



CDP Research Update -- July 10, 2014

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http://www.cstsonline.org/wp-content/resources/Military_Families_in_Transition_Exec_Sum.pdf

Military Families in Transition: Stress, Resilience, and Well-being

(executive summary and recommendations)

Forum on Health and National Security

A Conference Sponsored by:
Center for the Study of Traumatic Stress
Department of Psychiatry
Uniformed Services University of the Health Sciences

The health and well-being of military families is a key part of sustaining the health and readiness of our military forces. The Forum on Health and National Security, sponsored by the Center for the Study of Traumatic Stress, addressed interventions to mitigate the effects of stressors confronted by military families and strategies to enhance the resilience and well-being of these families, as wartime transitions to peace, garrison, and small group deployments. Participants represented military and civilian leaders, and health care and family services educators, researchers, planners, and providers. The goal of the Forum was to share knowledge across disciplinary boundaries, and to develop new perspectives and vantage points, in order to better understand the needs of military families

Participants considered the challenges as well as potential solutions at different levels, from the individual to the family to the larger systems in which soldiers and families are embedded, including both military and civilian communities. In the coming years, additional transitions, and new challenges, will confront military families. Fewer resources will be available to mitigate the effects of the challenges, requiring even greater consideration of cost-effective solutions. To facilitate difficult decisions by leadership in a challenging transitional time, the group developed a set of recommendations addressing: (1) leadership; (2) training and education; (3) programs and interventions; and (4) research.

<http://dc.uwm.edu/etd/422/>

Relationships, Health, and Coping Among Active Duty Military and Veterans

Emily Carol Prosser, University of Wisconsin-Milwaukee

Thesis, M.S., Psychology, 2014

This study investigated the association between types of coping and functional impairment in active duty military and veterans (N = 57, ages 20-63). Participants completed an online survey that asked about their experiences with interpersonal violence, coping strategies in which they engage, and questions about their physical and psychological health and well-being. Disengagement coping was positively associated with functional impairment and accounted uniquely for 33.8% of the variance. These findings reveal interesting information about the types of violence this sample experienced, as well as important information about their coping strategies and how they are associated with impairment in functioning. These findings suggest the need for further research on the topic, so the results can inform programs and resources available to current and former military members.

<http://dc.uwm.edu/etd/421/>

Predictors of Perceived Belonging Among U.S. Military Men and Women

Heidi M. Pfeiffer, University of Wisconsin-Milwaukee

Thesis, M.S., Psychology, 2014

This study aimed to identify predictors of perceived belonging within the military unit, a factor which has been shown to promote effectiveness, satisfaction, and mental health. Online survey responses from service members, veterans, and trainees were analyzed using hierarchical multiple regression. It was found that perceptions of positive military leadership, larger unit size, older age, and active duty (rather than reserve/guard) service were associated with higher perceived belonging, together explaining a significant portion of variance in scores. Male gender was also found to be associated with higher perceived belonging, but the increase in variance explained by the addition of this factor was not significant. The proportion of women within the unit, and the interaction between gender and the proportion of women within the unit, did not explain additional variance in perceived belonging scores. These findings can be used to focus future research and to guide military leaders and policymakers.

<http://www.psy-journal.com/article/S0165-1781%2814%2900546-0/abstract>

Treatment of post traumatic stress disorder Symptoms in emotionally distressed Individuals.

John Kasckowemail, Jennifer Morse, Amy Begley, Stewart Anderso , Salem Bensasi, Stephen Thomas, Sandra C Quinn, Charles F Reynolds III

Psychiatry Research

Received: November 4, 2013; Received in revised form: June 20, 2014; Accepted: June 22, 2014; Published Online: June 28, 2014

Older individuals with emotional distress and a history of psychologic trauma are at risk for post traumatic stress disorder (PTSD) and major depression. This study was an exploratory, secondary analysis of data from the study "Prevention of Depression in Older African Americans". It examined whether Problem Solving Therapy - Primary Care (PST-PC) would lead to improvement in PTSD symptoms in patients with subsyndromal depression and a history of psychologic trauma. The control condition was dietary education (DIET). Participants (n=60) were age 50 or older with scores on the Center for Epidemiologic Studies -Depression scale of 11 or greater and history of psychologic trauma. Exclusions stipulated no major depression and substance dependence within a year. Participants were randomized to 6–8 sessions of either PST-PC or DIET and followed 2 years with booster sessions every 6 months; 29 participants were in the PST-PC group and 31 were in the DIET group. Mixed effects models showed that improvement of PTSD Check List scores was significantly greater in the DIET group over two years than in the PST-PC group (based on a group time interaction). We observed no interventiontime interactions in Beck Depression Inventory or Brief Symptom Inventory-Anxiety subscale scores.

<http://www.biologicalpsychiatryjournal.com/article/S0006-3223%2814%2900457-0/abstract>

Elevated Risk For Autoimmune Disorders In Iraq And Afghanistan Veterans With Posttraumatic Stress Disorder.

Aoife O'Donovan, Ph.D., Beth E. Cohen, M.D., M.A.S., Karen Seal, M.D., M.PH., Dan Bertenthal, M.S., Mary Margaretten, M.D., Kristen Nishimi, B.A., Thomas C. Neylan, M.D.

Biological Psychiatry

Published Online: June 28, 2014

Background

Posttraumatic stress disorder (PTSD) is associated with endocrine and immune abnormalities that could increase risk for autoimmune disorders. However, little is known about the risk for autoimmune disorders among individuals with PTSD.

Methods

We conducted a retrospective cohort study of 666,269 Iraq and Afghanistan veterans under age 55 who were enrolled in the Department of Veterans Affairs (VA) healthcare system between October 7, 2001 and March 31, 2011. Generalized linear models were used to examine if PTSD, other psychiatric disorders, and military sexual trauma exposure (MST) increase risk for autoimmune disorders, including thyroiditis, inflammatory bowel disease, rheumatoid arthritis, multiple sclerosis, and lupus erythematosus, adjusting for age, gender, race, and primary care visits.

Results

PTSD was diagnosed in 203,766 (30.6%) veterans, and psychiatric disorders other than PTSD were diagnosed in an additional 129,704 (19.5%) veterans. Veterans diagnosed with PTSD had significantly higher adjusted relative risk (ARR) for diagnosis with any of the autoimmune disorders alone or in combination compared to veterans with no psychiatric diagnoses (ARR = 2.00, 95% CI, 1.91, 2.09), and compared to veterans diagnosed with psychiatric disorders other than PTSD (ARR = 1.51, 95% CI, 1.43, 1.59, $p < .001$). The magnitude of the PTSD-related increase in risk for autoimmune disorders was similar in women and men, and MST was independently associated with increased risk in both women and men.

Conclusions

Trauma exposure and PTSD may increase risk for autoimmune disorders. Altered immune function, lifestyle factors, or shared etiology may underlie this association.

<http://www.sciencedirect.com/science/article/pii/S0005796714000928>

Sudden gains in two psychotherapies for posttraumatic stress disorder.

Julia König, Regina Karl, Willi Butollo

Behaviour Research and Therapy

Available online 28 June 2014

We examined sudden, large, and stable shifts in symptoms from one therapy session to the next in two treatments for posttraumatic stress disorder (PTSD). Shifts in a positive direction (sudden gains) have so far been more frequently analyzed than those in a negative direction (sudden losses). We analyzed data from 102 outpatients suffering from PTSD who received

either a cognitive-behavioral or a Gestalt-based intervention. Sudden gains, at 22.5 %, were more frequent than sudden losses (3.9 % of patients). Participants who had experienced sudden gains had lower PTSD scores at posttreatment, but not at the 6-month follow-up. As sudden losses were so rare, they were not analyzed statistically. Sudden gains accounted for 52 % of overall treatment gains or 26 % of overall change in a positive direction. Among very successful patients, those with sudden gains were overrepresented, but in absolute terms, there were as many patients without sudden gains in this group. There was no connection between sudden gains and type of intervention or depressive symptoms. Sudden gains and sudden losses occurred in our sample of PTSD patients, but in the light of current results, their clinical importance seems to be limited.

<http://www.sciencedirect.com/science/article/pii/S027273581400097X>

A Comparison of Narrative Exposure Therapy and Prolonged Exposure Therapy for PTSD.

N. Mørkved, K. Hartmann, L.M. Aarsheim, D. Holen, A.M. Milde, J. Bomyea, Steven R. Thorp

Clinical Psychology Review

Available online 26 June 2014

The purpose of this review was to compare and contrast Prolonged Exposure (PE) and Narrative Exposure Therapy (NET). We examined the treatment manuals to describe the theoretical foundation, treatment components, and procedures, including the type, manner, and focus of exposure techniques and recording methods used. We examined extant clinical trials to investigate the range of treatment formats reported, populations studied, and clinical outcome data. Our search resulted in 32 studies on PE and 15 studies on NET. Consistent with prior reviews of PTSD treatment, it is evident that PE has a solid evidence base and its current status as a first line treatment for the populations studied to this date is warranted. We argue that NET may have advantages in treating complex traumatization seen in asylum seekers and refugees, and for this population NET should be considered a recommended treatment. NET and PE have several commonalities, and it is recommended that studies of these treatments include a broader range of populations and trauma types to expand the current knowledge on the treatment of PTSD.

<https://digitalcollections.net.ucf.edu/cdm/ref/collection/ETH/id/1647>

Differences in Parentification of Children and Adolescents in Two-Parent Military Families Versus One-Parent Military Families Due to Deployment

Taylor Truhan, University of Central Florida

Thesis, B.S., Psychology, 2014

The purpose of this study was to investigate the differences in parentification in military families with a deployed parent and without a deployed parent. Previous research has highlighted increased rates of parentification in situations involving parental absence or unavailability, such as divorce, parental illness, parental alcoholism, and domestic violence. This construct was assessed using the Parentification Questionnaire - Youth, a 20 item self-report survey for children and adolescents. Participants consisted of 22 children, ages 7-17, from military families with a deployed parent and military families without a deployed parent. After removing two statistical outliers from the intact military families group, an independent samples t-test was conducted. It was found that there was a significant difference between military families with a deployed parent and military families without a deployed parent. Military families with a deployed parent had higher rates of parentification than military families without a deployed parent. Limitations include a small sample size due to time constraints, the possible presence of one or both parents during the questionnaire, and lack of control groups. Future research should include a larger sample size, increase the comparison to more family groups (i.e. civilian, divorced, separated by work), and assess possible positive or negative impacts of parentification on military children from families separated by deployment.

<http://www.ncbi.nlm.nih.gov/pubmed/24991425>

F1000Prime Rep. 2014 Jun 2;6:48. doi: 10.12703/P6-48. eCollection 2014.

Advances in the management of insomnia.

Pigeon WR, Bishop TM, Marcus JA

Insomnia is highly prevalent and associated with considerable morbidity. Several very efficacious treatments, both pharmacologic and non-pharmacologic, exist for the management of insomnia. New modes of delivery and new formulations of existing sedative-hypnotic medications have been introduced. Novel agents are still being developed and tested to arrive at a hypnotic that has limited side effects while still being efficacious. Innovations with respect to behavioral interventions, which are drastically under-utilized, have focused mainly on making these interventions more widely available through dissemination efforts, briefer formats and more accessible platforms.

<http://www.ncbi.nlm.nih.gov/pubmed/24997098>

J Interpers Violence. 2014 Jul 4. pii: 0886260514540800. [Epub ahead of print]

Does Self-Blame Moderate Psychological Adjustment Following Intimate Partner Violence?

Reich CM, Jones JM, Woodward MJ, Blackwell N, Lindsey LD, Beck JG

This study explored whether self-blame moderates the relationship between exposure to specific types of abuse and both poor general psychological adjustment (i.e., self-esteem) and specific symptomatology (i.e., posttraumatic stress disorder [PTSD]) among women who had experienced intimate partner violence (IPV). Eighty female IPV survivors were involved in this study. Results indicated that self-blame was negatively associated with self-esteem for physical, psychological, and sexual abuse. Self-blame moderated physical abuse, such that high levels of physical abuse interacted with high levels of self-blame in their association with PTSD. Nonsignificant models were noted for psychological and sexual abuse in association with self-blame and PTSD. These findings support the conceptualization that self-blame is associated with both general and specific psychological outcomes in the aftermath of IPV. Future research examining different forms of blame associated with IPV might further untangle inconsistencies in the self-blame literature. © The Author(s) 2014.

<http://www.ncbi.nlm.nih.gov/pubmed/24995589>

Depress Anxiety. 2014 Jul 3. doi: 10.1002/da.22288. [Epub ahead of print]

The Temporal Relationship Between Mental Health and Disability After Injury.

Schweininger S, Forbes D, Creamer M, McFarlane AC, Silove D, Bryant RA, O'Donnell ML

OBJECTIVE:

This longitudinal study investigated the temporal relationship patterns between disability and mental health after injury, with a focus on posttraumatic stress disorder (PTSD), depression, and anxiety.

METHOD:

We conducted a multi-sited longitudinal cohort study with a large sample of hospital patients admitted after injury (N = 1,149, mean age = 37.9, 73.6% male). Data were collected prior to discharge from hospital, and follow-up assessments took place 3 and 12 months postinjury. A cross-lagged structural equation model (SEM) was used to assess the prospective relationship between posttraumatic stress, anxiety, and depression symptoms and disability while controlling for demographic characteristics and objective measures of injury severity.

RESULTS:

Acute depression significantly predicted 3-month disability, and 3-month PTSD severity significantly predicted 12-month disability. Premorbid disability had a significant effect on acute anxiety, depression, and posttraumatic stress symptoms, and 3-month depression but disability after the injury did not predict 12-month psychopathology.

CONCLUSIONS:

We did not find a reciprocal relationship between disability and psychopathology. Rather we found that depression played a role in early disability while PTSD played a role in contributing to long-term delays in the recovery process. The results of this study highlight the need for mental health screening for symptoms of PTSD and depression in the acute aftermath of trauma, combined with early intervention programs in injury populations. © 2014 Wiley Periodicals, Inc.

<http://www.ncbi.nlm.nih.gov/pubmed/24994757>

Assessment. 2014 Jul 2. pii: 1073191114540747. [Epub ahead of print]

Measuring Dimensions of Posttraumatic Stress Disorder: The Iowa Traumatic Response Inventory.

Gootzeit J, Markon K, Watson D

Researchers have suggested that the symptoms of posttraumatic stress disorder (PTSD) should be divided into the four dimensions of intrusions, avoidance, numbing or dysphoria, and hyperarousal. However, the clinical utility of a dysphoria/general distress symptom dimension is unclear, and measures of the overall structure of PTSD are limited by the small number of avoidance and prototypical hyperarousal symptoms in the Diagnostic and Statistical Manual of Mental Disorders (DSM). The Iowa Traumatic Response Inventory (ITRI) was created as a broader measure of symptoms related to PTSD. The factor analytic method of test construction was used to create the scales from a larger pool of items. The measure was validated in a clinical sample and in a student sample. Analysis of the ITRI symptom dimensions suggests traumatic intrusions and avoidance symptoms are highly associated and are specific to PTSD, whereas dysphoria, hyperarousal, and dissociation are not specific to PTSD. Overall, the ITRI was found to be a reliable and valid measure of PTSD symptoms that better captures the observed structure of the disorder. © The Author(s) 2014.

<http://www.ncbi.nlm.nih.gov/pubmed/24990013>

NeuroRehabilitation. 2014 Jul 2. [Epub ahead of print]

College and combat trauma: An insider's perspective of the post-secondary education experience shared by service members managing neurobehavioral symptoms.

Ness BM, Rocke MR, Harrist CJ, Vroman KG

BACKGROUND:

Enrolling in post-secondary education is common among military service members returning from combat deployments, but recent research shows service members who present with neurobehavioral symptoms consistent with traumatic brain injury (TBI) and/or post-traumatic stress disorder (PTSD) are at risk for psychosocial and academic difficulty.

OBJECTIVE:

This exploratory study was conducted to examine the academic experiences of service members through in-depth qualitative analysis.

METHODS:

An initial survey was conducted at a public university to measure self-reported academic achievement and neurobehavioral symptoms experienced by service members (n = 48). Then, follow-up interviews were solicited from a sub-sample (n = 5) of participants to gain an in-depth understanding of their transition, social, and academic experiences.

RESULTS:

The results revealed both the day-to-day challenges participants faced while adjusting to post-secondary life and how neurobehavioral symptoms associated with combat trauma interacted with their learning experiences. The findings indicated participants did not perceive neurobehavioral symptoms as particularly deleterious to their learning thereby highlighting the potentially integral role of coping strategies and motivation in post-secondary success.

CONCLUSIONS:

This study underscores the importance of understanding not only the adverse impact of neurobehavioral symptoms but the factors that promote resilience among military service members in post-secondary education.

<http://www.ncbi.nlm.nih.gov/pubmed/24988254>

J Stud Alcohol Drugs. 2014 Jul;75(4):557-66.

Predictors of continued problem drinking and substance use following military discharge.

Norman SB, Schmied E, Larson GE

Objective:

The goals of the present study were to (a) examine change in rates of problem alcohol/substance use among a sample of veterans between their last year of military service and their first year following separation, (b) identify predictors of continued problem use in the first year after separation, and (c) evaluate the hypothesis that avoidant coping, posttraumatic stress disorder (PTSD) symptoms, and chronic stress place individuals at particularly high risk for continued problem use.

Method:

Participants (N = 1,599) completed self-report measures before and during the year following separation. Participants who endorsed either having used more than intended or wanting or needing to cut down during the past year were considered to have problem use.

Results:

Of 742 participants reporting problem substance use at baseline, 42% reported continued problem substance use at follow-up ("persistors"). Persistors reported more trouble adjusting to civilian life, had a greater likelihood of driving while intoxicated, and had a greater likelihood of aggression. Multivariate analyses showed that avoidant coping score at baseline and higher PTSD symptom score and greater sensation seeking at follow up predicted continued problem use.

Conclusions:

Understanding risk factors for continued problem use is a prerequisite for targeted prevention of chronic problems and associated negative life consequences. (J. Stud. Alcohol Drugs, 75, 557-566, 2014).

<http://www.ncbi.nlm.nih.gov/pubmed/24987848>

PLoS One. 2014 Jul 2;9(7):e100663. doi: 10.1371/journal.pone.0100663. eCollection 2014.

Prospective study of police officer spouse/partners: a new pathway to secondary trauma and relationship violence?

Meffert SM, Henn-Haase C, Metzler TJ, Qian M, Best S, Hirschfeld A, McCaslin S, Inslicht S, Neylan TC, Marmar CR

INTRODUCTION:

It has been reported that posttraumatic stress disorder (PTSD) is associated with secondary spouse/partner (S/P) emotional distress and relationship violence.

OBJECTIVE:

To investigate the relationships between PTSD, S/P emotional distress and relationship violence among police recruits using a prospective design.

METHODS:

Two hypotheses were tested in 71 S/Ps: (1) Police officer reports of greater PTSD symptoms after 12 months of police service will be associated with greater secondary trauma symptoms among S/Ps; (2) Greater secondary trauma symptoms among S/Ps at 12 months will be associated with S/P reports of greater relationship violence.

METHODS:

71 police recruits and their S/Ps were assessed at baseline and 12 months after the start of police officer duty. Using linear and logistic regression, we analyzed explanatory variables for 12 month S/P secondary traumatic stress symptoms and couple violence, including baseline S/P variables and couple violence, as well as exposure and PTSD reports from both S/P and officer.

RESULTS:

S/P perception of officer PTSD symptoms predicted S/P secondary traumatic stress. OS/P secondary trauma was significantly associated with both total couple violence (.34, $p=.004$) and S/P to officer violence (.35, $p=.003$).

CONCLUSIONS:

Although results from this relatively small study of young police officers and their S/Ps must be confirmed by larger studies in general populations, findings suggest that S/P perception of PTSD symptoms may play a key role in the spread of traumatic stress symptoms across intimate partner relationships and intimate partner violence in the context of PTSD.

<http://www.ncbi.nlm.nih.gov/pubmed/24987795>

J Clin Psychopharmacol. 2014 Jul 1. [Epub ahead of print]

Use of a Synthetic Cannabinoid in a Correctional Population for Posttraumatic Stress Disorder-Related Insomnia and Nightmares, Chronic Pain, Harm Reduction, and Other Indications: A Retrospective Evaluation.

Cameron C, Watson D, Robinson J

Nabilone is a synthetic cannabinoid that has shown promise for the treatment of posttraumatic stress disorder (PTSD)-related insomnia and nightmares as well as efficacy in the management of chronic pain. It has also been proposed for harm reduction in cannabis dependence. Its effectiveness for management of concurrent disorders in seriously mentally ill correctional populations has not been evaluated. This retrospective study of 104 male inmates with serious mental illness prescribed nabilone analyzes the indications, efficacy, and safety of its use. Medications discontinued with the initiation of nabilone were also reviewed. The results showed nabilone targeting a mean of 3.5 indications per patient, thus likely reducing polypharmacy risk. The mean final dosage was 4.0 mg. Results indicated significant improvement in PTSD-associated insomnia, nightmares, PTSD symptoms, and Global Assessment of Functioning and subjective improvement in chronic pain. Medications associated with greater risk for adverse effects or abuse than nabilone were often able to be discontinued with the initiation of nabilone, most often antipsychotics and sedative/hypnotics. There was no evidence of abuse within this high-risk population or reduction of efficacy when nabilone was given in powder form with water rather than as a capsule. This study supports the promise of nabilone as a safe, effective treatment for concurrent disorders in seriously mentally ill correctional populations. Prospective, randomized controlled trials are required to confirm our preliminary results. Follow-up in the community will be required to confirm effectiveness in harm reduction.

<http://www.ncbi.nlm.nih.gov/pubmed/24986341>

J Am Acad Psychiatry Law. 2014 Jun;42(2):146-58.

DSM-5 and Posttraumatic Stress Disorder.

Levin AP, Kleinman SB, Adler JS

The latest iteration of the posttraumatic stress disorder (PTSD) criteria presented in The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) includes specific elaborations of the gatekeeper criteria, a new category of stressor, an expansion in the number of symptoms, addition of a new subtype of PTSD, and an enlarged text discussion that breaks new ground in defining the criteria. We first trace the rationale underlying these changes and their impact on the prevalence of PTSD diagnoses in clinical studies and then present potential implications of the new criteria for forensic assessment methodology and the detection of malingering, interpretations of criminal responsibility and mitigation, evaluation of the reliability of witnesses, the scope of claims in civil and employment cases, and eligibility for disability. © 2014 American Academy of Psychiatry and the Law.

<http://www.ncbi.nlm.nih.gov/pubmed/24984579>

Psychiatry Res. 2014 Jun 18. pii: S0165-1781(14)00518-6. doi: 10.1016/j.psychres.2014.06.016. [Epub ahead of print]

PTSD and reasons for living: Associations with depressive symptoms and alcohol use.

Lee DJ, Liverant GI, Lowmaster SE, Gradus JL, Sloan DM

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 among PTSD, depression, hazardous alcohol consumption, and beliefs about suicide (i.e., reasons for living) in 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. Published by Elsevier Ireland Ltd.

<http://www.ncbi.nlm.nih.gov/pubmed/24972729>

Expert Rev Neurother. 2014 Jun 27:1-18. [Epub ahead of print]

Enhancing exposure therapy for anxiety disorders, obsessive-compulsive disorder and post-traumatic stress disorder.

McGuire JF, Lewin AB, Storch EA

Translating findings from basic science, several compounds have been identified that may enhance therapeutic outcomes and/or expedite treatment gains when administered alongside exposure-based treatments. Four of these compounds (referred to as cognitive enhancers) have been evaluated in the context of randomized controlled trials for anxiety disorders (e.g., specific phobias, panic disorder, social anxiety disorder), obsessive-compulsive disorder and post-traumatic stress disorder. These cognitive enhancers include d-cycloserine, yohimbine hydrochloride, glucocorticoids and cortisol and brain-derived neurotrophic factor. There is consistent evidence that cognitive enhancers can enhance therapeutic outcomes and/or expedite treatment gains across anxiety disorders, obsessive-compulsive disorder and post-traumatic stress disorder. Emerging evidence has highlighted the importance of within-session

fear habituation and between-session fear learning, which can either enhance fear extinction or reconsolidate of fear responses. Although findings from these trials are promising, there are several considerations that warrant further evaluation prior to widespread use of cognitive enhancers in exposure-based treatments. Consistent trial design and large sample sizes are important in future studies of cognitive enhancers.

<http://www.ncbi.nlm.nih.gov/pubmed/24959325>

Eur J Psychotraumatol. 2014 May 7;5. doi: 10.3402/ejpt.v5.24066. eCollection 2014.

Accelerated Resolution Therapy for treatment of pain secondary to symptoms of combat-related posttraumatic stress disorder.

Kip KE, Rosenzweig L, Hernandez DF, Shuman A, Diamond DM, Girling SA, Sullivan KL, Wittenberg T, Witt AM, Lengacher CA, Anderson B, McMillan SC

BACKGROUND:

As many as 70% of veterans with chronic pain treated within the US Veterans Administration (VA) system may have posttraumatic stress disorder (PTSD), and conversely, up to 80% of those with PTSD may have pain. We describe pain experienced by US service members and veterans with symptoms of PTSD, and report on the effect of Accelerated Resolution Therapy (ART), a new, brief exposure-based therapy, on acute pain reduction secondary to treatment of symptoms of PTSD.

METHODS:

A randomized controlled trial of ART versus an attention control (AC) regimen was conducted among 45 US service members/veterans with symptoms of combat-related PTSD. Participants received a mean of 3.7 sessions of ART.

RESULTS:

Mean age was 41.0 + 12.4 years and 20% were female. Most veterans (93%) reported pain. The majority (78%) used descriptive terms indicative of neuropathic pain, with 29% reporting symptoms of a concussion or feeling dazed. Mean pre-/post-change on the Pain Outcomes Questionnaire (POQ) was -16.9±16.6 in the ART group versus -0.7±14.2 in the AC group (p=0.0006). Among POQ subscales, treatment effects with ART were reported for pain intensity (effect size = 1.81, p=0.006), pain-related impairment in mobility (effect size = 0.69, p=0.01), and negative affect (effect size = 1.01, p=0.001).

CONCLUSIONS:

Veterans with symptoms of combat-related PTSD have a high prevalence of significant pain, including neuropathic pain. Brief treatment of symptoms of combat-related PTSD among veterans by use of ART appears to acutely reduce concomitant pain.

<http://www.ncbi.nlm.nih.gov/pubmed/24959123>

Front Behav Neurosci. 2014 Jun 10;8:209. doi: 10.3389/fnbeh.2014.00209. eCollection 2014.

Improvement of mood and sleep alterations in posttraumatic stress disorder patients by eye movement desensitization and reprocessing.

Raboni MR, Alonso FF, Tufik S, Suchecki D

Posttraumatic stress disorder (PTSD) patients exhibit depressive and anxiety symptoms, in addition to nightmares, which interfere with sleep continuity. Pharmacologic treatment of these sleep problems improves PTSD symptoms, but very few studies have used psychotherapeutic interventions to treat PTSD and examined their effects on sleep quality. Therefore, in the present study, we sought to investigate the effects of Eye Movement Desensitization Reprocessing therapy on indices of mood, anxiety, subjective, and objective sleep. The sample was composed of 11 healthy controls and 13 PTSD patients that were victims of assault and/or kidnapping. All participants were assessed before, and 1 day after, the end of treatment for depressive and anxiety profile, general well-being and subjective sleep by filling out specific questionnaires. In addition, objective sleep patterns were evaluated by polysomnographic recording. Healthy volunteers were submitted to the therapy for three weekly sessions, whereas PTSD patients underwent five sessions, on average. Before treatment, PTSD patients exhibited high levels of anxiety and depression, poor quality of life and poor sleep, assessed both subjectively and objectively; the latter was reflected by increased time of waking after sleep onset. After completion of treatment, patients exhibited improvement in depression and anxiety symptoms, and in quality of life; with indices that were no longer different from control volunteers. Moreover, these patients showed more consolidated sleep, with reduction of time spent awake after sleep onset. In conclusion, Eye Movement Desensitization and Reprocessing was an effective treatment of PTSD patients and improved the associated sleep and psychological symptoms.

<http://www.ncbi.nlm.nih.gov/pubmed/24442670>

Curr Psychiatry Rep. 2014 Feb;16(2):434. doi: 10.1007/s11920-013-0434-8.

Trauma and dissociation: implications for borderline personality disorder.

Vermetten E, Spiegel D

Psychological trauma can have devastating consequences on emotion regulatory capacities

and lead to dissociative processes that provide subjective detachment from overwhelming emotional experience during and in the aftermath of trauma. Dissociation is a complex phenomenon that comprises a host of symptoms and factors, including depersonalization, derealization, time distortion, dissociative flashbacks, and alterations in the perception of the self. Dissociation occurs in up to two thirds of patients with borderline personality disorder (BPD). The neurobiology of traumatic dissociation has demonstrated a heterogeneity in posttraumatic stress symptoms that, over time, can result in different types of dysregulated emotional states. This review links the concepts of trauma and dissociation to BPD by illustrating different forms of emotional dysregulation and their clinical relevance to patients with BPD.

<https://msrc.fsu.edu/white-paper/promoting-resilience-following-suicide-exposure-military-populations>

Promoting Resilience Following Suicide Exposure in Military Populations

Military Suicide Research Consortium

27 June 2014

Exposure to death is inherent in military service. Service members are exposed to death in combat, during training accidents and/or by suicide. This white paper explores the effects of being exposed to death by suicide to determine health consequences of such exposure, and to identify possible interventions if needed.

<http://dvbic.dcoe.mil/resources/management-sleep-disturbances>

Management of Sleep Disturbances Following Concussion/Mild Traumatic Brain Injury

Defense and Veterans Brain Injury Center

June 25, 2014

The “Management of Sleep Disturbances Following Concussion/Mild Traumatic Brain Injury” product suite consists of a clinical recommendation and companion support tool, as well as a training guide and fact sheet. Service members and veterans who sustain a mild traumatic brain injury (TBI) – known as a concussion – often report difficulty sleeping.

This product suite is designed to guide primary care managers in the assessment and management of common sleep disorders, including insomnia, circadian rhythm sleep-wake

disorder and obstructive sleep apnea. This product suite represents a collaborative approach between the Defense and Veterans Brain Injury Center (DVBIC) and the Defense Department TBI Quad Services – the Army, Navy, Marine Corps and Air Force – as well as the U.S. Army Medical Research and Materiel Command; Joint Trauma Analysis and Prevention of Injury in Combat program; National Intrepid Center of Excellence; U.S. Central Command; Readiness Division of the Defense Health Agency; the Coast Guard; and the Department of Veterans Affairs. Note that each service may mandate specific requirements following a concussion.

<http://pqdtopen.proquest.com/pqdtopen/doc/1531330841.html?FMT=ABS>

A correlational study of resilience and social support among National Guard/Reserve families

by Carter, Twanna G., Ph.D., Capella University, 2014, 128; 3619223

Dissertation, PhD

Although systemic research on National Guard and Reserve (NGR) spouses and families does not exist, the situation is due to change given the expansive role of NGR service members in combat operations over the last decade. In addition, research exploring the effects of deployment on family resilience and social support is limited. The present study employed a predictive correlational design to determine the relationship between resilience and social support for NGR families and five predictor variables (distance from a military base or unit, number of children in the home, employment status of the spouse, rank of the service member, and neighborhood tenure). A sample of 110 spouses of NGR service members with a history of deployment from across 36 states completed a web-based survey instrument. No significant relationships were found between resilience or social support for NGR spouses and any of the five predictor variables. In addition, the results indicate that resilience in NGR spouses is moderately high, as is the level of social support.

<http://journals.psychiatryonline.org/article.aspx?articleid=1885756>

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

Dolores Vojvoda, M.D.; Elina Stefanovics, Ph.D.; Robert A. Rosenheck, M.D.

Psychiatric Services 2014; doi: 10.1176/appi.ps.201300204

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/24979071>

Psychol Serv. 2014 Jun 30. [Epub ahead of print]

Prevalence and Correlates of Suicidal Ideation Among Court-Referred Male Perpetrators of Intimate Partner Violence.

Wolford-Clevenger C, Febres J, Elmquist J, Zapor H, Brasfield H, Stuart GL.

Despite the documented association between intimate partner violence perpetration and suicidal ideation, few studies have examined the prevalence and correlates of suicidal ideation in men attending batterer intervention programs. This cross-sectional study examined the prevalence and correlates of suicidal ideation in 294 males court-ordered to a batterer intervention program. Twenty-two percent of the sample reported experiencing suicidal ideation within the 2 weeks prior to entering the batterer intervention program. Multiple linear regression indicated that

depression and borderline personality disorder symptoms, but not intimate partner violence perpetration, victimization, or antisocial personality disorder symptoms, accounted for significant variance in suicidal ideation. These results suggest that symptoms of depression and borderline personality disorder observed in males attending batterer intervention programs should warrant thorough suicide risk assessment. Implications of the findings and limitations of the study are discussed. (PsycINFO Database Record (c) 2014 APA, all rights reserved).

<http://psr.sagepub.com/content/early/2014/06/25/1088868314535988.abstract>

Reconsidering the Link Between Impulsivity and Suicidal Behavior.

Michael D. Anestis, Kelly A. Soberay, Peter M. Gutierrez, Theresa D. Hernández, and Thomas E. Joiner

Personality and Social Psychology Review

June 26, 2014

It is widely accepted that suicidal behavior often occurs with little planning. We propose, however, that suicidal behavior is rarely if ever impulsive—that it is too frightening and physically distressing to engage in without forethought—and that suicidal behavior in impulsive individuals is accounted for by painful and fearsome behaviors capable of enhancing their capacity for suicide. We conducted a meta-analysis of the association between trait impulsivity and suicidal behavior and a critical review of research considering the impulsiveness of specific suicide attempts. Meta-analytic results suggest the relationship between trait impulsivity and suicidal behavior is small. Furthermore, studies examining a mediating role of painful and provocative behaviors have uniformly supported our model. Results from our review suggest that researchers have been unable to adequately measure impulsivity of attempts and that measures sensitive to episodic planning must be developed to further our understanding of this phenomenon.

<http://onlinelibrary.wiley.com/doi/10.1002/nur.21602/abstract>

Women Veterans' Preferences for Intimate Partner Violence Screening and Response Procedures Within the Veterans Health Administration.

Iverson, K. M., Huang, K., Wells, S. Y., Wright, J. D., Gerber, M. R. and Wiltsey-Stirman, S.

Research in Nursing & Health

Article first published online: 2 JUL 2014

Intimate partner violence (IPV) is a significant health issue faced by women veterans, but little is known about their preferences for IPV-related care. Five focus groups were conducted with 24 women Veterans Health Administration (VHA) patients with and without a lifetime history of IPV to understand their attitudes and preferences regarding IPV screening and responses within VHA. Women veterans wanted disclosure options, follow-up support, transparency in documentation, and VHA and community resources. They supported routine screening for IPV and articulated preferences for procedural aspects of screening. Women suggested that these procedures could be provided most effectively when delivered with sensitivity and connectedness. Findings can inform the development of IPV screening and response programs within VHA and other healthcare settings. Published 2014. This article is a U.S. Government work and is in the public domain in the USA.

<http://www.sciencedirect.com/science/article/pii/S0277953614004146>

Lower Prevalence of Psychiatric Conditions When Negative Age Expectations are Resisted.

Becca R. Levy, Corey E. Pilver, Robert H. Pietrzak

Social Science & Medicine

Available online 3 July 2014

Older military veterans are at greater risk for psychiatric disorders than same-aged non-veterans. However, little is known about factors that may protect older veterans from developing these disorders. We considered whether an association exists between the potentially stress-reducing factor of resistance to negative age stereotypes and lower prevalence of the following outcomes among older veterans: suicidal ideation, anxiety, and posttraumatic stress disorder (PTSD). Participants consisted of 2,031 veterans, aged 55 or older, who were drawn from the National Health and Resilience in Veterans Study, a nationally representative survey of American veterans. The prevalence of all three outcomes was found to be significantly lower among participants who fully resisted negative age stereotypes, compared to those who fully accepted them: suicidal ideation, 5.0% vs. 30.1%; anxiety, 3.6% vs. 34.9%; and PTSD, 2.0% vs. 18.5%, respectively. The associations followed a graded linear pattern and persisted after adjustment for relevant covariates, including age, combat experience, personality, and physical health. These findings suggest that developing resistance to negative age stereotypes could provide older individuals with a path to greater mental health.

<http://oai.dtic.mil/oai/oai?verb=getRecord&metadataPrefix=html&identifier=ADA601460>

Perspective Taking, Cultural Stress, and the Individual: From the Inside Out

Debbie Patton

Army Research Laboratory
Aberdeen Proving Ground, MD 21005-5425

May 2014

In general, Western cultures focus on the world around the individual, and Eastern cultures focus on the group in which one belongs. In understanding how the American military interacts in foreign cultures, Soldier cultural perspectives, or what the individual Soldier brings to the table, must be understood to mitigate the potential effects of culture stress. The ability to maintain unit readiness and mission effectiveness in the midst of increasing peacekeeping missions ultimately depends on the performance of the Soldier. Personal, situational, and organizational factors within dynamic, changing, and stressful environments can affect a Soldier's overall performance. The U.S. Army Research Laboratory will investigate how Soldier individual differences, cultural stress, and perspective taking affect decision making through the Relevant Information for Social-Cultural Depiction. This report will show that inclusion of individual difference variables is essential to social-cultural model development, which will support predictions of decision-making performance in a multicultural environment.

<http://www.plosone.org/article/info%3Adoi%2F10.1371%2Fjournal.pone.0100663#pone-0100663-t004>

Prospective Study of Police Officer Spouse/Partners: A New Pathway to Secondary Trauma and Relationship Violence?

Susan M. Meffert, Clare Henn-Haase, Thomas J. Metzler, Meng Qian, Suzanne Best, Ayelet Hirschfeld, Shannon McCaslin, Sabra Inslicht, Thomas C. Neylan, Charles R. Marmar

PLoS ONE

Published: July 02, 2014

Introduction

It has been reported that posttraumatic stress disorder (PTSD) is associated with secondary spouse/partner (S/P) emotional distress and relationship violence.

Objective

To investigate the relationships between PTSD, S/P emotional distress and relationship violence among police recruits using a prospective design.

Methods

Two hypotheses were tested in 71 S/Ps: (1) Police officer reports of greater PTSD symptoms after 12 months of police service will be associated with greater secondary trauma symptoms among S/Ps; (2) Greater secondary trauma symptoms among S/Ps at 12 months will be associated with S/P reports of greater relationship violence.

Methods

71 police recruits and their S/Ps were assessed at baseline and 12 months after the start of police officer duty. Using linear and logistic regression, we analyzed explanatory variables for 12 month S/P secondary traumatic stress symptoms and couple violence, including baseline S/P variables and couple violence, as well as exposure and PTSD reports from both S/P and officer.

Results

S/P perception of officer PTSD symptoms predicted S/P secondary traumatic stress. OS/P secondary trauma was significantly associated with both total couple violence (.34, $p = .004$) and S/P to officer violence (.35, $p = .003$).

Conclusions

Although results from this relatively small study of young police officers and their S/Ps must be confirmed by larger studies in general populations, findings suggest that S/P perception of PTSD symptoms may play a key role in the spread of traumatic stress symptoms across intimate partner relationships and intimate partner violence in the context of PTSD.

<http://www.psycontent.com/content/p751n4p026267426/>

Suicide Prevention via the Internet: A Descriptive Review.

Nina Jacob, Jonathan Scourfield, Rhiannon Evans

Background:

While concerns abound regarding the impact of the Internet on suicidal behaviors, its role as a medium for suicide prevention remains underexplored. Aims: The study examines what is currently known about the operation and effectiveness of Internet programs for suicide and self-harm prevention that are run by professionals.

Method:

Systematic searches of scholarly databases and suicide-related academic journals yielded 15 studies that presented online prevention strategies.

Results:

No professional programs with a sole focus on nonsuicidal self-harm were identified, thus all studies reviewed focused on suicide prevention. Studies were predominantly descriptive and summarized the nature of the strategy and the target audience. There was no formal evaluation of program effectiveness in preventing suicide. Studies either presented strategies that supported individuals at risk of suicide (n = 8), supported professionals working with those at risk (n = 6), or attempted to improve website quality (n = 1).

Conclusion:

Although the Internet increasingly serves as an important medium for suicidal individuals, and there is concern about websites that both promote and encourage suicidal activity, there is lack of published evidence about online prevention strategies. More attention is needed in the development and evaluation of such preventative approaches.

http://journals.lww.com/psychosomaticmedicine/Abstract/publishahead/Impulsive_Choice_and_Psychological_Pain_in_Acutely.99176.aspx

Impulsive Choice and Psychological Pain in Acutely Suicidal Depressed Patients.

Cáceda, Ricardo MD, PhD; Durand, Dante MD; Cortes, Edmi MD; Prendes-Alvarez, Stefania MD, MPH; Moskovciak, Tori PsyD; Harvey, Philip D. PhD; Nemeroff, Charles B. MD, PhD

Psychosomatic Medicine:

Post Author Corrections: July 1, 2014

Objective:

Despite identification of several risk factors, suicide prediction and prevention is still a clinical challenge. Suicide can be seen as a consequence of poor decision making triggered by overwhelming psychological pain. We examined the relationship of choice impulsivity and psychological pain in depressed patients with acute suicidality.

Methods:

Impulsive choice (delay discounting), psychological pain, and clinical characteristics were assessed in four groups of adults (N = 20-22): a) depressed patients within 72 hours after a suicide attempt, b) depressed patients with active suicidal ideation, c) nonsuicidal depressed patients, and d) healthy controls.

Results:

Impulsive choice was higher in the suicide attempt (0.114 [0.027]) and ideation (0.099 [0.020]) groups compared with nonsuicidal depressed (0.079 [0.020]) and healthy (0.066 [0.019]) individuals ($F(3,79) = 3.06, p = .042$). Psychological pain data showed a similar profile ($F(3,78)$

= 43.48, $p < .001$), with 43.4 (2.9) rating of psychological pain for the suicide attempt, 54.3 (2.2) for suicide ideation, 37.0 (3.2) for nonsuicidal depressed, and 13.7 (0.5) for healthy groups. Within the suicide attempt group, persisting suicidal ideation was associated with more severe depression (36.6 [2.9] versus 21.5 [3.1], $p = .007$) and choice impulsivity (0.134 [0.03] versus 0.078 [0.04], $p = .015$). Both measures normalized within a week: depression (29.9 [2.6] versus 14.4 [3.0], $p = .006$) and choice impulsivity (0.114 [0.026] versus 0.066 [0.032], $p = .019$).

Conclusions:

Transient impulsive choice abnormalities are found in a subset of those who attempt suicide. Both, suicidal ideation and behavior were associated with choice impulsivity and intense psychological pain.

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<http://www.biomedcentral.com/1471-244X/14/S1/S1>

Canadian clinical practice guidelines for the management of anxiety, posttraumatic stress and obsessive-compulsive disorders.

Martin A Katzman, Pierre Bleau, Pierre Blier, Pratap Chokka, Kevin Kjernisted, Michael Van Ameringen and the Canadian Anxiety Guidelines Initiative Group on behalf of the Anxiety Disorders Association of Canada/Association Canadienne des troubles anxieux and McGill University

Background

Anxiety and related disorders are among the most common mental disorders, with lifetime prevalence reportedly as high as 31%. Unfortunately, anxiety disorders are under-diagnosed and under-treated.

Methods

These guidelines were developed by Canadian experts in anxiety and related disorders through a consensus process. Data on the epidemiology, diagnosis, and treatment (psychological and pharmacological) were obtained through MEDLINE, PsycINFO, and manual searches (1980–2012). Treatment strategies were rated on strength of evidence, and a clinical recommendation for each intervention was made, based on global impression of efficacy, effectiveness, and side effects, using a modified version of the periodic health examination guidelines.

Results

These guidelines are presented in 10 sections, including an introduction, principles of diagnosis and management, six sections (Sections 3 through 8) on the specific anxiety-related disorders (panic disorder, agoraphobia, specific phobia, social anxiety disorder, generalized anxiety disorder, obsessive-compulsive disorder, and posttraumatic stress disorder), and two additional

sections on special populations (children/adolescents, pregnant/lactating women, and the elderly) and clinical issues in patients with comorbid conditions.

Conclusions

Anxiety and related disorders are very common in clinical practice, and frequently comorbid with other psychiatric and medical conditions. Optimal management requires a good understanding of the efficacy and side effect profiles of pharmacological and psychological treatments.

<http://www.ncbi.nlm.nih.gov/pubmed/25001071>

Cochrane Database Syst Rev. 2014 Jul 8;7:CD006239. [Epub ahead of print]

Pharmacological interventions for preventing post-traumatic stress disorder (PTSD).

Amos T, Stein DJ, Ipser JC

BACKGROUND:

Post-traumatic stress disorder (PTSD) is a debilitating disorder which, after a sufficient delay, may be diagnosed amongst individuals who respond with intense fear, helplessness or horror to traumatic events. There is some evidence that the use of pharmacological interventions immediately after exposure to trauma may reduce the risk of developing of PTSD.

OBJECTIVES:

To assess the effects of pharmacological interventions for the prevention of PTSD in adults following exposure to a traumatic event.

SEARCH METHODS:

We searched the Cochrane Depression, Anxiety and Neurosis Controlled Trials Register (CCDANCTR-Studies and CCDANCTR-References) (to 14 February 2014). This register contains relevant reports of randomised controlled trials from the following bibliographic databases: CENTRAL (all years); EMBASE (1974 to date); MEDLINE (1950 to date) and PsycINFO (1967 to date). We identified unpublished trials by searching the National Institute of Health (NIH) Reporter, the metaRegister of Controlled Trials database (mRCT) and the WHO International Clinical Trials Registry Platform (to December 2013). We scanned the reference lists of articles for additional studies. We placed no constraints on language and setting.

SELECTION CRITERIA:

We restricted studies to randomised controlled trials (RCTs) of pharmacological interventions compared with placebo for the prevention of PTSD in adults.

DATA COLLECTION AND ANALYSIS:

Two authors (TA and JI) independently assessed trials for eligibility and inclusion based on the

review selection criteria. We independently extracted sample, methodological, outcome and 'Risk of bias' data, as well as the number of side effects, from each trial and entered these into a customised data extraction form. We contacted investigators for missing information. We calculated summary statistics for continuous and dichotomous variables (if provided). We did not undertake subgroup analyses due to the small number of included studies. MAIN RESULTS: We included nine short-term RCTs (duration 12 weeks or less) in the analysis (345 participants; age range 18 to 76 years). Participants were exposed to a variety of traumas, ranging from assault, traffic accidents and work accidents to cardiac surgery and septic shock. Seven studies were conducted at single centres. The seven RCTs included four hydrocortisone studies, three propranolol studies (of which one study had a third arm investigating gabapentin), and single trials of escitalopram and temazepam. Outcome assessment measures included the Clinician-Administered PTSD Scale (CAPS), the 36-Item Short-Form Health Survey (SF-36) and the Center for Epidemiological Studies - Depression Scale (CES-D). In four trials with 165 participants there was moderate quality evidence for the efficacy of hydrocortisone in preventing the onset of PTSD (risk ratio (RR) 0.17; 95% confidence interval (CI) 0.05 to 0.56; P value = 0.004), indicating that between seven and 13 patients would need to be treated with this agent in order to prevent the onset of PTSD in one patient. There was low quality evidence for preventing the onset of PTSD in three trials with 118 participants treated with propranolol (RR 0.62; 95% CI 0.24 to 1.59; P value = 0.32). Drop-outs due to treatment-emergent side effects, where reported, were low for all of the agents tested. Three of the four RCTs of hydrocortisone reported that medication was more effective than placebo in reducing PTSD symptoms after a median of 4.5 months after the event. None of the single trials of escitalopram, temazepam and gabapentin demonstrated evidence that medication was superior to placebo in preventing the onset of PTSD. Seven of the included RCTs were at a high risk of bias. Differential drop-outs between groups undermined the results of three studies, while one study failed to describe how the allocation of medication was concealed. Other forms of bias that might have influenced study results included possible confounding through group differences in concurrent medication and termination of the study based on treatment response.

AUTHORS' CONCLUSIONS:

There is moderate quality evidence for the efficacy of hydrocortisone for the prevention of PTSD development in adults. We found no evidence to support the efficacy of propranolol, escitalopram, temazepam and gabapentin in preventing PTSD onset. The findings, however, are based on a few small studies with multiple limitations. Further research is necessary in order to determine the efficacy of pharmacotherapy in preventing PTSD and to identify potential moderators of treatment effect.

<http://www.aaai.org/ocs/index.php/ICWSM/ICWSM14/paper/viewPaper/8079>

Measuring Post Traumatic Stress Disorder in Twitter

Glen Coppersmith, Craig Harman, Mark Dredze

Last modified: 2014-05-16

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

<http://www.sciencedirect.com/science/article/pii/S0005796714000941>

Dialectical behaviour therapy-informed skills training for deliberate self-harm: A controlled trial with 3-month follow-up data.

Jennifer Gibson, Richard Booth, John Davenport, Karen Keogh, Tara Owens

Behaviour Research and Therapy

Available online 2 July 2014

Dialectical Behaviour Therapy (DBT) has been shown to be an effective treatment for deliberate self-harm (DSH) and emerging evidence suggests DBT skills training alone may be a useful adaptation of the treatment. DBT skills are presumed to reduce maladaptive efforts to regulate emotional distress, such as DSH, by teaching adaptive methods of emotion regulation. However, the impact of DBT skills training on DSH and emotion regulation remains unclear.

This study examined the Living Through Distress (LTD) programme, a DBT-informed skills group provided in an inpatient setting. Eighty-two adults presenting with DSH or Borderline Personality Disorder (BPD) were offered places in LTD, in addition to their usual care. A further 21 clients on the waiting list for LTD were recruited as a treatment-as-usual (TAU) group. DSH, anxiety, depression, and emotion regulation were assessed at baseline and either post-intervention or 6 week follow-up.

Greater reductions in the frequency of DSH and improvements in some aspects of emotion regulation were associated with completion of LTD, as compared with TAU. Improvements in

DSH were maintained at 3 month follow-up. This suggests providing a brief intensive DBT-informed skills group may be a useful intervention for DSH.

<http://www.sciencedirect.com/science/article/pii/S0165032714004170>

Exercise or basic body awareness therapy as add-on treatment for major depression: A controlled study.

Louise Danielsson, Ilias Papoulias, Eva-Lisa Petersson, Margda Waern, Jane Carlsson

Background

While physical exercise as adjunctive treatment for major depression has received considerable attention in recent years, the evidence is conflicting. This study evaluates the effects of two different add-on treatments: exercise and basic body awareness therapy.

Methods

Randomized controlled trial with two intervention groups and one control, including 62 adults on antidepressant medication, who fulfilled criteria for current major depression as determined by the Mini International Neuropsychiatric Interview. Interventions (10 weeks) were aerobic exercise or basic body awareness therapy (BBAT), compared to a single consultation with advice on physical activity. Primary outcome was depression severity, rated by a blinded assessor using the Montgomery Asberg Rating Scale (MADRS). Secondary outcomes were global function, cardiovascular fitness, self-rated depression, anxiety and body awareness.

Results

Improvements in MADRS score (mean change = -10.3, 95% CI (-13.5 to -7.1), $p=0.038$) and cardiovascular fitness (mean change = 2.4 ml oxygen/kg/min, 95% CI (1.5 to 3.3), $p=0.017$) were observed in the exercise group. Per-protocol analysis confirmed the effects of exercise, and indicated that BBAT has an effect on self-rated depression.

Limitations

The small sample size and the challenge of missing data. Participants' positive expectations regarding the exercise intervention need to be considered. Conclusions Exercise in a physical therapy setting seems to have effect on depression severity and fitness, in major depression. Our findings suggest that physical therapy can be a viable clinical strategy to inspire and guide persons with major depression to exercise. More research is needed to clarify the effects of basic body awareness therapy.

Links of Interest

Elsevier announces the launch of a new journal: Current Opinion in Behavioral Sciences

http://www.eurekalert.org/pub_releases/2014-06/e-eat063014.php

Is It Time for a Tobacco-free Military?

<http://www.nejm.org/doi/full/10.1056/NEJMp1405976>

After 77 Years, San Francisco Finally Approves Suicide Nets for Golden Gate Bridge

<http://www.allgov.com/news/unusual-news/after-77-years-san-francisco-finally-approves-suicide-nets-for-golden-gate-bridge-140629?news=853541>

In Military Care, a Pattern of Errors but Not Scrutiny

<http://www.nytimes.com/2014/06/29/us/in-military-care-a-pattern-of-errors-but-not-scrutiny.html>

Insomnia Often Related to Stress

<http://psychcentral.com/news/2014/07/04/insomnia-often-related-to-stress/72063.html>

1 in 10 Deaths Among Adults Tied to Alcohol: CDC

http://www.nlm.nih.gov/medlineplus/news/fullstory_147017.html

Iraq veterans now wonder if all their sacrifices were for naught

<http://www.kansascity.com/news/local/article594762.html>

New strategy could uncover genes at the root of psychiatric illnesses

<http://www.sciencedaily.com/releases/2014/07/140703125535.htm>

How you cope with stress may increase your risk for insomnia

<http://www.sciencedaily.com/releases/2014/07/140703103001.htm>

What the Therapist Thinks About You

<http://well.blogs.nytimes.com/2014/07/07/what-the-therapist-thinks-about-you/>

A Different Path to Fighting Addiction

<http://www.nytimes.com/2014/07/06/nyregion/a-different-path-to-fighting-addiction.html>

Probing Brain's Depth, Trying to Aid Memory

<http://www.nytimes.com/2014/07/09/health/probing-brains-depth-trying-to-aid-memory.html>

Challenges for female war veterans

<http://www.ctpost.com/local/article/Challenges-for-female-war-veterans-5603376.php>

Resource of the Week: [The Education Directory for Children With Special Needs \(DoD\)](#)

From [press release](#):

A permanent-change-of-station move prompts its own challenges, but family members with special-needs children face another complexity when looking for the right schools at their new home, a Defense Department official said here yesterday.

Ed Tyner, acting deputy director of DOD's special needs program, told DoD News that service members and their families can find a comprehensive tool in the newly updated Education Directory for Children with Special Needs, which addresses opportunities in all 50 states and the District of Columbia.

Available on the Military OneSource website, the directory gives parents guidance to make informed decisions on new school districts, programs and services for special-needs children.

...

The directory comprises two components: one on early intervention for children up to age 2, and another for school-aged children and young adults up to age 22, and both provide a substantive guide of tools and resources to make education transitions easier during a PCS move.

While the directory on Military OneSource neither compares nor rates schools, it will walk family members through school districts near the new installation and lists what schools offer for special-needs education opportunities and services, as well as enrollment numbers, Tyner explained.

"Contacts are listed so family members know who to call for more information," he said.

Other tools in the directory include a checklist to give family members questions to ask at the new school and tips for organizing school records and other advice to help in the transition.



Home

- [School-Age Directory \(3-21\)](#)
- [Early Intervention \(EI\) Directory](#)



The Education Directory for Children With Special Needs

The Education Directory for Children With Special Needs provides military families with children with special needs the information they need to make informed assignment decisions and easier transitions.

The directory consists of two components:

- The Early Intervention Directory focusing on early intervention services for children birth through 3 years old
- The School-Age Directory focusing on education services for children with special needs, 3 through 21 years old

Both provide tools and resources to help with the transition to a new location. The Early Intervention Directory summarizes national and state level early intervention trends and includes descriptions of local early intervention service providers. The School-Age Directory summarizes national and state level trends for special education and includes descriptions of individual school districts.

OUR WEBSITES

- [Education Directory for Children With Special Needs](#)
- [Military OneSource](#)
- [MySECO](#)
- [MilitaryINSTALLATIONS](#)
- [Military Youth on the Move](#)
- [MSEP Career Portal](#)
- [Plan My Deployment](#)

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