



CDP Research Update -- May 22, 2014

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- A qualitative study of single-trauma and dual-trauma military couples.
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- Validation of the Use of Video Teleconferencing Technology in the Assessment of PTSD.
- A comparison of the characteristics of suicide attempters with and without psychiatric consultation before their suicidal behaviours: a cross-sectional study.
- Trauma, PTSD, and binge and hazardous drinking among women and men: Findings from a national study.
- Mission, physical, and war stressors' impact on aircrew psychological strain.
- Information Processing during Sleep and Stress-Related Sleep Vulnerability.
- Clinical implications of spirituality to mental health: review of evidence and practical guidelines.
- Anxiety Sensitivity and Depression: Explaining Posttraumatic Stress Disorder Symptoms in Female Veterans With Chronic Pain.
- Links of Interest
- Resource of the Week: Networked Digital Library of Theses and Dissertations (NDLTD)

http://www.rand.org/pubs/research_reports/RR342.html

Effects of Military Service on Earnings and Education Revisited: Variation by Service Duration, Occupation, and Civilian Unemployment

Paco Martorell, Trey Miller, Lindsay Daugherty, Mark Borgschulte

RAND Corporation, 2014

The overriding objective of U.S. military compensation policy is to attract and retain the force necessary to meet the nation's national security objectives. Whether and how military service affects earnings and an individual's likelihood of completing college (one determinant of future earnings) has implications for military policies related to compensation, recruiting, and retention. Estimating the effect of military service is complicated by the fact that veterans are likely to differ

from nonveterans in ways that are correlated with subsequent economic outcomes but are not observable to the researcher. This report builds on earlier work to understand how military service affects earnings, especially how these effects differ by the number of years of service and their military occupational specialties while serving. The authors also sought to understand how external factors and policies affect these impacts. To do this, they examined how economic conditions in the civilian labor market when individuals exit active duty affect postservice earnings, and they studied the effect on earnings of an Army recruiting program, Partnership for Youth Success, designed to promote enlistment but with the potential to ease the financial transition from military to civilian life.

<http://www.ncbi.nlm.nih.gov/pubmed/24827452>

Behav Brain Sci. 2014 May 15:1-80. [Epub ahead of print]

Memory Reconsolidation, Emotional Arousal and the Process of Change in Psychotherapy: New Insights from Brain Science.

Lane RD, Ryan L, Nadel L, Greenberg L.

Since Freud clinicians have understood that disturbing memories contribute to psychopathology and that new emotional experiences contribute to therapeutic change. Yet, controversy remains about what is truly essential to bring about psychotherapeutic change. Mounting evidence from empirical studies suggests that emotional arousal is a key ingredient in therapeutic change in many modalities. In addition, memory seems to play an important role but there is a lack of consensus on the role of understanding what happened in the past in bringing about therapeutic change. The core idea of this paper is that therapeutic change in a variety of modalities, including behavioral therapy, cognitive-behavioral therapy, emotion-focused and psychodynamic psychotherapy, results from the updating of prior emotional memories through a process of reconsolidation that incorporates new emotional experiences. The authors present an integrative memory model with three interactive components - autobiographical (event) memories, semantic structures, and emotional responses - supported by emerging evidence from cognitive neuroscience on implicit and explicit emotion, implicit and explicit memory, emotion-memory interactions, memory reconsolidation, and the relationship between autobiographical and semantic memory. We propose that the essential ingredients of therapeutic change include: 1) reactivating old memories; 2) engaging in new emotional experiences that are incorporated into these reactivated memories via the process of reconsolidation; and 3) reinforcing the integrative memory structure by practicing a new way of behaving and experiencing the world in a variety of contexts. The implications of this new neurobiologically-grounded synthesis for research, clinical practice and teaching are discussed.

<http://www.ncbi.nlm.nih.gov/pubmed/24826958>

Brain Inj. 2014;28(7):965-71. doi: 10.3109/02699052.2014.888764. Epub 2014 Mar 21.

Exploring the use of positive psychology interventions in brain injury survivors with challenging behaviour.

Andrewes HE, Walker V, O'Neill B.

Objective:

To investigate the feasibility and effectiveness of conducting two positive psychology interventions to improve mood and self-concept with survivors of traumatic brain injury (TBI), within a neuro-rehabilitation hospital.

Method and procedures:

Ten patients with brain injury were randomly allocated to an intervention and control group. The efficacy of the first intervention, 'three positive things in life' was measured via Seligman's Authentic Happiness Index (AHI), at base-line, directly following the intervention and at the end of the 12-week group programme. The second intervention, the 'Value in Action (VIA) signature strengths intervention' was measured by the Head Injury Semantic Differential Scale (HISDS) at baseline and at the end of the group.

Results:

Compared to baseline and control group scores, the AHI index showed an increase in the intervention group's happiness following the intervention and at the end of the 12-week programme, albeit the latter increase was non-significant. The HISDS showed non-significant improvement in self-concept and reduction in polarization of the self in the present, future and past in the second intervention. Anecdotal evidence revealed a clear improved mood following the interventions.

Conclusion:

This study shows promising results for the effectiveness of Positive Psychology interventions and methods to improve feasibility when applying this treatment within a hospital setting.

<http://www.ncbi.nlm.nih.gov/pubmed/24826954>

Brain Inj. 2014;28(7):896-9. doi: 10.3109/02699052.2014.888479.

Mild traumatic brain injury (mTBI) among UK military personnel whilst deployed in Afghanistan in 2011.

Jones N, Fear NT, Rona R, Fertout M, Thandi G, Wessely S, Greenberg N

Introduction:

mTBI has been termed the 'signature injury' of recent conflicts in Afghanistan and Iraq. Most mTBI research uses retrospective accounts of exposure and point of injury symptoms; mTBI is reportedly less common among UK than US Forces.

Methods:

This study examined the rate of mTBI exposure and symptoms in 1363 UK military personnel deployed in Afghanistan in 2011 using a self-report questionnaire. Data were collected in the operational location during the 5th month of a 6-month deployment. Personnel reported injuries and symptoms related to six events including fragmentation, blast, bullet, fall, motor vehicle accident and 'other' exposure.

Results:

Eighty (5.9%) reported at least one potential mTBI exposure during the current deployment and 1.6% (n = 22) reported injury and one or more mTBI symptoms (1 year incidence rate = 3.2%). Higher PTSD symptom scores were significantly associated with reporting potential mTBI ($p \leq 0.001$) and mTBI with symptoms ($p \leq 0.001$).

Conclusion:

This study used contemporaneous data gathered in the deployed location which are subject to less memory distortion than studies using post-deployment recall. The incidence of mTBI was substantially lower than those reported in both US and UK post-deployment studies which is consistent with inflated reporting of symptoms when measured post-deployment.

<http://www.ncbi.nlm.nih.gov/pubmed/24826497>

Appl Neuropsychol Adult. 2014;21(1):60-8. doi: 10.1080/09084282.2012.737881. Epub 2013 Jun 27.

Using Pattern Analysis Matching to Differentiate TBI and PTSD in a Military Sample.

Meyers JE, Miller RM, Tuita AR

Distinguishing between traumatic brain injury (TBI) residuals and the effects of posttraumatic stress disorder (PTSD) during neuropsychological evaluation can be difficult because of significant overlap of symptom presentation. Using a standardized battery of tests, an artificial neural network was used to create an algorithm to perform pattern analysis matching (PAM) functions that can be used to assist with diagnosis. PAM analyzes a patient's neuropsychological data and provides a best fit classification, according to one of four groups: TBI, PTSD, malingering/invalid data, or "other" (depressed/anxious/postconcussion syndrome/normal). The original PAM was modeled on civilian data; the current study was

undertaken using a database of 100 active-duty army service personnel who were referred for neuropsychological assessment in a military TBI clinic. The PAM classifications showed 90% overall accuracy when compared with clinicians' diagnoses. The PAM function is able to classify detailed neuropsychological profiles from a military population with a high degree of accuracy and is able to distinguish between TBI, PTSD, malingering/invalid data, or "other." PAM is a useful tool to help with clinical decision-making.

<http://www.ncbi.nlm.nih.gov/pubmed/24828786>

J Womens Health (Larchmt). 2014 May 14. [Epub ahead of print]

Posttraumatic Stress Disorder After Combat Zone Deployment Among Navy and Marine Corps Men and Women.

Macera CA, Aralis HJ, Highfill-McRoy R, Rauh MJ

Background:

As more women are deployed into combat environments, preliminary findings have been inconsistent regarding gender differences in symptoms of posttraumatic stress disorder (PTSD) following deployment. Very little is known about the experiences of Navy and Marine Corps personnel deployed to combat zones.

Methods:

The study population consisted of Navy and Marine Corps personnel who completed a Post-Deployment Health Assessment upon return from deployment to Iraq, Afghanistan, or Kuwait during 2008 and 2009 and a Post-Deployment Health Reassessment approximately 6 months later. These instruments included screening questions for PTSD.

Results:

The final sample of 31,534 service members included 29,640 men and 1,894 women. Within occupation categories, women were overrepresented relative to men in the roles of functional support/administration and healthcare specialists, whereas men were overrepresented in the role of combat specialist. Screening rates were similar by gender, with a slightly higher percentage of women compared with men screening positive for PTSD (6.6% vs. 5.3%). These symptoms of PTSD among men and women in this sample could not be attributed to combat exposure or other deployment-related characteristics.

Conclusions:

Relative to men, women in this sample had a similar probability of screening positive for PTSD following deployment. These PTSD symptoms were not associated with deployment-related variables, suggesting deployment to a combat zone does not affect women differently from men. This finding could have meaningful implications for policies surrounding women in the military.

<http://www.ncbi.nlm.nih.gov/pubmed/24823939>

J Trauma Stress. 2014 May 13. doi: 10.1002/jts.21916. [Epub ahead of print]

Gender Differences in the Associations of PTSD Symptom Clusters With Relationship Distress in U.S. Vietnam Veterans and Their Partners.

Renshaw KD, Campbell SB, Meis L, Erbes C

Research has consistently linked symptoms of posttraumatic stress disorder (PTSD) with relationship distress in combat veterans and their partners. Studies of specific clusters of PTSD symptoms indicate that symptoms of emotional numbing/withdrawal (now referred to as negative alterations in cognition and mood) are more strongly linked with relationship distress than other symptom clusters. These findings, however, are based predominantly on samples of male veterans. Given the increasing numbers of female veterans, research on potential gender differences in these associations is needed. The present study examined gender differences in the multivariate associations of PTSD symptom clusters with relationship distress in 465 opposite-sex couples (375 with male veterans and 90 with female veterans) from the National Vietnam Veterans Readjustment Study. Comparisons of nested path models revealed that emotional numbing/withdrawal symptoms were associated with relationship distress in both types of couples. The strength of this association, however, was stronger for female veterans ($b = .46$) and female partners ($b = .28$), compared to male veterans ($b = .38$) and male partners ($b = .26$). Results suggest that couples-based interventions (e.g., psychoeducation regarding emotional numbing symptoms as part of PTSD) are particularly important for both female partners of male veterans and female veterans themselves. Published 2014. This article is a US Government work and is in the public domain in the USA.

[http://www.cffutures.org/files/2014 InvisibleChildrenOfSeparatedVeterans_HSW.pdf](http://www.cffutures.org/files/2014_InvisibleChildrenOfSeparatedVeterans_HSW.pdf)

The Invisible Children of Separated Veterans: Challenges to Health and Social Service Systems.

Sid Gardner, M.P.A., M.A. Brian Meyer, Ph.D. Philip Breitenbucher, M.S.W. David H. Barr, M.S.W. (May 2013) former Captain, U.S. Army OIF Larisa Owen, M.B.A. Melissa L. Luján, M.A.

Special Issue of Health & Social Work: Service Members, Veterans, and Their Families (forthcoming)

This article reviews the available data on the more than one million children of veterans of post-9/11 conflicts whose health and well-being have been affected by their parents' deployments. Because their parents are separated from military service and benefits, and because veterans' benefits rarely include children, a substantial segment of these children have significant unmet needs stemming from the trauma and substance use disorders of their parents. Efforts are underway at federal, state, and local levels to address these needs, but those efforts fall far short of an integrated approach. Interviews and a literature review document the lack of data on these children, suggest the value of compiling the missing numbers on these children, the importance of screening for the issues facing these children and the potential for local collaborative networks of service providers and advocates to improve responses to the needs of these children. The article discusses the need for service providers to respond with cultural competence that reflects the particular values of military culture.

<http://www.tandfonline.com/doi/abs/10.1080/21635781.2014.917011>

Explaining Prescription Opioid Misuse Among Veterans: A Theory-Based Analysis Using Structural Equation Modeling.

Khary K. Rigg, Whitney DeCamp

Military Behavioral Health

Accepted author version posted online: 09 May 2014

Although prescription opioid misuse (POM) has serious implications for the mental and physical health of military veterans, relatively few studies utilize veteran samples. Additionally, POM studies that are grounded in theoretical models of drug use are very rare. As a result, the theoretical links that may explain POM among veterans are not well-understood. The goal of this study, therefore, is to examine the extent to which the availability-proneness model may be able to account for POM among veterans. Data from the 2010 National Survey on Drug Use and Health (n = 2,008) were analyzed using structural equation modeling to assess the model's overall validity. The findings are discussed in terms of their theoretical impact and implications for future prevention and treatment interventions.

<http://www.plosone.org/article/info%3Adoi%2F10.1371%2Fjournal.pone.0097183>

Comparing Screening Instruments to Predict Posttraumatic Stress Disorder.

Joanne Mouthaan, Marit Sijbrandij, Johannes B. Reitsma, Berthold P. R. Gersons, Miranda Olf

Published: May 09, 2014

Background

Following traumatic exposure, a proportion of trauma victims develops posttraumatic stress disorder (PTSD). Early PTSD risk screening requires sensitive instruments to identify everyone at risk for developing PTSD in need of diagnostic follow-up.

Aims

This study compares the accuracy of the 4-item SPAN, 10-item Trauma Screening Questionnaire (TSQ) and 22-item Impact of Event Scale-Revised (IES-R) in predicting chronic PTSD at a minimum sensitivity of 80%.

Method

Injury patients admitted to a level-I trauma centre (N = 311) completed the instruments at a median of 23 days and were clinically assessed for PTSD at 6 months. Areas under the curve and specificities at 80% sensitivity were compared between instruments.

Results

Areas under the curve in all instruments were adequate (SPAN: 0.83; TSQ: 0.82; IES-R: 0.83) with no significant differences. At 80% sensitivity, specificities were 64% for SPAN, 59% for TSQ and 72% for IES-R.

Conclusion

The SPAN, TSQ and IES-R show similar accuracy in early detection of individuals at risk for PTSD, despite differences in number of items. The modest specificities and low positive predictive values found for all instruments could lead to relatively many false positive cases, when applied in clinical practice.

<http://jiv.sagepub.com/content/early/2014/05/06/0886260514532523.abstract>

Trauma, Gender, and Mental Health Symptoms in Individuals With Substance Use Disorders.

Lori Keyser-Marcus, Anika Alvanzo, Traci Rieckmann, Leroy Thacker, Allison Sepulveda, Alyssa Forcehimes, Leila Z. Islam, Monica Leisey, Maxine Stitzer, and Dace S. Svikis

Journal of Interpersonal Violence

Published online before print May 8, 2014

Individuals with substance use disorders are often plagued by psychiatric comorbidities and histories of physical and/or sexual trauma. Males and females, although different in their rates of expressed trauma and psychiatric symptomatology, experience comparable adverse consequences, including poorer substance abuse treatment outcomes, diminished psychosocial functioning, and severe employment problems. The goal of the current study was to examine the relationships between trauma history, lifetime endorsement of psychiatric symptoms, and gender in a sample of individuals participating in outpatient substance abuse treatment. Study participants (N = 625) from six psychosocial counseling and five methadone maintenance programs were recruited as part of a larger study conducted through the National Institute on Drug Abuse Clinical Trials Network (NIDA CTN). Study measures included lifetime trauma experience (yes/no), type of trauma experienced (sexual, physical, both), lifetime depression/anxiety, and lifetime suicidal thoughts/attempts (as measured by the Addiction Severity Index–Lite [ASI-Lite]). Lifetime endorsement of psychiatric symptoms was compared between individuals with and without trauma history. The role of gender was also examined. Results indicated that the experience of trauma was associated with an increase in lifetime report of psychiatric symptoms. Experience of physical and combined physical and sexual trauma consistently predicted positive report of psychiatric symptoms in both males and females, even when controlling for demographic and treatment-related variables. Employment outcomes, however, were not predicted by self-reported history of lifetime trauma.

<http://www.tandfonline.com/doi/abs/10.1080/21635781.2014.904716>

Exploring Veteran Disconnection: Using Culturally Responsive Methods in the Evaluation of Veterans Treatment Court Services.

Patrick Clifford, Robert L. Fischer, Nathan Pelletie

Military Behavioral Health

Accepted author version posted online: 09 May 2014

Returning Veterans often experience difficulties engaging with community-based treatment services. This paper describes a collaborative effort between social work evaluators and Veteran community leaders to investigate a perceived social disconnection between returning Veterans and a treatment court attempting to assist them. Collaborators conducted an exploratory evaluation with individuals participating in a Veterans Treatment Court (VTC) in Hamilton County, Ohio. The evaluation utilized both ecological theory and culturally responsive methods to explore participant perceptions. The analysis made explicit a chain of participant perceptions expected to promote program engagement and retention. Recommendations are made for program evaluation, training, and avenues for further study.

<http://www.omicsgroup.org/journals/the-development-of-posttraumatic-stress-disorder-after-mild-traumatic-brain-injury-2167-0277-3-164.pdf>

The Development of Posttraumatic Stress Disorder after Mild Traumatic Brain Injury in Civilian Populations: A Meta-Analysis.

Xi Han, Ping Sheng, Chengguang Huang, Mingkun Yu, Lijun Hou, Yan Dong

Background:

Posttraumatic stress disorder (PTSD) is an anxiety disorder following exposure to a traumatic event. Recent studies demonstrate that mild traumatic brain injury (mTBI) is strongly associated with PTSD among soldiers returning from Iraq. However, the effect of mTBI on development of PTSD in civilian populations is quite controversial. The study is aimed at identifying whether mTBI contributes to an increased risk of PTSD in civilian populations as it happens in the service members.

Methods:

A comprehensive search of literature was undertaken in order to identify published studies on PTSD associated with mTBI. mTBI was defined according to the American Congress of Rehabilitation Medicine (ACRM). PTSD was operationalized as the presence of symptoms consistent with those defined by the Diagnostic and Statistical Manual of Mental Disorders. The effect of mTBI on the development of PTSD was assessed with odds ratio (OR) with 95% confidence intervals (CIs).

Results:

The pooled data consisted of 1222 mTBI patients and 1468 general trauma participants. 14% of mTBI patients reported PTSD, and 9% of general trauma patients developed PTSD. Or of the pooled studies indicates a 61% increase in the prevalence of PTSD, suggesting that mTBI might increase the risk of development of PTSD in civilian settings (or 1.61, 95% CI 1.25-2.06. $p=0.0002$, $I^2=0\%$). The occurrence of PTSD was not significantly different among 3-months, 6-months and 12-months follow up subgroups ($p=0.28$). A sensitivity analysis shows the results are affected by sequential exclusion of study reported by Bryant et al. (2010). When Bryant et al. data were removed, OR of the other six studies demonstrates that the prevalence of PTSD in mTBI and general trauma groups doesn't significantly differ (OR 1.30, 95% CI 0.88-1.93. $p=0.19$, $I^2=0\%$). The study from Bryant et al contributed 57% of patients to overall data, which was derived from four levels I trauma centers across three states in Australia.

Conclusion:

Our data indicate that mTBI patients are more prone to develop PTSD than general trauma patients without mTBI in civilian settings.

[http://journals.lww.com/headtraumarehab/Abstract/publishahead/Predicting_Posttraumatic Stress Symptoms_Following.99769.aspx](http://journals.lww.com/headtraumarehab/Abstract/publishahead/Predicting_Posttraumatic_Stress_Symptoms_Following.99769.aspx)

Predicting Posttraumatic Stress Symptoms Following Mild, Moderate, and Severe Traumatic Brain Injury: The Role of Posttraumatic Amnesia.

Al-Ozairi, Abdullah MBChB, MSc; McCullagh, Scott MD; Feinstein, Anthony MD, PhD, MPhil

Journal of Head Trauma Rehabilitation:
POST AUTHOR CORRECTIONS, 8 May 2014

Objective:

To explore the relation between posttraumatic amnesia (PTA) and posttraumatic stress symptoms in traumatic brain injury.

Design:

Single-site prospective cohort study.

Participants:

A total of 1114 individuals between the ages of 18 and 65 years with a traumatic brain injury seen on average 3 months following injury. Participants were divided into 4 groups according to their duration of PTA: less than 1 hour; 1 to 24 hours; 24 hours to 1 week; and more than 1 week.

Main Measures:

Glasgow Coma Scale, PTA, computed tomographic brain scan abnormalities, Impact of Event Scale, the 28-item General Health Questionnaire, and Rivermead Postconcussion Disorder Questionnaire.

Results:

The duration of PTA less than 1 hour was associated with more avoidant ($P < .01$) and intrusive ($P < .001$) posttraumatic stress symptoms and more anxiety according to the General Health Questionnaire ($P < .01$) than other groups. Regression analysis identified PTA and 3 concussive symptoms (light sensitivity, noise intolerance, and difficulties concentrating) as independent predictors of intrusive posttraumatic stress symptoms.

Conclusion:

Our data, representative of the full range of traumatic brain injury severity, indicate that a brief duration of PTA is a significant risk factor for the development of posttraumatic stress disorder symptoms. The persistence of certain symptoms of postconcussion disorder adds to the risk by possibly acting as a trigger for reminders of the traumatic event.

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<http://onlinelibrary.wiley.com/doi/10.1111/sltb.12101/abstract>

Self-Efficacy to Avoid Suicidal Action: Factor Structure and Convergent Validity among Adults in Substance Use Disorder Treatment.

Czyz, E. K., Bohnert, A. S. B., King, C. A., Price, A. M., Kleinberg, F. and Ilgen, M. A.

Suicide and Life-Threatening Behavior

Article first published online: 12 MAY 2014

Individuals with substance use disorders (SUDs) are at high risk of suicidal behaviors, highlighting the need for an improved understanding of potentially influential factors. One such domain is self-efficacy to manage suicidal thoughts and impulses. Psychometric data about the Self-Efficacy to Avoid Suicidal Action (SEASA) Scale within a sample of adults seeking SUD treatment (N = 464) is provided. Exploratory factor analysis supported a single self-efficacy construct. Lower SEASA scores, or lower self-efficacy, were reported in those with more severe suicidal ideation and those with more suicide attempts, providing evidence for convergent validity. Implications of measuring self-efficacy in the context of suicide risk assessment are discussed.

http://www.cs.jhu.edu/~mdredze/publications/2014_icwsm_ptsd.pdf

Measuring Post Traumatic Stress Disorder in Twitter.

Glen A. Coppersmith, Craig T. Harman, Mark H. Dredze

International Conference on Weblogs and Social Media (ICWSM) – 2014

Traditional mental health studies rely on information primarily collected through personal contact with a health care professional. Recent work has shown the utility of social media data for studying depression, but there have been limited evaluations of other mental health conditions. We consider post traumatic stress disorder (PTSD), a serious condition that affects millions worldwide, with especially high rates in military veterans. We also present a novel method to obtain a PTSD classifier for social media using simple searches of available Twitter data, a significant reduction in training data cost compared to previous work. We demonstrate its utility by examining differences in language use between PTSD and random individuals, building classifiers to separate these two groups and by detecting elevated rates of PTSD at and around U.S. military bases using our classifiers.

http://vc.bridgew.edu/cgi/viewcontent.cgi?article=1275&context=undergrad_rev

Treatment of Women Veterans with PTSD

Julie Boucher

Undergraduate Review , 10, 31-36.

This study addresses the question, what is the most effective treatment method for female veterans of Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF) diagnosed with Post Traumatic Stress Disorder (PTSD)? Female veterans experience unique difficulties when dealing with symptoms of PTSD that their male counterparts do not. Some of the causes of their PTSD are different as well. Evidence suggests that treatment programs should be developed in a manner that tailors to gender-specific needs. This research consisted of a thorough review of the literature, including peer-reviewed articles.

<http://hdl.handle.net/11244/10396>

The Relationship Between Sleep and Work: A Meta-Analysis

Litwiller, Brett

A DISSERTATION SUBMITTED TO THE GRADUATE FACULTY in partial fulfillment of the requirements for the Degree of DOCTOR OF PHILOSOPHY

University of Oklahoma Graduate College
Norman, Oklahoma 2014

Sleep has tremendous importance to organizations as a predictor of employee performance, safety, health, and attitudes. Moreover, sleep is a malleable behavior that may be improved by individual and organizational changes. Despite sleep's consequential and modifiable nature, little consensus exists regarding its conceptualization or role in causal models of organizational antecedents and consequences. To fill this gap in theoretical knowledge, this study calculated meta-analytic correlations and tested a meta-analytic path model with data obtained from 99 primary studies of sleep among workers in organizations. Meta-analytic correlation identified sleepiness, sleep quality, and sleep quantity as associated with a number of forms of job demands, job control, and job support. Each sleep variable was also associated with a number of individual characteristics, health outcomes, and attitudinal outcomes. Small to moderate relationships were found between the three sleep variables themselves. As a result, a meta-analytic path model was tested that identified all three sleep variables as mediators of the effects of job demands, job control, and job support on important outcomes, like depression,

physical strain, job satisfaction, and work - family conflict. The implications of these findings for intervening in organizations and advancing future sleep research are discussed.

<http://tpcjournal.nbcc.org/wounded-warriors-with-ptsd-a-compilation-of-best-practices-and-technology-in-treatment/>

Wounded Warriors with PTSD: A Compilation of Best Practices and Technology in Treatment.

Mary Alice Fernandez, Melissa Short

The Professional Counselor, April 2014

This article offers mental health counselors a compilation of best practices and technology in the treatment of combat veterans suffering from post-traumatic stress disorder (PTSD). The goal is to increase counselors' awareness of the resources available to enhance their repertoire of tools and techniques to assess, diagnose, case-conceptualize and treat the growing population of combat veterans with PTSD. The National Center for PTSD provides guidelines for diagnosing PTSD using the DSM-5. PTSD is now recognized as a trauma disorder related to an external event rather than an anxiety disorder associated with mental illness. The authors describe assessment tools and treatment strategies for PTSD validated on veteran populations. The paper also highlights new technology and mobile apps designed to assist in the treatment of combat PTSD.

<http://www.ncbi.nlm.nih.gov/pubmed/24831251>

Sleep Med. 2014 Mar 31. pii: S1389-9457(14)00115-4. doi: 10.1016/j.sleep.2014.02.004. [Epub ahead of print]

Speed and trajectory of changes of insomnia symptoms during acute treatment with cognitive-behavioral therapy, singly and combined with medication.

Morin CM, Beaulieu-Bonneau S, Ivers H, Vallières A, Guay B, Savard J, Mérette C.

OBJECTIVES:

To examine the speed and trajectory of changes in sleep/wake parameters during short-term treatment of insomnia with cognitive-behavioral therapy (CBT) alone versus CBT combined with medication; and to explore the relationship between early treatment response and post-treatment recovery status.

METHODS:

Participants were 160 adults with insomnia (mean age, 50.3years; 97 women, 63 men) who underwent a six-week course of CBT, singly or combined with 10mg zolpidem nightly. The main dependent variables were sleep onset latency, wake after sleep onset, total sleep time, sleep efficiency, and sleep quality, derived from sleep diaries completed daily by patients throughout the course of treatment.

RESULTS:

Participants treated with CBT plus medication exhibited faster sleep improvements as evidenced by the first week of treatment compared to those receiving CBT alone. Optimal sleep improvement was reached on average after only one week for the combined treatment compared to two to three weeks for CBT alone. Early treatment response did not reliably predict post-treatment recovery status.

CONCLUSIONS:

Adding medication to CBT produces faster sleep improvement than CBT alone. However, the magnitude of early treatment response is not predictive of final response after the six-week therapy. Additional research is needed to examine mechanisms involved in this early treatment augmentation effect and its impact on long-term outcome. Copyright © 2014 Elsevier B.V. All rights reserved.

<http://www.ncbi.nlm.nih.gov/pubmed/24832143>

Am J Public Health. 2014 May 15. [Epub ahead of print]

Rates and Predictors of Suicidal Ideation During the First Year After Traumatic Brain Injury.

Mackelprang JL, Bombardier CH, Fann JR, Temkin NR, Barber JK, Dikmen SS

Objectives.

We examined rates of suicidal ideation (SI) after traumatic brain injury (TBI) and investigated whether demographic characteristics, preinjury psychiatric history, or injury-related factors predicted SI during the first year after injury.

Methods.

We followed a cohort of 559 adult patients who were admitted to Harborview Medical Center in Seattle, Washington, with a complicated mild to severe TBI between June 2001 and March 2005. Participants completed structured telephone interviews during months 1 through 6, 8, 10, and 12 after injury. We assessed SI using item 9 of the Patient Health Questionnaire (PHQ-9).

Results.

Twenty-five percent of the sample reported SI during 1 or more assessment points. The strongest predictor of SI was the first PHQ-8 score (i.e., PHQ-9 with item 9 excluded) after injury. Other significant multivariate predictors included a history of a prior suicide attempt, a history of bipolar disorder, and having less than a high school education.

Conclusions.

Rates of SI among individuals who have sustained a TBI exceed those found among the general population. Increased knowledge of risk factors for SI may assist health care providers in identifying patients who may be vulnerable to SI after TBI. (Am J Public Health. Published online ahead of print May 15, 2014: e1-e8. doi:10.2105/AJPH.2013.301794).

<http://www.ncbi.nlm.nih.gov/pubmed/24831890>

J Neurotrauma. 2014 May 16. [Epub ahead of print]

Influence of the Severity and Location of Bodily Injuries on Postconcussive and Combat Stress Symptom Reporting Following Military-related Concurrent Mild TBI and Poly-trauma.

French LM, Lange R, Marshall K, Prokhorenko O, Brickell TA, Bailie J, Asmussen S, Ivins B, Cooper D, Kennedy J

Traumatic brain injuries (TBI) sustained in combat frequently co-occur with significant bodily injuries. Intuitively, more extensive bodily injuries might be associated with increased symptom reporting. However, French (2010) demonstrated an inverse relation between bodily injury severity and symptom reporting. This study expands on that work by examining the influence of location and severity of bodily injuries on symptom reporting following mild TBI. Participants were 579 US military service members who sustained an uncomplicated mild TBI with concurrent bodily injuries who were evaluated at two military medical centers. Bodily injury severity was quantified using a modified Injury Severity Score (ISSmod). Participants completed the Neurobehavioral Symptom Inventory (NSI) and the Posttraumatic Stress Disorder Checklist (PCL-C), on average, 2.5 months post-injury. There was a significant negative association between ISSmod scores and NSI ($r = -.267$, $p < .001$) and PCL-C ($r = -.273$, $p < .001$) total scores. Using linear regression to examine the relation between symptom reporting and injury severity across the six ISS body regions, three body regions were significant predictors of the NSI total score (Face; $p < .001$; Abdomen; $p = .003$; Extremities; $p < .001$) and accounted for 9.3% of the variance ($p < .001$). For the PCL-C, two body regions were significant predictors of the PCL-C total score (Face; $p < .001$; Extremities; $p < .001$) and accounted for 10.5% of the variance. There was an inverse relation between bodily injury severity and symptom reporting in this sample. Hypothesized explanations include underreporting of symptoms, increased peer support, disruption of fear conditioning due to acute morphine use, or delayed expression of symptoms.

<http://www.ncbi.nlm.nih.gov/pubmed/24831753>

Drug Alcohol Depend. 2014 Apr 28. pii: S0376-8716(14)00839-4. doi: 10.1016/j.drugalcdep.2014.04.013. [Epub ahead of print]

Frequent binge drinking five to six years after exposure to 9/11: Findings from the World Trade Center Health Registry.

Welch AE, Caramanica K, Maslow CB, Cone JE, Farfel MR, Keyes KM, Stellman SD, Hasin DS

BACKGROUND:

Exposure to 9/11 may have considerable long-term impact on health behaviors, including increased alcohol consumption. We examined the association between frequent binge drinking, posttraumatic stress disorder (PTSD), and number of 9/11-specific experiences among World Trade Center Health Registry (Registry) enrollees five-to-six years after 9/11.

METHODS:

Participants included 41,284 lower Manhattan residents, workers, passers-by, and rescue/recovery workers aged 18 or older without a pre-9/11 PTSD diagnosis who completed Wave 1 (2003-2004) and Wave 2 (2006-2007) interviews. Frequent binge drinking was defined as consuming five or more drinks on five or more occasions in the prior 30 days at Wave 2. Probable PTSD was defined as scoring 44 or greater on the PTSD Checklist. 9/11 exposure was measured as the sum of 12 experiences and grouped as none/low (0-1), medium (2-3), high (4-5) and very high (6+).

RESULTS:

Frequent binge drinking was significantly associated with increasing 9/11 exposure and PTSD. Those with very high and high exposures had a higher prevalence of frequent binge drinking (13.7% and 9.8%, respectively) than those with medium and low exposures (7.5% and 4.4%, respectively). Upon stratification, very high and high exposures were associated with frequent binge drinking in both the PTSD and no PTSD subgroups.

CONCLUSIONS:

Our findings suggest that 9/11 exposure had an impact on frequent binge drinking five-to-six years later among Registry enrollees. Understanding the effects of traumatic exposure on alcohol use is important to identify risk factors for post-disaster alcohol misuse, inform policy, and improve post-disaster psychological and alcohol screening and counseling. Copyright © 2014 Elsevier Ireland Ltd. All rights reserved.

<http://www.ncbi.nlm.nih.gov/pubmed/24830188>

J Psychoactive Drugs. 2014 Jan-Mar;46(1):73-7.

PTSD symptom reports of patients evaluated for the New Mexico Medical Cannabis Program.

Greer GR, Grob CS, Halberstadt AL

BACKGROUND:

New Mexico was the first state to list post-traumatic stress disorder (PTSD) as a condition for the use of medical cannabis. There are no published studies, other than case reports, of the effects of cannabis on PTSD symptoms. The purpose of the study was to report and statistically analyze psychometric data on PTSD symptoms collected during 80 psychiatric evaluations of patients applying to the New Mexico Medical Cannabis Program from 2009 to 2011.

METHODS:

The Clinician Administered Posttraumatic Scale for DSM-IV (CAPS) was administered retrospectively and symptom scores were then collected and compared in a retrospective chart review of the first 80 patients evaluated.

RESULTS:

Greater than 75% reduction in CAPS symptom scores were reported when patients were using cannabis compared to when they were not.

CONCLUSIONS:

Cannabis is associated with reductions in PTSD symptoms in some patients, and prospective, placebo-controlled study is needed to determine efficacy of cannabis and its constituents in treating PTSD.

<http://onlinelibrary.wiley.com/doi/10.1002/jts.21919/abstract>

Mental Health Beliefs and Their Relationship With Treatment Seeking Among U.S. OEF/OIF Veterans.

Vogt, D., Fox, A. B. and Di Leone, B. A. L.

Journal of Traumatic Stress

Article first published online: 16 MAY 2014

Many veterans who would benefit from mental health care do not seek treatment. The current

study provided an in-depth examination of mental health-related beliefs and their relationship with mental health and substance abuse service use in a national sample of 640 U.S. Operation Enduring Freedom and Operation Iraqi Freedom (OEF/OIF) veterans. Both concerns about mental health stigma from others and personal beliefs about mental illness and mental health treatment were examined. Data were weighted to adjust for oversampling of women and nonresponse bias. Results revealed substantial variation in the nature of OEF/OIF veterans' mental health beliefs, with greater anticipated stigma in the workplace ($M = 23.74$) than from loved ones ($M = 19.30$), and stronger endorsement of negative beliefs related to mental health treatment-seeking ($M = 21.78$) than either mental illness ($M = 18.56$) or mental health treatment ($M = 20.34$). As expected, individuals with probable mental health problems reported more negative mental health-related beliefs than those without these conditions. Scales addressing negative personal beliefs were related to lower likelihood of seeking care (ORs = 0.80–0.93), whereas scales addressing anticipated stigma were not associated with service use. Findings can be applied to address factors that impede treatment seeking.

<http://onlinelibrary.wiley.com/doi/10.1002/jts.21916/abstract>

Gender Differences in the Associations of PTSD Symptom Clusters With Relationship Distress in U.S. Vietnam Veterans and Their Partners.

Renshaw, K. D., Campbell, S. B., Meis, L. and Erbes, C.

Journal of Traumatic Stress

Article first published online: 13 MAY 2014

Research has consistently linked symptoms of posttraumatic stress disorder (PTSD) with relationship distress in combat veterans and their partners. Studies of specific clusters of PTSD symptoms indicate that symptoms of emotional numbing/withdrawal (now referred to as negative alterations in cognition and mood) are more strongly linked with relationship distress than other symptom clusters. These findings, however, are based predominantly on samples of male veterans. Given the increasing numbers of female veterans, research on potential gender differences in these associations is needed. The present study examined gender differences in the multivariate associations of PTSD symptom clusters with relationship distress in 465 opposite-sex couples (375 with male veterans and 90 with female veterans) from the National Vietnam Veterans Readjustment Study. Comparisons of nested path models revealed that emotional numbing/withdrawal symptoms were associated with relationship distress in both types of couples. The strength of this association, however, was stronger for female veterans ($b = .46$) and female partners ($b = .28$), compared to male veterans ($b = .38$) and male partners ($b = .26$). Results suggest that couples-based interventions (e.g., psychoeducation regarding emotional numbing symptoms as part of PTSD) are particularly important for both female partners of male veterans and female veterans themselves.

<http://online.liebertpub.com/doi/abs/10.1089/neu.2014.3401>

Influence of the Severity and Location of Bodily Injuries on Postconcussive and Combat Stress Symptom Reporting Following Military-related Concurrent Mild TBI and Poly-trauma.

Dr. Louis M. French, Dr. Rael Lange, Ms. Katheryn Marshall, Dr. Olga Prokhorenko, Tracey A Brickell, Dr. Jason Bailie, Dr. Sarah Asmussen, Mr. Brian Ivins, Dr. Douglas Cooper, and Dr. Jan Kennedy

Journal of Neurotrauma

Online Ahead of Editing: May 16, 2014

Traumatic brain injuries (TBI) sustained in combat frequently co-occur with significant bodily injuries. Intuitively, more extensive bodily injuries might be associated with increased symptom reporting. However, French (2010) demonstrated an inverse relation between bodily injury severity and symptom reporting. This study expands on that work by examining the influence of location and severity of bodily injuries on symptom reporting following mild TBI. Participants were 579 US military service members who sustained an uncomplicated mild TBI with concurrent bodily injuries who were evaluated at two military medical centers. Bodily injury severity was quantified using a modified Injury Severity Score (ISSmod). Participants completed the Neurobehavioral Symptom Inventory (NSI) and the Posttraumatic Stress Disorder Checklist (PCL-C), on average, 2.5 months post-injury. There was a significant negative association between ISSmod scores and NSI ($r = -.267$, $p < .001$) and PCL-C ($r = -.273$, $p < .001$) total scores. Using linear regression to examine the relation between symptom reporting and injury severity across the six ISS body regions, three body regions were significant predictors of the NSI total score (Face; $p < .001$; Abdomen; $p = .003$; Extremities; $p < .001$) and accounted for 9.3% of the variance ($p < .001$). For the PCL-C, two body regions were significant predictors of the PCL-C total score (Face; $p < .001$; Extremities; $p < .001$) and accounted for 10.5% of the variance. There was an inverse relation between bodily injury severity and symptom reporting in this sample. Hypothesized explanations include underreporting of symptoms, increased peer support, disruption of fear conditioning due to acute morphine use, or delayed expression of symptoms.

<http://onlinelibrary.wiley.com/doi/10.1111/sltb.12103/abstract>

A Virtual Hope Box Smartphone App as an Accessory to Therapy: Proof-of-Concept in a Clinical Sample of Veterans.

Bush, N. E., Dobscha, S. K., Crumpton, R., Denneson, L. M., Hoffman, J. E., Crain, A., Cromer, R. and Kinn, J. T.

Suicide and Life-Threatening Behavior

Article first published online: 15 MAY 2014

A “Hope Box” is a therapeutic tool employed by clinicians with patients who are having difficulty coping with negative thoughts and stress, including patients who may be at risk of suicide or nonsuicidal self-harm. We conducted a proof-of-concept test of a “Virtual” Hope Box (VHB)—a smartphone app that delivers patient-tailored coping tools. Compared with a conventional hope box integrated into VA behavioral health treatment, high-risk patients and their clinicians used the VHB more regularly and found the VHB beneficial, useful, easy to set up, and said they were likely to use the VHB in the future and recommend the VHB to peers.

<http://psycnet.apa.org/journals/tra/6/3/216/>

A qualitative study of single-trauma and dual-trauma military couples.

Nelson Goff, Briana S.; Irwin, Laura; Cox, Michelle; Devine, Sara; Summers, Kali; Schmitz, Anne

Psychological Trauma: Theory, Research, Practice, and Policy, Vol 6(3), May 2014, 216-223

Trauma survivors and their partners may experience unique dynamics because of the ongoing effects of previous trauma exposure and current trauma symptoms. The current qualitative study attempted to compare and contrast single-trauma couples (1 partner reports a trauma history or high-traumatic load) with dual-trauma couples (both partners report a trauma history or high-traumatic load) to further understand the systemic effects on couple functioning in a sample of military couples. Overall, both positive and negative effects from previous trauma on the couple relationship were reported by participants, including increased awareness, communication, support, coping strategies, and trauma-related triggers, with dual-trauma couples reporting more trauma-related triggers and communication problems. Clinical and research implications for further study are described. (PsycINFO Database Record (c) 2014 APA, all rights reserved)

<http://psycnet.apa.org/journals/tra/6/3/201/>

Traumatized relationships: Symptoms of posttraumatic stress disorder, fear of intimacy, and marital adjustment in dual trauma couples.

Riggs, David S.

Psychological Trauma: Theory, Research, Practice, and Policy, Vol 6(3), May 2014, 201-206

This study analyzed reports of posttraumatic stress disorder (PTSD) symptoms, discomfort with intimacy, and marital functioning obtained from 50 male Vietnam combat veterans and their female partners (wives, girlfriends). Using correlations, multiple regression, and path analytic techniques, we found that the trauma-related symptoms of each member of a couple were independently related to distress in the relationship. Further, this association was mediated by a sense of discomfort with intimate interactions. Results are discussed in relation to the complexity of the interplay of an individual's trauma-related symptoms and his or her difficulties within intimate relationships with a focus on the need for researchers and clinicians to attend to the PTSD symptoms of both members of a couple. (PsycINFO Database Record (c) 2014 APA, all rights reserved)

<http://jaar.oxfordjournals.org/content/early/2014/05/13/jaarel.lfu028.short>

Taking Religion Seriously in the U.S. Military: The Chaplaincy as a National Strategic Asset.

Ed Waggoner

Journal of the American Academy of Religion

First published online: May 13, 2014

The U.S. military makes chaplaincies an integral part of its effort to maintain global, "full-spectrum dominance." The purpose of this article is to analyze the military's design and use of its chaplaincies. I take a textual rather than ethnographic approach. I examine not the subjective views of individual chaplains, but the military's institutional literature and public statements by its chaplains. I argue that the military constructs mission-specific meanings for religion by combining, arranging, and re-framing choices made elsewhere, by other branches of government and various civilian religious communities. The Pentagon optimizes religious diversity for military priorities, puts into uniform and sociologically re-certifies religious leaders, re-conceives pastoral tasks as mission-helps, subsumes religious practices to martial discourse, and calibrates moral sensibilities. Through these publicly authorized acts, the U.S. military wields religion as a multiplier of military force, for the security of the world.

Posttraumatic stress disorder and suicide in 5.9 million individuals receiving care in the veterans health administration health system.

Kenneth R. Conner, Robert M. Bossarte, Hua He, Jyoti Arora, Naiji Lu, Xin M. Tu, Ira R. Katz

Journal of Affective Disorders

Volume 166, September 2014, Pages 1–5

Background

Post-traumatic stress disorder (PTSD) confers risk for suicidal ideation and suicide attempts but a link with suicide is not yet established. Prior analyses of users of the Veterans health administration (VHA) Health System suggest that other mental disorders strongly influence the association between PTSD and suicide in this population. We examined the association between PTSD and suicide in VHA users, with a focus on the influence of other mental disorders.

Methods

Data were based on linkage of VA National Patient Care Database records and the Centers for Disease Control and Prevention's National Death Index, with data from fiscal year 2007–2008. Analyses were based on multivariate logistic regression and structural equation models.

Results

Among users of VHA services studied (N=5,913,648), 0.6% (N=3620) died by suicide, including 423 who had had been diagnosed with PTSD. In unadjusted analysis, PTSD was associated with increased risk for suicide, with odds ratio, OR (95% confidence interval, 95% CI)=1.34 (1.21, 1.48). Similar results were obtained after adjustment for demographic variables and veteran characteristics. After adjustment for multiple other mental disorder diagnoses, PTSD was associated with decreased risk for suicide, OR (95% CI)=0.77 (0.69, 0.86). Major depressive disorder (MDD) had the largest influence on the association between PTSD and suicide.

Limitations

The analyses were cross-sectional. VHA users were studied, with unclear relevance to other populations.

Conclusion

The findings suggest the importance of identifying and treating comorbid MDD and other mental disorders in VHA users diagnosed with PTSD in suicide prevention efforts.

<http://www.uspreventiveservicestaskforce.org/uspstf13/suicide/suicidefinalfact.pdf>

Screening for Suicide Risk in Adolescents, Adults, and Older Adults in Primary Care

U.S. Preventive Services Task Force

May 2014

The U.S. Preventive Services Task Force (Task Force) has issued a final recommendation statement on Screening for Suicide Risk in Adolescents, Adults, and Older Adults in Primary Care.

This final recommendation statement applies to teens, adults, and older adults who do not have a diagnosed mental illness and who are not showing signs or symptoms of mental health concerns.

The final recommendation statement summarizes what the Task Force learned about the potential benefits and harms of suicide screening by primary care clinicians: There is not enough evidence to weigh the benefits and harms of screening the general population for suicide risk.

This fact sheet explains this recommendation and what it might mean for you.

<http://www.biomedcentral.com/1471-244X/14/147/abstract>

Internet-delivered treatment: its potential as a low-intensity community intervention for adults with symptoms of depression: protocol for a randomized controlled trial.

Derek Richards, Ladislav Timulak, Gavin Doherty, John Sharry, Amy Colla, Ciara Joyce and Claire Hayes

BMC Psychiatry 2014, 14:147

Background

Depression is a high prevalence disorder, displaying high rates of lifetime incidence, early age onset, high chronicity, and role impairment. In Ireland 12-month prevalence of depression has been reported to be 10.3%. A large percentage of affected individuals have no medical diagnosis nor seek treatment. Cognitive Behavior Therapy (CBT) has established itself as an option for the treatment of depression. Many Irish adults with depression find it difficult to access evidence-based CBT, this is due to several factors, like stigma and costs. However, systematic factors including the shortage of trained professionals and the relative underdevelopment of services also make access difficult. Stepped-care can increase access to evidence-based CBT.

One option is tailored internet-delivered treatment programs. Preliminary research from Ireland needs now to include large-scale studies on effectiveness. Thus the current study seeks to examine the potential of an internet-delivered low-intensity treatment for symptoms of depression in an Irish adult community sample.

Method/Design:

The study is a randomized controlled trial of an online CBT (iCBT) program for the treatment of adults with depressive symptoms. The trial will include an active treatment group and a waiting-list control group. The active condition will consist of 8 weekly modules of iCBT, with post-session feedback support. Participants in the waiting list will receive access to the treatment at week 8. Participants will complete the Beck Depression Inventory (BDI-II) and eligibility criteria will also apply. Primary outcomes are depressive symptoms. Secondary outcomes include quality of life indicators, significant events and satisfaction with online treatment. Data will be collected at baseline and at post-treatment, week 8, and at follow-up week 20 (3-months) and week 32 (6-months). Analysis will be conducted on the intention-to-treat basis.

Discussion

The study seeks to evaluate the effectiveness of an online delivered treatment for depression in a community sample of Irish adults with symptoms of depression. The study will be a first contribution and depending on the sample recruited the results may be generalizable to people with similar difficulties in Ireland and may therefore give insight into the potential of low-intensity interventions for Irish people with depressive symptoms. Trial registration number: Current Controlled Trials ISRCTN03704676. DOI: 10.1186/ISRCTN03704676

<http://www.ncbi.nlm.nih.gov/pubmed/24842587>

J Head Trauma Rehabil. 2014 May 16. [Epub ahead of print]

Resilience Is Associated With Fatigue After Mild Traumatic Brain Injury.

Losoi H, Wäljas M, Turunen S, Brander A, Helminen M, Luoto TM, Rosti-Otajärvi E, Julkunen J, Ohman J

OBJECTIVE:

To examine resilience as a predictor of change in self-reported fatigue after mild traumatic brain injury (MTBI).

PARTICIPANTS:

A consecutive series of 67 patients with MTBI and 34 orthopedic controls.

DESIGN:

Prospective longitudinal study.

MAIN MEASURES:

Resilience Scale, Beck Depression Inventory-Second Edition, and Pain subscale from Ruff Neurobehavioral Inventory 1 month after injury and Barrow Neurological Institute Fatigue Scale 1 and 6 months after injury.

RESULTS:

Insomnia, pain, and depressive symptoms were significantly correlated with fatigue, but even when these variables were controlled for, resilience significantly predicted the change in fatigue from 1 to 6 months after MTBI. In patients with MTBI, the correlation between resilience and fatigue strengthened during follow-up. In controls, significant associations between resilience and fatigue were not found.

CONCLUSION:

Resilience is a significant predictor of decrease in self-reported fatigue following MTBI. Resilience seems to be a relevant factor to consider in the management of fatigue after MTBI along with the previously established associated factors (insomnia, pain, and depressive symptoms).

<http://www.ncbi.nlm.nih.gov/pubmed/24842116>

Biol Psychiatry. 2014 Apr 12. pii: S0006-3223(14)00241-8. doi: 10.1016/j.biopsych.2014.03.028. [Epub ahead of print]

Subthreshold Posttraumatic Stress Disorder in the World Health Organization World Mental Health Surveys.

McLaughlin KA, Koenen KC, Friedman MJ, Ruscio AM, Karam EG, Shahly V, Stein DJ, Hill ED6, Petukhova M, Alonso J, Andrade LH, Angermeyer MC, Borges G, de Girolamo G, de Graaf R, Demyttenaere K, Florescu SE, Mladenova M, Posada-Villa J, Scott KM, Takeshima T, Kessler RC

BACKGROUND:

Although only a few people exposed to a traumatic event (TE) develop posttraumatic stress disorder (PTSD), symptoms that do not meet full PTSD criteria are common and often clinically significant. Individuals with these symptoms sometimes have been characterized as having subthreshold PTSD, but no consensus exists on the optimal definition of this term. Data from a large cross-national epidemiologic survey are used in this study to provide a principled basis for such a definition.

METHODS:

The World Health Organization World Mental Health Surveys administered fully structured

psychiatric diagnostic interviews to community samples in 13 countries containing assessments of PTSD associated with randomly selected TEs. Focusing on the 23,936 respondents reporting lifetime TE exposure, associations of approximated DSM-5 PTSD symptom profiles with six outcomes (distress-impairment, suicidality, comorbid fear-distress disorders, PTSD symptom duration) were examined to investigate implications of different subthreshold definitions.

RESULTS:

Although consistently highest outcomes for distress-impairment, suicidality, comorbidity, and PTSD symptom duration were observed among the 3.0% of respondents with DSM-5 PTSD rather than other symptom profiles, the additional 3.6% of respondents meeting two or three of DSM-5 criteria B-E also had significantly elevated scores for most outcomes. The proportion of cases with threshold versus subthreshold PTSD varied depending on TE type, with threshold PTSD more common following interpersonal violence and subthreshold PTSD more common following events happening to loved ones.

CONCLUSIONS:

Subthreshold DSM-5 PTSD is most usefully defined as meeting two or three of DSM-5 criteria B-E. Use of a consistent definition is critical to advance understanding of the prevalence, predictors, and clinical significance of subthreshold PTSD. Copyright © 2014 Society of Biological Psychiatry. Published by Elsevier Inc. All rights reserved.

<http://www.ncbi.nlm.nih.gov/pubmed/24841513>

Psychol Serv. 2014 May 19. [Epub ahead of print]

Predisposing, Enabling, and Need Factors as Predictors of Low and High Psychotherapy Utilization in Veterans.

Hundt NE, Barrera TL, Mott JM, Mignogna J, Yu HJ, Sansgiry S, Stanley MA, Cully JA

This study used national administrative data from the Veterans Health Administration (VHA) to examine predisposing, enabling, and need factors related to multiple levels of psychotherapy utilization in a sample of veterans with posttraumatic stress disorder (PTSD), depression, or anxiety. The database was queried for all veterans who were newly diagnosed with PTSD, depression, or anxiety during the 2010 fiscal year and received at least 1 outpatient psychotherapy session in the year following diagnosis (N = 130,331). Veterans were classified as low (51.0%; 1-3 sessions), moderate (38.3%; 4-18 sessions), high (8.7%; 19-51 sessions), or very high (1.9%; 52 or more sessions) psychotherapy users based on the total number of psychotherapy visits during the 1-year follow-up period. Multinomial logistic regression was used to examine predictors of utilization level. Predisposing factors of gender and marital status were modestly associated with utilization. Several need factors were strongly associated with utilization; very high users had higher rates of PTSD and substance use disorders, more

comorbid psychiatric diagnoses, and more inpatient psychiatric visits. Very high users were also more likely to demonstrate enabling factors, including living closer to a VHA facility and seeking care at more complex facilities. Overall, need factors appeared to be most strongly linked to psychotherapy utilization. These results suggest many patients may not receive a clinically optimal dose of psychotherapy, highlighting the need to enhance retention in therapy for low utilizers and examine whether very high utilizers are benefitting from extensive courses of treatment. (PsycINFO Database Record (c) 2014 APA, all rights reserved).

<http://www.ncbi.nlm.nih.gov/pubmed/24841510>

Psychol Serv. 2014 May 19. [Epub ahead of print]

Validation of the Use of Video Teleconferencing Technology in the Assessment of PTSD.

Litwack SD, Jackson CE, Chen M, Sloan DM, Hatgis C, Litz BT, Marx BP

The Veterans Health Administration (VHA) has promoted the use of telehealth technologies to deliver mental health care to veterans with limited access to services on account of geographic and other barriers. The use of technology to deliver interventions to veterans with posttraumatic stress disorder (PTSD) has been a particular focus within VHA. Much less attention has been paid to the use of telehealth technologies to diagnose veterans with PTSD for both treatment and/or disability compensation purposes, in spite of the need for such services. The literature evaluating the use of video teleconferencing methods in the assessment of PTSD is limited; to our knowledge, only 1 previous study has been published. The current study evaluated the psychometric characteristics of the Clinician Administered PTSD Scale (CAPS) administered by video teleconferencing with a larger and more diverse sample of veterans. The CAPS raters had high interrater reliability and there were strong correlations between face-to-face CAPS assessments and video teleconferencing CAPS assessments for diagnosis and total severity. The results suggest that the CAPS can and should be used via video teleconferencing with veterans who have barriers to face-to-face evaluations. (PsycINFO Database Record (c) 2014 APA, all rights reserved).

<http://www.biomedcentral.com/1471-244X/14/146/abstract>

A comparison of the characteristics of suicide attempters with and without psychiatric consultation before their suicidal behaviours: a cross-sectional study.

Kohei Harada, Nobuaki Eto, Yoko Honda, Naoko Kawano, Yuma Ogushi, Mayuko Matsuo and Ryoji Nishimura

Background

Because psychiatric disorders are risk factors for suicide, psychiatric consultation should be an essential element of suicide prevention among individuals with a high risk of suicide. The aim of the present study was to compare the characteristics of individuals who had or had not received psychiatric consultation before they attempted suicide in Japan.

Methods

Clinical records were used to identify 300 consecutive persons who were admitted to the hospital for attempting suicide between April 2006 and March 2013. We divided the patients into two groups. One group consisted of patients who consulted a psychiatrist before their suicidal behaviours (the consultation group), and the other group consisted of patients who had not consulted a psychiatrist before their suicidal behaviours (the non-consultation group). Group differences were analysed with respect to gender, age, method of suicide attempts, psychiatric diagnosis (ICD-10), and duration of hospitalisation in the emergency unit.

Results

Females tended to be over-represented in the consultation group (73.0%), and males tended to be over-represented in the non-consultation group (59.8%). Poisoning by prescription drugs was used more frequently as a method of suicide in the consultation group than in the non-consultation group. Neuroticism and related disorders were higher in the non-consultation group (33.7%) than in the consultation group (18.9%). Mood disorders (32.6%) were nearly as common as neuroticism in the non-consultation group, and together they accounted for almost two-thirds of all diagnoses. Mood disorders were comparable between the consultation group (30.9%) and the non-consultation group (32.6%). Adult personality disorders (13.3%) and schizophrenia and related disorders (26.0%) were higher in the consultation group than in the non-consultation group.

Conclusions

Measures have to be taken to encourage people with these diverse characteristics to consult psychiatrists, and psychiatrists have to regularly evaluate patients for suicide risk. Furthermore, we need further research on the relationship between psychiatric consultation and poisoning by prescribed drugs.

<http://www.ncbi.nlm.nih.gov/pubmed/24838049>

J Psychiatr Res. 2014 May 5. pii: S0022-3956(14)00131-9. doi: 10.1016/j.jpsychires.2014.04.018. [Epub ahead of print]

Trauma, PTSD, and binge and hazardous drinking among women and men: Findings from a national study.

Kachadourian LK, Pilver CE, Potenza MN

OBJECTIVE:

To examine whether trauma and posttraumatic stress disorder (PTSD) are differentially associated with binge and hazardous patterns of drinking among women and men.

METHODS:

Secondary analysis of the Wave 2 National Epidemiologic Survey on Alcohol and Related Conditions (NESARC); the analytic sample included 31,487 respondents (54.6% female) without past-year alcohol abuse/dependence. Participants' trauma-exposure/PTSD status was characterized as: no exposure to trauma in lifetime (reference), lifetime trauma exposure, PTSD before past-year, or past-year PTSD. Past-year binge and hazardous drinking were examined with multinomial logistic regression models (past-year abstinence was modeled as the non-event); models included the main effects of trauma-exposure/PTSD status and gender, the trauma-exposure/PTSD status-by-gender interaction, psychiatric comorbidity, and socio-demographic covariates.

RESULTS:

The gender-specific effects of trauma, before past-year PTSD, and past-year PTSD were significantly elevated for all drinking behaviors in women (range of odds ratios (ORs) = 1.8-4.8), and for some drinking behaviors in men (range of ORs = 1.3-2.0), relative to no trauma exposure. Trauma exposure was more strongly associated with high-frequency binge drinking, low-frequency binge drinking, and non-binge drinking among women as compared to men. Past-year PTSD was also more strongly associated with low-frequency binge drinking and non-binge drinking among women compared to men. Findings for hazardous drinking followed a similar pattern, with significant gender-related differences in ORs for hazardous drinking and non-hazardous drinking observed with respect to trauma exposure and past-year PTSD..

CONCLUSION:

Mental health practitioners should be mindful of the extent to which trauma-exposed individuals both with and without PTSD engage in binge and hazardous drinking, given the negative consequences associated with these patterns of drinking.. Copyright © 2014 Elsevier Ltd. All rights reserved.

<http://www.ncbi.nlm.nih.gov/pubmed/24834572>

Aviat Space Environ Med. 2014 May;85(5):568-72.

Mission, physical, and war stressors' impact on aircrew psychological strain.

Stetz TA, Stetz MC, Turner DD

BACKGROUND:

Little is known about the relative impact of the organization of missions on aircrew well-being. Using an occupational stress model we investigate a previously little studied concept of mission stressors and determine its relative impact in comparison to physical and war stressors in the prediction of four strains in deployed aircrews.

METHOD:

Questionnaires were completed by 272 deployed in-aircraft crewmembers. Three new stressors were developed for this study: mission stressors, physical stressors, and war stressors. In addition, four strains were measured: PTSD, depression, sleepiness, and nervousness. Regression analyses were used to examine the relative impact of each stressor on the four strain measures while controlling for age and occupation.

RESULTS:

All three stressors played a significant role in the prediction strains with the total explained variance in the analyses ranging from 15% and 39%. Interestingly, mission stressors played the most important role in the prediction of strains possessing the largest partial eta squared in each analysis. The second most important stressor was physical stressors followed by war stressors.

CONCLUSION:

The importance of mission stressors may be because current training is designed to inoculate crewmembers to stressors such as the physical/environmental conditions and violent war actions, but there is no training or acknowledgment of the importance of dealing with mission stressors. Our findings suggest it might be beneficial for commanders to address these stressors, as it may improve short-term psychological well-being, which may ultimately impact mission success and safety.

<http://www.ncbi.nlm.nih.gov/pubmed/24836675>

Psychiatry Clin Neurosci. 2014 May 19. doi: 10.1111/pcn.12206. [Epub ahead of print]

Information Processing during Sleep and Stress-Related Sleep Vulnerability.

Lin YH, Jen CH, Yang CM

AIM:

Previous studies showed enhanced attention and decreased inhibitory processes during early NREM sleep in primary insomnia patients, as measured by event-related potentials (ERPs). The current study aims to examine information processing during sleep in non-insomniac individuals with high vulnerability (HV) to stress-related sleep disturbances.

METHOD:

Twenty-seven non-insomniac individuals were recruited, 14 with low vulnerability (LV) and 13 with HV. After passing a screening interview and polysomnographic recording, subjects came to the sleep laboratory for two nights (a baseline night and a stress-inducing night) for ERP recordings.

RESULTS:

The HV group demonstrated shorter P2 latency during the first 5 min of stage 2 sleep and higher P900 amplitudes under the stress condition during SWS, which indicate an increased level of inhibitory processes. In addition, they had shorter N1 latencies during SWS sleep that could indicate an elevated level of attention processing during deep sleep.

CONCLUSION:

Unlike patients with chronic insomnia, individuals with high sleep vulnerability to stress show a compensatory process that may prevent external stimulation from interfering with their sleep. This may be one of the factors preventing their acute sleep disturbances from becoming chronic problems. This article is protected by copyright. All rights reserved.

<http://dx.doi.org/10.1590/1516-4446-2013-1255>

Clinical implications of spirituality to mental health: review of evidence and practical guidelines.

Alexander Moreira-Almeida, Harold G. Koenig, Giancarlo Lucchetti

Revista Brasileira de Psiquiatria
Apr./June 2014

Objective:

Despite empirical evidence of a relationship between religiosity/spirituality (R/S) and mental health and recommendations by professional associations that these research findings be integrated into clinical practice, application of this knowledge in the clinic remains a challenge. This paper reviews the current state of the evidence and provides evidence-based guidelines for spiritual assessment and for integration of R/S into mental health treatment.

Methods:

PubMed searches of relevant terms yielded 1,109 papers. We selected empirical studies and reviews that addressed assessment of R/S in clinical practice.

Results:

The most widely acknowledged and agreed-upon application of R/S to clinical practice is the

need to take a spiritual history (SH), which may improve patient compliance, satisfaction with care, and health outcomes. We found 25 instruments for SH collection, several of which were validated and of good clinical utility.

Conclusions:

This paper provides practical guidelines for spiritual assessment and integration thereof into mental health treatment, as well as suggestions for future research on the topic.

<http://www.tandfonline.com/doi/abs/10.1080/21635781.2014.906293>

Anxiety Sensitivity and Depression: Explaining Posttraumatic Stress Disorder Symptoms in Female Veterans With Chronic Pain.

Irene Teo, Mark P. Jensen, Gabriel Tan

Military Behavioral Health

Accepted author version posted online: 16 May 2014

Female veterans report more severe levels of chronic pain and posttraumatic stress disorder (PTSD) symptoms than their male counterparts. Researchers have postulated that these conditions can mutually maintain one another. The current study tested whether anxiety sensitivity and depression account for the association between chronic pain and PTSD symptoms in a sample of female veterans (N = 42) with chronic pain. We found that pain unpleasantness, anxiety sensitivity, and depression all predict PTSD symptoms. As hypothesized, anxiety sensitivity and depression emerged as unique predictors of PTSD symptoms when simultaneously entered into the model with pain unpleasantness. Clinical implications are discussed.

Links of Interest

War and peace (of mind); Meditation training may help reduce stress disorders among US military personnel

http://www.eurekalert.org/pub_releases/2014-05/uoc--wap051214.php

Lawmakers Balk at Military Funding Request for Physical Conditioning Programs to Curb Special Ops Suicides

<http://www.allgov.com/news/where-is-the-money-going/lawmakers-balk-at-military-funding-request-for-physical-conditioning-programs-to-curb-special-ops-suicides-140517?news=853172>

Ties between alcohol, PTSD examined

<http://www.sciencedaily.com/releases/2014/05/140515095547.htm>

War and Peace (of Mind): Mindfulness training for military could help them deal with stress

<http://www.sciencedaily.com/releases/2014/05/140516092519.htm>

NIH Pain Consortium's first pain care curriculum improves clinical skills

http://www.eurekalert.org/pub_releases/2014-05/niod-npc052114.php

Jury Still Out on Whether Doctors Should Screen for Suicide Risk

http://www.nlm.nih.gov/medlineplus/news/fullstory_146339.html

School-based interventions could benefit children from military families

http://www.eurekalert.org/pub_releases/2014-05/uom-sic052014.php

App To Help Detect War-Zone PTSD And Brain Injury Expands To Civilian Use

<http://www.fastcompany.com/3029857/most-creative-people/darpa-funded-app-to-help-detect-war-zone-ptsd-and-brain-injury-expands->

Throw a Survey at It: Questioning Soldier Resilience in the US Army

<http://anthonow.com/print/throw-a-survey-at-it-questioning-soldier-resilience-in-the-us-army>

Resource of the Week: [Networked Digital Library of Theses and Dissertations \(NDLTD\)](#)

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Of special interest to researchers is [a page of annotated links](#) to resources you can use to help locate open-access electronic theses and dissertations from a wide range of sources.

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- [Scirus and Scirus Advanced](#)
Elsevier has discontinued the Scirus service as of March 31st, 2014.

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- [Biblioteca Digital Brasileira de Teses e Dissertações](#)
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