



CDP Research Update -- June 26, 2014

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- Cognitive and Self-Reported Psychological Outcomes of Blast-Induced Mild Traumatic Brain Injury in Veterans: A Preliminary Study.
- All for one and one for all: understanding health professionals' experience in individual versus collaborative online learning.
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- 21st Century American Military Families: A Review in the Context of the Wars in Afghanistan and Iraq.
- Status- and Stigma-related Consequences of Military Service and PTSD: Evidence from a Laboratory Experiment.
- The Impact of Sleep on Soldier Performance.
- Longitudinal Assessment of Mental Disorders, Smoking, and Hazardous Drinking Among a Population-Based Cohort of US Service Members.
- Lessons Offered, Lessons Learned: Reflections on How Doing Family Therapy Can Affect Therapists.
- Nightmares: Knowledge and attitudes in health care providers and nightmare sufferers.
- Client engagement in psychotherapeutic treatment and associations with client characteristics, therapist characteristics, and treatment factors.
- Suicide on Railroad Rights-of-Way: A Psychological Autopsy Study.
- PTSD and Reasons for living: Associations with depressive Symptoms and alcohol use.
- Links of Interest
- Resource of the Week: National Center for Veterans Analysis and Statistics (NCVAS)

<http://www.iom.edu/Reports/2014/Treatment-for-Posttraumatic-Stress-Disorder-in-Military-and-Veteran-Populations-Final-Assessment.aspx>

Treatment for Posttraumatic Stress Disorder in Military and Veteran Populations: Final Assessment.

Institute of Medicine

June 20, 2014

Posttraumatic stress disorder (PTSD) is one of the signature injuries of the U.S. conflicts in

Afghanistan and Iraq. An estimated 8 percent of current and former service members deployed to these areas have a PTSD diagnosis. For these men and women, readjustment from combat zone deployments and reintegration into families and communities may be significantly hampered by chronic distress and disability in physical, psychological, social, and occupational functioning.

In response to the growing PTSD burden among service members and veterans, a provision of the National Defense Authorization Act for 2010 required the Secretary of the Department of Defense (DoD), in consultation with the Secretary of the Department of Veterans Affairs (VA), to commission an IOM study to assess PTSD treatment programs and services in DoD and VA.

The IOM finds that both departments have made a sustained commitment to PTSD management and invested substantial financial and programmatic resources to provide care to service members and veterans. However, a lack of standards, reporting, and evaluation significantly compromises these efforts. The report offers recommendations and guidance for improving processes and infrastructure to allow DoD and VA to respond more strategically and effectively to the increasing prevalence of PTSD among U.S. service members and veterans.

See: [Too Little Known About PTSD Treatments for Veterans, Experts Say](#) (MedlinePlus)

<http://link.springer.com/article/10.1007/s40596-014-0127-6>

The Public Health Approach to Reducing Suicide: Opportunities for Curriculum Development in Psychiatry Residency Training Programs.

Michelle M. Cornette, Amy E. Schlotthauer, Jon S. Berlin, David C. Clark, **Lisa M. French**, Melissa L. Miller, Heidi M. Pfeiffer

Academic Psychiatry

June 2014

The authors review the current status of suicide prevention curricula in psychiatry training programs, describe the public health approach to suicide prevention, discuss public health strategies for reducing suicides and the unique role played by psychiatrists with respect to suicide prevention, and offer public health-oriented suicide prevention curriculum guidelines for psychiatry residents.

<http://content.govdelivery.com/accounts/USVHA/bulletins/bdaa75>

PTSD Monthly Update -- June 2014

PTSD Awareness Day - June 27th

Learn. Connect. Share.



Find [6 Ways to Raise PTSD Awareness](#). Learn the four symptoms of PTSD, what treatments work best, and:

- Try the [self-help tools in PTSD Coach Online](#) or a [PTSD mobile app](#), like [Mindfulness Coach](#).
- Meet Veterans who live with PTSD and talk about how treatment turned their lives: [AboutFace](#).
- Help spread the word about today's effective PTSD treatments. Take part in the PTSD conversation on [Facebook](#) and [Twitter](#). Everyone can contribute.

<http://onlinelibrary.wiley.com/doi/10.1002/jts.21924/abstract>

Effects of Psychotherapy on Trauma-Related Cognitions in Posttraumatic Stress Disorder: A Meta-Analysis.

Diehle, J., Schmitt, K., Daams, J. G., Boer, F. and Lindauer, R. J. L.

Journal of Traumatic Stress

Volume 27, Issue 3, pages 257–264, June 2014

In the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders criteria for posttraumatic stress disorder (PTSD) incorporate trauma-related cognitions. This adaptation of the criteria has consequences for the treatment of PTSD. Until now, comprehensive information about the effect of psychotherapy on trauma-related cognitions has been lacking. Therefore, the goal of our meta-analysis was to determine which psychotherapy most effectively reduces trauma-related cognitions. Our literature search for randomized controlled trials resulted in 16 studies with data from 994 participants. We found significant effect sizes favoring trauma-focused cognitive-behavioral therapy as compared to nonactive or active nontrauma-focused control conditions of Hedges' $g = 1.21$, 95% CI [0.69, 1.72], $p < .001$ and $g = 0.36$, 95% CI [0.09, 0.63], $p = .009$, respectively. Treatment conditions with elements of cognitive restructuring

and treatment conditions with elements of exposure, but no cognitive restructuring reduced trauma-related cognitions almost to the same degree. Treatments with cognitive restructuring had small advantages over treatments without cognitive restructuring. We concluded that trauma-focused cognitive-behavioral therapy effectively reduces trauma-related cognitions. Treatments comprising either combinations of cognitive restructuring and imaginal exposure and in vivo exposure, or imaginal exposure and in vivo exposure alone showed the largest effects.

<http://onlinelibrary.wiley.com/doi/10.1002/jts.21927/abstract>

Characteristics of U.S. Veterans Who Begin and Complete Prolonged Exposure and Cognitive Processing Therapy for PTSD.

Mott, J. M., Mondragon, S., Hundt, N. E., Beason-Smith, M., Grady, R. H. and Teng, E. J.

Journal of Traumatic Stress

Volume 27, Issue 3, pages 265–273, June 2014

This retrospective chart-review study examined patient-level correlates of initiation and completion of evidence-based psychotherapy (EBP) for posttraumatic stress disorder (PTSD) among treatment-seeking U.S. veterans. We identified all patients (N = 796) in a large Veterans Affairs PTSD and anxiety clinic who attended at least 1 individual psychotherapy appointment with 1 of 8 providers trained in EBP. Within this group, 91 patients (11.4%) began EBP (either Cognitive Processing Therapy or Prolonged Exposure) and 59 patients (7.9%) completed EBP. The medical records of all EBP patients (n = 91) and a provider-matched sample of patients who received another form of individual psychotherapy (n = 66) were reviewed by 4 independent raters. Logistic regression analyses revealed that Iraq and Afghanistan veterans were less likely to begin EBP than veterans from other service eras, OR = 0.48, 95% CI = [0.24, 0.94], and veterans who were service connected for PTSD were more likely than veterans without service connection to begin EBP, OR = 2.33, 95% CI = [1.09, 5.03]. Among those who began EBP, Iraq and Afghanistan veteran status, OR = 0.09, 95% CI = [0.03, 0.30], and a history of psychiatric inpatient hospitalization, OR = 0.13, 95% CI = [0.03, 0.54], were associated with decreased likelihood of EBP completion.

<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

Volume 27, Issue 3, pages 283–290, June 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://onlinelibrary.wiley.com/doi/10.1002/jts.21921/abstract>

Verbal Learning Deficits in Posttraumatic Stress Disorder and Depression.

Scheiner, D. L., Keilp, J., Mindt, M. R., Burke, A. K., Oquendo, M. A. and Mann, J. J.

Journal of Traumatic Stress

Volume 27, Issue 3, pages 291–298, June 2014

Verbal learning and memory deficits are frequently reported in posttraumatic stress disorder (PTSD), but may be a product of its psychiatric comorbidities, especially major depressive disorder (MDD). To evaluate this hypothesis, 25 medication-free patients with PTSD and comorbid MDD were compared to 148 medication-free patients with equally severe MDD alone and to 96 nonpatients on a measure of verbal learning and memory. Additional measures of attention, working memory, and executive function were administered to evaluate their contribution to verbal memory impairment. Patients with comorbid PTSD and MDD demonstrated the greatest deficit in verbal learning compared to both MDD patients and nonpatients (omnibus effect sizes ranged $d = 0.41$ to 0.50), one that was not accounted for by

other cognitive deficits. Findings suggest that a current diagnosis of PTSD makes a contribution to verbal learning deficits beyond the effect of depression alone.

<http://onlinelibrary.wiley.com/doi/10.1002/jts.21925/abstract>

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

Cox, K. S., Resnick, H. S. and Kilpatrick, D. G.

Journal of Traumatic Stress

Volume 27, Issue 3, pages 299–306, June 2014

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.

<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

Volume 27, Issue 3, pages 307–313, June 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://ajph.aphapublications.org/doi/abs/10.2105/AJPH.2014.301901>

Missed Opportunity for Alcohol Problem Prevention Among Army Active Duty Service Members Postdeployment.

Mary Jo Larson, PhD, MPA, Beth A. Mohr, MS, Rachel Sayko Adams, PhD, MPH, Nikki R. Wooten, PhD, LISW-CP, and Thomas V. Williams, PhD

American Journal of Public Health

e-View ahead of print; Accepted on: Jan 22, 2014

Objectives. We identified to what extent the Department of Defense postdeployment health surveillance program identifies at-risk drinking, alone or in conjunction with psychological comorbidities, and refers service members who screen positive for additional assessment or care.

Methods. We completed a cross-sectional analysis of 333 803 US Army active duty members returning from Iraq or Afghanistan deployments in fiscal years 2008 to 2011 with a postdeployment health assessment. Alcohol measures included 2 based on self-report quantity-frequency items—at-risk drinking (positive Alcohol Use Disorders Identification Test alcohol consumption questions [AUDIT-C] screen) and severe alcohol problems (AUDIT-C score of 8 or higher)—and another based on the interviewing provider's assessment.

Results. Nearly 29% of US Army active duty members screened positive for at-risk drinking, and

5.6% had an AUDIT-C score of 8 or higher. Interviewing providers identified potential alcohol problems among only 61.8% of those screening positive for at-risk drinking and only 74.9% of those with AUDIT-C scores of 8 or higher. They referred for a follow-up visit to primary care or another setting only 29.2% of at-risk drinkers and only 35.9% of those with AUDIT-C scores of 8 or higher.

Conclusions. This study identified missed opportunities for early intervention for at-risk drinking. Future research should evaluate the effect of early intervention on long-term outcomes. (Am J Public Health. Published online ahead of print June 12, 2014: e1–e11. doi:10.2105/AJPH.2014.301901)

<http://ps.psychiatryonline.org/article.aspx?articleID=1882483>

Barriers to Mental Health Treatment for Military Wives.

Colleen S. Lewy, Ph.D.; Celina M. Oliver, Ph.D.; Bentson H. McFarland, M.D. Ph.D.

Psychiatric Services 2014; doi: 10.1176/appi.ps.201300325

Objective

An Internet-based survey sought information about barriers to mental health services for military wives.

Methods

On the basis of qualitative work, an Internet-based program was created to identify military wives who may have major depressive disorder.

Results

Women (N=569, ages 18 to 56) were recruited from 45 states and eight foreign countries. Most participants (78%) reported mild to severe depression. Many (44%) reported unaddressed mental health needs. Barriers included inability to attend daytime appointments (38%), inability to find a counselor who understands the needs of military spouses (35%), inability to find a counselor the participant could trust (29%), concerns about confidentiality (26%), and lack of knowledge about where to get services (25%). The barriers reported differed markedly from those described by distressed women in the general population.

Conclusions

Military wives are an underserved population. Knowledge of military culture is essential for civilian mental health providers working with military wives.

<http://jmvh.org/article/peer-outdoor-support-therapy-post-for-australian-contemporary-veterans-a-review-of-the-literature/>

Peer Outdoor Support Therapy (POST) for Australian Contemporary Veterans: A Review of the Literature.

Kendall Bird

Journal of Military and Veterans' Health

A peer reviewed journal published by the Australasian Military Medicine Association

Issue Volume 22 No. 1

Peer outdoor support therapy (POST) is one approach utilised in Canada, the United States and the United Kingdom to address mental illness and distress amongst contemporary veterans. In the current paper several areas of veteran psychological therapeutic treatment are reviewed.

Current standard practice and research studies for therapist-led treatments from Australia are summarised and critiqued and placed within the literature context examining military and veteran unique needs and challenges to treatment including responsiveness, reluctance and retention.

Research review results regarding peer support interventions and outdoor therapy interventions for non-veteran and contemporary veteran populations are outlined, alongside an overview of known POST programs for veterans.

The implications of the reviewed literature and research are discussed, particularly the need for further research into the role outdoor peer support may play for the Australian veteran population alongside other veteran mental health services.

<http://pqdtopen.proquest.com/pqdtopen/doc/1528594705.html?FMT=ABS>

Achievement Outcomes of Sixth-Grade Students With a Military Parent Deployed to a War Zone or a Military Parent Not Deployed Compared to Same School Students Whose Parents Have No Military Affiliation.

Ingram, Robert L., III, Ed.D.

University of Nebraska at Omaha, 2014
Dissertation; Educational Administration

The need for accurate information about the achievement of students whose military parents are deployed to a war zone or whose military parents are eligible though not currently deployed is important to ensure we are providing for the educational wellbeing of these children as their parents defend our nation's freedoms. The purpose of this posttest-only comparative efficacy study was to determine achievement outcomes of sixth-grade students with a military parent deployed to a war zone (n = 10) or sixth-grade students with a military parent not deployed to a war zone (n = 10) compared to same school students whose parents have no military affiliation (n = 10). The study's dependent measures were academic achievement as measured by end of sixth-grade (1) Nebraska State Accountability Assessment Test-Math, (2) Nebraska State Accountability Assessment Test-Reading, (3) Measure of Academic Performance-Math, (4) Measure of Academic Performance-Reading, (5) Research School District's Descriptive Writing Assessment for (a) Ideas and Content, (b) Organization, (c) Voice, (d) Word Choice, (e) Sentence Fluency, and (f) Conventions, and (6) Research School District's Essential Objectives for (a) Language, (b) Math, (c) Science, (d) Social Studies, (e) Health, (f) Physical Education, and (g) Music. The overall pattern of end of sixth-grade statistical equipoise between group comparisons indicated the goal of educational wellbeing for these students of military families, and control group students alike, was being met, reflected in measured proficient and advanced level performance requiring students' day-to-day engagement at school and support at home.

<http://www.sciencedirect.com/science/article/pii/S1077722914000844>

The Application of Mindfulness in Coping With Intrusive Thoughts.

Jillian C. Shipherd, Joanne M. Fordiani

Cognitive and Behavioral Practice

Available online 13 June 2014

Across a variety of disorders, clients present with clinically significant intrusive thoughts. These thoughts can be problematic in their own right, with many clients reporting difficulty focusing on other therapeutic interventions due to problems with attention and increased distress that often accompany the experience of intrusive thoughts. Thus, cognitive-behavioral therapists can find value in learning thought management strategies that can be used with a variety of clients.

Despite the increase in attention within the scientific literature and popular media on mindfulness-based interventions, many clinicians are unaware that it is possible to bring these skills into therapy as an adjunct to ongoing cognitive behavioral therapy (CBT). Thus, we provide an overview of how to teach brief mindfulness skills (5–10 minute trainings). Video segments will teach how to introduce these skills to clients, as well as highlight three skills that have been found to be particularly useful for coping with intrusive thoughts: observation of thoughts; nonjudgment of thoughts; and being larger than your thoughts. The benefits and challenges of using these skills will also be discussed.

<http://gradworks.umi.com/15/54/1554858.html>

Military Versus Civilian Murder-Suicide Psychological Profiles

Patton, Christina, M.S.

Thesis, Psychology
2014, West Virginia University

Previous studies have implicated dramatic differences between military members and civilians with regard to violent behavior, including suicide, domestic violence, and harm to others, but none have examined military murder-suicide. This study compared military and civilian murder-suicide perpetrators on a number of demographic, psychological, and contextual factors. Military murder-suicide perpetrators were more likely to be older, suffer physical health disparities, be currently or formerly married, and less likely to abuse substances. They were also more likely than civilians to complete a murder-suicide due to a motive of depression, rather than one of jealousy or anger related to relationship dissolution. Logistic regression revealed that membership to the military, rather than the civilian, perpetrator group was predicted by age, reflecting the significance of a more than 15-year difference in mean age between the two groups and suggesting that many of the differences observed between the groups could be at least partially attributable to age effects. Findings from this study point to the need to tailor suicide risk assessments to include questions specific to murder-suicide and violence to others, and to add additional questions focusing on elucidating the perpetrator's attitudes toward suicide and murder-suicide. Other findings highlight the importance of assessing suicide and violence risk in older adult military populations, as they complete the majority of military murder-suicides, and of revamping existing clinical interventions to address demographical differences of military perpetrators.

<http://www.tandfonline.com/doi/abs/10.1080/07325223.2014.918006>

Attending to Crisis-Based Supervision for Counselors: The CARE Model of Crisis-Based Supervision.

Christine Abassary, Kristopher M. Goodrich

The Clinical Supervisor

Volume 33, Issue 1, 2014

This manuscript explores the impact of clinical supervision on the reduction of stress for professional counselors working with clients that experience crisis on a routine basis. The therapeutic relationship, posttraumatic growth, and vicarious trauma will be outlined to demonstrate the necessity for meaningful, crisis-based supervision. A review of the literature underlining existing models of addressing crisis and clinical supervision is examined. A model of clinical supervision will be proposed that incorporates existing models and the significance of empathy in the counselor-supervisory relationship.

<http://sap.sagepub.com/content/early/2014/06/10/0081246314538733.abstract>

Evidence-based psychotherapies II: changes in models of treatment and treatment delivery.

Alan E Kazdin

South African Journal of Psychology

June 13, 2014

Decades of psychotherapy research have yielded a few hundred interventions with strong evidence on their behalf. In the prior companion article, methodological and substantive concerns were raised in relation to what we can say about evidence-based psychotherapies and their impact. Among the methodological concerns are the control conditions to which evidence-based psychotherapies are compared, selective reporting of measures, and the paucity of evidence that evidence-based psychotherapies have clinically significant impact. Among the substantive concerns are limited findings to help direct patients to treatments from which they are likely to profit and to understand the mechanisms responsible for therapeutic change. In this article, two shifts in evidence-based psychotherapy research are highlighted to convey novel and needed directions to augment the impact of treatment and the scale on which it can be delivered. First, transdiagnosis and transtreatment are discussed as a departure from traditional evidence-based psychotherapy research by emphasizing interventions that can be applied across multiple domains. Common biological, psychological, and environmental underpinnings of many disorders and select treatments showing reliable changes across multiple problems are altering evidence-based psychotherapy research. Second, novel models of treatment delivery have emerged from global health care, business, economics, and the media, and are well outside of mainstream mental health professions. Two models (task shifting and best-buy interventions) illustrate how different ways of delivering treatment are essential to reach large and diverse swaths of unserved individuals and have impact on the burden of mental illness.

<http://www.sciencedirect.com/science/article/pii/S0883941714000715>

The factor structure of posttraumatic stress disorder symptoms in patients with traumatic spinal cord injuries.

Songhuai Liu, Li Wang, Chengqi Cao, Jianxin Zhang

Archives of Psychiatric Nursing

Available online 12 June 2014

The current study investigated the factor structure of posttraumatic stress disorder (PTSD) symptoms in a sample of 256 patients with traumatic spinal cord injuries (SCI) in China. The confirmatory factor analysis results showed that a five-factor model comprised of intrusion, avoidance, emotional numbing, dysphoric arousal, and anxious arousal fit the data significantly better than the tripartite DSM-IV model and the two well-supported four-factor models, and the C3 symptom (inability to recall important aspect of the trauma) loaded weakly on its corresponding factor. Implications and limitations for the results are discussed.

http://scholarworks.wmich.edu/honors_theses/2394/

Taboo Topics: Depression, Anxiety, Sexual Assault, and PTSD; the Influence of Stigma on Help Seeking

Kaitlyn Cichocki-Goss

Honors Thesis, 2014

Western Michigan University

Human Performance and Health Education

This review analyzes investigations into the stigma associated with depression, anxiety, sexual assault, and post-traumatic stress disorder (PTSD) and how stigma affects patients seeking treatment. The three disorders and the experience of sexual assault are examined for; prevalence, past and present stigma, and the history of the diagnosis. Each of the three disorders and sexual assault carry social stigma. Stigma can be described as a negative belief towards one group of people and in this case, stigma likely prevents people from seeking help. Researchers have found that one way to reduce stigma and the barrier that it has on help seeking is to educate people about mental disorders and sexual assault and upon stigma. It is believed that by educating future health care professionals about the impact of mental health stigma the negative perception correlated with having a mental health diagnoses or sexual assault will diminish. The hope is that an upward "ripple effect" of understanding will eliminate

the mental health stigmas and encourage more people to speak up and seek treatment as future health professionals are educated on the influence that stigma has against help seeking.

<http://link.springer.com/article/10.1007/s11920-014-0460-1>

Suicides in the Military: The Post-Modern Combat Veteran and the Hemingway Effect.

Carl Andrew Castro, Sara Kintzle

Current Psychiatry Reports

June 2014, 16:460

Suicides in the military have increased over the last ten years. Much effort has been focused on suicide prevention and treatment, as well as understanding the reasons for the sharp increase in military suicides. Despite this effort, the definitive causes of military suicides remain elusive. Further, highly effective suicide prevention and treatment approaches have not yet been developed. The purpose of this article is to present a short review of the current state of suicide prevention interventions within the context of the military. The root causes of suicidal behavior and the role of combat in the military are each discussed. Interpersonal-psychological theory of suicide and the military transition theory are introduced as guiding frameworks for understanding suicides and suicidal behavior amongst active military personnel and military veterans. The article concludes with a set of recommendations for moving forward in understanding and addressing suicides in the military.

<http://www.jad-journal.com/article/S0165-0327%2814%2900369-3/abstract>

Humiliation and interpersonal sensitivity in depression.

Alberto Collazzoni, Cristina Capanna, Massimiliano Bustini, Paolo Stratta, Marzia Ragusa, Antonio Marino, Alessandro Rossi

Journal of Affective Disorders

Published Online: June 17, 2014

Background

The aim of this study is to explore the relationship between humiliation and protective psychosocial factors in a sample of depressed patients.

Method

We assessed humiliation, psychiatric symptoms, negative primary familial environment and resilience in 70 depressed patients, 33 male and 37 female, and analyzed the correlations between these variables. Then to better understand the relations among the assessed variables we controlled for the depression severity and replicated the correlational analyses.

Results

A pattern of significant correlations among all the constructs emerged. Correlations between humiliation, interpersonal sensitivity, negative primary familial environment and resilience persisted after controlling for depression severity.

Limitations

The cross sectional nature of this study; the use of self-report instruments; the lack of personality assessment.

Conclusions

This study provides a contribution to the understanding of the relationship between the experience of humiliation and negative primary familial environment, protective factors and clinical interpersonal sensitivity in depressed patients.

<https://dspace.smith.edu/handle/11020/24375>

Predictors of early response to acceptance and commitment therapy (ACT) in military personnel with posttraumatic stress disorder.

Song, Christina

Smith College. Department of Psychology, 2014

Military personnel who have been deployed to Iraq and Afghanistan are facing unique challenges unseen in previous generations of war, including unprecedented trauma exposure and PTSD prevalence rates. Despite the existence of evidence-based treatments for PTSD, most of them are trauma-focused (i.e., requiring patients to actively think about their past trauma in therapy), and have raised concerns about high treatment dropout rates, combat veterans not benefiting as much as other trauma survivors, therapist discomfort with administering stressful therapy, patient compliance with treatment protocols, and failure to adequately address the comorbid conditions that often accompany combat-related PTSD (e.g., depression, anxiety, and somatization). Acceptance and commitment therapy (ACT) has been proposed as an alternative non-trauma-focused treatment for PTSD with transdiagnostic promise (i.e., ability to address PTSD comorbidities). The present study assessed predictors of early response to ACT in comparison to a control treatment (Present Centered Therapy; PCT) from a randomized trial involving Iraq and Afghanistan military personnel. Patients who showed

the best early response to ACT were those who had better quality social relationships, less pain, and lower PTSD symptomatology prior to treatment. Patients who showed the best early response to PCT, on the other hand, were predicted by good general psychological quality of life and less compensation seeking behavior prior to therapy. The findings suggest that there are distinct patient types who respond most favorably to ACT and that highly symptomatic PTSD patients with poor social networks may not be good candidates for ACT.

<http://archneur.jamanetwork.com/article.aspx?articleid=1881116>

Prospectively Assessed Clinical Outcomes in Concussive Blast vs Nonblast Traumatic Brain Injury Among Evacuated US Military Personnel.

Mac Donald CL, Johnson AM, Wierzechowski L, et al.

JAMA Neurology

Published online June 16, 2014

Importance

Blast injury has been identified as the signature injury in the conflicts in Iraq and Afghanistan. However it remains to be determined whether fundamental differences may exist between blast-related traumatic brain injury (TBI) and TBI due to other mechanisms.

Objectives

To determine similarities and differences between clinical outcomes in US military personnel with blast-related vs. non-blast-related concussive TBI and to identify the specific domains of impairment that best correlate with overall disability.

Design,

Setting, and Participants Prospective cohort study involving active duty US Military personnel evacuated from Iraq or Afghanistan to Landstuhl Regional Medical Center, in Landstuhl, Germany. Four groups of participants were enrolled from 2010 to 2013: (1) blast plus impact complex TBI (n=53), (2) non-blast related TBI with injury due to other mechanisms (n=29), (3) blast-exposed controls evacuated for other medical reasons (n=27) (4) non-blast-exposed controls evacuated for other medical reasons (n=69). All patients with TBI met Department of Defense criteria for concussive (mild) TBI. The study participants were evaluated 6-12 months after injury at Washington University in St Louis. In total, 255 subjects were enrolled in the study, and 183 participated in follow-up evaluations, 5 of whom were disqualified.

Main Outcomes and Measures

In-person clinical examinations included evaluation for overall disability, a standardized neurological exam, headache questionnaires, neuropsychological test battery, combat exposure

and alcohol use surveys, and structured interview evaluations for post-traumatic stress disorder (PTSD) and depression.

Results

Global outcomes, headache severity, neuropsychological performance, and surprisingly even PTSD severity and depression were indistinguishable between the two TBI groups, independent of mechanism of injury. Both TBI groups had higher rates of moderate to severe overall disability than the respective control groups: 41/53 (77%) of blast plus impact TBI and 23/29 (79%) of nonblast TBI vs. 16/27 (59%) of blast-exposed controls and 28/69 (41%) of non-blast-exposed controls. In addition, blast-exposed controls had worse headaches and more severe PTSD than non-blast-exposed controls. Self-reported combat exposure intensity was higher in the blast plus impact TBI group than in nonblast TBI group and was higher in blast-exposed controls than in non-blast-exposed controls. However, combat exposure intensity did not correlate with PTSD severity in the TBI groups, but a modest positive correlation was observed in the controls. Overall outcomes were most strongly correlated with depression, headache severity, and number of abnormalities on neuropsychological testing. However a substantial fraction of the variance in overall outcome was not explained by any of the assessed measures.

Conclusions and Relevance

One potential interpretation of these results is that TBI itself, independent of injury mechanism and combat exposure intensity, is a primary driver of adverse outcomes. Many other important factors may be as yet unmeasured, and adverse outcomes following war-time injuries are difficult to fully explain.

Trial Registration clinicaltrials.gov Identifier: NCT01313130.

<http://www.ncbi.nlm.nih.gov/pubmed/24952037>

J Spec Oper Med. 2014 Summer;14(2):26-34.

Warzone stressor exposure, unit support, and emotional distress among U.S. Air Force pararescuemen.

Armstrong EL, Bryan CJ, Stephenson JA, Bryan AO, Morrow CE

Objectives:

Combat exposure is associated with increased mental health symptom severity among military personnel, whereas unit support is associated with decreased severity. However, to date no studies have examined these relationships among U.S. Air Force pararescuemen (PJs), who have a unique and specialized career field that serves in both medical and combatant capacities.

Design:

Cross-sectional self-report survey. Methods: Self-reported survey data regarding depression symptoms, posttraumatic stress disorder (PTSD) symptoms, perceived unit support, and exposure to traditional combat experiences (e.g., firefights) and medical consequences of combat (e.g., injuries and human remains) were collected from 194 PJs in seven rescue squadrons.

Results:

Levels of combat exposure were compared with previously published findings from combat units, and levels of medical exposure were compared with previously published findings among military medical professionals. Medical exposure intensity showed a stronger relationship with PTSD severity ($r = .365$, $p = .018$) than with combat exposure intensity ($r = .136$, $p = .373$), but neither combat nor medical exposure was associated with depression severity ($r_s < .296$, $p_s > .164$). Unit support was associated with less severe PTSD ($r = -.402$, $p < .001$) and depression ($r = -.259$, $p = .062$) symptoms and did not moderate the effects of combat or medical exposure.

Conclusions:

Medical stressors contribute more to PTSD among PJs than do traditional combat stressors. Unit support is associated with reduced PTSD and depression severity regardless of intensity of warzone exposure among PJs.

<http://www.ncbi.nlm.nih.gov/pubmed/24035351>

J Pain. 2013 Nov;14(11):1398-406. doi: 10.1016/j.jpain.2013.06.011. Epub 2013 Sep 12.

A trial of a brief group-based form of acceptance and commitment therapy (ACT) for chronic pain in general practice: pilot outcome and process results.

McCracken LM, Sato A, Taylor GJ

Acceptance and commitment therapy (ACT) is a developing approach for chronic pain. The current study was designed to pilot test a brief, widely inclusive, local access format of ACT in a UK primary care setting. Seventy-three participants (68.5% women) were randomized to either ACT or treatment as usual (TAU). Many of the participants were aged 65 years or older (27.6%), were diagnosed with fibromyalgia (30.2%) and depression (40.3%), and had longstanding pain (median = 10 years). Standard clinical outcome measures included disability, depression, physical functioning, emotional functioning, and rated improvement. Process measures included pain-related and general psychological acceptance. The recruitment target was met within 6 months, and 72.9% of those allocated to ACT completed treatment. Immediately post treatment, relative to TAU, participants in ACT demonstrated lower depression and higher ratings of overall improvement. At a 3-month follow-up, again relative to TAU, those

in ACT demonstrated lower disability, less depression, and significantly higher pain acceptance; $d = .58, .59, \text{ and } .64$, respectively. Analyses based on intention-to-treat and on treatment "completers," perhaps predictably, revealed more sobering and more encouraging results, respectively. A larger trial of ACT delivered in primary care, in the format employed here, appears feasible with some recommended adjustments in the methods used here (Trial registration: ISRCTN49827391). PERSPECTIVE: This article presents a pilot randomized controlled trial of ACT for chronic pain in a primary care setting in the United Kingdom. Both positive clinical outcomes and ways to improve future trials are reported. Copyright © 2013 American Pain Society. All rights reserved.

<http://www.ncbi.nlm.nih.gov/pubmed/24942514>

Clin Transl Gastroenterol. 2014 Jun 19;5:e57. doi: 10.1038/ctg.2014.8.

Effects of omeprazole on sleep disturbance: randomized multicenter double-blind placebo-controlled trial.

Aimi M, Komazawa Y, Hamamoto N, Yamane Y, Furuta K, Uchida Y, Yano S, Morita M, Oguro H, Miyake T, Sugimoto T, Nagi S, Naora K, Goubaru Y, Ishihara S, Kinoshita Y

Objectives:

Gastroesophageal reflux is considered to cause sleep disturbance, whereas proton pump inhibitor (PPI) administration is reported to improve insomnia associated with gastroesophageal reflux disease (GERD). The majority of patients with gastroesophageal reflux are asymptomatic and a significant number with erosive esophagitis are also reported to be asymptomatic. We examined whether PPI administration has a therapeutic effect for improving insomnia in patients without reflux symptoms in the same manner as patients with reflux symptoms. **Methods:** We performed a randomized multicenter double-blind placebo-controlled trial using 176 patients with insomnia regardless of the presence of reflux symptoms. The patients were divided into those administered omeprazole (20 mg) or a placebo for 14 days. Four self-reporting questionnaires, QOLRAD-J (Japanese translation of Quality of Life in Reflux and Dyspepsia), Pittsburg Sleep Quality Index (PSQI), Epworth Sleepiness Scale (ESS), and a sleep diary, were used for evaluating GERD-related quality of life (QOL) and sleep disturbance. **Results:** We evaluated 171 patients with insomnia, of whom 69 had typical reflux symptoms. Omeprazole statistically significantly improved GERD-related QOL from 30.8 ± 0.7 to 33.0 ± 0.5 ($P < 0.01$) (QOLRAD-J, total) and from 6.0 ± 0.2 to 6.6 ± 0.1 ($P < 0.01$) (QOLRAD-J, sleep-related) when administered to patients with reflux symptoms. Omeprazole also improved insomnia significantly better than the placebo in patients with reflux symptoms; PSQI, from 9.3 ± 0.5 to 7.9 ± 0.5 ($P < 0.01$) and sleep diary, from 2.1 ± 0.1 to 1.8 ± 0.1 ($P < 0.01$). On the other hand, the therapeutic effects of omeprazole and the placebo were not different in patients without reflux symptoms. **Conclusions:** Our results showed that PPI administration is effective only for insomnia in patients with reflux symptoms.

<http://www.ncbi.nlm.nih.gov/pubmed/24946053>

Brain Inj. 2014 Jun 19:1-10. [Epub ahead of print]

Cross-cultural adaptation of the Window to Hope: A psychological intervention to reduce hopelessness among US Veterans with traumatic brain injury.

Matarazzo BB, Hoffberg AS, Clemans TA, Signoracci GM, Simpson GK, Brenner LA

Primary objective:

To conduct a cross-cultural adaptation of Window to Hope (WtoH), a treatment to reduce hopelessness after traumatic brain injury (TBI), from the Australian civilian context to that of US Veterans.

Research design:

Three-stage mixed-methods approach. Methods: Stage 1: Consensus conference with stakeholders to revise the manual. Stage 2: Pilot study of the revised manual with US Veterans to examine acceptability, feasibility and fidelity. Stage 3: Review of results with consensus conference attendees and further revisions.

Results:

Stage 1: Conference attendees reached 100% consensus regarding changes made to the manual. Stage 2: Qualitative results yielded themes that suggest that participants benefitted from the intervention and that multiple factors contributed to successful implementation (Narrative Evaluation of Intervention Interview, User Feedback Survey-Modified, Post-Treatment Interviews). Therapists achieved 100% treatment fidelity. Quantitative results from the Client Satisfaction Questionnaire-8 suggest that the intervention was acceptable. Stage 3: The culturally adapted manual was finalized.

Conclusions:

Results of this study suggest that the revised WtoH manual is acceptable and feasible. US therapists exhibited adherence to the protocol. The three-stage methodology was successfully employed to cross-culturally adapt an intervention that is well-suited for a Phase II randomized controlled trial among US military Veterans.

<http://www.ncbi.nlm.nih.gov/pubmed/24945712>

Brain Inj. 2014 Jun 19:1-7. [Epub ahead of print]

The impact of alexithymia on burnout amongst relatives of people who suffer from traumatic brain injury.

Katsifaraki M, Wood RL

Background:

Although previous research has provided some indication of the association of alexithymia and burnout, this is the first study exploring the association of these two variables in a sample of relatives of individuals who have sustained traumatic brain injury (TBI).

Objective:

To explore the degree to which relatives experience burnout and the extent to which alexithymia acts as a pre-disposing factor, controlling for depression and coping strategies. Method: Toronto Alexithymia Scale-20, Maslach Burnout Inventory-Human Services, Estonian COPE Dispositional Inventory and Beck Depression Inventory-II were completed by 60 relatives of patients with TBI drawn from a tertiary head injury clinic population.

Results:

Levels of emotional exhaustion, reduced personal accomplishment and depression were significantly higher in the sub-group of relatives with alexithymia than in the sub-group of relatives without alexithymia. Difficulty describing feelings and externally oriented thinking style were significant predictors of emotional exhaustion, while difficulty identifying feelings and difficulty describing feelings were important predictors of depersonalization.

Conclusions:

Relatives who present with alexithymia need to be identified at an early stage to minimize risks of burnout leading to adverse effects on patient-caregiver relationships.

<http://www.ncbi.nlm.nih.gov/pubmed/24945602>

Brain Inj. 2014 Jun 19:1-7. [Epub ahead of print]

Healthcare utilization following mild traumatic brain injury in female veterans.

Rogers TJ, Smith BM, Weaver FM, Ganesh S, Saban KL, Stroupe KT, Martinez RN, Evans CT, Pape TL

Background:

Mild traumatic brain injury (TBI) is a significant problem for Veterans. Gender differences in mild TBI outcomes such as return-to-work, resolution of symptoms and mental health diagnoses have been reported. The purpose of the study is to characterize gender differences in VA healthcare utilization in the year following mild TBI diagnosis.

Methods:

This was a retrospective database study of 12 144 Veterans diagnosed with mild TBI in fiscal year 2008 and their healthcare utilization in the following year.

Results:

The mean age was 43.6 ± 17 and the majority were men (94.1%). Overall, women had more outpatient utilization than men with mild TBI (mean: 48 vs. 37 visits; $p \leq 0.001$). Adjusted analyses indicated that women had a rate of outpatient utilization 25% higher than men (IRR = 1.25, 95% CI = 1.17-1.33). It was found that 13.6% of the difference in outpatient utilization by gender could be explained by other factors such as race, age, marital status, geographic location and illness burden.

Conclusion:

Male Veterans had less outpatient utilization than females in the year following mild TBI diagnosis. Gender and other factors only accounted for a small portion of the differences observed; therefore, gender only partially accounts for differences in healthcare utilization following mild TBI.

<http://www.ncbi.nlm.nih.gov/pubmed/24940794>

Appl Neuropsychol Adult. 2014 Jun 18:1-9. [Epub ahead of print]

Cognitive and Self-Reported Psychological Outcomes of Blast-Induced Mild Traumatic Brain Injury in Veterans: A Preliminary Study.

Bolzenius JD, Roskos PT, Salminen LE, Paul RH, Bucholz RD

The increased use of explosives in combat has resulted in a large number of returning veterans suffering from blast-related mild traumatic brain injury (mTBI) and self-reported complications. It remains unclear whether this increase in self-reported difficulties is unique to the blast mechanism or stressful preinjury environment and whether cognitive-functioning deficits correspond with these difficulties in the postacute phase. This study examined the relationship between cognitive performance and self-reported psychological and somatic symptoms of blast-related mTBI compared with civilian mTBI, independent of comorbid posttraumatic stress disorder (PTSD) symptoms. Twelve veterans with blast-related mTBI were compared to 18 individuals with civilian mTBI on cognitive tests and self-report questionnaires. Univariate

analyses failed to reveal differences on any individual cognitive test. Further, veterans reported more psychological and somatic complaints. These self-reported difficulties were not significantly correlated with neuropsychological performance. Overall, preliminary results suggest that in the postacute phase, subjective complaints related to blast-related mTBI do not covary with objective cognitive performance. Additionally, cognitive outcomes from blast-related mTBI were similar to those of civilian forms of mTBI. Future studies should identify the cognitive and self-reported sequelae of blast-related mTBI independent of comorbid PTSD in a larger sample of veterans.

<http://www.ncbi.nlm.nih.gov/pubmed/24939352>

J Contin Educ Health Prof. 2014 Apr;34(2):102-11. doi: 10.1002/chp.21226.

All for one and one for all: understanding health professionals' experience in individual versus collaborative online learning.

MacNeill H, Telner D, Sparaggis-Agaliotis A, Hanna E

INTRODUCTION:

Computer-supported collaborative learning (CSCL) may facilitate continuing interprofessional education while overcoming barriers of time and place for busy health care professionals. The purpose of this study was to understand the experiences, advantages, and challenges of group versus individual online learning.

METHODS:

Fifteen multidisciplinary health professionals participated in a 12-week online course on either diabetes or traumatic brain injury. This consisted of background e-modules and a longitudinal build-a-case exercise, done either individually or as a group. Focus group sessions exploring participants' experiences after course completion and at 4 months were conducted, transcribed, and analyzed for recurring themes. Participant reflection homework and video-recorded group sessions were used for triangulation of results.

RESULTS:

Individual learners appreciated the flexibility and control, but experienced decreased motivation. Group learners appreciated the immediate feedback from their co-learners and felt social pressure to come to the weekly sessions prepared but expressed challenges in determining group goal-setting for the session. Both groups felt they learned about interprofessional roles; however, group learners described a richer learning experience and understanding of interprofessional roles through the online collaboration exercise. The intense resources necessary for interprofessional CSCL, including time, faculty development, and technological issues, are described.

DISCUSSION:

CSCL is a valuable educational strategy in online learning. While individual online learning may be better suited for short and simple educational interventions such as knowledge acquisition, CSCL seems to allow for richer and deeper learning in complex and interprofessional educational experiences. However, strategies, resources, and faculty development required to enhance CSCL need to be addressed carefully. © 2014 The Alliance for Continuing Education in the Health Professions, the Society for Academic Continuing Medical Education, and the Council on Continuing Medical Education, Association for Hospital Medical Education.

<http://www.ncbi.nlm.nih.gov/pubmed/24953480>

J Affect Disord. 2014 Jun 6;167C:93-97. doi: 10.1016/j.jad.2014.05.060. [Epub ahead of print]

Prevalence and clinical correlates of co-occurring insomnia and hypersomnia symptoms in depression.

Soehner AM, Kaplan KA, Harvey AG

BACKGROUND:

The aim was to examine the prevalence and consequences of co-occurring insomnia and hypersomnia symptoms in depressed adults drawn from a representative sample of the U.S. population.

METHOD:

Data from 687 National Comorbidity Survey Replication (NCS-R) respondents meeting criteria for a major depressive episode (MDE) in the past year were included. Respondents completed clinical interviews that assessed 12-month DSM-IV disorders, impairment, mental health treatment, and depressive symptom severity. Outcomes were compared between respondents who experienced insomnia symptoms-only (N=404), hypersomnia symptoms-only (N=44), both insomnia and hypersomnia symptoms (N=184) and no sleep problems (N=55) during an MDE.

RESULTS:

Insomnia and hypersomnia symptoms co-occurred in 27.7% of respondents with past-year MDEs, most frequently in bipolar spectrum disorders and major depressive disorder with dysthymia. Similar to the insomnia-only group, respondents with co-occurring sleep disturbances had more severe depression, and higher rates of past-year impulse control disorders and suicide planning. Similar to the hypersomnia-only group, respondents with co-occurring sleep disturbances had higher rates of past-year drug use disorders and suicide attempts. Compared to the insomnia-only and no sleep problem groups, respondents with both sleep disturbances were more frequently in mental health treatment, seeing a general practitioner, and taking antidepressants.

LIMITATIONS:

The NCS-R is cross-sectional and did not evaluate sleep disorder diagnoses.

CONCLUSIONS:

Co-occurring insomnia and hypersomnia symptoms were associated with a more severe MDE. Further research is warranted to more fully understand the joint presentation of insomnia and hypersomnia in depression. Copyright © 2014 Elsevier B.V. All rights reserved.

<http://www.ncbi.nlm.nih.gov/pubmed/23640130>

Ann Behav Med. 2013 Dec;46(3):260-72. doi: 10.1007/s12160-013-9503-9.

Using mental imagery to deliver self-regulation techniques to improve sleep behaviors.

Loft M1, Cameron LD

BACKGROUND:

Poor sleep habits and insufficient sleep represent significant workplace health issues.

PURPOSE:

Applying self-regulation theory, we conducted a randomized, controlled trial testing the efficacy of mental imagery techniques promoting arousal reduction and implementation intentions to improve sleep behavior.

METHOD:

We randomly assigned 104 business employees to four imagery-based interventions: arousal reduction, implementation intentions, combined arousal reduction and implementation intentions, or control imagery. Participants practiced their techniques daily for 21 days. They completed online measures of sleep quality, behaviors, and self-efficacy at baseline and Day 21; and daily measures of sleep behaviors.

RESULTS:

Participants using implementation intention imagery exhibited greater improvements in self-efficacy, sleep behaviors, sleep quality, and time to sleep relative to participants using arousal reduction and control imagery.

CONCLUSIONS:

Implementation intention imagery can improve sleep behavior for daytime employees. Use of arousal reduction imagery was unsupported. Self-regulation imagery techniques show promise for improving sleep behaviors.

http://www.coburn.senate.gov/public//index.cfm?a=Files.Serve&File_id=dfb0d9c8-d3ee-4d0d-ab56-e842186574fe

Friendly Fire: Death, Delay, and Dismay at the VA

U.S. Senator Tom Coburn, M.D. (R-OK)

June 24, 2014

From [press release](#):

U.S. Senator and doctor Tom Coburn, M.D. (R-OK), today released his new oversight report “Friendly Fire: Death, Delay, and Dismay at the VA.” The report is based on a year-long investigation of VA hospitals around the nation that chronicled the inappropriate conduct and incompetence within the VA that led to well-documented deaths and delays. The report also exposes the inept congressional and agency oversight that allowed rampant misconduct to grow unchecked.

“This report shows the problems at the VA are worse than anyone imagined. The scope of the VA’s incompetence – and Congress’ indifferent oversight – is breathtaking and disturbing. This investigation found the problems at the VA are far deeper than just scheduling. Over the past decade, more than 1,000 veterans may have died as a result of the VA’s misconduct and the VA has paid out nearly \$1 billion to veterans and their families for its medical malpractice. As is typical with any bureaucracy, the excuse for not being able to meet goals is a lack of resources. But this is not the case at the VA where spending has increased rapidly in recent years,” Dr. Coburn said.

<http://onlinelibrary.wiley.com/doi/10.1002/mpr.1442/abstract>

A Bayesian model averaging approach to examining changes in quality of life among returning Iraq and Afghanistan Veterans.

Stock, E. M., Kimbrel, N. A., Meyer, E. C., Copeland, L. A., Monte, R., Zeber, J. E., Gulliver, S. B. and Morissette, S. B.

International Journal of Methods in Psychiatric Research

Article first published online: 18 JUN 2014

Many Veterans from the conflicts in Iraq and Afghanistan return home with physical and psychological impairments that impact their ability to enjoy normal life activities and diminish

their quality of life (QoL). The present research aimed to identify predictors of QoL over an eight-month period using Bayesian model averaging (BMA), which is a statistical technique useful for maximizing power with smaller sample sizes. A sample of 117 Iraq and Afghanistan Veterans receiving care in a southwestern health care system was recruited, and BMA examined the impact of key demographics (e.g. age, gender), diagnoses (e.g. depression), and treatment modalities (e.g. individual therapy, medication) on QoL over time. Multiple imputation based on Gibbs sampling was employed for incomplete data (6.4% missingness). Average follow-up QoL scores were significantly lower than at baseline (73.2 initial versus 69.5 four-month and 68.3 eight-month). Employment was associated with increased QoL during each follow-up, while post-traumatic stress disorder and Black race were inversely related. Additionally, predictive models indicated that depression, income, treatment for a medical condition, and group psychotherapy were strong negative predictors of four-month QoL but not eight-month QoL. Copyright © 2014 John Wiley & Sons, Ltd.

<http://onlinelibrary.wiley.com/doi/10.1002/jclp.22113/abstract>

Equine-Related Treatments For Mental Disorders Lack Empirical Support: A Systematic Review of Empirical Investigations.

Anestis, M. D., Anestis, J. C., Zawilinski, L. L., Hopkins, T. A. and Lilienfeld, S. O.

Context

Equine-related treatments (ERT) for mental disorders are becoming increasingly popular for a variety of diagnoses; however, they have been subjected only to limited systematic investigation.

Objective

To examine the quality of and results from peer-reviewed research on ERT for mental disorders and related outcomes.

Method

Peer-reviewed studies ($k = 14$) examining treatments for mental disorders or closely related outcomes were identified from databases and article reference sections.

Results

All studies were compromised by a substantial number of threats to validity, calling into question the meaning and clinical significance of their findings. Additionally, studies failed to provide consistent evidence that ERT is superior to the mere passage of time in the treatment of any mental disorder.

Conclusion

The current evidence base does not justify the marketing and utilization of ERT for mental disorders. Such services should not be offered to the public unless and until well-designed studies provide evidence that justify different conclusions.

<http://onlinelibrary.wiley.com/doi/10.1111/soc4.12160/abstract>

Policing Disaster: An Analytical Review of the Literature on Policing, Disaster, and Post-traumatic Stress Disorder.

Faust, K. L. and Ven, T. V.

Sociology Compass

Volume 8, Issue 6, pages 614–626, June 2014

A large body of research findings suggests that law-enforcement officers are confronted with erratic, periodic, and unpredictable high-stress experiences in the line of duty. There is also an increasing amount of research on police as first responders to disasters and their mental health. Recent high-stress events, like the social disorder generated by Hurricanes Sandy and Katrina, the aftermath of the 9/11 attacks, and the violence at Newtown, created a unique matrix for stressors on police officers who may not have had much training to deal with the associated disorder or much social support to draw upon when confronting the residual emotional and mental traumas that they experienced as a result. In this context, we conduct an analytical review of the literature on police stress in instances in which officers have responded to disasters. Moreover we discuss the extant research related to rates of post-traumatic stress disorder, the effects of PTSD and related diagnoses on the personal and professional lives of officers, and the sources of social support available to them in the aftermath of trauma-inducing events. We conclude with a summary of current research and a critique of what is missing in the literature including attention to subclinical PTSD, proper training, the lack of attention to institutional screening for PTSD vulnerability, and the dearth of evaluation research on “what works” in disaster preparedness for police officers.

https://etd.ohiolink.edu/ap/10?0::NO:10:P10_ACCESSION_NUM:csu1403018818

Predicting Use of Evidence-Based Treatments by Helping Professionals for the Treatment of Posttraumatic Stress Disorder

LaFleur, Sean A.

2014, Master of Arts in Psychology, Cleveland State University, College of Sciences and Health Professions

Research suggests that evidence - based treatments (EBTs) for posttraumatic stress disorder are underutilized by counselors, psychologists, and other helping professionals (Becker, Zayfert, & Anderson, 2004; Van Minnen, Hendriks, & Olf, 2010). The current study examined factors that may predict use of EBTs by helping professionals including theoretical orientation, workplace setting, training, client preference, and highest degree held by the helping professional. Training was the only factor found to significantly predict the use of EBTs, suggesting that training may be key in disseminating EBTs and increasing their use.

<http://csus-dspace.calstate.edu/handle/10211.3/121708>

Military sexual trauma: a content analysis

Curnutt, Kellie Anne

(M.S.W., Social Work)--California State University, Sacramento, 2014

Military Sexual Trauma (MST) is a term used by the Department of Defense to describe sexual assault and harassment. MST has negative consequences that include the degradation of morale, health, and family. MST has been present during all wars and conflicts throughout the history of warfare. In addition, history shows that women have participated in warfare and combat all over the world. Using peer reviewed journals and articles, as well as books that detail the history of women's roles in warfare, this researcher has illustrated the contributions of women to war, as well as a content analysis on the prevalence and effects that MST has on women. In conclusion, this content analysis has shown that additional research must be done to determine the effectiveness of programs currently in place to decrease MST.

<http://onlinelibrary.wiley.com/doi/10.1111/soc4.12168/abstract>

21st Century American Military Families: A Review in the Context of the Wars in Afghanistan and Iraq.

Susan M. Ross

Sociology Compass

Volume 8, Issue 6, pages 888–902, June 2014

This article has three interrelated objectives designed to highlight military family studies in the context of the wars in Afghanistan and Iraq. Often referred to collectively as “the war on terror,” Operation Enduring Freedom in Afghanistan and Operation Iraqi Freedom represent the most comprehensive wars fought with an all-volunteer force since the nation's independence. I review the literature on American military families with an emphasis on the challenges facing military families during these operations. First I provide coverage of issues specific to military marriages and then address the research on children of military families. The article ends with an argument for scholars to take a more integrated approach to the study of military families that would help break down the current state of family scholarship and military family scholarship as parallel lines of inquiry.

<http://afs.sagepub.com/content/early/2014/06/12/0095327X14536710.abstract>

Status- and Stigma-related Consequences of Military Service and PTSD: Evidence from a Laboratory Experiment.

Crosby Hipes, Jeffrey W. Lucas, and Meredith Kleykamp

Armed Forces & Society

June 17, 2014

This article describes an experimental study that investigates the status- and stigma-related consequences of military service and of experiences in war resulting in posttraumatic stress disorder (PTSD). In the study, participants interacted with fictitious partners whom they believed were real in four conditions: a control condition, a condition in which the “partner” was in the military, a condition in which the “partner” was a war veteran who had been deployed to Iraq or Afghanistan, and a condition in which the partner was a military veteran with PTSD who had been deployed. Results support predictions that military experience would advantage partners with respect to influence over participants, but that PTSD would be disadvantaging. Previous contact with veterans moderated this relationship, mitigating the loss of influence associated with PTSD. A prediction that PTSD would significantly increase social distance was not supported.

<http://link.springer.com/article/10.1007/s11920-014-0459-7>

The Impact of Sleep on Soldier Performance.

Scott G. Williams, Jacob Collen, Emerson Wickwire, Christopher J. Lettieri, Vincent Mysliwiec

The military population is particularly vulnerable to a multitude of sleep-related disorders owing to the type of work performed by active duty servicemembers (ADSMs). Inadequate sleep, due to insufficient quantity or quality, is increasingly recognized as a public health concern. Traditionally, ADSMs have been encouraged that they can adapt to insufficient sleep just as the body adapts to physical training, but there is a substantial body of scientific literature which argues that this is not possible. Additionally, the military work environment creates unique challenges with respect to treatment options for common sleep disorders like obstructive sleep apnea, restless legs syndrome, and parasomnias. This review highlights sleep disorders which are prevalent in the modern military force and discusses the impact of poor sleep on overall performance. Medical treatments and recommendations for unit leaders are also discussed.

http://journals.lww.com/journaladdictionmedicine/Abstract/publishahead/Longitudinal_Assessment_of_Mental_Disorders..99751.aspx

Longitudinal Assessment of Mental Disorders, Smoking, and Hazardous Drinking Among a Population-Based Cohort of US Service Members.

Smith, Tyler C. MS, PhD; LeardMann, Cynthia A. MPH; Smith, Besa MPH, PhD; Jacobson, Isabel G. MPH; Miller, Shannon C. MD; Wells, Timothy S. DVM, MPH, PhD; Boyko, Edward J. MD, MPH; Ryan, Margaret A.K. MD, MPH

Journal of Addiction Medicine:

Post Author Corrections: June 19, 2014

Objectives:

Combat exposure is known to increase the risk for mental disorders; however, less is known about the temporal relationship between mental disorders and alcohol misuse or smoking. To better understand these interrelationships, this study investigated mental disorders in association with hazardous drinking and cigarette smoking.

Methods:

Using data from a large population-based military cohort, standardized instruments were used to screen for posttraumatic stress disorder, depression, panic, and other anxiety syndromes. Self-reported use of cigarettes and hazardous drinking was also assessed. Subjects were classified as having "new-onset," "persistent," or "resolved" mental disorders and health risk behaviors on the basis of screening results from baseline to follow-up (n = 50,028). Multivariable

logistic regression models were used to investigate temporal patterns between the development of mental disorders and the uptake of smoking or hazardous drinking.

Results:

The strongest associations of new-onset mental disorders were among those who newly reported smoking or hazardous drinking (odds ratio [OR], 1.82; 95% confidence interval [CI], 1.28-2.59 and OR, 2.49; 95% CI, 2.15-2.89, respectively), even after adjustment for combat deployment experience. In addition, persistent smokers and hazardous drinkers had elevated odds for developing a mental disorder at follow-up.

Conclusions:

This study demonstrates a positive association between the onset of mental disorders with the uptake of smoking and hazardous drinking and the likelihood that multiple temporal sequence patterns exist to explain the relationship between mental disorders and hazardous drinking and smoking. Clinical approaches to mitigate deployment-related mental disorders should include alcohol and tobacco-related assessments and interventions.

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<http://onlinelibrary.wiley.com/doi/10.1002/jclp.22111/abstract>

Lessons Offered, Lessons Learned: Reflections on How Doing Family Therapy Can Affect Therapists.

Heatherington, L., Friedlander, M. L. and Diamond, G. M.

Journal of Clinical Psychology

Article first published online: 20 JUN 2014

Only in working conjointly with couples and families do therapists literally witness clients struggling to improve their most intimate relationships. In writing this article, we realized that, in true systemic fashion, not only have many of our clients benefited from working with us, but also we have learned some invaluable lessons from them. Indeed, practicing couple and family therapy gives therapists many opportunities to learn about themselves, especially when it is done thoughtfully. In this article, we reflect on myriad ways in which couples and family therapy has affected each of us personally—as individuals, as partners, as parents, as adult children in our families of origin, and as educators.

<http://www.academicjournals.org/journal/JPHE/article-abstract/4F3CA9F45462>

Nightmares: Knowledge and attitudes in health care providers and nightmare sufferers.

Thünker, J, Norpoth, M, von Aspern, M , Özcan T & Pietrowsky, R

Published: 19 June 2014

Chronic nightmares have a prevalence of 3 to 8% in the general population, but they seem not to play a relevant role in the health care system despite the existence of evidence-based treatments. The aim of this study was to identify nightmare-related knowledge, attitudes and coping approaches in the German mental health care system. A total of 219 health-care providers (primary care, psychiatrists, psychotherapists, in-patient versus out-patient) and another 335 nightmare sufferers were interviewed by telephone and/or filled out self-rating questionnaires. They were asked to estimate nightmare prevalence, to specify nightmare causes and how they cope with nightmares. Health care providers were asked to estimate the relevance of nightmares and the need for treatment. All groups overestimated the prevalence of nightmares. Stress, traumatic events and inner conflicts were rated the highest regarding the possible causes of nightmares, with small differences between the groups. Only a minority of nightmare sufferers tried coping strategies on their own and rated them as being moderately helpful. About one third asked health care providers for help, mainly from general practitioners and medical specialists, but rated this a little helpful. Health care providers rated the relevance of nightmares and the need for treatment as being of moderate importance. Given the high prevalence of clinically relevant nightmares and the fact that helpful and efficient treatment approaches exist, all parts of the health care system as well as the nightmare sufferers need to be better informed. That may help to decrease nightmare disorders.

<http://www.sciencedirect.com/science/article/pii/S0272735814000968>

Client engagement in psychotherapeutic treatment and associations with client characteristics, therapist characteristics, and treatment factors.

Emma Holdsworth, Erica Bowen, Sarah Brown, Douglas Howat

Clinical Psychology Review

Available online 20 June 2014

Client engagement has been associated with positive psychotherapeutic outcomes, yet it is relatively under-theorized. The aims of this review were to establish how client engagement with psychotherapeutic interventions targeting psychological or behavioral change has been operationally defined and assessed, and the associated client characteristics, therapist

characteristic, and treatment factors. Seventy-nine studies were selected for review, revealing inconsistent definitions and assessments of engagement and a broad array of client characteristics and treatment factors investigated. Attendance was frequently used as a proxy for engagement, but may not be reliable. Participation or involvement in conjunction with homework compliance which reflects clients' efforts within and between sessions may more reliably reflect engagement. The findings of associations between client characteristics and engagement variables were equivocal, although clients' capacities to address their problems tended to be positively associated with engagement. Nearly all therapist characteristics, particularly therapists' interpersonal skills, and most treatment factors, particularly strengths-based approaches and the therapeutic relationship, were positively associated with engagement. A theory of engagement is needed that characterizes the function and inter-relations of variables across different psychotherapeutic settings.

<http://onlinelibrary.wiley.com/doi/10.1111/sltb.12107/abstract>

Suicide on Railroad Rights-of-Way: A Psychological Autopsy Study.

Berman, A. L., Sundararaman, R., Price, A. and Au, J. S.

Suicide and Life-Threatening Behavior

Article first published online: 20 JUN 2014

Findings from 55 psychological autopsies of decedents who perished on U.S. railroad rights-of-way between October 1, 2007, and September 30, 2010 are reported. Described are distal, proximal, and contextual factors of risk; understandings of why these suicides occurred on railroad rights-of-way; and opportunities for prevention of similar suicides. International comparisons of suicides on railroad rights-of-way are made to highlight distinct findings regarding U.S. cases. Decedents studied exhibited considerable predisposing risk for suicide, with a high prevalence of severe mental disorders and substance abuse. In addition, a number of acute risk factors were commonly observed, notably suicide ideation, hopelessness, anxiety, and anger. In the context of that acute risk, associated situational variables and a relative absence of protective factors are described.

<http://www.sciencedirect.com/science/article/pii/S0165178114005186>

PTSD and Reasons for living: Associations with depressive Symptoms and alcohol use.

Daniel J. Lee, Gabrielle I. Liverant, Sara E. Lowmaster, Jaimie L. Gradus, Denise M. Sloan

Psychiatry Research

Available online 18 June 2014

Posttraumatic stress disorder (PTSD) is associated with suicidal ideation and behavior, and is found to frequently co-occur with other conditions that exacerbate the risk for suicidal behavior. Despite these findings, few individuals with PTSD engage in suicidal acts, and there has been little research to examine those factors that protect against such behaviors. The current study used path analysis to examine the association between PTSD, depression, hazardous alcohol consumption, and beliefs about suicide (i.e., reasons for living) among a community sample with motor vehicle accident related-PTSD (N=50). Reasons for living were inversely associated with PTSD, depression, and alcohol use. Further, depression symptom severity accounted for the association between PTSD symptom severity and reasons for living. In contrast, hazardous alcohol consumption only demonstrated a trend for accounting for the association between PTSD and reasons for living. Our findings highlight the importance of clinicians assessing co-occurring depression symptoms and suggest the potential use of interventions that promote adaptive cognitions about suicide among people with PTSD.

Links of Interest

Iraq War Veterans Saddened By Renewed Violence

<http://boston.cbslocal.com/2014/06/19/iraq-war-veterans-saddened-by-renewed-violence/>

Old Drug Brings New Promise for PTSD-related Nightmares

<http://www.defense.gov/news/newsarticle.aspx?id=122470>

Program for Chaplains Integrates Spiritual and Mental Health Care

http://www.dcoe.mil/MediaCenter/News/details/14-06-17/Program_for_Chaplains_Integrates_Spiritual_and_Mental_Health_Care.aspx

How vets help vets conquer the after-war

<http://www.csmonitor.com/USA/Military/2014/0615/How-vets-help-vets-conquer-the-after-war>

Fort Hood breaks ground on Intrepid Spirit to treat warriors with PTS, TBI

http://www.army.mil/article/128505/Fort_Hood_breaks_ground_on_Intrepid_Spirit_to_treat_warriors_with_PTS_TBI/

Veterans with blast traumatic brain injury may have unrecognized pituitary dysfunction

<http://www.sciencedaily.com/releases/2014/06/140623092027.htm>

No Sign That ADHD Meds Raise Suicide Risk: Study

http://www.nlm.nih.gov/medlineplus/news/fullstory_146919.html

Hypnosis May Help Improve Deep Sleep

http://www.nlm.nih.gov/medlineplus/news/fullstory_146901.html

Head Injuries Tied to Higher Migraine Risk for Veterans

http://www.nlm.nih.gov/medlineplus/news/fullstory_146894.html

Strengthening the Mental and Behavioral Health Workforce through the National Health Service Corps

<http://www.mentalhealth.gov/blog/2014/06/strengthening-the-workforce.html>

Want a Good Night's Sleep? Make a Plan.

<http://www.nytimes.com/2014/06/19/fashion/want-a-good-nights-sleep-make-a-plan.html>

Lesbian Soldier Wins 35-Year Fight for an Honorable Discharge

<http://www.allgov.com/news/controversies/lesbian-soldier-wins-35-year-fight-for-an-honorable-discharge-140619?news=853446>

Resource of the Week: [National Center for Veterans Analysis and Statistics \(NCVAS\)](#)

The National Center for Veterans Analysis and Statistics (NCVAS) supports planning, analysis, and decision-making activities through the collection, validation, analysis, and dissemination of key statistics on Veteran population and VA programs.

This is the best fishing hole for statistics on the U.S. Veteran population. It offers extensive information on military Veterans, including demographics, VA program expenditures and usage, and lots of health-related data. Updated [reports](#) are issued regularly. For example, just released last week -- [Selected Veterans Health Administration Characteristics: FY2002 to FY2013](#) (.xls), which “shows a brief summary of enrollees, outpatient visits, and inpatient admissions.”




Reports

NATIONAL CENTER FOR VETERANS ANALYSIS AND STATISTICS

- NCVAS Home Page
- Quick Facts
- NCVAS Pocket Cards
- Veteran Population
- Expenditures
- Utilization
- Maps
- Reports
- Surveys
- Additional Sources of Data About Veterans
- FAQs
- Glossary
- About Us


Reports

Quick Facts



Source: American Indians and Alaska Natives (AIAN) (2012)

Median Income



1 2 3 4 5

- Reports**
- 

Compensation and Pension by County: 2013 PDF

This report provides county-level estimates of the number of Veterans who received VA Disability Compensation or Pension benefits during FY 2013. It includes the Veterans' total disability rating, age group, and gender.
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Compensation and Pension by County: 2012 PDF

This report provides county-level estimates of the number of Veterans who received VA Disability Compensation or Pension benefits during FY 2012. It includes the Veterans' total disability rating, age group, and gender.
 - 

Compensation and Pension by County: 2011 PDF

This report provides county-level estimates of the number of Veterans who received VA Disability Compensation or Pension benefits during FY 2011. It includes the Veterans' total disability rating, age group, and gender.

What's New

June 20, 2014, the Department of Veterans Affairs (VA) released the Selected Veterans Health Administration Characteristics: FY2002 to FY2013. This table shows a brief summary of enrollees, outpatient visits, and inpatient admissions.

June 19, 2014, the Department of Veterans Affairs (VA) released the Average Expenditures per Patient by Healthcare Priority Group. This table shows the average expenditures per patient in each of the VA healthcare enrollment priority groups from 2000 - 2013. Data for Veterans and Non-Veterans are presented.

June 13, 2014, the Department of Veterans Affairs (VA) released the...

Contact NCVAS

For more information on reports, surveys, or statistics regarding the Veteran population, or for general inquiries, please e-mail us at vancvas@va.gov

Note

You may need to visit the VA Viewer Software page to view the documents available on this page.

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