



CDP Research Update -- May 1, 2014

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<http://www.defense.gov/news/newsarticle.aspx?id=122126>

DOD Releases Suicide Event Report, Changes Reporting Methods

By Jim Garamone
American Forces Press Service

WASHINGTON, April 25, 2014

Suicide is a serious problem at all levels of the U.S. military.

And now the department has a base against which programs intended to prevent it can be measured.

In 2012, there were a total of 319 suicides among active duty personnel and 203 among those in the reserve components.

[CY 2012 DoDSER Annual Report](#)

http://www.ptsd.va.gov/professional/newsletters/ctu-online/ctu_v8n2.pdf

Clinician's Trauma Update

Issue 8(2), April 2014

National Center for PTSD

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

<http://www.med.navy.mil/sites/nmcsc/nccosc/healthProfessionalsV2/researchQuarterly/Documents/spring2014ResearchQuarterly.pdf>

Combat & Operational Stress Research Quarterly

Naval Center for Combat & Operational Stress Control

Volume 6, Number 2; Spring 2014

The Combat & Operational Stress Research Quarterly is a compilation of recent studies on combat and operational stress, including relevant findings on the etiology, course and treatment of posttraumatic stress disorder (PTSD).

The Research Quarterly facilitates translational research by providing busy clinicians with up-to-date findings, with the potential to guide and inform evidence-based treatment.

<https://msrc.fsu.edu/members/newsletter/msrc-newsletter-april-2014>

Military Suicide Research Consortium Newsletter -- April 2014

A quarterly update on the consortium's progress

http://www.rand.org/pubs/research_reports/RR247.html

Recruiting Older Youths Insights from a New Survey of Army Recruits

Bernard D. Rostker, Jacob Alex Klerman, Megan Zander-Cotugno

RAND Corporation, 2014

Since the advent of the all-volunteer force, little attention has been paid to high school graduates who do not enlist immediately after graduation, primarily those who seek employment in the private sector of the economy. However, over time, this group has made up a significant and increasing portion of total enlistments. However, since 2005, the majority of the Army's recruits has not joined directly out of high school but has instead made the decision to join at a later time. Why these recruits initially chose not to join when they had the opportunity after graduating from high school and why they changed their minds several years later and enlisted are the subjects of this report. Given the importance of older recruits to the Army, the authors examine what is known about these recruits, their performance during military service, and why they came to join the Army after first choosing another postsecondary path. The results of a survey of 5,000 Army recruits designed to answer this question are presented. Finally, the implications of the survey results are discussed, along with suggestions of ways to gain additional insights by tracking this survey cohort through their Army careers.

Near-Term Predictors of the Intensity of Suicidal Ideation: An Examination of the 24 h Prior to a Recent Suicide Attempt.

Courtney L. Bagge, Andrew K. Littlefield, Kenneth R. Conner, Julie A. Schumacher, Han-Joo Lee

Journal of Affective Disorders

Available online 18 April 2014

Background

The extent to which acute exposures such as alcohol use (AU) and negative life events (NLE) are uniquely associated with intensity of suicidal ideation during the hours leading up to a suicide attempt is unknown. The main aim of the current study was to quantify the unique effect of acute exposures on next-hour suicidal ideation when adjusting for previous hour acute exposures and suicidal ideation. An exploratory aim of the current study was to examine the effect of non-alcohol drug use (DU) on suicidal ideation.

Methods

Participants included 166 (61.0% female) recent suicide attempters presenting to a Level 1 trauma hospital. A timeline follow-back methodology was used to assess acute exposures and intensity of suicidal ideation within the 24 hours prior to the suicide attempt.

Results

Findings indicated that acute AU ($b=.20$, $p<.01$) and NLE ($b=.58$, $p<.01$) uniquely predicted increases in next-hour suicidal ideation, over and above previous hour suicidal ideation, whereas acute DU did not.

Limitations

The current study's methodology provides continuous hourly snapshots prior to the suicide attempt, quite close to when it happened, but is retrospective and causality cannot be inferred.

Conclusions

Understanding that, within a patient, AU and NLE predict near-term increases in suicidal ideation has practical utility impacting providers' clinical decision-making, safety concerns, and ultimate determination of level of risk for suicide.

C. Owens, S. Roberts, J. Taylor

Public Health

Available online 18 April 2014

Objectives

The practice of 'suicide audit' refers to the systematic collection of local data on suicides in order to learn lessons and inform suicide prevention plans. Little is known about the utility of this activity. The aim of this study was to ascertain from Directors of Public Health in England how they were conducting suicide audit and what resources they were investing in it; how the findings were being used, and how the process might be improved.

Study design

E-mail survey.

Methods

A questionnaire was sent to all 153 Primary Care Trusts (PCTs) in England prior to their dissolution in 2013. Simple descriptive statistics were performed in an Excel database.

Results

Responses were received from 49% of PCTs, of which 83% were conducting a regular audit of deaths by suicide. Many had worked hard to overcome procedural obstacles and were investing huge amounts of time and effort in collecting data, but it is not clear that the findings were being translated effectively into action. With few exceptions, PCTs were unable to demonstrate that the findings of local audits had influenced their suicide prevention plans.

Conclusions

In the light of fresh calls for the practice of suicide audit to be made mandatory in England, these results are worrying. The study suggests that there is a pressing need for practical guidance on how the findings of local suicide audits can be put to use, and proposes a framework within which such guidance could be developed.

<http://onlinelibrary.wiley.com/doi/10.1002/jclp.22100/abstract>

Elucidating Posttraumatic Stress Symptom Profiles and Their Correlates Among Women Experiencing Bidirectional Intimate Partner Violence.

Hellmuth, J. C., Jaquier, V., Swan, S. C. and Sullivan, T. P.

Journal of Clinical Psychology

Article first published online: 19 APR 2014

Objective

This study employed latent class analysis to identify profiles of women experiencing intimate partner violence (IPV) based on the severity of posttraumatic stress disorder (PTSD) symptoms.

Method

Self-report data from a sample of 369 women experiencing bidirectional IPV was used.

Results

A 3-class solution comprising low, moderate, and high PTSD severity profiles best fit the data. Profiles were differentially related to whether IPV victimization was considered traumatic (PTSD criterion A); whether functioning was impaired as a result of PTSD symptoms (PTSD criterion F); whether the woman met full diagnostic criteria for PTSD; depression symptom severity; and severity of psychological, physical, and sexual IPV victimization and use of IPV. An extremely high percentage of women in the high (96%) and moderate (88%) severity classes experienced functional impairment, although many did not meet full diagnostic criteria for PTSD.

Conclusions

Findings support the need for interventions individually tailored to one's treatment needs based on the nature of one's traumatic stressor and the impact of PTSD on daily functioning.

<http://psycnet.apa.org/journals/pap/31/2/255/>

PTSD: Policy issues.

Stern, Jessica

Psychoanalytic Psychology, Vol 31(2), Apr 2014, 255-261.

The wars on terrorism are exposing our military personnel to unprecedented levels of psychological injury. And yet, nearly a decade in, we remain unprepared to handle the growing numbers of personnel seeking treatment. Several factors seem to be implicated. The first is our defense personnel policy. By choosing an approach that requires longer and more frequent redeployments, we have inadvertently increased the risk to our troops of sustaining psychological wounds, including moral injury. Second, in the wars on terrorism, combatants do not wear identifying marks. They often hide among civilians, increasing the risk of inadvertent civilian casualties, another source of moral injury. Third, and perhaps ironically, when military personnel know that they have hit their target—as is the case with drone pilots and among personnel involved in close combat—they are at greater risk to develop posttraumatic stress disorder, even when the target is a known enemy combatant. Meanwhile, military suicides have

reached a record high, outnumbering combat deaths in Afghanistan. As we get better at keeping wounded warriors alive, we need to get better, and more serious, about developing tools for healing injuries to the mind and brain. This article proposes that research focus on therapies tailored to mitigate shame and guilt, the hallmarks of moral injury. (PsycINFO Database Record (c) 2014 APA, all rights reserved)

<http://psycnet.apa.org/journals/pap/31/2/192/>

Clinical heuristics and strategies for service members and veterans with war-related PTSD.

Litz, Brett T.

Psychoanalytic Psychology, Vol 31(2), Apr 2014, 192-205

We need to engage all well-trained and competent mental health assets, regardless of discipline and guild or degree to help our nation's veterans recover from the war trauma. The goal of this paper was to highlight salient problems and issues in the assessment and treatment of war-related trauma and posttraumatic stress disorder (PTSD) and to offer strategies and ways of thinking to redress these issues. The clinical issues and concerns I have addressed are: (a) the need to be clear about what PTSD is and isn't; (b) the need for clinicians to learn about the military culture and ethos; (c) the need to broaden the discourse about what is injurious in war, which includes a review of the existing evidence for psychotherapies for war-related PTSD; and (d) the importance of assessment and outcome monitoring in the treatment of PTSD. (PsycINFO Database Record (c) 2014 APA, all rights reserved)

<http://www.sciencedirect.com/science/article/pii/S1077722914000431>

Integrating Cognitive Behavioral Therapy Into Primary Care Settings.

Risa B. Weisberg, Jessica F. Magidson

Cognitive and Behavioral Practice

Available online 21 April 2014

This article serves as an introduction to the first issue of the Cognitive and Behavioral Practice special series on cognitive-behavioral practice in medical settings. This first issue of our two-part series focuses on strategies and recommendations for integrating cognitive behavioral therapy (CBT) into primary care settings and the unique challenges primary care in particular

presents. Our subsequent issue will focus on the implementation of CBT in other, more specialized forms of medical care, including cancer treatment and HIV care.

<http://psycnet.apa.org/journals/pap/31/2/236/>

Posttraumatic stress disorder: Beyond best practices.

Xenakis, Stephen N.

Psychoanalytic Psychology, Vol 31(2), Apr 2014, 236-244.

Traditional therapies for posttraumatic stress disorder (PTSD) and the many neuropsychiatric conditions associated with abuse, stress, and combat are effective in only half of patients, despite best efforts and practices. The 50% of patients who do not improve by responding to usual standards of care are labeled treatment resistant. I propose that comorbid medical illnesses and injuries affecting mental state and general health and the failures of the systems that treat them contribute to the so-called “resistance” of chronic PTSD, depression, and anxiety. Military veterans and victims of torture often manifest treatment-resistant PTSD, depression, and anxiety. Many are debilitated by sleep disturbances, anxiety, depression, postconcussion syndrome, hypothyroidism, pain, and degenerative arthritis. Current practices lack an effective model for integrating these medical illnesses and injuries into the diagnosis and treatment of treatment-resistant PTSD, depression, and anxiety. A working model that integrates these components would involve comprehensive and integrated diagnosis and treatment. Current treatment approaches also often fail to track meaningful measures of recovery, most notably quality of life. The application of general systems theory provides a framework to address these deficits by focusing on the complex interplay between the psychological and physiological, recognizing the cumulative and synergistic effects of the psychiatric, neurological, metabolic, and pain problems—both clinical and subclinical—that contribute to treatment-resistant PTSD, depression, and anxiety. (PsycINFO Database Record (c) 2014 APA, all rights reserved)

<http://psycnet.apa.org/journals/pap/31/2/192/>

Clinical heuristics and strategies for service members and veterans with war-related PTSD.

Litz, Brett T.

Psychoanalytic Psychology, Vol 31(2), Apr 2014, 192-205.

We need to engage all well-trained and competent mental health assets, regardless of discipline and guild or degree to help our nation's veterans recover from the war trauma. The goal of this paper was to highlight salient problems and issues in the assessment and treatment of war-related trauma and posttraumatic stress disorder (PTSD) and to offer strategies and ways of thinking to redress these issues. The clinical issues and concerns I have addressed are: (a) the need to be clear about what PTSD is and isn't; (b) the need for clinicians to learn about the military culture and ethos; (c) the need to broaden the discourse about what is injurious in war, which includes a review of the existing evidence for psychotherapies for war-related PTSD; and (d) the importance of assessment and outcome monitoring in the treatment of PTSD. (PsycINFO Database Record (c) 2014 APA, all rights reserved)

<http://link.springer.com/article/10.1007/s11325-014-0984-y>

Sleep disorders in combat-related PTSD.

Scott G. Williams, Jacob Collen, Nicholas Orr, Aaron B. Holley, Christopher J. Lettieri

Sleep and Breathing

April 2014

Purpose

We sought to assess the rate of sleep complaints and sleep disorders among active duty soldiers with deployment-related PTSD and to determine whether any clinical features differentiated those with sleep disorders.

Methods

Retrospective review of consecutive soldiers diagnosed with PTSD. We recorded subjective measures of sleep and polysomnographic data. We compared clinical and demographic variables including psychoactive medication use, psychiatric comorbidity, and combat-related traumatic injury with the presence of sleep disorders.

Results

One hundred thirty patients were included (91.5 % male, mean age of 35.1 ± 10.6 years, mean body mass index (BMI) 28.9 ± 4.4 Kg/m²). About 88.5 % had comorbid depression, with the majority (96.2 %) taking psychoactive medications (mean 3.4 ± 1.6 medications per patient). Over half of the cohort suffered combat-related traumatic physical injuries (54.6 %). The obstructive sleep apnea syndrome (OSAS) was diagnosed in 67.3 % (80 % of the cohort underwent polysomnography), with a mean apnea hypopnea index of 24.1 ± 22.8 events/hour and a mean oxygen saturation nadir of 84.2 ± 5.7 %. OSAS was significantly more common in the non-injured soldiers (72.9 vs. 38.0 %, $p < 0.001$). In multivariate analysis, absence of physical injury showed a trend towards predicting OSAS.

Conclusions

Sleep complaints are common among soldiers with PTSD. We observed significantly higher rates of OSAS among those without physical injuries, raising the possibility that underlying sleep-disordered breathing is a risk factor for the development of PTSD. This potential association requires further validation.

<http://krex.k-state.edu/dspace/bitstream/handle/2097/17374/MariaClark2014.pdf>

Out of Combat and Into the Classroom: How Combat Experiences Affect Combat Veteran Students in Adult Learning Environments

Maria L. Clark

PhD dissertation, Department of Educational Leadership, College of Education
Kansas State University, 2014

A new group of learners is emerging in the adult learning environment as a result of the United States being at war for more than 10 years. More than two million warriors served in the Global War on Terrorism (GWOT). Educational institutions across the United States are experiencing growing numbers of students who are military combat veterans of the GWOT. These numbers will continue to grow as more of them transition back into life after combat. These students are arriving in class with varying levels of combat trauma experience and possibly Post Traumatic Stress Disorder (PTSD), major depression, Traumatic Brain Injury (TBI) or a combination of these and other difficulties.

The purpose of this research was to learn from military veteran students how their combat experience affects them in the classroom. Specifically it looked at the types of combat experiences they have and the types of physical and mental effects they report experiencing while attending and participating in educational learning activities. This research h sought to gain insight into how combat experience influences the learning experience for GWOT military combat veterans who participate in an educational learning environment. It explored the types of experiences these students bring into that learning environment and how their participation in learning activities is affected.

<http://www.sciencedirect.com/science/article/pii/S1077722914000479>

Telephone Assessment, Support, and Counseling for Depression in Primary Care Medical Clinics.

Christopher Sheldon, Jeanette A. Waxmonsky, Rachael Meir, Courtney Morris, Laura Finkelstein, Melissa Sosa, David Brody

Cognitive and Behavioral Practice

Available online 24 April 2014

The Telephonic Assessment, Support, and Counseling Program (TASC) was developed to improve access to behavioral health assessment, counseling, and evidence-based psychotherapy in a public health system with an underserved, diverse population. The program is described in detail with examples of materials that can be replicated in other sites. TASC was designed to augment the management of depression provided through primary care clinics, which is where most people in the United States receive treatment for depression. The program used behavioral activation treatment for depression (BA), a well-researched evidence-based form of cognitive behavioral therapy that can be delivered by telephone in a relatively brief time period. TASC also incorporated motivational interviewing (MI) strategies into medication adherence and depression counseling. The intervention was conducted with primary care patients diagnosed with depression by their PCPs through five telephone calls targeting education about depression, medication adherence, and strategies to teach patients to monitor their mood and daily activities and to increase the number of specific activities in which they engage. Prior to beginning BA treatment, the Patient Health Questionnaire-9 and the Mini-International Neuropsychiatric Inventory were conducted to effectively identify alternative diagnoses or serious comorbidities. Primary care clinics providing medical care to low-income, diverse populations have many patients who could benefit from contact with a mental health provider, and telephonic delivery of these services in a program such as the TASC model may be a viable and cost-effective option that can increase access.

http://journals.lww.com/jaapa/Abstract/2014/05000/Depression_and_burnout_symptoms_among_Air_Force.10.aspx

Depression and burnout symptoms among Air Force family medicine providers.

Varner, Derrick F. PhD, PA-C; Foutch, Brian K. OD, PhD

Journal of the American Academy of Physician Assistants:

May 2014 - Volume 27 - Issue 5 - p 42–46

This study investigated the prevalence of depression and burnout symptoms among family medicine providers on active duty in the US Air Force. Results demonstrated that 84% of those surveyed scored positive for degrees of depression symptoms; only sex differences were significant.

http://digitalcommons.cedarville.edu/cgi/viewcontent.cgi?article=1113&context=research_scholarship_symposium

Resilience in the Hybrid Culture of the Military Reserves: A case study of 3-generations of a military family

Natasha Kreft and Luke Tse, Ph.D

Poster Presentation
2014 Research and Scholarship Symposium
Cedarville University

This case study involved interviews with a group of Reservists and Veterans Reservists, all of whom had deployed. As Reservists alternate between jobs or college and active duty or deployment, these constant transitions can cause significant psychological challenges. We propose that Reservists should be considered as possessing a hybrid culture, comparable to civilian and military cultures. Reservists are sandwiched between the demands of civilian and military cultures, and a successful acclimation into this hybrid culture necessitates resilient psychological adaptability on the part of the Reservists. This study highlights areas where collaborations are required to establish resilience in this hybrid culture.

https://circle.ubc.ca/bitstream/handle/2429/46536/ubc_2014_spring_diamond_martine.pdf

Combat trauma from a child's perspective: through the eyes of an adult

Martine Diamon

Thesis, Master of Arts, Counseling Psychology

University of British Columbia, April 2014

Using narrative analysis, this in depth case study explores and gains a better understanding of the experience of being a child of a traumatized combat veteran. One adult male participant was recruited for the study. Five themes were extracted from the data: (1) After the War; (2) Distant Father, Prominent Mother; (3) Having a Distant Father; (4) Residual Effects of Trauma; and (5) Being Different. These findings suggest the difficulties that children in families face when a parent suffers from untreated combat trauma. These findings may help practitioners in their support of this unique population.

<http://ajph.aphapublications.org/doi/abs/10.2105/AJPH.2014.301946?journalCode=ajph&>

The Sexual Victimization of Men in America: New Data Challenge Old Assumptions.

Lara Stemple, JD, and Ilan H. Meyer, PhD

American Journal of Public Health. e-View Ahead of Print.

Accepted on: Feb 13, 2014

We assessed 12-month prevalence and incidence data on sexual victimization in 5 federal surveys that the Bureau of Justice Statistics, the Centers for Disease Control and Prevention, and the Federal Bureau of Investigation conducted independently in 2010 through 2012. We used these data to examine the prevailing assumption that men rarely experience sexual victimization. We concluded that federal surveys detect a high prevalence of sexual victimization among men—in many circumstances similar to the prevalence found among women. We identified factors that perpetuate misperceptions about men's sexual victimization: reliance on traditional gender stereotypes, outdated and inconsistent definitions, and methodological sampling biases that exclude inmates. We recommend changes that move beyond regressive gender assumptions, which can harm both women and men.

<http://jramc.bmj.com/content/early/2014/04/23/jramc-2013-000244.abstract>

A proposed model for community-assisted alcohol withdrawal in primary care in the UK Armed Forces.

Nicholas H Faerestrand and R H Coetzee

Journal of the Royal Army Medical Corps

Published Online First 23 April 2014

Alcohol misuse and related morbidity continues to represent a challenge to both the National Health Service (NHS) and the Defence Medical Services (DMS). A significant part of the management of patients who misuse alcohol involves planned assisted withdrawal for dependent drinkers. Traditionally, assisted alcohol withdrawal has been conducted in an in-patient setting owing to the perceived risks of carrying out this treatment. Current evidence shows that community-based approaches offer a safe and effective alternative to the traditional in-patient model with significant cost savings. This article proposes a model for community-assisted alcohol withdrawal (CAAW) for use within the DMS. It considers current guidelines and models already in operation within the NHS, offering evaluation and adjustments to fit the

requirements that are applicable to the UK Armed Forces medical environment.

<http://www.biomedcentral.com/1471-227X/14/11>

Trauma exposure, posttraumatic stress disorder and the effect of explanatory variables in paramedic trainees.

Fjeldheim CB, Nöthling J, Pretorius K, Basson M, Ganasen K, Heneke R, Cloete KJ, Seedat S.

BMC Emergency Medicine 2014, 14:11

Background

Emergency healthcare workers, including trainees and individuals in related occupations are at heightened risk of developing posttraumatic stress disorder (PTSD) and depression owing to work-related stressors.

We aimed to investigate the type, frequency, and severity of direct trauma exposure, posttraumatic stress symptoms and other psychopathology amongst paramedic trainees. In order to create a risk profile for individuals who are at higher occupational risk of developing PTSD, we examined risk and resilience factors that possibly contributed to the presence and severity of posttraumatic symptomatology.

Methods

Paramedic trainees (n = 131) were recruited from a local university. A logistic regression analysis was conducted using the explanatory variables age, gender, population group, trauma exposure, depression, alcohol abuse, alcohol dependence, resilience and social support.

Results

94% of paramedic trainees had directly experienced trauma, with 16% meeting PTSD criteria. A high rate of depression (28%), alcohol abuse (23%) and chronic perceived stress (7%) and low levels of social support was found. The number of previous trauma exposures, depression, resilience and social support significantly predicted PTSD status and depression had a mediating effect.

Conclusion

There is a need for efficient, ongoing screening of depressive and PTSD symptomatology in trauma exposed high risk groups so that early psychological supportive interventions can be offered.

<http://www.tandfonline.com/doi/abs/10.1080/19349637.2014.896856>

A Position Article for Applying Spirituality to Suicide Prevention.

Marek S. Kopacz, Eric Silver, Robert M. Bossarte

Journal of Spirituality in Mental Health

Vol. 16, Iss. 2, 2014

Suicide is a major public health concern in the United States. Halting the rising trend of suicides requires that new options be identified and implemented so as to achieve the overarching goal of reducing the total number of suicide deaths and attempts in America. The aim of this article is to review constructs and outline a proposed operational framework for incorporating spiritual well-being into suicide prevention efforts. By presenting conceptual, preventive, and theoretical arguments, the hope is to elicit empirical interest in finding practical applications for the protective potential of spirituality.

<http://www.tandfonline.com/doi/abs/10.1080/13854046.2014.904928>

Poor Performance Validity Predicts Clinical Characteristics and Cognitive Test Performance of OEF/OIF/OND Veterans in a Research Setting.

Alexandra L. Clark, Melissa M. Amick, Catherine Fortier, William P. Milberg, Regina E. McGlinchey

The Clinical Neuropsychologist

Published online: 25 Apr 2014

This study examined the performance of 198 Veteran research participants deployed during Operation Enduring Freedom, Operation Iraqi Freedom, and/or Operation New Dawn (OEF/OIF/OND) on four measures of performance validity: the Medical Symptom Validity Test (MSVT), California Verbal Learning Test: Forced Choice Recognition (FCR), Reliable Digit Span (RDS), and TOVA Symptom Exaggeration Index (SEI). Failure on these performance validity tests (PVTs) ranged from 4% to 9%. The overall base rate of poor performance validity, as measured by failure of the MSVT in conjunction with an embedded PVT (FCR, RDS, SEI), was 5.6%. Regression analyses revealed that poor performance validity predicted cognitive test performance and self-reported psychological symptom severity. Furthermore, a greater prevalence of traumatic brain injury (TBI), Post-Traumatic Stress Disorder (PTSD), co-morbid TBI/PTSD, and other Axis I diagnoses, was observed among participants with poor effort. Although poor performance validity is relatively uncommon in a research setting, these findings

demonstrate that clinicians should be cautious when interpreting psychological symptoms and neuropsychological test performance of Veteran participants who fail effort measures.

<http://ir.lib.uwo.ca/etd/1973/>

Secondary Traumatic Stress and Alexithymia in High-Risk Professionals.

Matthew R. J. Vandermeer, The University of Western Ontario

2014 - Thesis, Master of Arts, Education

This study investigated the role that cognitive deficits in emotional processing (i.e., alexithymia) play in the development of traumatic responses, such as secondary traumatic stress (STS), following work with clients who have experienced trauma. Using a prospective cohort of novice counselling psychology and pre-service education students, participants were measured for traits of alexithymia and STS before and after their first practicum placements. Elevated rates of STS consistent with a diagnosis of post-traumatic stress disorder were identified in participants following initial practicum placement. Correlation analyses demonstrated that alexithymia and alexithymia symptom clusters were significantly, and robustly, associated with STS and STS symptom clusters. Finally, hierarchical multiple regression analysis found that scores of alexithymia, pre-trauma exposure, predicted a significant amount of the variance in post-trauma exposure STS. Implications for identification, prevention, treatment, and destigmatization of negative emotional responses to working with clients who have experienced trauma are discussed along with future directions of study.

<http://link.springer.com/article/10.1007/s12207-014-9191-1>

Posttraumatic Stress Disorder in DSM-5: New Criteria, New Measures, and Implications for Assessment.

Frank W. Weathers, Brian P. Marx, Matthew J. Friedman, Paula P. Schnurr

Psychological Injury and Law

April 2014

The diagnostic criteria for posttraumatic stress disorder (PTSD) were substantially revised for Diagnostic and Statistical Manual of Mental Disorders—5th edition (DSM-5). This in turn necessitated revision of DSM-correspondent assessment measures of PTSD. We describe the various changes to the PTSD diagnostic criteria and the corresponding changes to National

Center for PTSD measures. We also discuss the implications of the new criteria for assessment of trauma exposure and PTSD. Although the DSM-5 version of PTSD departs significantly in some respects from previous versions, we conclude that there is fundamental continuity with the original DSM-III conceptualization of PTSD as a chronic, debilitating mental disorder that develops in response to catastrophic life events.

<http://nccam.nih.gov/health/providers/digest/sleep-disorders-science>

Sleep Disorders and Complementary Health Approaches: What the Science Says

National Institutes of Health • National Center for Complementary and Alternative Medicine

NCCAM Clinical Digest

April 2014

Discusses Mind and Body Techniques, Dietary Supplements

<http://www.ncbi.nlm.nih.gov/pubmed/24773573>

J Consult Clin Psychol. 2014 Apr 28. [Epub ahead of print]

Randomized controlled trial of two brief alcohol interventions for oef/oif veterans.

McDevitt-Murphy ME, Murphy JG, Williams JL, Monahan CJ, Bracken-Minor KL, Fields JA.

Objective:

The purpose of this study was to test the efficacy of 2 brief interventions for alcohol misuse in a sample of combat veterans of the wars in Iraq and Afghanistan.

Method:

Participants were 68 combat veterans (91.2% male; 64.7% White, 27.9% Black) with a mean age of 32.31 years (SD = 8.84) who screened positive for hazardous drinking in a Veterans Affairs Medical Center primary care clinic using the Alcohol Use Disorders Identification Test (Babor, Higgins-Biddle, Saunders, & Monteiro, 2001). More than half of the sample (57.4%) met criteria for posttraumatic stress disorder (PTSD; based on the Clinician-Administered PTSD Scale; Blake et al., 1995). Eligible veterans who elected to participate completed a baseline assessment and were randomized to receive 1 of 2 interventions (personalized feedback delivered with or without a motivational interviewing counseling session). Both interventions included information on hazardous drinking, PTSD symptoms, depression, and coping. Follow-

up assessments were conducted at 6 weeks and 6 months post-intervention.

Results:

Both conditions resulted in statistically significant reductions in quantity and frequency of alcohol use as well as frequency of binge drinking and alcohol-related consequences. Within-group effect sizes (d s) were in the small to medium range (.21-.55) for quantity and frequency of alcohol use. There were no statistically significant Condition \times Time interactions, suggesting that both interventions were similarly effective. PTSD and non-PTSD veterans responded equally well to both interventions, but veterans with PTSD assigned to feedback plus motivational interviewing reported greater reductions in weekly drinking at the 6-week follow-up.

Conclusions:

These findings suggest that brief interventions for alcohol misuse may be effective for reducing drinking, even in an Operation Enduring Freedom/Operation Iraqi Freedom veteran population with a high degree of PTSD. (PsycINFO Database Record (c) 2014 APA, all rights reserved).

<http://www.ncbi.nlm.nih.gov/pubmed/24767722>

Sleep Med. 2014 Feb 12. pii: S1389-9457(14)00052-5. doi: 10.1016/j.sleep.2014.01.012. [Epub ahead of print]

The link between social anxiety disorder, treatment outcome, and sleep difficulties among patients receiving cognitive behavioral group therapy.

Kushnir J, Marom S, Mazar M, Sadeh A, Hermesh H.

OBJECTIVE:

The aim of our study was to examine the association between sleep disturbances and social anxiety disorder (SAD). Another aim was to explore the impact of cognitive behavioral group therapy (CBGT) for SAD on co-occurring sleep difficulties.

METHODS:

Data were obtained retrospectively from patient files receiving CBGT for SAD. The sample included 63 patients with SAD (mean age, 30.42years [standard deviation, 6.92years]). There were 41 men and 22 women, of whom 41 participants completed the treatment protocol. Before treatment onset participants completed the Liebowitz Social Anxiety Scale (LSAS), the Beck Depression Inventory (BDI), the Pittsburgh Sleep Quality Index, and several sociodemographic questions. On completion of the treatment protocol, the same measures were completed, with the addition of the Sheehan Disabilities Scale (SDS).

RESULTS: The results of our study suggest that: (1) subjective insomnia is associated with SAD severity even after controlling for depression severity and additional variables; (2)

participants with SAD with co-occurring clinical levels of subjective insomnia present a more severe clinical picture both at treatment onset and termination; and (3) although CBGT lead to reduction in SAD and depression symptoms severity, it had no significant impact on co-occurring sleep difficulties.

CONCLUSIONS:

Sleep difficulties predict SAD severity regardless of depressive symptoms and may be linked to a more severe clinical picture. Clinicians should be aware of these sleep difficulties co-occurring with SAD and consider implementing specific sleep interventions. Future studies should incorporate larger samples sizes from clinical populations outside of Israel. Copyright © 2014 Elsevier B.V. All rights reserved.

<http://www.ncbi.nlm.nih.gov/pubmed/24772094>

Front Psychiatry. 2014 Apr 4;5:37. eCollection 2014.

Posttraumatic Stress Disorder: A Theoretical Model of the Hyperarousal Subtype.

Weston CS.

Posttraumatic stress disorder (PTSD) is a frequent and distressing mental disorder, about which much remains to be learned. It is a heterogeneous disorder; the hyperarousal subtype (about 70% of occurrences and simply termed PTSD in this paper) is the topic of this article, but the dissociative subtype (about 30% of occurrences and likely involving quite different brain mechanisms) is outside its scope. A theoretical model is presented that integrates neuroscience data on diverse brain regions known to be involved in PTSD, and extensive psychiatric findings on the disorder. Specifically, the amygdala is a multifunctional brain region that is crucial to PTSD, and processes peritraumatic hyperarousal on grounded cognition principles to produce hyperarousal symptoms. Amygdala activity also modulates hippocampal function, which is supported by a large body of evidence, and likewise amygdala activity modulates several brainstem regions, visual cortex, rostral anterior cingulate cortex (rACC), and medial orbitofrontal cortex (mOFC), to produce diverse startle, visual, memory, numbing, anger, and recklessness symptoms. Additional brain regions process other aspects of peritraumatic responses to produce further symptoms. These contentions are supported by neuroimaging, neuropsychological, neuroanatomical, physiological, cognitive, and behavioral evidence. Collectively, the model offers an account of how responses at the time of trauma are transformed into an extensive array of the 20 PTSD symptoms that are specified in the Diagnostic and Statistical Manual of Mental Disorders, Fifth edition. It elucidates the neural mechanisms of a specific form of psychopathology, and accords with the Research Domain Criteria framework.

<http://www.ncbi.nlm.nih.gov/pubmed/24767263>

Explore (NY). 2014 May-Jun;10(3):162-9. doi: 10.1016/j.explore.2014.02.005. Epub 2014 Feb 26.

Reductions in Pain, Depression, and Anxiety Symptoms After PTSD Remediation in Veterans.

Church D.

A randomized controlled trial of veterans with clinical levels of PTSD symptoms found significant improvements after Emotional Freedom Techniques (EFT). Although pain, depression, and anxiety were not the primary targets of treatment, significant improvements in these conditions were noted. Subjects (N = 59) received six sessions of EFT coaching supplementary to primary care. They were assessed using the SA-45, which measures nine mental health symptom domains and also has two general scales measuring the breadth and depth of psychological distress. Anxiety and depression both reduced significantly, as did the breadth and depth of psychological symptoms. Pain decreased significantly during the intervention period (-41%, $p < .0001$). Subjects were followed up at three and six months, revealing significant relationships between PTSD, depression, and anxiety at several assessment points. At follow-up, pain remained significantly lower than at pretest. The results of this study are consistent with other reports showing that, as PTSD symptoms are reduced, general mental health improves, and pain levels drop. The ability of EFT to produce reliable and long-term gains after relatively brief interventions indicates its utility in reducing the estimated trillion-dollar cost of treating veteran mental health disorders in the coming years. Copyright © 2014 Elsevier Inc. All rights reserved.

<http://www.ncbi.nlm.nih.gov/pubmed/24767017>

J Affect Disord. 2014 Jun;162:128-33. doi: 10.1016/j.jad.2014.02.031. Epub 2014 Mar 19.

Resilience buffers the impact of traumatic events on the development of PTSD symptoms in firefighters.

Lee JS, Ahn YS, Jeong KS, Chae JH, Choi KS.

BACKGROUND:

Resilience is considered to be a powerful protective factor in buffering the detrimental impact of traumatic stress on the development of posttraumatic stress disorder (PTSD). However, there is a striking lack of research concerning the development of a model of resilience, especially one including both risk and protective factors. The aim of this study was to investigate the possible mediators and moderators influencing the relationship between traumatic stress and PTSD

using a moderated mediation analysis.

METHODS:

Study participants included 552 Korean firefighters from four large cities. The subjects completed a series of self-report measures including the Life Event Checklist, the Perceived Stress Scale, the Occupational Stress Scale, the Impact of Event Scale-Revised, and the Connor-Davidson Resilience Scale.

RESULTS:

Traumatic stress had both a direct and an indirect, via perceived stress, impact on the development of PTSD symptoms. Additionally, the mediation of the association between traumatic stress and PTSD symptoms via perceived stress was moderated by individual resilience. In particular, under the same level of traumatic stress, firefighters with high levels of resilience (scores ≥ 75 , upper 25th percentile or ≥ 90 , upper 10th percentile) were protected from both the direct and indirect impacts of traumatic stress relative to those with lower levels of individual resilience.

CONCLUSIONS:

The current findings provide a comprehensive picture of individuals who should be considered at high risk for the development of PTSD symptoms following traumatic stress and identify the factors that should be targeted by efforts to prevent PTSD. Copyright © 2014 Elsevier B.V. All rights reserved.

<http://www.ncbi.nlm.nih.gov/pubmed/24767013>

J Affect Disord. 2014 Jun;162:102-6. doi: 10.1016/j.jad.2014.03.024. Epub 2014 Mar 27.

Typologies of posttraumatic stress disorder in the U.S. adult population.

Pietrzak RH, El-Gabalawy R, Tsai J, Sareen J, Neumeister A, Southwick SM.

BACKGROUND:

Posttraumatic stress disorder (PTSD) is characterized by heterogeneous clusters of re-experiencing, avoidance, numbing, and hyperarousal symptoms. However, data are lacking regarding the predominant, population-based typologies of this disorder, and how they are linked to trauma-related characteristics, psychiatric comorbidities, and health-related quality of life.

METHODS:

We used latent class analyses (LCAs) to evaluate predominant typologies of PTSD in a nationally representative sample of 2463 U.S. adults with PTSD. Multinomial logistic regression analyses were then conducted to evaluate trauma-related characteristics, psychiatric

comorbidities, and health-related quality of life variables associated with these typologies.

RESULTS:

LCAs revealed three predominant typologies of PTSD-Anxious-Re-experiencing (weighted prevalence=32.2%), Dysphoric (32.8%), and High Symptom (35.0%). Compared to the Dysphoric class, the Anxious-Re-experiencing and High Symptom classes were more likely to report sexual assault, physical assault, and military combat as their worst traumatic events; had an earlier age of onset and longer duration of PTSD; and were more likely to be diagnosed with nicotine dependence and borderline personality disorder, to have attempted suicide, and had poorer physical health-related quality of life (HRQoL). The High Symptom class had increased odds of all disorders, suicide attempts, and the poorest HRQoL.

LIMITATIONS:

Diagnoses were based on DSM-IV criteria and cross-sectional analyses preclude examination of how PTSD typologies are temporally related to other variables.

CONCLUSION:

PTSD in the general U.S. adult population is characterized by three predominant typologies, which are differentially linked to trauma and clinical characteristics. These findings underscore the importance of personalized approaches to the assessment, monitoring, and treatment of PTSD that take into consideration the heterogeneous manifestations of this disorder. Published by Elsevier B.V.

<http://www.ncbi.nlm.nih.gov/pubmed/24767009>

J Affect Disord. 2014 Jun;162:73-80. doi: 10.1016/j.jad.2014.03.009. Epub 2014 Mar 25.

Internet-based trauma-focused cognitive behavioural therapy for PTSD with and without exposure components: A randomised controlled trial.

Spence J, Titov N, Johnston L, Jones MP, Dear BF, Solley K.

BACKGROUND:

Internet-delivered trauma-focused cognitive behavioural therapy is efficacious for PTSD; however, no studies have investigated the roles of individual treatment components or the safety of online treatments. AIMS: To compare the efficacy and safety of an online treatment for PTSD comprised of psychoeducation, stress management, cognitive restructuring and exposure components with the equivalent protocol without the exposure components, using a randomised controlled trial design.

METHODS:

Sixty-six individuals were randomised to a non-exposure condition and 59 to the full protocol

with exposure components. Treatment duration was 8 weeks and pre-, post-treatment and three-month follow-up outcomes were analysed using a mixed linear modelling approach.

RESULTS:

Both groups achieved improvements in symptoms with no differences between groups on any primary or secondary outcome measures, diagnostic remission rates or adverse events.

LIMITATIONS:

The study included several secondary measures that have not been previously validated and treatments were not time matched in terms of number of lessons.

CONCLUSIONS:

These findings indicate that trauma-focused cognitive behavioural therapy for PTSD with or without exposure components can be safe and efficacious. Crown Copyright © 2014. Published by Elsevier B.V. All rights reserved.

<http://www.bu.edu/sph/files/2014/04/RAC2014.pdf>

Gulf War Illness and the Health of Gulf War Veterans: Research Update and Recommendations, 2009-2013

Institute of Medicine (2014)

The present research review is divided into four sections. The first summarizes the new information available on rates of Gulf War illness and other illnesses and disabilities that affect groups of veterans from the Gulf War (Section 1, Epidemiologic Research). The second reviews the human and animal research that has been carried out to identify the causes of Gulf War illness and other health problems in Gulf War veterans (Section 2: Etiologic Investigations). The third section focuses on studies of the disruptions in normal body functions that underlie the symptoms of Gulf War illness and other health problems (Section 3: Pathobiology of Gulf War illness). And the fourth reviews clinical trials that are underway to treat Gulf War illness (Section 4: Gulf War illness treatment research).

<http://www.ncbi.nlm.nih.gov/pubmed/24762779>

Behav Res Ther. 2014 Apr 12;57C:21-28. doi: 10.1016/j.brat.2014.03.010. [Epub ahead of print]

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

Halvorsen JO, Stenmark H, Neuner F, Nordahl HM.

Dissociative symptoms, especially 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. We performed 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. 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. 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.
CLINICALTRIALS.GOV IDENTIFIER: NCT00218959.

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3998228/>

Therapeutic Benefits of Cannabis: A Patient Survey.

Charles W Webb, MD and Sandra M Webb, RN, BSN

Hawaii J Med Public Health. Apr 2014; 73(4): 109–111

Clinical research regarding the therapeutic benefits of cannabis (“marijuana”) has been almost non-existent in the United States since cannabis was given Schedule I status in the Controlled Substances Act of 1970. In order to discover the benefits and adverse effects perceived by medical cannabis patients, especially with regards to chronic pain, we hand-delivered surveys to one hundred consecutive patients who were returning for yearly re-certification for medical cannabis use in Hawai‘i.

The response rate was 94%. Mean and median ages were 49.3 and 51 years respectively. Ninety-seven per cent of respondents used cannabis primarily for chronic pain. Average pain improvement on a 0–10 pain scale was 5.0 (from 7.8 to 2.8), which translates to a 64% relative decrease in average pain. Half of all respondents also noted relief from stress/anxiety, and nearly half (45%) reported relief from insomnia. Most patients (71%) reported no adverse effects, while 6% reported a cough or throat irritation and 5% feared arrest even though medical cannabis is legal in Hawai‘i. No serious adverse effects were reported.

These results suggest Cannabis is an extremely safe and effective medication for many chronic pain patients. Cannabis appears to alleviate pain, insomnia, and may be helpful in relieving anxiety. Cannabis has shown extreme promise in the treatment of numerous medical problems and deserves to be released from the current Schedule I federal prohibition against research and prescription.

Links of Interest

At Walter Reed hospital, music heals

<http://www.gazette.net/article/20140423/NEWS/140429711/1007&source=RSS&template=gazette>

Army resilience shifting to 'intervention' model

<http://www.forthoodsentinel.com/story.php?id=13218>

Bills call for recruits to be tested for mental health

<http://www.militarytimes.com/article/20140425/BENEFITS06/304250051/Bills-call-recruits-tested-mental-health>

First-Aid Training For Mental Health Could Aid At-Risk Veterans

<http://capsules.kaiserhealthnews.org/index.php/2014/04/first-aid-training-for-mental-health-could-aid-at-risk-veterans/>

Colorado rejects pot for PTSD treatment

<http://www.stripes.com/news/us/colorado-rejects-pot-for-ptsd-treatment-1.280485>

Camaraderie of military life leaves veterans with a void

<http://www.stripes.com/camaraderie-of-military-life-leaves-veterans-with-a-void-1.279788>

Emory researchers report first findings of virtual reality exposure therapy for veterans with PTSD

http://news.emory.edu/stories/2014/04/virtual_reality_exposure_reduces_PTSD/campus.html

Treating PTSD and its effects here at home

[http://www.clinicalpsychiatrynews.com/index.php?id=73833&tx_ttnews\[tt_news\]=250585&cHash=adf6a63019803230e7bd8df97f47bc2f](http://www.clinicalpsychiatrynews.com/index.php?id=73833&tx_ttnews[tt_news]=250585&cHash=adf6a63019803230e7bd8df97f47bc2f)

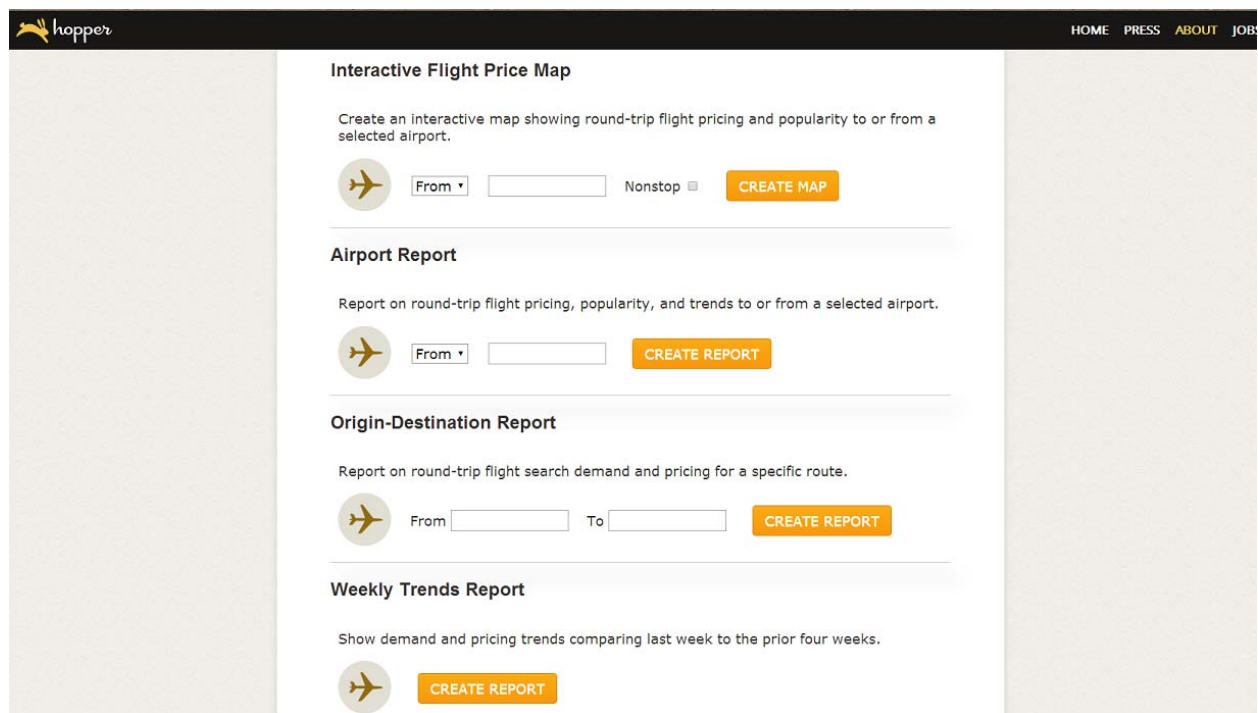
Vet Groups Claim VA Discriminates Against Rape Survivors

<http://www.nbcnews.com/health/mental-health/vet-groups-claim-va-discriminates-against-rape-survivors-n93721>

Gen. Dempsey's Bloggers Roundtable Interview on Sexual Assault in the Military
<http://www.jcs.mil/Media/Speeches/tabid/3890/Article/8648/gen-dempseys-bloggers-roundtable-interview-on-sexual-assault-in-the-military.aspx>

Resource of the Week: [Hopper Research -- Pricing Data for Airline Travel](#)

Featured in [a recent New York Times article](#), Hopper Research offers tools -- based on hard data -- for researching airfares. Of particular interest is the "Origin-Destination" report you can generate by typing in two cities; the report will tell you the cheapest day to book, the cheapest day to fly, average airfare cost and much more.

The image is a screenshot of the Hopper Research website. At the top, there is a dark navigation bar with the Hopper logo on the left and links for HOME, PRESS, ABOUT, and JOBS on the right. The main content area is white and features four distinct tool sections, each with a heading, a brief description, a form, and a 'CREATE' button. 1. 'Interactive Flight Price Map' with a description 'Create an interactive map showing round-trip flight pricing and popularity to or from a selected airport.' and a form with a 'From' dropdown, an empty text box, a 'Nonstop' checkbox, and a 'CREATE MAP' button. 2. 'Airport Report' with a description 'Report on round-trip flight pricing, popularity, and trends to or from a selected airport.' and a form with a 'From' dropdown, an empty text box, and a 'CREATE REPORT' button. 3. 'Origin-Destination Report' with a description 'Report on round-trip flight search demand and pricing for a specific route.' and a form with 'From' and 'To' text boxes and a 'CREATE REPORT' button. 4. 'Weekly Trends Report' with a description 'Show demand and pricing trends comparing last week to the prior four weeks.' and a 'CREATE REPORT' button. Each section also includes a small airplane icon.

[Sign up for Hopper's mailing list](#) (or [follow them on Twitter](#)) for a variety of interesting reports based on airfare data.

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