



CDP Research Update -- June 5, 2014

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<http://quilfordjournals.com/doi/abs/10.1521/psyc.2014.77.2.107>

The Army Study to Assess Risk and Resilience in Servicemembers (Army STARRS).

Robert J. Ursano, Lisa J. Colpe, Steven G. Heeringa, Ronald C. Kessler, Michael Schoenbaum, Murray B. Stein, and On behalf of the Army STARRS collaborators

Psychiatry: Interpersonal and Biological Processes 2014 77, 2, 107-119

Importance/Objective:

Although the suicide rate in the U.S. Army has traditionally been below age-gender matched civilian rates, it has climbed steadily since the beginning of the Iraq and Afghanistan conflicts and since 2008 has exceeded the demographically matched civilian rate. The Army Study to Assess Risk and Resilience in Servicemembers (Army STARRS) is a multicomponent epidemiological and neurobiological study designed to generate actionable evidence-based recommendations to reduce Army suicides and increase knowledge about risk and resilience factors for suicidality and its psychopathological correlates. This paper presents an overview of the Army STARRS component study designs and of recent findings.

Design/Setting/Participants/Intervention:

Army STARRS includes six main component studies: (1) the Historical Administrative Data Study (HADS) of Army and Department of Defense (DoD) administrative data systems (including records of suicidal behaviors) for all soldiers on active duty 2004–2009 aimed at finding administrative record predictors of suicides; (2) retrospective case-control studies of fatal and nonfatal suicidal behaviors (each planned to have $n = 150$ cases and $n = 300$ controls); (3) a study of new soldiers ($n = 50,765$ completed surveys) assessed just before beginning basic combat training (BCT) with self-administered questionnaires (SAQ), neurocognitive tests, and blood samples; (4) a cross-sectional study of approximately 35,000 (completed SAQs) soldiers representative of all other (i.e., exclusive of BCT) active duty soldiers; (5) a pre-post deployment study (with blood samples) of soldiers in brigade combat teams about to deploy to Afghanistan ($n = 9,421$ completed baseline surveys), with sub-samples assessed again one, three, and nine months after returning from deployment; and (6) a pilot study to follow-up SAQ respondents transitioning to civilian life. Army/DoD administrative data are being linked prospectively to the large-scale survey samples to examine predictors of subsequent suicidality and related mental health outcomes.

Main outcome measures:

Measures (self-report and administratively recorded) of suicidal behaviors and their psychopathological correlates.

Results:

Component study cooperation rates are comparatively high. Sample biases are relatively small. Inefficiencies introduced into parameter estimates by using nonresponse adjustment weights and time-space clustering are small. Initial findings show that the suicide death rate, which rose over 2004–2009, increased for those deployed, those never deployed, and those previously deployed. Analyses of administrative records show that those deployed or previously deployed were at greater suicide risk. Receiving a waiver to enter the Army was not associated with

increased risk. However, being demoted in the past two years was associated with increased risk. Time in current deployment, length of time since return from most recent deployment, total number of deployments, and time interval between most recent deployments (known as dwell time) were not associated with suicide risk. Initial analyses of survey data show that 13.9% of currently active non-deployed regular Army soldiers considered suicide at some point in their lifetime, while 5.3% had made a suicide plan, and 2.4% had attempted suicide. Importantly, 47–60% of these outcomes first occurred prior to enlistment. Prior mental disorders, in particular major depression and intermittent explosive disorder, were the strongest predictors of these self-reported suicidal behaviors. Most onsets of plans-attempts among ideators (58.3–63.3%) occurred within the year of onset of ideation. About 25.1% of non-deployed U.S. Army personnel met 30-day criteria for a DSM-IV anxiety, mood, disruptive behavior, or substance disorder (15.0% an internalizing disorder; 18.4% an externalizing disorder) and 11.1% for multiple disorders. Importantly, three-fourths of these disorders had pre-enlistment onsets.

Conclusions:

Integration across component studies creates strengths going well beyond those in conventional applications of the same individual study designs. These design features create a strong methodological foundation from which Army STARRS can pursue its substantive research goals. The early findings reported here illustrate the importance of the study and its approach as a model of studying rare events particularly of national security concern. Continuing analyses of the data will inform suicide prevention for the U.S. Army.

<http://guilfordjournals.com/doi/abs/10.1521/psyc.2014.77.2.120>

Commentary on “The Army Study to Assess Risk and Resilience in Servicemembers (Army STARRS)”: Army STARRS: A Framingham-Like Study of Psychological Health Risk Factors in Soldiers

Kerry J. Ressler and Eric B. Schoemaker

Psychiatry: Interpersonal and Biological Processes 2014 77, 2, 120-129

Although historically the Army suicide rate has been significantly lower than the civilian rate, in 2004, the suicide and accidental death rates began trending upward. By 2008, the Army suicide rate had risen above the national average (20.2 per 100,000). In 2009, 160 active duty Soldiers took their lives, making suicide the third leading cause of death among the Army population. If accidental death, frequently the result of high-risk behavior, is included, then more Soldiers died by their own actions than in combat in 2009. The Army Study to Assess Risk and Resilience in Servicemembers (Army STARRS) was thus created in 2009 to begin to address these problems. The Army STARRS project is a large consortium of seven different studies to develop data-driven methods for mitigating or preventing suicide behaviors and improving the overall mental health and behavioral functioning of Army Soldiers during and after their Army service.

The first research articles from the Army STARRS project were published in late 2013 and early 2014. This work has already begun to outline important facets of risk in the military, and it is helping to drive an empirically derived approach to improvements in understanding mental disorders and risk behavior and to improve prevention and support of mental health and resilience. The Framingham Heart Study, started in the 1940s, marked a watershed event in utilizing large cross-sectional and prospective longitudinal collaborative research to identify and understand risk factors for cardiovascular disease. The Army STARRS project, through its collaborative, prospective, and robust innovative design and implementation, may provide the beginning of a similar scientific cohort in mental disorders. The work of this project will help understand biological and psychological aspects of military service, including those leading to suicide. When coupled with timely feedback to Army leadership, it permits near real-time steps to diagnose, mitigate, and manage emerging mental health issues and the root causes of risk and resilience in Army Soldiers, with potential impact extending across many traumatized populations—not unlike a parallel process that has markedly improved survival and recovery from physical combat wounds.

<http://www.med.navy.mil/sites/nmcsc/nccosc/healthProfessionalsV2/reports/Documents/Stigma%20White%20Paper.pdf>

Stigma of Mental Health Care in the Military

Erin L. Miggantz, PhD

Naval Center for Combat & Operational Stress Control, 2014

While anti-stigma efforts have been employed throughout all branches of the military, research shows that the stigma of mental illness in the military remains high (Hoge et al., 2004; Hoge et al., 2006). Military anti-stigma efforts include but are not limited to the following: (a) the Department of Defense's (DoD) \$2.7-million campaign focused on decreasing stigma in all military branches by inviting service members to share their stories of seeking help; (b) implementation of the combat and operational stress control continuum, allowing service members to be classified as "ready," "reacting," "injured" or "ill" rather than the dichotomous labels of "ready" or "ill"; (c) the "Real Warriors Campaign" anti-stigma initiative that invites successfully treated service members to share their experiences about the effective mental health treatments available; (d) the Operational Stress Control and Readiness (OSCAR) program developed by the Marine Corps that embeds mental health professionals in infantry regiments, logistics groups and air wings to aid in early identification and treatment of combat stress; and (e) the integration of psychology into primary care settings throughout all branches of service. In addition, post-deployment mental health screenings have been mandated for all military personnel returning from combat that aim to better identify and refer to specialty care, service members who are suffering from post-traumatic stress, depression and alcohol problems. Unfortunately, many at-risk service members do not follow through with needed treatment (Milliken, Auchterlonie, & Hoge, 2007; Bray et al., 2009). Several factors influence an

individual's level of stigma and resulting treatment - seeking behaviors, such as (a) attitudes of higher ranking military leaders, (b) potential repercussions of admitting to mental health issues, (c) gender, (d) marital status and (e) previous history of seeking treatment. Considering that military service members are exposed to significant traumas and other situations not experienced by the general U.S. population, it is important that these individuals believe it is acceptable to receive mental health treatment. The many factors influencing stigma and treatment - seeking behavior in the military population are discussed throughout this review.

<http://content.govdelivery.com/accounts/USVHA/bulletins/b9d1e0>

PTSD Monthly Update #PTSD Awareness -- June 2014

The National Center for PTSD invites you to participate in our PTSD Awareness campaign during the month of June to help more Veterans, their families, and community members understand what PTSD is and its effective treatments.

Check out these 6 Ways to Raise PTSD Awareness. We encourage everyone to learn, connect, and share with others. We've made it easy to share the list as a downloadable handout. Please pass it on to everyone you know because working together as a community is how we can truly make a difference.

<http://www.ncbi.nlm.nih.gov/pubmed/24871433>

Prof Case Manag. 2014 Jul-Aug;19(4):161-70. doi: 10.1097/NCM.0000000000000038.

Trauma-informed care: a paradigm shift needed for services with homeless veterans.

Dinnen S, Kane V, Cook JM

PURPOSE OF STUDY:

Exposure to traumatic events is a highly prevalent, although often overlooked, aspect in the lives of homeless veterans. In this study, the prevalence and correlates of potentially traumatic events, including posttraumatic stress disorder, in the homeless veteran population are presented.

FINDINGS/CONCLUSIONS:

Presently, there exists a lack of trauma-informed case management services for homeless veterans. Failing to recognize the association between trauma and homelessness may lead to

further victimization, exacerbate mental health symptomology, and hinder a provider's ability to effectively intervene on behalf of homeless veterans.

IMPLICATIONS FOR CASE MANAGEMENT:

Subgroups of homeless veterans such as those who served in the Vietnam and post-Vietnam era, more recent returnees from Iraq and Afghanistan, women, rural-residing veterans, and those who are justice involved, are discussed for unique trauma histories and service needs. Barriers to receiving trauma-informed care among homeless veterans are reviewed. Information to assist providers in assessing trauma histories and current best practices in the treatment of posttraumatic stress disorder are noted. Suggestions for how this document can be used in varied organizational settings are made.

<http://www.ncbi.nlm.nih.gov/pubmed/24865869>

J Consult Clin Psychol. 2014 May 26. [Epub ahead of print]

Comparative Efficacy of Behavior Therapy, Cognitive Therapy, and Cognitive Behavior Therapy for Chronic Insomnia: A Randomized Controlled Trial.

Harvey AG, Bélanger L, Talbot L, Eidelman P, Beaulieu-Bonneau S, Fortier-Brochu E, Ivers H, Lamy M, Hein K, Soehner AM, Mérette C, Morin CM

Objective:

To examine the unique contribution of behavior therapy (BT) and cognitive therapy (CT) relative to the full cognitive behavior therapy (CBT) for persistent insomnia.

Method:

Participants were 188 adults (117 women; M age = 47.4 years, SD = 12.6) with persistent insomnia (average of 14.5 years duration). They were randomized to 8 weekly, individual sessions consisting of BT (n = 63), CT (n = 65), or CBT (n = 60).

Results:

Full CBT was associated with greatest improvements, the improvements associated with BT were faster but not as sustained and the improvements associated with CT were slower and sustained. The proportion of treatment responders was significantly higher in the CBT (67.3%) and BT (67.4%) relative to CT (42.4%) groups at post treatment, while 6 months later CT made significant further gains (62.3%), BT had significant loss (44.4%), and CBT retained its initial response (67.6%). Remission rates followed a similar trajectory, with higher remission rates at post treatment in CBT (57.3%) relative to CT (30.8%), with BT falling in between (39.4%); CT made further gains from post treatment to follow up (30.9% to 51.6%). All 3 therapies produced improvements of daytime functioning at both post treatment and follow up, with few differential changes across groups.

Conclusions:

Full CBT is the treatment of choice. Both BT and CT are effective, with a more rapid effect for BT and a delayed action for CT. These different trajectories of changes provide unique insights into the process of behavior change via behavioral versus cognitive routes. (PsycINFO Database Record (c) 2014 APA, all rights reserved).

<http://www.ncbi.nlm.nih.gov/pubmed/24867854>

Neurol Sci. 2014 May;35 Suppl 1:153-6. doi: 10.1007/s10072-014-1758-9.

Post-traumatic headaches: a clinical overview.

Russo A, D'Onofrio F, Conte F, Petretta V, Tedeschi G, Tessitore A

Headache attributed to head and/or neck trauma or injury, the so-called post-traumatic headache (PTH), is the most common secondary headache disorder and one of the most controversial clinical entities in the headache field, due to its unclear pathophysiological mechanisms and the unsolved role of associated psychological and medico-legal aspects. PTH, as a significant cause of morbidity after traumatic brain injury, may occur as an isolated symptom or as one of a constellation of symptoms known as post-concussive syndrome. However, in many cases, PTH might also represent an accentuation of non-disabling, remote or infrequent pre-existing primary headaches rather than a new onset headache strictly related to the trauma. Recently, the International Classification of Headache Disorders attempted to classify PTH; however, many unsolved issues are still to be clarified. In this brief review, we will focus on PTH clinical aspects and diagnostic criteria.

<http://www.ncbi.nlm.nih.gov/pubmed/24866370>

J Trauma Stress. 2014 May 27. doi: 10.1002/jts.21925. [Epub ahead of print]

Prevalence and Correlates of Posttrauma Distorted Beliefs: Evaluating DSM-5 PTSD Expanded Cognitive Symptoms in a National Sample.

Cox KS, Resnick HS, Kilpatrick DG

The fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5; American Psychiatric Association [APA], 2013) modified the diagnostic criteria for posttraumatic stress disorder (PTSD), including expanding the scope of dysfunctional, posttrauma changes in belief (symptoms D2-persistent negative beliefs and expectations about oneself or the world, and D3-

persistent distorted blame of self or others for the cause or consequences of the traumatic event). D2 and D3 were investigated using a national sample of U.S. adults (N = 2,498) recruited from an online panel. The prevalence of D2 and D3 was substantially higher among those with lifetime PTSD than among trauma-exposed individuals without lifetime PTSD (D2: 74.6% vs 23.9%; D3: 80.6% vs 35.7%). In multivariate analyses, the strongest associates of D2 were interpersonal assault (OR = 2.39), witnessing interpersonal assault (OR = 1.63), gender (female, OR = 2.11), and number of reported traumatic events (OR = 1.88). The strongest correlates of D3 were interpersonal assault (OR = 3.08), witnessing interpersonal assault (OR = 1.57), gender (female, OR = 2.30), and number of reported traumatic events (OR = 1.91). The findings suggested the expanded cognitive symptoms in the DSM-5 diagnostic criteria better capture the cognitive complexity of PTSD than those of the DSM-IV. Copyright © 2014 International Society for Traumatic Stress Studies.

https://calhoun.nps.edu/public/bitstream/handle/10945/41418/14Mar_Mendez_Endia.pdf

Transgenders in the US military: policies, problems, and prospects

Mendez, Endia T.

Monterey, California: Naval Postgraduate School
2014-03

This study explores the policies, problems, and prospects related to transgenders serving in the U.S. military. Simply defined, “transgender” refers to persons whose gender identity, behavior, or expression does not conform to their sex assigned at birth. Yet, as the present study shows, the terminology and associated issues are complicated and defy simple definitions. The U.S. military currently prohibits transgenders from joining or serving openly, as seen in policies and medical standards identified by the study. A number of other nations do not prohibit transgenders from serving in their military. The study focuses on the practices of two such nations, Australia and Canada. Also examined is the trend toward changing medical classifications of transgender, resulting from revised perspectives by the world’s most authoritative sources. Notably, these sources have shifted away from classifying gender incongruence as a disorder or placing it in a mental health category. The study concludes that medical reasons for excluding transgenders from the U.S. military are inconsistent with prevailing views. Several areas for further research are recommended.

<http://www.sciencedirect.com/science/article/pii/S0015028214004026>

Voluntary and involuntary childlessness in female veterans: associations with sexual assault.

Ginny L. Ryan, Michelle A. Mengeling, Brenda M. Booth, James C. Torner, Craig H. Syrop, Anne G. Sadler

Fertility and Sterility

Available online 26 May 2014

Objective

To assess associations between lifetime sexual assault and childlessness in female veterans.

Design

Cross-sectional, computer-assisted telephone interview study.

Setting

Two Midwestern Veterans Administration (VA) medical centers.

Patient(s)

A total of 1,004 women aged ≤ 52 years, VA-enrolled between 2000 and 2008.

Intervention(s)

None.

Main Outcome Measure(s)

Sociodemographic variables, reproductive history and care utilization, and mental health.

Result(s)

A total of 620 veterans (62%) reported at least one attempted or completed sexual assault in their lifetime (LSA). Veterans with LSA more often self-reported a history of pregnancy termination (31% vs. 19%) and infertility (23% vs. 12%), as well as sexually transmitted infection (42% vs. 27%), posttraumatic stress disorder (32% vs. 10%), and postpartum dysphoria (62% vs. 44%). Lifetime sexual assault was independently associated with termination and infertility in multivariate models; sexually transmitted infection, posttraumatic stress disorder, and postpartum dysphoria were not. The LSA by period of life was as follows: 41% of participants in childhood, 15% in adulthood before the military, 33% in military, and 13% after the military (not mutually exclusive). Among the 511 who experienced a completed LSA, 23% self-reported delaying or foregoing pregnancy because of their assault.

Conclusion(s)

This study demonstrated associations between sexual assault history and pregnancy termination, delay or avoidance (voluntary childlessness), and infertility (involuntary childlessness) among female veterans. Improved gender-specific veteran medical care must attend to these reproductive complexities.

<http://onlinelibrary.wiley.com/doi/10.1111/sltb.12105/abstract>

Considerations Regarding Online Methods for Suicide-Related Research and Suicide Risk Assessment.

Michaels, M. S., Chu, C., Silva, C., Schulman, B. E. and Joiner, T. (2014), Considerations Regarding Online Methods for Suicide-Related Research and Suicide Risk Assessment.

Suicide and Life-Threatening Behavior

Article first published online: 27 MAY 2014

Frequent advances in technology provide new and exciting opportunities for conducting suicide research and suicide risk assessments. However, to the authors' knowledge, best practices for using technology, specifically the Internet, to conduct research protocols involving suicide risk assessments have not been examined. In research contexts, the use of technology for research on suicidal behavior and suicide risk assessment can offer benefits relative to other forms of data collection. These advantages, which include increased validity, feasibility, and efficiency, as well as improvements in data collection and management, are presented. Considerations regarding the implementation of an online system for suicide risk assessment as well as limitations and future directions are discussed.

<http://www.sciencedirect.com/science/article/pii/S0191886914002827>

Mindfulness tempers the impact of personality on suicidal ideation.

Raymond P. Tucker, Victoria M. O'Keefe, Ashley B. Cole, Sarah Rhoades-Kerswill, David W. Hollingsworth, Ashley C. Helle, Hilary L. DeShong, Stephanie N. Mullins-Sweatt, LaRicka R. Wingate

Personality and Individual Differences

Volume 68, October 2014, Pages 229–233

The Five Factor Model (FFM) domains of neuroticism and extraversion have consistently been related to suicidal ideation, such that individuals high in neuroticism or low in extraversion are at greater risk for suicidal thinking. The relationship between mindfulness and suicidal thoughts has not been empirically investigated in relation to personality. However, mindfulness has been shown to moderate the relationship between neuroticism and depression (Barnhofer, Duggan, & Griffith, 2011). The current study examined the relationship of the FFM domains, mindfulness,

and suicidal ideation, and tested whether mindfulness would moderate the relationship between FFM domains and suicidal thinking. Results indicated that mindfulness weakened the relationship between neuroticism and suicidal ideation. Additionally, a strong negative relationship between suicidal ideation and extraversion was present at low levels of mindfulness. The possible importance of incorporating mindfulness practices in the prevention of suicidal thinking is discussed.

<http://www.sciencedirect.com/science/article/pii/S0005796714000746>

Dialectical Behavior Therapy Skills for Transdiagnostic Emotion Dysregulation: A Pilot Randomized Controlled Trial.

Andrada D. Neacsiu, Jeremy Eberle, Rachel Kramer, Taylor Wiesmann, Marsha M. Linehan

Behaviour Research and Therapy

Available online 26 May 2014

Objective

Difficulties with emotions are common across mood and anxiety disorders. Dialectical behavior therapy skills training (DBT-ST) reduces emotion dysregulation in borderline personality disorder (BPD). Preliminary evidence suggests that use of DBT skills mediates changes seen in BPD treatments. Therefore, we assessed DBT-ST as a stand-alone, transdiagnostic treatment for emotion dysregulation and DBT skills use as a mediator of outcome.

Method

Forty-four anxious and/or depressed, non-BPD adults with high emotion dysregulation were randomized to 16 weeks of either DBT-ST or an activities-based support group (ASG). Participants completed measures of emotion dysregulation, DBT skills use, and psychopathology every 2 months through 2 months posttreatment.

Results

Longitudinal analyses indicated that DBT-ST was superior to ASG in decreasing emotion dysregulation ($d = 1.86$), increasing skills use ($d = 1.02$), and decreasing anxiety ($d = 1.37$), but not depression ($d = 0.73$). Skills use mediated these differential changes. Participants found DBT-ST acceptable. 32% of DBT-ST and 59% of ASG participants dropped treatment. 59% of DBT-ST and 50% of ASG participants complied with the research protocol to avoid ancillary psychotherapy and/or medication changes.

Conclusion

DBT-ST is a promising treatment for emotion dysregulation for depressed and anxious transdiagnostic adults, although more assessment of feasibility is needed.

<http://www.sciencedirect.com/science/article/pii/S0005796714000758>

Self-Compassion as an Emotion Regulation Strategy in Major Depressive Disorder.

Alice Diedrich, Michaela Grant, Stefan G. Hofmann, Wolfgang Hiller, Matthias Berking

Behaviour Research and Therapy

Available online 27 May 2014

Cognitive reappraisal and acceptance are two presumably adaptive emotion regulation strategies in depression. More recently, self-compassion has been discussed as another potentially effective strategy for coping with depression. In the present study, we compared the effectiveness of self-compassion with a waiting condition, reappraisal, and acceptance in a clinically depressed sample, and tested the hypothesis that the intensity of depressed mood would moderate the differential efficacy of these strategies. In an experimental design, we induced depressed mood at four points in time in 48 participants meeting criteria for major depressive disorder. After each mood induction, participants were instructed to wait, reappraise the situation, accept their negative emotions, or employ self-compassion to regulate their depressed mood. Self-ratings of depressed mood were assessed before and after each mood induction and regulation phase. Results showed that the reduction of depressed mood was significantly greater in the self-compassion condition than in the waiting condition. No significant differences were observed between the self-compassion and the reappraisal condition, and between the self-compassion and the acceptance condition in patients' mood ratings. However, the intensity of self-rated depressed mood at baseline was found to moderate the comparative effectiveness of self-compassion and reappraisal with a trend of self-compassion being more effective than reappraisal in high depressed mood at baseline. These findings support the use of self-compassion as another adaptive emotion regulation strategy for patients with major depressive disorder, especially for those suffering from high levels of depressed mood.

<http://www.ncbi.nlm.nih.gov/pubmed/24875708>

Stud Health Technol Inform. 2014;199:141-5.

Virtual reality graded exposure therapy with arousal control for the treatment of combat related posttraumatic stress disorder: a follow up case series.

Wood DP, Mclay RL, Webb-Murphy J, Wiederhold MD, Spira JL, Pyne JM, Wiederhold BK

Important challenges confronting DOD/military medical care are that of maintaining or

increasing quality of care and increasing the effectiveness of treatments for warriors diagnosed with Posttraumatic Stress Disorder (PTSD) secondary to their combat deployments to Iraq and/or Afghanistan. Virtual Reality Graded Exposure Therapy with Arousal Control (VR-GET) has demonstrated a positive treatment effectiveness resulting in significant reductions of PTSD symptom severity. This positive treatment effectiveness has been maintained for up to 22 weeks after VR-GET therapy was completed. A robust methodology for the assessment of Virtual Reality efficacy suggests that the ideal time for follow-up begins at twelve months. Others have suggested that follow-up should occur between two and four years post treatment. In this report we describe the outcome of VR-GET for the treatment of combat-related PTSD with three warriors between five and seven years following their having completed treatment.

<http://www.ncbi.nlm.nih.gov/pubmed/24875691>

Stud Health Technol Inform. 2014;199:61-5.

Compelling Evidence that Exposure Therapy for PTSD Normalizes Brain Function.

Roy MJ, Costanzo ME, Blair JR, Rizzo AA

Functional magnetic resonance imaging (fMRI) is helping us better understand the neurologic pathways involved in posttraumatic stress disorder (PTSD). We previously reported that military service members with PTSD after deployment to Iraq or Afghanistan demonstrated significant improvement, or normalization, in the fMRI-measured activation of the amygdala, prefrontal cortex and anterior cingulate gyrus following exposure therapy for PTSD. However, our original study design did not include repeat scans of control participants, rendering it difficult to discern how much of the observed normalization in brain activity is attributable to treatment, rather than merely a practice effect. Using the same Affective Stroop task paradigm, we now report on a larger sample of PTSD-positive combat veterans that we treated with exposure therapy, as well as a combat-exposed control group of service members who completed repeat scans at 3-4 month intervals. Findings from the treatment group are similar to our prior report. Combat controls showed no significant change on repeat scanning, indicating that the observed differences in the intervention group were in fact due to treatment. We continue to scan additional study participants, in order to determine whether virtual reality exposure therapy has a different impact on regional brain activation than other therapies for PTSD.

<http://www.ncbi.nlm.nih.gov/pubmed/23408488>

Depress Anxiety. 2013 Oct;30(10):917-29. doi: 10.1002/da.22074. Epub 2013 Feb 13.

The association between anxiety disorders and suicidal behaviors: a systematic review and meta-analysis.

Kanwar A, Malik S, Prokop LJ, Sim LA, Feldstein D, Wang Z, Murad MH

BACKGROUND:

Although anxiety has been proposed to be a potentially modifiable risk factor for suicide, research examining the relationship between anxiety and suicidal behaviors has demonstrated mixed results. Therefore, we aimed at testing the hypothesis that anxiety disorders are associated with suicidal behaviors and evaluate the magnitude and quality of supporting evidence.

METHODS:

A systematic literature search of multiple databases was conducted from database inception through August 2011. Two investigators independently reviewed and determined the eligibility and quality of the studies based upon a priori established inclusion criteria. The outcomes of interest were suicidal ideations, suicide attempts, completed suicides, and a composite outcome of any suicidal behaviors. We pooled odds ratios from the included studies using random effects models.

RESULTS:

Forty-two observational studies were included. The studies had variable methodological quality due to inconsistent adjustment of confounders. Compared to those without anxiety, patients with anxiety were more likely to have suicidal ideations (OR = 2.89, 95% CI: 2.09, 4.00), attempted suicides (OR = 2.47, 95% CI: 1.96, 3.10), completed suicides (OR = 3.34, 95% CI: 2.13, 5.25), or have any suicidal behaviors (OR = 2.85, 95% CI: 2.35, 3.46). The increase in the risk of suicide was demonstrated for each subtype of anxiety except obsessive-compulsive disorder (OCD). The quality of this evidence is considered low to moderate due to heterogeneity and methodological limitations.

CONCLUSIONS:

This systematic review and meta-analysis provides evidence that the rates of suicides are higher in patients with any type of anxiety disorders excluding OCD. © 2013 Wiley Periodicals, Inc.

<http://www.dtic.mil/get-tr-doc/pdf?AD=ADA599260>

Cross-Cultural Competence in the Department of Defense: An Annotated Bibliography

Army Research Institute for the Behavioral and Social Sciences
Fort Belvoir VA
April 2014

Given the current operational context, research both inside and outside the DoD has increasingly focused its efforts on better understanding the factors that contribute to effective cross-cultural performance. Of particular interest is the role cross-cultural competence (3C) plays in Service members' ability to navigate cultural environments, as well as the specific knowledge, skills, and abilities that military training should be targeting to improve performance-related outcomes. Over the past ten years, numerous studies and theoretical pieces have been developed that explore these issues as they relate to both military and general populations. This annotated bibliography represents an initial attempt to gather this collection of work into a single, comprehensive review to be used as a reference for those conducting research in this domain. Annotations hail from a number of different disciplines, including military psychology, organizational psychology, anthropology, and sociology, and range in content from theoretical to empirical studies, efforts at model building and computer technologies for understanding, and various methods for teaching and assessing 3C.

See also: <http://www.dtic.mil/get-tr-doc/pdf?AD=ADA599261>
Soldier Development Following Negative Cross-Cultural Experiences: An Integrated Review of the Literature

<https://circle.ubc.ca/handle/2429/46868>

What helps and hinders the decision to access psychological services in a police population : a critical incident study

Burns, Carolyn M.

Thesis, PhD, Counseling Psychology
2014, University of British Columbia

Police officers are routinely faced with many competing pressures and demands. Exposure to traumatic incidents and significant job-related stressors can place many at higher risk of developing physical and mental health problems. The police culture exerts a pronounced influence on officers, preventing some from asking for or receiving the assistance they require. Stigma of being perceived as weak or incompetent, concerns about being labelled unfit for duty, and worry that accessing psychological support will impact future career advancement and can affect the decision to seek help in this population. Although strong influences present within this culture have been identified, no previous research has specifically sought to understand how these pressures and influences impact the decision to access psychological services within a

police population. The Enhanced Critical Incident Technique was utilized to explore helpful and hindering factors influencing the decision to access psychological services in a population of police officers based on interviews with 20 serving Royal Canadian Mounted Police officers in the lower mainland of British Columbia, Canada. These results contribute to the empirical literature by enhancing what is known about elements that influence an officers' decision to seek psychological services, and factors that can enable officers to overcome these barriers. The results identify the importance of systemic factors, information and education, quality and influence of relationships, individual characteristics, and organizational processes in creating ideal conditions that will increase the likelihood police officers will access the services of a psychologist. These results will serve to inform individual officers, their families, police supervisors and managers, psychological service providers, and those in related professions with an interest in assisting officers remain healthy over their career and long into retirement.

<http://www.tandfonline.com/doi/abs/10.1080/15487768.2014.903875>

Impact of Stigma on Veteran Treatment Seeking for Depression.

Stephanie Rodrigues, Barbara Bokhour, Nora Mueller, Natalie Dell, Princess E. Osei-Bonsu, Shibe Zhao, Mark Glickman, Susan V. Eisen, A. Rani Elwy

American Journal of Psychiatric Rehabilitation

Vol. 17, Iss. 2, 2014

The Veterans Health Administration (VHA) mandates annual depression screening in primary care; however, veterans often delay seeking treatment after screening positive, which can increase the severity and impact of depression. This mixed-methods study examined the association between stigma and treatment utilization among veterans (N = 271) in primary care with a positive depression screen. A subsample of veterans (n = 23) participated in a semistructured interview to qualitatively explore the social and cultural contexts of treatment utilization for depression. Treatment utilization data based on Healthcare Effectiveness Data and Information Set (HEDIS) guidelines were obtained by chart review 3 months following the positive screen date. Logistic regression indicated a lack of evidence that stigma was associated with treatment utilization. However, grounded thematic analysis suggested that stigma negatively influenced perceptions of depression and treatment utilization for some veterans. Four themes emerged: (1) depression is weakness; (2) depression is an unwanted label; (3) depression is normal; and (4) overcoming stigma. Evidence from interviews suggests that stigma may play a larger role in decisions about treatment seeking, which was not quantitatively evident. Addressing the psychosocial ramifications of stigma for depression may help minimize treatment lapses and maximize treatment seeking among veterans who screen positive for depression in primary care.

<http://guilfordjournals.com/doi/abs/10.1521/ijct.2014.7.2.149>

Current Status of Treatment for Posttraumatic Stress Disorder: Focus on Treatments Combining Pharmacotherapy and Cognitive-Behavioral Therapy.

Charlotte N. Pull, Charles B. Pull

International Journal of Cognitive Therapy: Vol. 7, pp. 149-161.

The purpose of this review is to give an overview of randomized controlled trials (RCTs) concerning the efficacy of psychological and pharmacological treatments of posttraumatic stress disorder (PTSD), with a focus on treatments combining both. Psychological treatments, in particular exposure-based interventions, have been shown to be efficacious in reducing PTSD symptoms as have pharmacological agents, in particular several antidepressants, but the efficacy of either treatment modality needs to be improved. Attempts to enhance the efficacy of psychotherapy or pharmacotherapy by combining one type of treatment with the other have remained scarce, and the results of adding one to the other have been mixed. All in all, exposure-based psychological interventions have emerged as the best treatment option, either alone, or, if and when appropriate, in combination with a second-generation antidepressant. Recent new treatment directions, involving use of cognitive enhancers such as d-cycloserine to improve exposure-based treatments have shown promising results.

<http://www.sciencedirect.com/science/article/pii/S0306460314001609>

How Robust is the Association Between Smoking and Depression in Adults? A Meta-Analysis Using Linear Mixed-Effects Models.

Tana M. Luger, Jerry Suls, Mark W. Vander Weg

Addictive Behaviors

Available online 28 May 2014

Introduction

Our objective was to use meta-analytic techniques to assess the strength of the overall relationship and role of potential moderators in the association between smoking and depression in adults.

Methods

Two popular health and social science databases (PubMed and PsycINFO) were systematically

searched to identify studies which examined the association between adult smoking behavior and major depressive disorder (MDD) or depressive symptoms. A total of 85 relevant studies were selected for inclusion. Studies were analyzed using a linear mixed effects modeling package ("lme4" for R) and the Comprehensive Meta-Analysis program version 2.

Results

Multiple nested linear mixed-effects models were compared. The best fitting models were those that included only random study effects and smoking status. In cross-sectional studies, current smokers were more likely to be depressed than never smokers (OR = 1.50, CI = 1.39-1.60), and current smokers were more likely to be depressed than former smokers (OR = 1.76, CI = 1.48-2.09). The few available prospective studies, that used the requisite statistical adjustments, also showed smokers at baseline had greater odds of incident depression at follow-up than never smokers (OR = 1.62, CI = 1.10-2.40).

Conclusions

In cross-sectional studies, smoking was associated with a nearly two-fold increased risk of depression relative to both never smokers and former smokers. In the smaller set of prospective studies, the odds of subsequent depression were also higher for current than never smokers. Attesting to its robustness, the relationship between smoking and depression was exhibited across several moderators. Findings could help health care providers to more effectively anticipate co-occurring health issues of their patients. Several methodological recommendations for future research are offered.

<http://www.sciencedirect.com/science/article/pii/S0272735814000737>

A resilience framework for promoting stable remission from depression.

Christian E. Waugh, Ernst H.W. Koster

Clinical Psychology Review

Available online 29 May 2014

A significant proportion of people in remission from depression will experience a recurrence of depression. One theoretical mechanism for this recurrence is that with each additional episode of depression, people become more sensitive to the deleterious effects of less powerful stressors. We propose that research on resilience – the ability to adapt to and recover from stress – can inform interventions to prevent recurrence in people in remission. We conceptualize resilience as a dynamic process that may be deficient in people in remission from depression, rather than as a static personal quality that is unattainable to people who have experienced psychopathology. The three aspects of resilience that we suggest are the most important to target to prevent recurrence are (1) improving stress recovery from minor daily

stressors that may aid remitted people in coping with major stressors, (2) increasing positivity, like promoting positive emotions during stress, (3) and training flexibility – the ability to identify different demands in the environment and employ the appropriate coping strategy to meet those demands. We offer suggestions for the appropriate assessment of changes in resilience in remitted people and provide some examples of effective resilience interventions.

<http://www.sciencedirect.com/science/article/pii/S0165178114003953>

Forgiveness and PTSD Among Veterans: The Mediating Role of Anger and Negative Affect.

Berna Güloğlu, Özlem Kararımak

Psychiatry Research

Available online 28 May 2014

Man-made traumatic events such as combat and terrorism may cause individuals to develop various forms of psychopathology, including post-traumatic stress disorder (PTSD) and depression. Veterans who engage in combat experienced negative emotions such as anger, hostility and aggression. Forgiveness may buffer these feelings and prevent the development of psychiatric problems, in that it is a way of decreasing negative feelings and increasing positive feelings. The aim of the current study was to examine the mediating role of anger and negative affect on the relationship between forgiveness and both PTSD and depression co-morbid to PTSD among Turkish veterans who were exposed to combat experience because of terrorist attacks during their compulsory military service. Two hundred and forty-seven injured veterans participated in this study. Veterans were assessed using the Traumatic Stress Symptom Checklist (TSSC), Heartland Forgiveness Scale (HFS), State Trait Anger Expression Inventory (STAXI), and Positive and Negative Affect Schedule (PANAS). A path analysis supported the hypothesized model that both anger and negative affect fully mediated the relationship between forgiveness and both PTSD and depression co-morbid to PTSD.

<http://www.ncbi.nlm.nih.gov/pubmed/24884517>

BMC Psychiatry. 2014 May 25;14(1):152. [Epub ahead of print]

Social class and gender patterning of insomnia symptoms and psychiatric distress: a 20-year prospective cohort study.

Green MJ, Espie CA, Benzeval M.

BACKGROUND:

Psychiatric distress and insomnia symptoms exhibit similar patterning by gender and socioeconomic position. Prospective evidence indicates a bi-directional relationship between psychiatric distress and insomnia symptoms so similarities in social patterning may not be coincidental. Treatment for insomnia can also improve distress outcomes. We investigate the extent to which the prospective patterning of distress over 20 years is associated with insomnia symptoms over that period.

METHODS:

999 respondents to the Twenty-07 Study had been followed for 20 years from approximately ages 36-57 (73.2% of the living baseline sample). Psychiatric distress was measured using the GHQ-12 at baseline and at 20-year follow-up. Gender and social class were ascertained at baseline. Insomnia symptoms were self-reported approximately every five years. Latent class analysis was used to classify patterns of insomnia symptoms over the 20 years. Structural Equation Models were used to assess how much of the social patterning of distress was associated with insomnia symptoms. Missing data was addressed with a combination of multiple-imputation and weighting.

RESULTS:

Patterns of insomnia symptoms over 20 years were classified as either healthy, episodic, developing or chronic. Respondents from a manual social class were more likely to experience episodic, developing or chronic patterns than those from non-manual occupations but this was mostly explained by baseline psychiatric distress. People in manual occupations experiencing psychiatric distress however were particularly likely to experience chronic patterns of insomnia symptoms. Women were more likely to experience a developing pattern than men, independent of baseline distress. Psychiatric distress was more persistent over the 20 years for those in manual social classes and this effect disappeared when adjusting for insomnia symptoms. Irrespective of baseline symptoms, women, and especially those in a manual social class, were more likely than men to experience distress at age 57. This overall association for gender, but not the interaction with social class, was explained after adjusting for insomnia symptoms. Sensitivity analyses supported these findings.

CONCLUSIONS:

Gender and socioeconomic inequalities in psychiatric distress are strongly associated with inequalities in insomnia symptoms. Treatment of insomnia or measures to promote healthier sleeping may therefore help alleviate inequalities in psychiatric distress.

<http://www.ncbi.nlm.nih.gov/pubmed/24882194>

J Affect Disord. 2014 Aug;165:159-65. doi: 10.1016/j.jad.2014.04.069. Epub 2014 May 4

Insomnia and emotion dysregulation: Independent and interactive associations with posttraumatic stress symptoms among trauma-exposed smokers.

Short NA, Raines AM, Oglesby ME, Zvolensky MJ, Schmidt NB

INTRODUCTION:

Traumatic event exposure is common among cigarette smokers, and elevated posttraumatic stress symptoms (PTSS) are associated with increased smoking levels. As such, the current study examined factors that may contribute to elevated PTSS among trauma-exposed smokers. Insomnia and emotion dysregulation may be particularly relevant among smokers, and are each associated with PTSS. However, it remains unclear whether these factors are associated with PTSS after accounting for the effects of dispositional factors and each other, and whether they may interact to predict PTSS. Thus, the current study sought to test whether insomnia and emotion dysregulation are independently associated with PTSS after accounting for negative affectivity and number of traumas experienced, and to investigate the potential interactive influence of these factors on PTSS.

METHOD:

Hypotheses were tested cross-sectionally among a community sample of trauma-exposed individuals who presented for smoking cessation treatment (n=349).

RESULTS:

Results demonstrated that insomnia and emotion dysregulation each predicted elevated PTSS after controlling for the other, negative affectivity and number of traumas experienced. In addition, the interaction between insomnia and emotion dysregulation was significant, such that higher levels of insomnia and emotion dysregulation were associated with the most severe PTSS.

LIMITATIONS:

Future research should examine these factors among a clinical sample of individuals with PTSD, as well as utilize prospective designs.

CONCLUSIONS:

Findings highlight the roles of insomnia and emotion dysregulation in contributing to elevated PTSS among trauma-exposed smokers, and the potential importance of targeting these factors in the context of PTSD treatment. Copyright © 2014 Elsevier B.V. All rights reserved.

<http://www.ncbi.nlm.nih.gov/pubmed/24884943>

BMC Public Health. 2014 May 17;14(1):466. [Epub ahead of print]

Characteristics of adults involved in alcohol-related intimate partner violence: results from a nationally representative sample.

Reingle Gonzalez JM, Connell NM, Businelle MS, Jennings WG, Chartier KG

BACKGROUND:

More than 12 million women and men are victims of partner violence each year. Although the health outcomes of partner violence have been well documented, we know very little about specific event-level characteristics that may provide implications for prevention and intervention of partner violence situations. Therefore, the purpose of this study is to evaluate substance abuse and dependence as risk factors for event-level alcohol-related intimate partner violence (IPV).

METHODS:

Data were derived from Wave II of the National Epidemiological Survey on Alcohol and Related Conditions (2004-2005). Eligible participants (N = 2,255) reported IPV the year before the survey. Negative binomial and ordinal regression methods were used to assess risk factors for alcohol use during IPV.

RESULTS:

Respondent PTSD was the only mental health diagnosis related to alcohol use during IPV (OR = 1.45). Marijuana use was related to respondents' use of alcohol during IPV (OR = 2.68). Respondents' meeting the criteria for alcohol abuse/dependence was strongly associated with respondent drinking (OR = 10.74) and partner drinking (OR = 2.89) during IPV.

CONCLUSION:

Results indicate that PTSD, marijuana use disorders, alcohol abuse and dependence are associated with more frequent alcohol use during IPV. In addition, it is important to consider that the patient who presents in emergency settings (e.g., hospitals or urgent care facilities) may not be immediately identifiable as the victim or the perpetrator of partner violence. Therefore, screening and intervention programs should probe to further assess the event-level characteristics of partner violence situations to ensure the correct service referrals are made to prevent partner violence.

<http://www.ncbi.nlm.nih.gov/pubmed/24882427>

Psychiatr Serv. 2014 Jun 2. doi: 10.1176/appi.ps.201300117. [Epub ahead of print]

Mental Health Service Utilization by Iraq and Afghanistan Veterans After Entry Into PTSD Specialty Treatment.

Aakre JM, Himelhoch S, Slade EP

OBJECTIVE

Use of care by Iraq and Afghanistan veterans was examined after entry into a U.S. Department of Veterans Affairs (VA) specialty outpatient program for treatment of posttraumatic stress disorder (PTSD). Those who had received mental health care before entry (continuing patients) were compared with those who had not (new patients).

METHODS

Regression analyses compared veterans' retention in PTSD programs in the 180 days after program entry for new patients (N=172) and continuing patients (N=422). Two retention measures, total visits and completion of nine or more visits, were developed from VA administrative data.

RESULTS

New patients completed fewer PTSD visits than did continuing patients (5.2 ± 9.5 versus 8.3 ± 14.3 ; incidence risk ratio=.91, 95% confidence interval [CI]=.85-.97) and were also less likely to complete nine or more visits (OR=.81, CI=.68-.97).

CONCLUSIONS

Contact with providers before entering PTSD specialty care may facilitate veterans' treatment engagement, suggesting the value of repeated attempts at engaging such veterans in treatment.

<http://ajp.psychiatryonline.org/data/Journals/AJP/0/appi.ajp.2014.13101316.pdf>

Screening for Violence Risk in Military Veterans: Predictive Validity of a Brief Clinical Tool.

Elbogen EB, Cueva M, Wagner HR, Sreenivasan S, Brancu M, Beckham JC, Van Male L.

American Journal of Psychiatry

2014 May 16

OBJECTIVE

Violence toward others is a serious problem among a subset of military veterans. The authors evaluated the predictive validity of a brief decision support tool to screen veterans for problems with violence and identify potential candidates for a comprehensive risk assessment.

METHOD

Data on risk factors at an initial wave and on violent behavior at 1-year follow-up were collected in two independent sampling frames: a national random-sample survey of 1,090 Iraq and Afghanistan veterans and in-depth assessments of 197 dyads of veterans and collateral informants. Risk factors (lacking money for basic needs, combat experience, alcohol misuse, history of violence and arrests, and anger associated with posttraumatic stress disorder) were chosen based on empirical support in published research. Scales measuring these risk factors were examined, and items with the most robust statistical association with outcomes were selected for the screening tool. Regression analyses were used to derive receiver operating characteristic curves of sensitivities and specificities, with area under the curve providing an index of predictive validity.

RESULTS

The resultant 5-item screening tool, called the Violence Screening and Assessment of Needs (VIO-SCAN), yielded area-under-the-curve statistics ranging from 0.74 to 0.78 for the national survey and from 0.74 to 0.80 for the in-depth assessments, depending on level of violence analyzed.

CONCLUSIONS

Although the VIO-SCAN does not constitute a comprehensive violence risk assessment and cannot replace fully informed clinical decision making, it is hoped that the screen will provide clinicians with a rapid, systematic method for identifying veterans at higher risk of violence, prioritizing those in need a full clinical workup, structuring review of empirically supported risk factors, and developing plans collaboratively with veterans to reduce risk and increase successful reintegration in the community.

<http://www.ncbi.nlm.nih.gov/pubmed/24893322>

Neuroimage. 2014 May 31. pii: S1053-8119(14)00452-2. doi: 10.1016/j.neuroimage.2014.05.067. [Epub ahead of print]

Combat-related Blast Exposure and Traumatic Brain Injury Influence Brain Glucose Metabolism during REM Sleep in Military Veterans.

Stocker RP, Cieply MA, Paul B, Khan H, Henry L, Kontos AP, Germain

Traumatic Brain Injury (TBI), a signature wound of Operations Enduring and Iraqi Freedom, can

result from blunt head trauma or exposure to a blast/explosion. While TBI affects sleep, the neurobiological underpinnings between TBI and sleep are largely unknown. To examine the neurobiological underpinnings of this relationship in military veterans, [18F]-fluorodeoxyglucose positron emission tomography (FDG PET) was used to compare mTBI-related changes in relative cerebral metabolic rate of glucose (rCMRglc) during wakefulness, Rapid Eye Movement (REM) sleep, and non-REM (NREM) sleep, after adjusting for the effects of posttraumatic stress (PTS). Fourteen Veterans with a history of Blast Exposure and/or mTBI (B/mTBI) (age 27.5±3.9) and eleven Veterans with no history (No B/mTBI) (age 27.7±3.8) completed FDG PET studies during wakefulness, REM sleep, and NREM sleep. Whole-brain analyses were conducted using Statistical Parametric Mapping (SPM8). Between group comparisons revealed that B/mTBI was associated with significantly lower rCMRglc during wakefulness and REM sleep in the amygdala, hippocampus, parahippocampal gyrus, thalamus, insula, uncus, culmen, visual association cortices, and midline medial frontal cortices. These results suggest alterations in neurobiological networks during Wakefulness and REM sleep subsequent to B/mTBI exposure, may contribute to chronic sleep disturbances, and differ in individuals with acute symptoms. Copyright © 2014 Elsevier Inc. All rights reserved.

<http://www.ncbi.nlm.nih.gov/pubmed/24890708>

Int J Geriatr Psychiatry. 2014 May 29. doi: 10.1002/gps.4143. [Epub ahead of print]

National evaluation of the effectiveness of cognitive behavioral therapy for insomnia among older versus younger veterans.

Karlin BE, Trockel M, Spira AP, Taylor CB, Manber R

OBJECTIVES:

Limited research has examined the effects of cognitive behavioral therapy for insomnia (CBT-I) among older adults (age >65 years) receiving treatment in real-world clinical settings and even less has examined effects on outcomes beyond reducing insomnia, such as improved quality of life. The current article examines and compares outcomes of older versus younger (age 18-64 years) veterans receiving CBT-I nationally in nonsleep specialty settings.

METHOD:

Patient outcomes were assessed using the Insomnia Severity Index, Beck Depression Inventory-II, and the World Health Organization Quality of Life-BREF. Therapeutic alliance was assessed using the Working Alliance Inventory-Short Revised.

RESULTS:

A total of 536 younger veterans and 121 older veterans received CBT-I; 77% of older and 64% of younger patients completed all sessions or finished early due to symptom relief. Mean insomnia scores declined from 19.5 to 9.7 in the older group and from 20.9 to 11.1 in the

younger group. Within-group effect sizes were $d = 2.3$ and 2.2 for older and younger groups, respectively. CBT-I also yielded significant improvements in depression and quality of life for both age groups. High and increasing levels of therapeutic alliance were observed for both age groups.

CONCLUSIONS:

Older (and younger) patients receiving CBT-I from nonsleep specialists experienced large reductions in insomnia and improvements in depression and quality of life. Effects were similar for both age groups, and the rate of dropout was lower among older adults. The results provide strong support for the effectiveness and acceptability of CBT-I for older adults receiving care in routine treatment settings. Copyright © 2014 John Wiley & Sons, Ltd.

<http://www.ncbi.nlm.nih.gov/pubmed/24888985>

Cogn Affect Behav Neurosci. 2014 Jun 3. [Epub ahead of print]

Trauma exposure is associated with increased context-dependent adjustments of cognitive control in patients with posttraumatic stress disorder and healthy controls.

Stuedte-Schmiedgen S, Stalder T, Kirschbaum C, Weber F, Hoyer J, Plessow F

Recent evidence has suggested that posttraumatic stress disorder (PTSD) is associated with alterations in prefrontal-cortex-dependent cognitive processes (e.g., working memory, cognitive control). However, it remains unclear whether these cognitive dysfunctions are related to PTSD symptomatology or trauma exposure. Furthermore, regarding cognitive control, research has only focused on the integrity of selected control functions, but not their dynamic regulation in response to changing environmental demands. Therefore, the present study investigated dynamic variations in interference control, in addition to overall interference susceptibility and working memory (WM) performance in matched groups of 24 PTSD patients and 26 traumatized and 30 nontraumatized healthy controls. The Simon task was used to measure overall interference susceptibility and the flexible adjustment of cognitive control, on the basis of the occurrence of response conflicts (conflict adaptation effect). WM performance was assessed with the forward and backward digit span tasks. Since we have previously shown that trauma exposure per se is associated with reduced hair cortisol concentrations (HCC), we further explored whether PTSD/trauma-related cognitive alterations are related to HCC in proximal 3-cm hair segments. The results revealed that PTSD patients and traumatized controls showed significantly more pronounced conflict adaptation effects than nontraumatized controls. Moreover, the conflict adaptation effect was positively related to the number of lifetime traumatic events and the frequency of traumatization. The groups did not differ in overall interference susceptibility or WM performance. Exploratory analyses revealed no association between HCC and the observed cognitive differences. These results suggest that context-driven control adjustments constitute a sensitive correlate of trauma exposure, irrespective of PTSD.

<http://scholar.uwindsor.ca/etd/5078/>

Ethnocultural Differences in Chronic Pain Outcomes and Factors Related to Chronic Pain in Individuals Referred for Neuropsychological Assessment Following Closed Head Injury

Jordan Urlacher, University of Windsor
PhD Dissertation, 2014

Ethnocultural differences in chronic pain presentation were studied in clients undergoing neuropsychological assessment following closed head injury. Data were collected at two sites: an outpatient clinic in Novi, Michigan, and a private practice in Edmonton, Alberta. Measures of interest included chronic pain outcomes (pain severity, affective distress, and activity level) and pain-related variables (life control, perceived support, and partner solicitousness).

In the Novi sample, African American males reported greater life control than Caucasian males. Otherwise African American and Caucasian clients were similar with respect to pain presentation. In the Edmonton sample, Southeast Asian and Middle Eastern clients reported greater pain severity than Caucasian clients; South Asian and Middle Eastern clients reported lower activity than Caucasian clients; and Middle Eastern clients reported greater affective distress than Caucasian clients on one of two measures. An overall ethnocultural group difference was found with respect to life control, and South Asian clients reported higher levels of partner solicitousness than Caucasian clients. Overall pain profile classifications were also found to differ across ethnocultural groups in the Edmonton sample. Compared with other groups Middle Eastern clients were more likely to be classified as having a profile associated with negative outcomes.

Foreign-born East Asian, South Asian, Southeast Asian, and Middle Eastern clients reported greater pain severity and lower activity than Canadian-born clients from the same ethnocultural groups.

Ethnocultural differences in the predictive value of demographic and pain-related variables with respect to pain outcomes were studied, as were ethnocultural differences on performance validity and self-report validity measures.

Links of Interest

General Mattis' next mission: Destroying the PTSD victim myth

<http://www.military1.com/army/article/461498-general-mattis-next-mission-destroying-the-ptsd-victim-myth>

The War Within: Treating PTSD

<http://www.cbsnews.com/news/the-war-within-treating-ptsd-2/>

Study links unexpected death of a loved one with onset of psychiatric disorders

http://www.eurekalert.org/pub_releases/2014-05/cums-slu052914.php

Military Provides Children's Mental Health Resources

<http://www.dodlive.mil/index.php/2014/05/military-provides-childrens-mental-health-resources/>

PTSD treatment cost-effective when patients given choice

<http://www.washington.edu/news/2014/05/28/ptsd-treatment-cost-effective-when-patients-given-choice/>

Married couple, WTB cadre use resilience, performance skills to earn trust of wounded warriors

http://www.army.mil/article/126727/Married_couple_WTB_cadre_use_resilience_performance_skills_to_earn_trust_of_wounded_warriors/

Behavioral therapy helps keep everything in balance (DPT)

<http://www.chicagotribune.com/health/sc-health-0528-mental-health-dbt-20140529,0,2697265.story>

DOD Smartphone App has Tools for Psychological Health

<http://www.defense.gov/news/newsarticle.aspx?id=122306>

How to erase a memory -- and restore it: Researchers reactivate memories in rats

<http://www.sciencedaily.com/releases/2014/06/140601150633.htm>

New study will measure dogs' usefulness to vets with PTSD

<http://www.airforcetimes.com/article/20140527/BENEFITS06/305270039/New-study-will-measure-dogs-usefulness-vets-PTSD>

Study finds that suicides are far more likely to occur after midnight

http://www.eurekalert.org/pub_releases/2014-06/aaos-sft060214.php

Night owls may be more sedentary, less motivated to exercise

http://www.eurekalert.org/pub_releases/2014-06/aaos-nom060314.php

Pentagon investigates brain-zapping implants to help wounded warriors

http://www.washingtonpost.com/national/health-science/pentagon-investigates-brain-zapping-implants-to-help-wounded-warriors/2014/06/02/107f1812-e742-11e3-afc6-a1dd9407abcf_story.html

Resource of the Week: [Interagency Pain Research Portfolio](#)

This new database, from the National Institutes of Health, “provides information on pain research and training activities supported by the Federal Government.” Six federal agencies are participating in this project: AHRQ, CDC, DoD, FDA, NIH, and VA.

According to a [press release](#):

Users of the database easily can search over 1,200 research projects in a multi-tiered system. In Tier 1, grants are organized as basic, translational (research that can be applied to diseases), or clinical research projects. In Tier 2, grants are sorted among 29 scientific topic areas related to pain, such as biobehavioral and psychosocial mechanisms, chronic overlapping conditions, and neurobiological mechanisms.

http://www.eurekalert.org/pub_releases/2014-06/aaos-nom060314.phpThe Tier 2 categories are also organized into nine research themes: pain mechanisms, basic to clinical, disparities, training and education, tools and instruments, risk factors and causes, surveillance and human trials, overlapping conditions, and use of services, treatments, and interventions.

The screenshot shows the IPRP website interface. At the top, there is a header with the IPRP logo and the text "Interagency Pain Research Portfolio" and "The Federal Government's Pain Research Database". Below the header is a navigation bar with links for Home, Advanced Search, IPRP Ontology, About IPRP, Reports, and Help. The main content area features a title "INTERAGENCY PAIN RESEARCH PORTFOLIO" followed by a descriptive paragraph. On the left side, there are four links with icons: "ADVANCED SEARCH", "IPRP ONTOLOGY", "DATA CONTRIBUTORS", and "REPORTS", each with a brief description. On the right side, there is a "IPRP QUICK SEARCH" form with fields for "Select a Theme:", "Funding Agency:", "Funding Year:", and "Search Keyword:", along with a "Search Now" button.

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