



CDP Research Update -- July 3, 2014

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<http://www.hrw.org/reports/2014/06/30/no-time-waste>

No Time to Waste: Evidence-Based Treatment for Drug Dependence at the United States Veterans Administration Department of Veterans Affairs

Human Rights Watch

JULY 1, 2014

The 39-page report states that more than one million US veterans take prescription opioids for pain, and nearly half of them use the drugs “chronically,” or beyond 90 days. Alcohol and drug dependence is strongly associated with homelessness and mental health conditions including post-traumatic stress syndrome and depression, psychological conditions that affect 40 percent of Iraq and Afghanistan veterans in VA care. Drugs or alcohol are involved in 1 of 3 Army suicides, and the VA estimates that 22 veterans commit suicide each day.

http://etd.fcla.edu/CF/CFE0005266/Stapp_Susan_C_2014MAY_PhD.pdf

Post-Traumatic Stress Disorder: The Effect of Age and Military Status on the Military Population's Awareness of Community Mental Health Resources

Susan Catherine Stapp

Dissertation; PhD
College of Education and Human Performance
University of Central Florida
Spring Term 2014

This study sought to explore the existence of a relationship between age and /or military affiliation (active, veteran , or family member) and awareness of local community mental health programs available for the treatment of post - traumatic stress disorder. The study separated age from military affiliation to better distinguish between influences on awareness level. Considerations that remain critical regarding post - traumatic stress disorder were described and used to guide a comprehensive review of the literature to find directions to fulfill the goal of this study. A survey was conducted and 586 active military, veterans, and their family members responded to an instrument that contained 40 items. This study was constrained to three items from the survey; age, military affiliation, self - rated awareness of treatment for PTSD. Multiple analysis techniques found no significant ($p < .05$) correlation between either age and awareness or military affiliation and awareness. Further analysis found a significant ($p = .003$) correlation between veterans and awareness, as well as between family members of veterans ($p = .017$) and awareness. Veterans and their family members indicated a greater awareness of local community mental health programs available for the treatment of post - traumatic stress disorder than did active troops and/or their family members. The significance of this finding presents new opportunities to study and improve both the marketing and the delivery of mental health treatment for PTSD to the active military population. Multiple opportunities for future research are discussed.

<http://www.psy-journal.com/article/S0165-1781%2814%2900530-7/abstract>

Predictors of help-seeking for suicidal ideation in the community: Risks and opportunities for public suicide prevention campaigns.

Alison Louise Cleave, Philip James Batterham, Helen Christensen

Psychiatry Research

Received: October 10, 2013; Received in revised form: June 6, 2014; Accepted: June 18, 2014;
Published Online: June 25, 2014

Help-seeking behaviour for suicidality is low and the reasons for this have not systematically been examined. The aim of the current study was to examine the relationship between suicide stigma, suicide literacy and help-seeking attitudes and intentions. 1,274 Australian adults recruited via Facebook completed an online survey assessing a range of mental health outcomes. High suicide literacy and low suicide stigma were significantly associated with more positive help-seeking attitudes and, among a subsample of 534, greater intentions to seek help. Attribution of suicide to isolation was associated with more positive attitudes toward help-seeking and greater intentions to seek help, while respondents experiencing suicidal ideation had more negative attitudes toward help-seeking and lower intentions to seek help. Lower depressive symptoms, older age and female gender were associated with more positive help-seeking attitudes and higher help-seeking intentions. However, there were differential associations of specific suicide knowledge items and specific stigmatising attitudes with help-seeking outcomes, suggesting a nuanced approach may be required to promote help seeking for suicidality. Suicide knowledge and attitudes play an important role in the help-seeking process for suicide and should be carefully considered in the development of public awareness campaigns.

http://quilfordjournals.com/doi/abs/10.1521/pepi_2014_28_149

Acceptance and Commitment Therapy-Based Self-Management Versus Psychoeducation Training for Staff Caring for Clients With a Personality Disorder: A Randomized Controlled Trial.

Sue Clarke, Georgina Taylor, Joanna Lancaster, and Bob Remington

Journal of Personality Disorders
e-View Ahead of Print

People diagnosed with a personality disorder (PD) are often a stigmatized patient group. This can affect the care they receive, their progression, and the well-being of staff caring for them. Interventions targeted at health care professionals that aim to improve attitudes toward these patients and improve staff well-being do exist; however, evidence for their effectiveness is limited. The present study compared a self-management, Acceptance and Commitment Therapy-based training intervention (ACTr) with a Psychoeducation Training (PETr) intervention in their effectiveness in improving attitudes toward PD patients, staff-patient relations, and staff well-being. Both interventions were successful at improving attitudes and measures of staff-patient relations up to 6 months after training; however, staff well-being did not change for either group. The implications for staff training and future research are discussed.

<http://informahealthcare.com/doi/abs/10.3109/01612840.2014.880139>

The Language of Risk: Common Understanding or Diverse Perspectives?

Leonie Clancy, BN, MN (Mental Health Nursing), PhD Brenda Happell, PhD, RN Lorna Moxham, RN, PhD

Issues in Mental Health Nursing

July 2014, Vol. 35, No. 7 , Pages 551-557

Risk as a concept now takes high priority in contemporary mental health services, with increasing pressure on mental health services to develop risk assessment and management practices. This focus on risk has been criticised for its over-reliance on measurement and management at the expense of therapeutic care and is perpetuated by the language of risk which reinforces power differentials and limits capacity for consumers and carers to influence discussions and debates. Furthermore, to date, most work in this area reflects adult settings with limited consideration of the unique needs of older people and the impact of risk assessment on the care they receive. A qualitative, exploratory approach was undertaken using individual interviews and focus groups to enhance understanding of how risk is conceptualised within an older persons' setting. Managers, clinicians, consumers, and carers from a large metropolitan service participated (n = 57). The language of risk was a major theme emerging from this work. This language, so familiar to providers of services, was not familiar to consumers and carers. A reframing of risk is necessary to reflect consumers' and carers' experiences and understandings. This approach will be essential in promoting consumer and carer participation within recovery-based services, reflecting significant goals of government policy.

<http://publications.amsus.org/doi/abs/10.7205/MILMED-D-13-00551>

Prevalence and Mental Health Correlates of Sleep Disruption Among Military Members Serving in a Combat Zone.

Taylor Marcus K., Hilton Susan M., Campbell Justin S.LCDR, Beckerley Shiloh E., Shobe Katharine K.CDR, Drummond Sean P.A., and For the Behavioral Health Needs Assessment Team

Military Medicine 2014 179:7, 744-751

Sleep disruption is an emergent military health issue, but remarkably little is known of its

prevalence or comorbidities in the combat zone. This study was designed to quantify the prevalence and mental health correlates of sleep disruption among military personnel serving within a ground combat zone during Operation Enduring Freedom. This was a large, cross-sectional survey of active duty and reserve U.S. Navy personnel (N = 3,175). Self-reported sleep measures included total hours of sleep per day, total hours of sleep required to feel well-rested, difficulty falling asleep, and difficulty staying asleep. The survey also measured mental health symptoms, including post-traumatic stress symptoms, anxiety, and depression. Participants reported an average of 5.9 hours of sleep per day despite requiring on average 6.8 hours to feel well rested. More than half (56%) were classified as sleep deficient, and 67% reported 6 or fewer hours of sleep per day. Adjusted for covariates, individuals endorsing sleep disruption were at substantially elevated risk of meeting criteria for post-traumatic stress disorder, generalized anxiety disorder, and major depressive disorder. This study documents the prevalence of sleep disruption in a very large and difficult-to-access sample of military members serving in a combat zone, and details robust associations with mental health.

<http://cgsc.contentdm.oclc.org/cdm/ref/collection/p4013coll2/id/3111>

For man and country: atheist chaplains in the U.S. Army.

Van Dress, Valeria R.

Master of Military Art and Science Thesis
Command and General Staff College (CGSC)
Fort Leavenworth, KS

2014-06-13

Non-theistic Humanists want equal representation in the U.S. Army claiming that no atheist or Humanist chaplains exist to meet the needs of the non-theistic population. Some Humanists consider Humanism a religion and believe the Army needs Humanist chaplains and Distinctive Faith Group Leaders (DFGL) to support this demographic. Other Humanists consider their beliefs non-religious and reject any identification with religion. This thesis examined the purpose and history of the U.S. Army Chaplaincy, the background and history of Humanism, and presented arguments both supporting and opposing atheist chaplains. The researcher interviewed Humanist leaders and U.S. Army chaplains to discover the needs of the non-theistic population and if the Army should appoint Humanist chaplains or DFGLs to meet those needs. The research revealed a gap in designated support for this demographic. The researcher concluded that this group does not have any religious requirements and therefore does not fall under the purview of the Chaplaincy. However, the researcher concluded that a non-religious leader should be available to represent the non-religious and non-theistic Army population.

<http://oai.dtic.mil/oai/oai?verb=getRecord&metadataPrefix=html&identifier=ADA600923>

Spouse READI (Resilience Education and Deployment Information): Randomized Clinical Trial

Corporate Author : RESEARCH INC MEMPHIS TN

Personal Author(s) : Nichols, Linda O ; Martindale-Adams, Jennifer

Report Date : Apr 2014

This randomized clinical trial of spouses coping with reintegration of the service member post deployment enrolled 228 spouses/significant others Active Duty/National Guard/Reserve service members who had served in Iraq or Afghanistan, approximately 76 in each study arm. For the main intervention arm, each telephone support group met 12 times during six months. For the attention control arm, online/telephone education webinars also met 12 times during six months. A Participant Workbook including comprehensive materials for all sessions and topics, other resources, and red flag resources was provided to these two groups. For the usual care arm, at the end of their participation, participants were offered a telephone workshop focusing on the components covered in the telephone groups and received the Participant Workbook. Outcomes included depression and anxiety symptoms, resilience, personal/family coping, and communication. Data were collected by telephone, at baseline, 6, and 12 months with outcomes only collected at 3 and 9 months. Participant satisfaction and benefit was measured with a qualitative project evaluation. Participants in all three study arms improved. These improvements occurred for participants who were dealing with care challenges for an injured service member, who had scores reflective of major depression or generalized anxiety disorder, who experienced more serious life events, or who reported not yet being adjusted to the service member's return in some way, regardless of time since deployment return. Participants in all study arms attributed benefit to improved self-efficacy. Support participants cited self-reflection, skills building, support of other group members, and resources available to them. Education participants ascribed benefit to self-reflection, skills building, and resources available.

<http://publications.amsus.org/doi/abs/10.7205/MILMED-D-13-00446>

Classifying U.S. Army Military Occupational Specialties Using the Occupational Information Network.

Gadermann Anne M., Heeringa Steven G., Stein Murray B., Ursano Robert J., Colpe Lisa J., CAPT, Fullerton Carol S., Gilman Stephen E., Gruber Michael J., Nock Matthew K., Rosellini Anthony J., Sampson Nancy A., Schoenbaum Michael, Zaslavsk Alan M., Kessler Ronald C., and On behalf of the Army STARRS Collaborators

Military Medicine 2014 179:7, 752-761

Objectives:

To derive job condition scales for future studies of the effects of job conditions on soldier health and job functioning across Army Military Occupation Specialties (MOSs) and Areas of Concentration (AOCs) using Department of Labor (DoL) Occupational Information Network (O*NET) ratings.

Methods:

A consolidated administrative dataset was created for the “Army Study to Assess Risk and Resilience in Servicemembers” (Army STARRS) containing all soldiers on active duty between 2004 and 2009. A crosswalk between civilian occupations and MOS/AOCs (created by DoL and the Defense Manpower Data Center) was augmented to assign scores on all 246 O*NET dimensions to each soldier in the dataset. Principal components analysis was used to summarize these dimensions.

Results:

Three correlated components explained the majority of O*NET dimension variance: “physical demands” (20.9% of variance), “interpersonal complexity” (17.5%), and “substantive complexity” (15.0%). Although broadly consistent with civilian studies, several discrepancies were found with civilian results reflecting potentially important differences in the structure of job conditions in the Army versus the civilian labor force.

Conclusions:

Principal components scores for these scales provide a parsimonious characterization of key job conditions that can be used in future studies of the effects of MOS/AOC job conditions on diverse outcomes.

<http://informahealthcare.com/doi/abs/10.3109/01612840.2014.891678>

Disruptive Staff Interactions: A Serious Source of Inter-Provider Conflict and Stress in Health Care Settings.

Mona Stecker, DNP, NP-BC, CNRN, SCRNP Mark M. Stecker, MD, PhD

Issues in Mental Health Nursing

July 2014, Vol. 35, No. 7 , Pages 533-541

This study sought to explore the prevalence of workplace stress, gender differences, and the relationship of workplace incivility to the experience of stress. Effects of stress on performance have been explored for many years. Work stress has been at the root of many physical and

psychological problems and has even been linked to medical errors and suboptimal patient outcomes. In this study, 617 respondents completed a Provider Conflict Questionnaire (PCQ) as well as a ten-item stress survey. Work was the main stressor according to 78.2% of respondents. The stress index was moderately high, ranging between 10 and 48 (mean = 25.5). Females demonstrated a higher stress index. Disruptive behavior showed a significant positive correlation with increased stress. This study concludes that employees of institutions with less disruptive behavior exhibited lower stress levels. This finding is important in improving employee satisfaction and reducing medical errors. It is difficult to retain experienced nurses, and stress is a significant contributor to job dissatisfaction. Moreover, workplace conflict and its correlation to increased stress levels must be managed as a strategy to reduce medical errors and increase job satisfaction.

http://journals.lww.com/academicmedicine/Abstract/publishahead/Honoring_Those_Who_Have_Served_How_Can_Health.99050.aspx

Honoring Those Who Have Served: How Can Health Professionals Provide Optimal Care for Members of the Military, Veterans, and Their Families?

Lee, Jennifer MD; Sanders, Karen M. MD; Cox, Malcolm MD

Academic Medicine:

Post Author Corrections: June 20, 2014

With over one million service members separating from the military over the next several years, it seems prudent to ask whether U.S. health care professionals and systems of care are prepared to evaluate and treat the obvious and more subtle injuries ascribed to military deployment and combat. The authors suggest that several systemic interventions-adding military health history sections to electronic health records, history and physical diagnosis textbooks, and licensing exams while also ensuring that this content is adequately covered in undergraduate and graduate health professional training-will enable all health care professionals to provide service members and veterans with the high-quality care that they deserve. The authors also highlight the U.S. Department of Veterans Affairs' recent innovations in education and care delivery, which are enhancing the education of thousands of students and residents, who will be better prepared to care for veterans after receiving this training.

<http://drum.lib.umd.edu/handle/1903/15250>

An Examination of Toxic Leadership, Job Outcomes, and the Impact of Military Deployment.

Schmidt, Andrew Alexander

Dissertation, Psychology
2014, University of Maryland

Despite increasing coverage of toxic leadership from the popular press and lay publications, it has only recently been the subject of rigorous empirical scrutiny. This investigation tested a moderated mediation model to examine the relationships between toxic leadership, group cohesion, and job outcome variables among military personnel in different deployment situations. Using conservation of resources (COR) theory as a grounding framework, responses were collected from military personnel who were stationed "in garrison" (i.e. at home, in a low stress situation), deployed, (a high stress situation), and deployed to an active combat zone (an extreme stress situation). Hypotheses were focused on group-level ratings of toxic leadership and job outcomes. Multilevel analyses were used to control for individual-level effects. Confirmatory factor analysis showed support for a five-factor structure of toxic leadership that includes dimensions of self-promotion, abusive supervision, unpredictability, narcissism, and authoritarian leadership. The higher-order construct of toxic leadership and its five component dimensions had direct negative effects on all four job outcome variables: group-level job satisfaction, group productivity, group-level organizational trust, and group-level organizational commitment. Toxic leadership also had a direct negative effect on group cohesion. Group cohesion was found to be a full mediator of the relationships between self-promotion, abusive supervision, and unpredictability and group-level job satisfaction. Group cohesion was found to be a partial mediator for the 17 remaining relationships between the toxic leadership dimensions and job outcomes. Relative importance analysis indicated that while the toxic leadership dimensions of unpredictability and abusive supervision were key predictors of job outcomes, self-promotion was the dimension with the most predictive power. No support was found for the hypothesized interactions caused by deployment status. Future directions are proposed for research on destructive leadership styles, and implications for practitioners are discussed.

<http://onlinelibrary.wiley.com/doi/10.1002/smi.2589/abstract>

Relationships Among Positive Emotions, Coping, Resilience and Mental Health.

Gloria, C. T. and Steinhardt, M. A.

Stress and Health

Article first published online: 24 JUN 2014

The broaden-and-build theory of positive emotions suggests that positive emotions can widen the range of potential coping strategies that come to mind and subsequently enhance one's

resilience against stress. Studies have shown that high stress, especially chronic levels of stress, strongly contributes to the development of anxiety and depressive symptoms. However, researchers have also found that individuals who possess high levels of resilience are protected from stress and thus report lower levels of anxiety and depressive symptoms. Using a sample of 200 postdoctoral research fellows, the present study examined if (a) positive emotions were associated with greater resilience, (b) coping strategies mediated the link between positive emotions and resilience and (c) resilience moderated the influence of stress on trait anxiety and depressive symptoms. Results support the broaden-and-build theory in that positive emotions may enhance resilience directly as well as indirectly through the mediating role of coping strategies—particularly via adaptive coping. Resilience also moderated the association of stress with trait anxiety and depressive symptoms. Although stress is unavoidable and its influences on anxiety and depressive symptoms are undeniable, the likelihood of postdocs developing anxiety or depressive symptoms may be reduced by implementing programmes designed to increase positive emotions, adaptive coping strategies and resilience. Copyright © 2014 John Wiley & Sons, Ltd.

<http://link.springer.com/article/10.1007/s11916-014-0436-1>

The Risk of Suicide Mortality in Chronic Pain Patients.

Afton L. Hassett, Jordan K. Aquino, Mark A. Ilgen

Current Pain and Headache Reports

June 2014, 18:436

Chronic pain has long been considered an important risk factor for suicidal behavior. Less well understood are the factors associated with the increased risk for suicide death within chronic pain populations. The purpose of this review is to examine recent research with regard to rates of and risk factors for suicide mortality in patients with chronic musculoskeletal pain. We conclude that patients with a number of chronic pain states are at increased risk for suicide death, and that this risk appears to be due, at least in part, to other well-known correlates of pain such as depression and substance use disorders. However, in all likelihood, there are aspects of chronic pain itself that add uniquely to an individual's suicide risk profile. Lastly, we address a theoretical perspective and offer recommendations for clinical practice.

<http://onlinelibrary.wiley.com/doi/10.1002/psb.1220/abstract>

Depression: current approaches to assessment and treatment.

Ian Reid PhD, MRCPsych, Isobel Cameron PhD and Steve MacGillivray PhD

Prescriber

Volume 25, Issue 12, pages 16–20, 19 June 2014

Depression is common and concerns persist regarding choice of effective treatments. Our Drug review discusses aspects of recommended management and changes in classification, followed by sources of further information and an analysis of the prescription data.

http://digitalcommons.wku.edu/stu_hon_theses/447/

Patriotism or Financial Stability--What Drives Young Men and Women to Join the United States Armed Forces

Hannah Brantley, Western Kentucky University

Thesis, 2014

The purpose of this project is to determine why men and women continue to join the Armed Forces. I looked at different factors that may be associated with why people join the Armed Forces, and used an online survey to help determine what factor(s) had the most influence on the participants to join. This research focuses on patriotism and benefits. The benefits were then broken into different categories: education, healthcare, housing, and retirement. This research, if conducted on a much larger scale, theoretically could help the Armed Forces understand soldiers' reasoning for joining so that they could put resources and funds into those incentives, if applicable, to allow our Armed Forces to have more personnel to choose from. By being more selective, the Armed Forces could choose the best of what this nation has to offer. This would mean the Armed Forces could choose the most intelligent, and the most qualified for each of their positions creating a military that would be better, faster, and stronger. The implications of this would mean more security for this nation to maintain the personal freedoms every civilian holds dear.

<http://www.ncbi.nlm.nih.gov/pubmed/24983797>

J Anxiety Disord. 2014 Jun 14;28(6):559-569. doi: 10.1016/j.janxdis.2014.05.011. [Epub ahead of print]

Testing a procedural variant of written imaginal exposure for generalized anxiety disorder.

Fracalanza K, Koerner N, Antony MM

This experiment examined the degree to which it is more beneficial for individuals with generalized anxiety disorder (GAD) to engage in repeated exposure to mental imagery of the same feared scenario versus varying the exposure content. On three consecutive days, individuals with GAD (N=57) spent 20min writing about: (1) the same worst case scenario (consistent exposure; CE), (2) variations of their worst case scenario (varied exposure; VE), or (3) a neutral topic (neutral control; NC). Participants in the CE condition displayed significant decreases in worry, acute cognitive avoidance, and intolerance of uncertainty from baseline to 1-week follow-up; participants in the VE and NC conditions did not. Initial activation of self-reported anxiety (observed in the CE and VE conditions) and between-session reduction in anxiety (observed in the CE condition only) were associated with improvement in worry. Including more references to negative emotion and writing in the present tense were also associated with greater improvement in worry in the CE condition. These findings suggest that writing repeatedly about the same worst case scenario may benefit people with GAD. The study also provides information on potential mechanisms of change. Copyright © 2014. Published by Elsevier Ltd.

<http://www.ncbi.nlm.nih.gov/pubmed/24983754>

PLoS One. 2014 Jul 1;9(7):e101368. doi: 10.1371/journal.pone.0101368. eCollection 2014

A Population-Based Investigation into the Self-Reported Reasons for Sleep Problems.

Armstrong D, Dregan A

Typologies of sleep problems have usually relied on identifying underlying causes or symptom clusters. In this study the value of using the patient's own reasons for sleep disturbance are explored. Using secondary data analysis of a nationally representative psychiatric survey the patterning of the various reasons respondents provided for self-reported sleep problems were examined. Over two thirds (69.3%) of respondents could identify a specific reason for their sleep problem with worry (37.9%) and illness (20.1%) representing the most commonly reported reasons. And while women reported more sleep problems for almost every reason compared with men, the patterning of reasons by age showed marked variability. Sleep problem symptoms such as difficulty getting to sleep or waking early also showed variability by different reasons as did the association with major correlates such as worry, depression, anxiety and poor health. While prevalence surveys of 'insomnia' or 'poor sleep' often assume the identification of an underlying homogeneous construct there may be grounds for recognising the existence of different sleep problem types particularly in the context of the patient's perceived reason for the problem.

<http://www.ncbi.nlm.nih.gov/pubmed/24983300>

J Trauma Dissociation. 2014 Jul 1. [Epub ahead of print]

DSM-5's 'PTSD with Dissociative Symptoms': Challenges and Future Directions.

Dorahy MJ1, van der Hart O

The DSM-5 formally recognizes a dissociative subtype of PTSD ('PTSD with dissociative symptoms'). This nomenclative move will boost empirical and theoretical efforts to further understand the links between dissociation, trauma and PTSD. This paper examines the empirical literature showing that patients with PTSD can be divided into two different groups based on their neurobiology, psychological symptom profile, history of exposure to early relational trauma and depersonalization/derealization symptoms. It then explores the conceptual and empirical challenges of conceiving one of these types as reflecting a 'dissociative' type of PTSD. First, this classification is based on the presence of a limited subset of dissociative symptoms (i.e., depersonalization, derealization). This sets aside an array of positive and negative psychoform and somatoform dissociative symptoms that may be related to PTSD. Second, empirical evidence suggests heightened dissociation in PTSD compared to many other disorders, indicating that dissociation is relevant to PTSD more broadly, rather than simply to the so-called dissociative subtype. This paper sets out important issues to be examined in the future study of dissociation in PTSD, which need to be informed by solid conceptual understandings of dissociation.

<http://www.ncbi.nlm.nih.gov/pubmed/24981643>

Psychiatr Serv. 2014 Jul 1. doi: 10.1176/appi.ps.201300234. [Epub ahead of print]

Associations of Psychotherapy Dose and SSRI or SNRI Refills With Mental Health Outcomes Among Veterans With PTSD.

Shin HJ, Greenbaum MA, Jain S, Rosen CS

OBJECTIVE:

This study assessed associations between psychotherapy and pharmacotherapy for posttraumatic stress disorder (PTSD) and longitudinal changes in PTSD, depression, and mental health functioning among U.S. veterans diagnosed as having PTSD.

METHODS:

Information about self-reported symptoms experienced from .5 to over three years was collected

from 482 veterans diagnosed as having PTSD. Administrative data from the U.S. Department of Veterans Affairs (VA) were used to calculate initiation of a course of selective serotonin reuptake inhibitors (SSRIs) or serotonin norepinephrine reuptake inhibitors (SNRIs), days of medication coverage, and number of PTSD-related psychotherapy visits during the year after a baseline survey. Hierarchical linear modeling was used to analyze the effects of psychotherapy dose, initiation of an SSRI or SNRI, and medication coverage on symptoms over one year.

RESULTS:

In the year after baseline, over half of the sample (55%) received no psychotherapy for PTSD, and only 8% met the VA's proposed standard of eight PTSD-related sessions within 14 weeks. Nearly half of the participants (47%) were prescribed an SSRI or SNRI and 37% completed a 90-day trial in the year after baseline. Participants' symptoms improved slightly over time. Participants who received eight or more psychotherapy sessions in 14 weeks, completed a 90-day course of SSRIs or SNRIs, or had more days of medication coverage did not improve more than participants who received less treatment.

CONCLUSIONS:

These dose-of-care benchmarks were not related to symptom improvement, highlighting the importance of directly assessing the impact of particular treatments on patient outcomes rather than solely relying on process measures.

<http://www.ncbi.nlm.nih.gov/pubmed/24981414>

Psychiatr Serv. 2014 Jul 1. doi: 10.1176/appi.ps.201300204. [Epub ahead of print]

Treatment of Veterans With PTSD at a VA Medical Center: Primary Care Versus Mental Health Specialty Care.

Vojvoda D, Stefanovics E, Rosenheck RA

OBJECTIVE:

Recent military conflicts have generated significantly more demand for treatment of posttraumatic stress disorder (PTSD) as well as concerns about the adverse effects of stigma associated with specialty mental health care. This study examined the extent to which veterans diagnosed as having PTSD received treatment exclusively in primary care settings.

METHODS:

Administrative data from the U.S. Department of Veterans Affairs (VA) Connecticut Healthcare System for fiscal year 2010 were used to compare the proportions and characteristics of veterans with PTSD (N=4,144) who were treated exclusively in a primary care setting or a mental health specialty clinic.

RESULTS:

Most (87%) veterans were treated in specialty mental health clinics, and 13% were treated exclusively in primary care. In contrast, 24% of veterans with any mental health diagnosis received treatment exclusively in primary care. Comorbid psychiatric diagnoses were much more prevalent among those treated in mental health specialty clinics than in primary care (86% versus 14%), and psychotropic medications were far more likely to be filled in mental health specialty clinics than in primary care (80% versus 36%). The percentage of veterans with service-connected disabilities did not differ between the two treatment settings.

CONCLUSIONS:

Despite the VA's successful expansion of mental health services in primary care, the vast majority of patients with PTSD received treatment in mental health specialty clinics. Stigma does not seem to keep veterans with PTSD from receiving care in specialty mental health settings in spite of the availability of services in primary care.

<http://www.ncbi.nlm.nih.gov/pubmed/24981133>

J Affect Disord. 2014 May 28;166C:359-367. doi: 10.1016/j.jad.2014.05.033. [Epub ahead of print]

Self-injurious behaviors in posttraumatic stress disorder: An examination of potential moderators.

Dixon-Gordon KL, Tull MT, Gratz KL

BACKGROUND:

Despite increasing evidence for a relation between posttraumatic stress disorder (PTSD) and self-injurious behaviors (SIB), limited research has examined the factors that may moderate the associations between PTSD and both nonsuicidal SIB (deliberate self-harm; DSH) and suicidal SIB (suicide attempts). Nonetheless, research suggests that characteristics of the traumatic event, co-occurring borderline personality disorder (BPD), and emotion dysregulation may influence the relations between PTSD and SIB.

METHODS:

Thus, the aim of this study was to examine the moderating role of these factors in the association between PTSD and SIB (including history and frequency of DSH and suicide attempts, and DSH versatility) among a sample of substance use disorder inpatients with (n=116) and without (n=130) a history of PTSD.

RESULTS:

Results from stepwise regression analyses indicate that sexual assault-related PTSD predicted suicide attempt frequency and DSH versatility among those with PTSD. Furthermore, results

from hierarchical linear and logistic regression analyses suggest that co-occurring BPD moderates the relationship between PTSD and both DSH history and versatility and emotion dysregulation moderates the relationship between PTSD and DSH frequency. Specifically, the relations between PTSD and DSH outcomes were stronger among participants with co-occurring BPD and higher levels of emotion dysregulation.

LIMITATIONS:

This study is limited by its reliance on cross-sectional, self-report data.

CONCLUSIONS:

Despite limitations, findings suggest distinct risk factors for suicide attempts and DSH, and highlight the importance of examining characteristics of the trauma and associated BPD and emotion dysregulation in assessing risk for SIB in PTSD. Copyright © 2014 Elsevier B.V. All rights reserved.

http://www.rand.org/pubs/research_reports/RR284.html

Why Is Veteran Unemployment So High?

David S. Loughran

RAND Corporation, 2014

According to official statistics, the unemployment rate of young military veterans ages 18-24 reached 29 percent in 2011. This report seeks to put that statistic in perspective by examining the historical time-series of veteran unemployment, comparing the veteran unemployment rate to that of non-veterans, and examining how veteran unemployment varies with time since military separation. Between 2000 and 2011, younger veterans were, on average, 3.4 percentage points more likely to be unemployed than similarly situated younger non-veterans. However, this difference between veteran and non-veteran unemployment falls rapidly with age and time since military separation. The report concludes that the best available evidence supports the hypothesis that relatively high rates of veteran unemployment reflect the fact that veterans, especially younger veterans, are more likely to have recently separated from a job — namely, military service — and, consequently, are more likely to be engaged in job search, which takes time, especially during periods of slow economic growth. The available evidence lends little support to the hypothesis that veterans are inherently disadvantaged in the civilian labor market. Limiting unemployment benefits available to recently separated veterans would likely reduce the length of unemployment spells, but the net effect of such a policy action on the long-term federal budget is unclear. There is very limited evidence on the effectiveness of other federal policies aimed at facilitating the transition of veterans into the civilian labor market.

<http://www.ncbi.nlm.nih.gov/pubmed/24979313>

J Consult Clin Psychol. 2014 Jun 30. [Epub ahead of print]

Specific and General Therapeutic Mechanisms in Cognitive Behavioral Treatment of Chronic Pain.

Burns JW, Nielson WR, Jensen MP, Heapy A, Czlapiński R, Kerns RD

Objective:

Many studies document efficacy of cognitive behavioral therapy (CBT) for chronic pain, but few studies have examined potential treatment mechanisms. In analyses of data from a controlled trial, we examined whether changes in attitudes toward adopting a pain self-management approach-CBT-specific mechanisms-and quality of working alliance and patient expectations-general mechanisms-early in treatment were related to later-treatment changes in outcomes.

Method:

Our sample was composed of 94 adults (primarily White; mean age: 55.3 years, SD = 11.7; 23% female) who participated in enhanced or standard CBT, and completed measures of attitudes toward self-management (mechanisms), pain intensity, pain interference, depressive symptoms and goal accomplishment (outcomes) at pretreatment, 4- and 8-week assessments, and posttreatment. Working alliance was measured at 4 and 8 weeks, and patient expectations at 3 weeks.

Results:

Because the CBT conditions produced comparable improvements, we combined them. Precontemplation and action attitudes toward pain self-management showed significant quadratic trends over assessments such that 67% and 94.1% (respectively) of total pre-post changes occurred in the first 4 weeks. Outcomes showed only significant linear trends. Cross-lagged regressions revealed that pretreatment-to-4-week changes in action attitudes and 4-week levels of working alliance were related significantly with 4-week-to-posttreatment changes in pain intensity and interference but not vice versa and that 3-week patient expectations were related to 4-week-to-posttreatment changes in interference. Analyses in which mechanism factors were entered simultaneously revealed nonsignificant unique effects on outcomes.

Conclusions:

Adopting an action attitude early in treatment may represent a specific CBT mechanism but with effects held largely in common with 2 general mechanisms. (PsycINFO Database Record (c) 2014 APA, all rights reserved).

<http://www.ncbi.nlm.nih.gov/pubmed/24979256>

J Trauma Dissociation. 2014;15(4):373-83. doi: 10.1080/15299732.2014.903458.

On building a science of common factors in trauma therapy.

Dalenberg CJ

Research on therapy outcome routinely finds that common factors (e.g., warmth, genuineness, trustworthiness) account for more variance than does therapy technique. This article makes the case for more attention to training in positive common factor variables within graduate schools and internships and for research on the effectiveness of such training. Recommendations are given for a change in focus in research and training, including more discussion of taboo topics in trauma therapy; attention to therapist behaviors that enhance the experience of warmth or trustworthiness; and research on client characteristics that impede the experience of being in the presence of a warm, genuine, and trustworthy other.

<http://www.ncbi.nlm.nih.gov/pubmed/24977770>

J Trauma Acute Care Surg. 2014 Jul;77(1):148-54. doi: 10.1097/TA.0000000000000271.

Unveiling posttraumatic stress disorder in trauma surgeons: A national survey.

Joseph B, Pandit V, Hadeed G, Kulvatunyou N, Zangbar B, Tang A, O'Keeffe T, Wynne J, Green DJ, Friese RS, Rhee P

BACKGROUND:

The significance of posttraumatic stress disorder (PTSD) in trauma patients is well recognized. The impact trauma surgeons endure in managing critical trauma cases is unknown. The aim of our study was to assess the incidence of PTSD among trauma surgeons and identify risk factors associated with the development of PTSD.

METHODS:

We surveyed all members of the American Association for Surgery of Trauma and the Eastern Association for Surgery of Trauma using an established PTSD screening test (PTSD Checklist Civilian [PCL-C]). A PCL-C score of 35 or higher (sensitivity > 85%) was used as the cutoff for the development of PTSD symptoms and a PCL-C score of 44 or higher for the diagnosis of PTSD. Multivariate logistic regression was performed.

RESULTS:

There were 453 respondents with a 41% response rate. PTSD symptoms were present in 40% (n = 181) of the trauma surgeons, and 15% (n = 68) of the trauma surgeons met the diagnostic

criteria for PTSD. Male trauma surgeons (odds ratio [OR], 2; 95% confidence interval [CI], 1.2-3.1) operating more than 15 cases per month (OR, 3; 95% CI, 1.2-8), having more than seven call duties per month (OR, 2.6; 95% CI, 1.2-6), and with less than 4 hours of relaxation per day (OR, 7; 95% CI, 1.4-35) were more likely to develop symptoms of PTSD. Diagnosis of PTSD was common in trauma surgeons managing more than 5 critical cases per call duty (OR, 7; 95% CI, 1.1-8). Salary, years of clinical practice, and previous military experience were predictive for neither the development of PTSD symptoms nor the diagnosis of PTSD.

CONCLUSION:

Both symptoms and the diagnosis of PTSD are common among trauma surgeons. Defining the factors that predispose trauma surgeons to PTSD may be of benefit to the patients and the profession. The data from this survey will be useful to major national trauma surgery associations for developing targeted interventions. LEVEL OF EVIDENCE: Epidemiologic study, level III.

<http://archinte.jamanetwork.com/article.aspx?articleid=1885986>

Chronic Pain and Opioid Use in US Soldiers After Combat Deployment.

Toblin RL, Quartana PJ, Riviere LA, Walper K, Hoge CW

JAMA Intern Med. Published online June 30, 2014.

Chronic pain affects a quarter of people seeking primary health care. Opioid medications are prescribed for chronic pain, but recently, rates of opioid use and misuse have ballooned, leading to significant numbers of overdose-related hospitalizations and deaths. The prevalence of chronic pain and opioid use associated with deployment is not well known, despite large numbers of wounded service members. To our knowledge, this is the first study to assess chronic pain prevalence and opioid use in a non-treatment-seeking, active duty infantry population following deployment.

Links of Interest

Concerns About Colleagues: Re-envisioning Our Ethical Responsibility

<http://www.nationalregister.org/pub/the-national-register-report-pub/spring-2014-issue/concerns-about-colleagues-re-envisioning-our-ethical-responsibility/>

How Did a 7-Year-Old Boy Catch His Father's PTSD?

<http://www.washingtonian.com/articles/people/how-did-a-7-year-old-boy-catch-his-fathers-ptsd/>

Online Psychotherapy Gains Fans And Raises Privacy Concerns

<http://www.npr.org/blogs/health/2014/06/30/325488110/online-psychotherapy-gains-fans-and-raises-privacy-concerns>

Brief PTSD therapy strongly reduces symptoms of chronic pain, study reports

<http://medicalxpress.com/news/2014-06-ptsd-therapy-strongly-symptoms-chronic.html>

Smartphone app may revolutionize mental health treatment

<http://www.sciencedaily.com/releases/2014/07/140701142815.htm>

Many U.S. Vets Suffer Chronic Pain, Take Narcotic Painkillers: Study

http://www.nlm.nih.gov/medlineplus/news/fullstory_147072.html

Posttraumatic growth is 'surprisingly positive flip side' of PTSD

<http://www.tampabay.com/news/health/posttraumatic-growth-is-surprisingly-positive-flip-side-of-ptsd/2186160>

Afghan vet's war hits family hard

<http://www.navytimes.com/article/20140623/NEWS/306230026/Afghan-vet-s-war-hits-family-hard>

Why Military Sexual Assault Survivors Have Trouble Getting The Benefits They Deserve

http://www.huffingtonpost.com/2014/06/23/military-sexual-assault-survivors-benefits_n_5487997.html

Researchers try to verify whether canines help patients with TBI, PTSD

<http://www.militarytimes.com/article/20140626/BENEFITS06/306260041/Researchers-try-verify-whether-canines-help-patients-TBI-PTSD>

In U.S., Veterans Report Less Stress, Worry Than Civilians

<http://www.gallup.com/poll/172040/veterans-report-less-stress-worry-civilians.aspx>

How you cope with stress may increase your risk for insomnia

http://www.eurekalert.org/pub_releases/2014-07/aaos-hyc070214.php

Veterans with muscle injuries and mental health conditions more likely to end service

http://www.eurekalert.org/pub_releases/2014-07/uomh-vwm070214.php

Potential drug target for PTSD prevention; Tac2 gene important for fear memory consolidation

http://www.eurekalert.org/pub_releases/2014-06/ehs-pdt063014.php

Resource(s) of the Week: Two Research News Update Services

The easiest way to stay informed in your area of professional interest is to locate trustworthy content aggregators. Two of my favorites are [EurekAlert!](#) and [Science Daily](#).

EurekAlert! is “an online, global news service” from the American Association for the Advancement of Science (AAAS), a professionally-oriented nonprofit that works to promote scientific cooperation/education and information dissemination. AAAS is the publisher of the venerable and prestigious journal, [Science](#).

From the EurekAlert! home page, in the News by Subject section, you can choose an area of interest -- such as [Social & Behavior](#). There you can browse press releases from scholarly journals, academic institutions and other organizations on current research of note. If you use an RSS reader, you can access this content via a [feed](#). The service is free.

The screenshot shows the EurekAlert! website interface. At the top, there is a red header with the EurekAlert! logo and the AAAS logo. Below the header is a navigation bar with links for Home, About Us, and a search bar. The main content area is divided into several sections. On the left, there is a login box with fields for Username and Password, and a LOGIN button. Below the login box is a REGISTER button and a link for Forgot Password?. On the right, there is a 'News By Subject' section with a dropdown menu for 'Browse Subjects' and a 'GO' button. Below this is a 'Key:' section with checkboxes for Meeting, Journal, and Funder. The main content area features two news items. The first is a 'Public Release: 3-Jul-2014' from 'Cortex' with the headline 'More left-handed men are born during the winter'. The second is a 'Public Release: 3-Jul-2014' from 'Journal of Interpersonal Violence' with the headline 'One third of dyslexic adults report being physically abused during childhood'. At the bottom, there is a 'Public Release: 3-Jul-2014' from 'Journal of Clinical Investigation' with the headline 'Movement disorders in young people related to ADHD'. On the left side of the page, there is a sidebar with various links and options, including Press Releases, Multimedia, Science Agencies on EurekAlert!, Calendar, and RSS Feeds.

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Public Release: 3-Jul-2014
Cortex
More left-handed men are born during the winter
Men born in November, December or January are more likely of being left-handed than during the rest of the year. While the genetic bases of handedness are still under debate, scientists at the Faculty of Psychology, University of Vienna, obtained indirect evidence of a hormonal mechanism promoting left-handedness among men. Psychologist Ulrich Tran and his colleagues published their findings in the scientific journal 'Cortex'.
Contact: Ulrich S. Tran
ulrich.tran@univie.ac.at
43-142-774-7119
University of Vienna

Public Release: 3-Jul-2014
Journal of Interpersonal Violence
One third of dyslexic adults report being physically abused during childhood
Adults who have dyslexia are much more likely to report they were physically abused before they turned 18 than their peers without dyslexia, according to a new study from researchers at the University of Toronto and the University of North Carolina School of Medicine in Chapel Hill. Thirty-five per cent of adults with dyslexia report they were physically abused before they turned 18. In contrast, seven per cent of those without dyslexia reported that they had experienced childhood physical abuse.
Contact: Michael Kennedy
m.kennedy@utoronto.ca
416-946-5025
University of Toronto

Public Release: 3-Jul-2014
Journal of Clinical Investigation
Movement disorders in young people related to ADHD

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[Science Daily](#) is a similar, commercial service (also free), that offers more bells and whistles. Drill down to the Mind & Brain section to view social/behavioral health news -- basically press releases from the same sources as EurekAlert!, in a more attractive format that includes, videos, etc. You can get quite a bit more granular in your browsing here; there are topic areas for [PTSD](#), [Sleep Disorders](#) or [Insomnia](#), [Brain Injury](#), [Depression](#), [Addiction](#), and so forth.

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June 30, 2014 — A drug that appears to make memories of fearsome events less durable in mice has been discovered by researchers. The finding may accelerate the development of treatments for preventing PTSD. The ... [full story](#)
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- > Brain-Mapping Device: 'See' Where Memory Fails
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Mind & Brain

- > 'Bad' Video Game Behavior Increases Players' Moral Sensitivity: May Lead to Pro-Social Behavior in Real World

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