a series of events that subsequently causes intense physical and psychological stress reactions. The individual's functioning and emotional, physical, social, and spiritual health can be affected. Some of the most common traumatic experiences include violence, abuse, neglect, disaster, terrorism, and war. People of all ages, ethnic backgrounds, sexual orientations, and economic conditions may experience trauma. Trauma can affect a person's functional ability - including interacting with others, performing at work, and sleeping - and contribute to responses - including isolation, anxiety, substance misuse, and overeating or under eating - that can increase health risks. Behavioral health service providers can benefit greatly from understanding the nature and impact of trauma and the benefits of a trauma-informed approach.

Adopting trauma-informed policies may require a fundamental cultural shift within organizations intended to promote a greater sense of equality and safety. This may lead to changes in governance and leadership; organizational policy; engagement and involvement of people in recovery, trauma survivors, consumers, and family members; cross-sector collaboration; services and interventions; training and workforce development; protocols and procedures; quality assurance; budgeting and financing; evaluation; and the physical environment of the organization.

<http://cpnp.org/resource/mhc/2014/03/treatment-sleep-disturbances-post-traumatic-stress-disorder>

Treatment of Sleep Disturbances in Post-Traumatic Stress Disorder.

Megan Tomas

Student Pharmacist, Class of 2015

Notre Dame of Maryland University

The Mental Health Clinician

Sleep disturbances are very common in patients suffering from post-traumatic stress disorder (PTSD) and can have various negative sequelae, including worsening of perceived levels of stress, depression, and suicidal ideation.^{1,2} Although PTSD treatment can lead to improved sleep in some patients, there are a number of patients whose sleep disturbances do not remit even after treatment¹ and can persist long after the original trauma.³ There are various non-pharmacological and pharmacological treatment modalities that have been studied. Non-

pharmacological therapies include image rehearsal therapy (IRT), cognitive behavioral therapy for insomnia (CBTI), prolonged exposure (PE), and eye-movement desensitization and reprocessing (EMDR). Pharmacological studies include alpha-1-adrenergic receptor antagonists, alpha-adrenergic agonists, selective serotonin reuptake inhibitors (SSRIs), selective norepinephrine reuptake inhibitors (SNRIs), tricyclic antidepressants (TCAs) monoamine oxidase inhibitors (MAOIs), other antidepressants, atypical antipsychotics, benzodiazepines, sedative hypnotics, and antiepileptics. The therapies with the most evidence to support their use are Image Rehearsal Therapy (IRT) and the alpha-1-adrenergic receptor antagonist, prazosin.

<http://www.yalelawjournal.org/comment/in-need-of-correction-how-the-army-board-for-correction-of-military-records-is-failing-veterans-with-ptsd>

In Need of Correction: How the Army Board for Correction of Military Records Is Failing Veterans with PTSD.

Rebecca Izzo

Yale Law Journal

March 2014, 1118-1625

At least 560,000 Vietnam veterans were given discharges under conditions that were less than Honorable. Three hundred thousand of these were General Discharges, which have no effect on most benefits but carry a grave stigma and often have adverse effects on employment. The remaining 260,000 were “bad paper” discharges—either Other than Honorable (also sometimes termed Undesirable), Bad Conduct, or Dishonorable Discharges. These veterans “were simply cut off from any government help at all, and not even eligible for a civil service job.”

Many of these “bad paper” veterans suffer from PTSD. The 1990 National Vietnam Veterans Readjustment Study (NVVRS) found that “30.6 percent . . . of male Vietnam theater veterans (over 960,000 men) and over one-fourth (26.9 percent) of women serving in the Vietnam theater (over 1,900 women) had the full-blown disorder [PTSD] at some time during their lives.” NVVRS reported that 15.2 percent of male veterans and 8.5 percent of female veterans were “current cases of PTSD,” but a later study found that in most cases, veterans’ PTSD is chronic: “Among Vietnam veterans who had ever developed full or partial PTSD, only one in five reported no symptoms in the prior 3 months when assessed 20-25 years after their Vietnam service.”

Statistically, this would suggest that tens of thousands of veterans with bad discharges have suffered from PTSD.

<http://www.simmons.edu/ssw/fe/i/Selber.pdf>

Inside/Outside Training: A Campus-Based Field Unit Approach for Working with Veterans.

Katherine Selber, PhD
Texas State University-San Marcos
Nancy Chavkin, PhD
Texas State University-San Marcos

Field Educator
Simmons School of Social Work
Volume 4.1 | Spring 2014

This article reports on the development and implementation of a campus-based, faculty-supervised field unit used to train Bachelor's and Master's-level social work students to work with military personnel, veterans, and their families. The model starts with working inside the campus environment by using services to student veterans to both respond to needs of the student veteran population and to teach competencies for serving the veteran population outside of the campus in community veteran service organizations. It discusses the lessons learned from student outcomes and program outcomes over the past three years and implications.

<http://www.tandfonline.com/doi/abs/10.1080/10503307.2014.900875>

Efficacy of client feedback in group psychotherapy with soldiers referred for substance abuse treatment.

Donald L. Schuman, Norah C. Slone, Robert J. Reese, Barry Duncan

Psychotherapy Research

Published online: 08 Apr 2014

This study investigated whether routine monitoring of client progress, often called "client feedback," via an abbreviated version of the Partners for Change Outcome Management System (PCOMS) resulted in improved outcomes for soldiers receiving group treatment at an Army Substance Abuse Outpatient Treatment Program (ASAP). Participants (N = 263) were active-duty male and female soldiers randomized into a group feedback condition (n = 137) or a group treatment-as-usual (TAU) condition (n = 126). Results indicated that clients in the feedback condition achieved significantly more improvement on the outcome rating scale (d =

0.28), higher rates of clinically significant change, higher percentage of successful ratings by both clinicians and commanders, and attended significantly more sessions compared to the TAU condition. Despite a reduced PCOMS protocol and a limited duration of intervention, preliminary results suggest that the benefits of client feedback appear to extend to group psychotherapy with clients in the military struggling with substance abuse.

<http://www.tandfonline.com/doi/abs/10.1080/10550887.2014.909701>

Association of Alcohol Use Biomarkers and Cognitive Performance in Veterans with Problematic Alcohol Use and Posttraumatic Stress Disorder: Data from the Mind Your Heart Study.

Raj K. Kalapatapu, Thomas C. Neylan, Mathilda C. Regan, Beth E. Cohen

Journal of Addictive Diseases

Published online: 09 Apr 2014

We conducted a study of alcohol use biomarkers and cognitive performance among 85 veterans with problematic alcohol use and posttraumatic stress disorder (PTSD). All analyses were adjusted for demographics, depression, anxiety, and PTSD symptoms. Elevated levels of aspartate aminotransferase (AST) were associated with worse performance on the Trail Making Test Part A and Hopkins Verbal Learning Test. Two other biomarkers were not associated with any neurocognitive measures. Indirect alcohol use biomarkers (e.g., AST) may have a specific role in identifying those veterans with problematic alcohol use and PTSD who show a change in psychomotor speed and immediate verbal memory performance.

<http://www.sciencepubco.com/index.php/IJANS/article/view/2316>

Predicting post-deployment family adaptation in U.S. Navy families.

Micah Scott, Esther Condon, Arlene Montgomery, Spencer Baker

International Journal of Advanced Nursing Studies

Vol 3, No 1 (2014)

Background:

Although military families worldwide face changes that include adapting to peace and wartime

deployments, few studies have explored how military families adapt to the post-deployment return of a service member.

Objectives:

To identify variables that predicted post-deployment adaptation of U.S. Navy families.

Methods:

A mixed method study guided by the Roy Adaptation Model included a convenience sample of 142 spouses of service members recently returned from deployment. The degree to which length of deployment, prior deployments, and years married, number of children, participation in religious and family support groups, communication, race, and interdependence predicted post-deployment family adaptation was tested. Multiple regression analysis and content analysis were used to analyze quantitative and qualitative data to better understand post-deployment adaptation of military families.

Results:

Post-deployment family adaptation was significantly predicted by having been previously deployed and by scores measuring family interdependence. Content analysis of qualitative responses from 10 spouses indicated that 90% experienced integrated adaptive responses.

Conclusions:

Family interdependence and prior deployments predicted levels of post-deployment family adaptation. Families who “give time” to adjust, communicate, and resume family routines experienced levels of adaptive response.

http://www.neurology.org/content/82/10_Supplement/P5.327.short

April 30, 2014 - Poster Session V - Neuro Trauma, Critical Care, and Sports Neurology:
Traumatic Brain Injury: Interdisciplinary Assessment and Care in Service Members with Combat Related TBI and PTSD.

Thomas DeGraba, James Kelly, Joseph Bleiberg, Geoffrey Grammer, Jesus Caban, Jennifer Bell, and Robert Koffman

Neurology

April 8, 2014 82:P5.327

OBJECTIVE:

To utilize a novel interdisciplinary model of care to identify patterns of injury in service members (SMs) who have sustained combat related traumatic brain injury (TBI) and comorbid psychological health (PH) conditions, and evaluate response to treatment.

BACKGROUND:

Over 280,000 military personnel have sustained a TBI in the past 12 years. Further, 44% of SM with TBI in combat settings screen positive for PTSD, with depression and anxiety disorders pushing the prevalence of co-morbid psychiatric disorders even higher. Currently, gap analysis supports the need for a more precise classification and staging of TBI without and with comorbid PH conditions to enhance diagnosis, prognosis and advance targeted therapies. Improved paradigms are needed to identify key elements of suffering to foster personalized medicine in this population.

DESIGN/METHODS:

The National Intrepid Center of Excellence (NICoE) at the Walter Reed National Military Medical Center has advanced a 4 week intensive outpatient program that leverages an interdisciplinary holistic patient and family based approach to evaluating and treating SM with unremitting symptoms from combat related TBI and PH conditions. Over 300 SMs have undergone extensive evaluation, each receiving 100+ provider encounters, skills base education and advanced-technology evaluation including 3-T MRI, polysomnography and magnetoencephalography. Traditional practice in neurology, psychiatry and neuropsychology are combined with complimentary alternative medicine options as patient partner with providers to choose self-efficacy strategies.

RESULTS:

Interdisciplinary evaluation indicates a high prevalence of comorbid TBI and PTSD, complicated by sleep disorder, headache syndromes, balance disturbance, emotional dysregulation, concentration and memory difficulties, depression and anxiety disorder. Analysis of the clinical course reveals service member identification of skills associated with recovery noted during a four-week program. Ramifications of an interdisciplinary care proof of concept will be discussed.

CONCLUSIONS:

Positive clinical response in SM with previously unremitting symptoms from combat related TBI and PH conditions supports the need for an interdisciplinary strategy of care and more precise classification of neurological and psychological injuries from TBI and psychological stressors.

<http://www.sciencedirect.com/science/article/pii/S1077722914000418>

A Web-Based Self-Management Program for Recent Combat Veterans With PTSD and Substance Misuse: Program Development and Veteran Feedback.

Kyle Possemato, Michelle C. Acosta, Juanita Fuentes, Larry J. Lantinga, Lisa A. Marsch, Stephen A. Maisto, Michael Grabinski, Andrew Rosenblum

Cognitive and Behavioral Practice

Available online 12 April 2014

Combat veterans from the wars in Iraq and Afghanistan commonly experience posttraumatic stress disorder (PTSD) and substance use problems. In addition, these veterans often report significant barriers to receiving evidence-based mental health and substance use care, such as individual beliefs that treatment will be unhelpful, inconvenient, or that they should be able to handle their problems on their own. To increase access to treatment for this underserved population, a Web-based patient self-management program that teaches cognitive-behavioral therapy (CBT) skills to manage PTSD symptoms and substance misuse was developed. This paper describes and provides results from an iterative, multistage process for developing the Web-based program and seeks to inform clinicians in the field about the preferences of veterans for using a Web-based CBT program. Systematic feedback was gathered from (a) three expert clinicians in the field, (b) focus groups of combat veterans (n = 18), and (c) individual feedback sessions with combat veterans (n = 34). Clinician feedback led to the incorporation of motivational strategies to increase participant engagement and an optional module that guides written trauma exposure work. Focus group feedback guided the research team to frame the program in a strength-based approach and allows for maximum flexibility, adaptability, interactivity, and privacy for veterans. In individual feedback sessions, veterans generally found the program likable, easy to use, and relevant to their experiences; critiques of the program led to revised content meant to increase clarity and participant interest. Our findings provide specific guidance for clinicians who are interested in developing or providing technology-based treatment, including the need to gather feedback from an intervention's target audience when adapting a psychotherapeutic intervention and that the treatment must be highly interactive and private to engage clients.

<http://www.sciencedirect.com/science/article/pii/S0091302214000429>

Sex differences in stress-related psychiatric disorders: Neurobiological perspectives.

Debra A. Bangasser, Rita J. Valentino

Frontiers in Neuroendocrinology

Available online 12 April 2014

Stress is associated with the onset and severity of several psychiatric disorders that occur more frequently in women than men, including posttraumatic stress disorder (PTSD) and depression. Patients with these disorders present with dysregulation of several stress response systems, including the neuroendocrine response to stress, corticolimbic responses to negatively valenced stimuli, and hyperarousal. Thus, sex differences within their underlying circuitry may explain sex

biases in disease prevalence. This review describes clinical studies that identify sex differences within the activity of these circuits, as well as preclinical studies that demonstrate cellular and molecular sex differences in stress responses systems. These studies reveal sex differences from the molecular to the systems level that increase endocrine, emotional, and arousal responses to stress in females. Exploring these sex differences is critical because this research can reveal the neurobiological underpinnings of vulnerability to stress-related psychiatric disorders and guide the development of novel pharmacotherapies.

<http://www.sciencedirect.com/science/article/pii/S0005796714000485>

Does dissociation moderate treatment outcomes of narrative exposure therapy for PTSD? A secondary analysis from a randomized controlled clinical trial.

Joar Øveraas Halvorsen, Håkon Stenmark, Frank Neuner, Hans M. Nordahl

Behaviour Research and Therapy

Available online 12 April 2014

Background

Dissociative symptoms, such as depersonalisation and derealisation, are often perceived as a contraindication for exposure-based treatments of posttraumatic stress disorder (PTSD) despite limited empirical evidence. The present paper examines whether derealisation and depersonalisation influence the treatment outcomes of narrative exposure therapy (NET) and treatment as usual (TaU) among severely traumatised asylum seekers and refugees.

Method

This paper presents a secondary analysis of a recently published randomized controlled multicentre trial comparing NET and TaU for the treatment of PTSD in asylum seekers and refugees. In order to investigate whether depersonalisation and derealisation moderate treatment outcomes, a number of moderated multiple, blockwise regression analyses were conducted. Missing data were handled with multiple imputation.

Results

The main finding from intention-to-treat analyses is that derealisation and depersonalisation overall do not moderate the treatment outcomes of either NET or TaU. The treatment condition was the most stable predictor of residual gain scores across outcome measures, with NET being associated with lower residual gain scores indicating better treatment outcomes.

Conclusion

The present study substantiates and extends previous research indicating that dissociative symptoms such as derealisation and depersonalisation do not moderate the treatment outcome

of exposure-based treatments for PTSD.

<http://onlinelibrary.wiley.com/doi/10.1002/jts.21903/abstract>

A Pilot Study of a Randomized Controlled Trial of Yoga as an Intervention for PTSD Symptoms in Women.

Mitchell, K. S., Dick, A. M., DiMartino, D. M., Smith, B. N., Niles, B., Koenen, K. C. and Street, A.

J. Traum. Stress, 27: 121–128.

Posttraumatic stress disorder (PTSD) is a debilitating condition that affects approximately 10% of women in the United States. Although effective psychotherapeutic treatments for PTSD exist, clients with PTSD report additional benefits of complementary and alternative approaches such as yoga. In particular, yoga may downregulate the stress response and positively impact PTSD and comorbid depression and anxiety symptoms. We conducted a pilot study of a randomized controlled trial comparing a 12-session Kripalu-based yoga intervention with an assessment control group. Participants included 38 women with current full or subthreshold PTSD symptoms. During the intervention, yoga participants showed decreases in reexperiencing and hyperarousal symptoms. The assessment control group, however, showed decreases in reexperiencing and anxiety symptoms as well, which may be a result of the positive effect of self-monitoring on PTSD and associated symptoms. Between-groups effect sizes were small to moderate (0.08–0.31). Although more research is needed, yoga may be an effective adjunctive treatment for PTSD. Participants responded positively to the intervention, suggesting that it was tolerable for this sample. Findings underscore the need for future research investigating mechanisms by which yoga may impact mental health symptoms, gender comparisons, and the long-term effects of yoga practice.

<http://onlinelibrary.wiley.com/doi/10.1002/jts.21902/abstract>

Changes in Implementation of Two Evidence-Based Psychotherapies for PTSD in VA Residential Treatment Programs: A National Investigation.

Cook, J. M., Dinnen, S., Thompson, R., Simiola, V. and Schnurr, P. P.

J. Traum. Stress, 27: 137–143.

There has been little investigation of the natural course of evidence-based treatments (EBTs) over time following the draw-down of initial implementation efforts. Thus, we undertook

qualitative interviews with the providers at 38 U.S. Department of Veterans Affairs' residential treatment programs for posttraumatic stress disorder (PTSD) to understand implementation and adaptation of 2 EBTs, prolonged exposure (PE), and cognitive processing therapy (CPT), at 2 time points over a 4-year period. The number of providers trained in the therapies and level of training improved over time. At baseline, of the 179 providers eligible per VA training requirements, 65 (36.4%) had received VA training in PE and 111 (62.0%) in CPT with 17 (9.5%) completing case consultation or becoming national trainers in both PE and CPT. By follow-up, of the increased number of 190 eligible providers, 87 (45.8%) had received VA training in PE and 135 (71.1%) in CPT, with 69 (36.3%) and 81 (42.6%) achieving certification, respectively. Twenty-two programs (57.9%) reported no change in PE use between baseline and follow-up, whereas 16 (42.1%) reported an increase. Twenty-four (63.2%) programs reported no change in their use of CPT between baseline and follow-up, 12 (31.6%) programs experienced an increase, and 2 (5.2%) programs experienced a decrease in use. A significant number of providers indicated that they made modifications to the manuals (e.g., tailoring, lengthening). Reasons for adaptations are discussed. The need to dedicate time and resources toward the implementation of EBTs is noted.

<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.

J. Traum. Stress, 27: 144–151.

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, $Bs = 0.95$ 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://onlinelibrary.wiley.com/doi/10.1002/jts.21909/abstract>

Glasgow Coma Scores, Early Opioids, and Posttraumatic Stress Disorder Among Combat Amputees.

Melcer, T., Walker, J., Sechriest, V. F., Lebedda, M., Quinn, K. and Galarneau, M.

J. Traum. Stress, 27: 152–159.

A recent study found that combat amputees had a reduced prevalence of posttraumatic stress disorder (PTSD) compared with nonamputees with serious extremity injuries. We hypothesized that an extended period of impaired consciousness or early treatment with morphine could prevent consolidation of traumatic memory and the development of PTSD. To examine this hypothesis, we retrospectively reviewed 258 combat casualty records from the Iraq or Afghanistan conflicts from 2001–2008 in the Expeditionary Medical Encounter Database, including medications and Glasgow Coma Scale (GCS) scores recorded at in-theater facilities within hours of the index injury. All patients sustained amputations from injuries. Psychological diagnoses were extracted from medical records for 24 months postinjury. None of 20 patients (0%) with GCS scores of 12 or lower had PTSD compared to 20% of patients with GCS scores of 12 or greater who did have PTSD. For patients with traumatic brain injury, those treated with intravenous morphine within hours of injury had a significantly lower prevalence of PTSD (6.3%) and mood disorders (15.6%) compared to patients treated with fentanyl only (prevalence of PTSD = 41.2%, prevalence of mood disorder = 47.1%). GCS scores and morphine and fentanyl treatments were not significantly associated with adjustment, anxiety, or substance abuse disorders.

<http://onlinelibrary.wiley.com/doi/10.1002/jts.21905/abstract>

Diagnostic Accuracy of the Composite International Diagnostic Interview (CIDI 3.0) PTSD Module Among Female Vietnam-Era Veterans.

Kimerling, R., Serpi, T., Weathers, F., Kilbourne, A. M., Kang, H., Collins, J. F., Cypel, Y., Frayne, S. M., Furey, J., Huang, G. D., Reinhard, M. J., Spiro, A. and Magruder, K.

J. Traum. Stress, 27: 160–167.

The World Health Organization (WHO) Composite International Diagnostic Interview (CIDI) posttraumatic stress disorder (PTSD) module is widely used in epidemiological studies of PTSD, yet relatively few data attest to the instrument's diagnostic utility. The current study evaluated the diagnostic utility of the CIDI 3.0 PTSD module with U. S. women Vietnam-era veterans. The

CIDI and the Clinician-Administered PTSD Scale (CAPS) were independently administered to a stratified sample of 160 women, oversampled for current PTSD. Both lifetime PTSD and recent (past year) PTSD were assessed within a 3-week interval. Forty-five percent of the sample met criteria for a CAPS diagnosis of lifetime PTSD, and 21.9% of the sample met criteria for a CAPS diagnosis of past-year PTSD. Using CAPS as the diagnostic criterion, the CIDI correctly classified 78.8% of cases for lifetime PTSD ($\kappa = .56$) and 82.0% of past year PTSD cases ($\kappa = .51$). Estimates of diagnostic performance for the CIDI were sensitivity of .61 and specificity of .91 for lifetime PTSD and sensitivity of .71 and specificity of .85 for past-year PTSD. Results suggest that the CIDI has good utility for identifying PTSD, though it is a somewhat conservative indicator of lifetime PTSD as compared to the CAPS.

<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.

J. Traum. Stress, 27: 168–174.

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/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.

J. Traum. Stress, 27: 175–181.

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.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.

J. Traum. Stress, 27: 182–191.

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://onlinelibrary.wiley.com/doi/10.1002/jts.21906/abstract>

Relationships of Posttraumatic Stress Symptoms and Sleep Measures to Cognitive Performance in Young-Adult African Americans.

Brownlow, J. A., Hall Brown, T. S. and Mellman, T. A.

J. Traum. Stress, 27: 217–223.

Disturbed sleep is a prominent feature of posttraumatic stress disorder (PTSD). PTSD and disrupted sleep have been independently linked to cognitive deficits; however, synergistic effects of PTSD and poor sleep on cognition have not been investigated. The purpose of this study was to examine the effects of PTSD symptoms and objectively measured disruptions to sleep on cognitive function. Forty-four young-adult African American urban residents comprised the study sample. The Clinician-Administered PTSD Scale (CAPS; Blake et al., 1995) was utilized to determine the severity of PTSD symptoms. Participants underwent 2 consecutive nights of polysomnography. The Automated Neuropsychological Assessment Metrics (Reeves, Winter, Bleiberg, & Kang,) was utilized to assess sustained attention and the Rey Auditory Verbal Learning Test (Schmidt,) was used to evaluate verbal memory. PTSD symptom severity, $r(42) = .40$, $p = .007$, was significantly associated with omission errors on the sustained attention task, and sleep duration, $r(42) = .41$, $p = .006$, and rapid eye movement sleep, $r(42) = .43$, $p = .003$, were positively correlated with verbal memory. There was an interaction of PTSD symptom severity and sleep duration on omission errors such that more than 7 hours 12 minutes of sleep mitigated attentional lapses that were associated with PTSD.

<http://onlinelibrary.wiley.com/doi/10.1002/jts.21899/abstract>

Attention Bias Variability and Symptoms of Posttraumatic Stress Disorder.

Iacoviello, B. M., Wu, G., Abend, R., Murrough, J. W., Feder, A., Fruchter, E., Levinstein, Y., Wald, I., Bailey, C. R., Pine, D. S., Neumeister, A., Bar-Haim, Y. and Charney, D. S.

J. Traum. Stress, 27: 232–239.

Cognitive theories implicate information-processing biases in the etiology of anxiety disorders. Results of attention-bias studies in posttraumatic stress disorder (PTSD) have been inconsistent, suggesting biases towards and away from threat. Within-subject variability of attention biases in posttraumatic patients may be a useful marker for attentional control impairment and the development of posttrauma symptoms. This study reports 2 experiments investigating threat-related attention biases, mood and anxiety symptoms, and attention-bias variability following trauma. Experiment 1 included 3 groups in a cross-sectional design: (a) PTSD, (b) trauma-exposed without PTSD, and (c) healthy controls with no trauma or Axis I diagnoses. Greater attention-bias variability was found in the PTSD group compared to the other 2 groups inline image; attention-bias variability was significantly and positively correlated ($r = .37$) with PTSD symptoms. Experiment 2 evaluated combat-exposed and nonexposed soldiers before and during deployment. Attention-bias variability did not differentiate groups before deployment, but did differentiate groups during deployment inline image; increased variability was observed in groups with acute posttraumatic stress symptoms and acute depression symptoms only. Attention-bias variability could be a useful marker for attentional impairment related to threat cues associated with mood and anxiety symptoms after trauma exposure.

Links of Interest

Penn State group assists those who help military families

<http://www.centredaily.com/2014/04/13/4134190/penn-state-group-assists-those.html>

Suicide Prevention Sheds a Longstanding Taboo: Talking About Attempts

<http://www.nytimes.com/2014/04/14/us/suicide-prevention-sheds-a-longstanding-taboo-talking-about-attempts.html>

In New Officers' Careers, Peace Is No Dividend

<http://www.nytimes.com/2014/04/14/us/in-new-officers-careers-peace-is-no-dividend.html>

A Loyal Soldier Doesn't Deserve This

<http://www.nytimes.com/2014/04/13/opinion/sunday/kristof-a-loyal-soldier-doesnt-deserve-this.html>

Combat vets battle an enemy within: Addiction

http://articles.philly.com/2014-04-14/news/49101036_1_methadone-clinic-va-hospitals-prescription-drug-abuse

The Choice: Service members who say they were sexually assaulted face agonizing decisions about whether to speak up or stay silent

<http://www.washingtonpost.com/sf/national/2014/04/12/the-choice/>

Why Are So Many Older Veterans Committing Suicide?

<http://www.nationaljournal.com/defense/why-are-so-many-older-veterans-committing-suicide-20140413>

Does the Military Have Enough Psychiatrists?

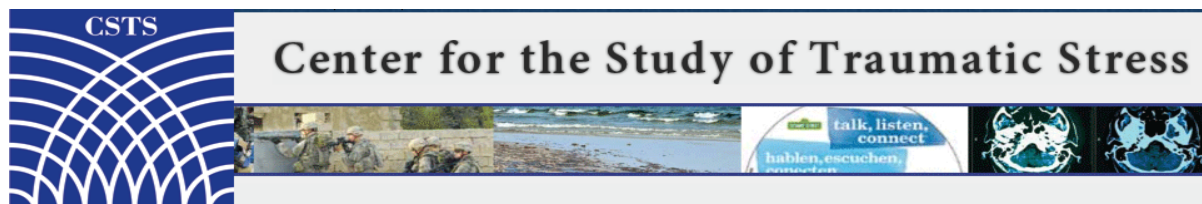
<http://www.defenseone.com/management/2014/04/does-military-have-enough-psychiatrists/82345/>

Large numbers of vets with PTSD live near military bases

<http://www.miamiherald.com/2014/04/10/4052097/large-numbers-of-vets-with-ptsd.html>

Resource of the Week: [Center for the Study of Traumatic Stress Resource Center](#)

This is a searchable collection of fact sheets and other documents from the Center for the Study of Traumatic Stress, affiliated with the USUHS Department of Psychiatry and a partner of the Defense Centers of Excellence (DCoE) for Psychological Health and Traumatic Brain Injury.



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Center Resource List

The following is a complete list of the resources of the Center for the Study of Traumatic Stress. Please use the included search to narrow your search.

Resource Search: Showing **All** Resources Displayed

- ▶ Active Shooter: What You Can Do to Mitigate Harm
- ▶ Addressing the Needs of the Seriously Mentally Ill in Disaster
- ▶ Body Recovery and Stress Management for Leaders and Supervisors
- ▶ Business Leadership in Bioterrorism Preparedness
- ▶ Care of Military Service Members, Veterans, and Their Families
- ▶ Center for the Study of Traumatic Stress Annual Report (2008)
- ▶ Center for the Study of Traumatic Stress Annual Report (2009)
- ▶ Center for the Study of Traumatic Stress Annual Report (2010)
- ▶ Center for the Study of Traumatic Stress Annual Report (2012)
- ▶ Child Abuse Prevention Month: April 2012
- ▶ Courage to Care: Addressing Alcohol Misuse (Provider sheet)
- ▶ Courage to Care: Adherence Addressing A Range of Patient Health Behaviors
- ▶ Courage to Care: Advancing the Health of the Family Left Behind
- ▶ Courage to Care: Alcohol and Your Health
- ▶ Courage to Care: Asking for Help (Family)
- ▶ Courage to Care: Asking for Help (Provider Sheet)

Resources Headings

Adherence	Law
Alcohol	Enforcement
Body Handling	Military
Children	Parents
Conferences	Post-
Consultations	Deployment
Deployment	Preparedness
Depression	Psychological
Disasters	First Aid
Families	PTSD
First	Radiation
Responders	Reintegration
For	Reports
Leadership	Resilience
For Providers	Suicide
For Teachers	Terrorism
Funerals	Translation
Hazardous	Traumatic
Materials	Brain Injury

Shirl Kennedy
Research Editor
Center for Deployment Psychology
www.deploymentpsych.org
skennedy@deploymentpsych.org
301-816-4749