



CDP Research Update -- July 17, 2014

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<http://www.ncbi.nlm.nih.gov/pubmed/25008313>

Acad Psychiatry. 2014 Jul 10. [Epub ahead of print]

Psychotherapy Training: Residents' Perceptions and Experiences.

Kovach JG, Dubin WR, Combs CJ

OBJECTIVE:

This survey examined actual training hours in psychotherapy modalities as reported by residents, residents' perceptions of training needs, and residents' perceptions of the importance of different aspects of psychotherapy training.

METHOD:

A brief, voluntary, anonymous, Internet-based survey was developed. All 14 program directors for Accreditation Council for Graduate Medical Education accredited programs in Pennsylvania, New Jersey, and Delaware provided email addresses for current categorical residents. The survey inquired about hours of time spent in various aspects of training, value assigned to aspects of training, residents' involvement in their own psychotherapy, and overall resident wellness. The survey was e-mailed to 328 residents.

RESULTS:

Of the 328 residents contacted, 133 (40.5 %) responded. Median reported number of PGY 3 and 4 performed versus perceived ideal hours of supportive therapy, cognitive behavioral therapy (CBT), and psychodynamic therapy did not differ. Answers for clinical time utilizing these modalities ranged from "none or less than 1 h" per month to 20+ h per month. PGY 3 and 4 residents reported a median of "none or less than 1 h" per month performed of interpersonal, dialectical behavior therapy, couples/family/group, and child therapies but preferred more time using these therapies. Residents in all years of training preferred more hours of didactic instruction for all psychotherapies and for medication management. Residents ranked teaching modalities in the following order of importance: supervision, hours of psychotherapy performed, personal psychotherapy, readings, and didactic instruction. Residents engaged in their own psychotherapy were significantly more likely to rank the experiential aspects of psychotherapy training (personal psychotherapy, supervision, and hours performed) higher than residents not in psychotherapy.

CONCLUSION:

Current psychotherapy training for psychiatry residents is highly variable, but overall, residents want more psychotherapy education than they are receiving. Further research and discussion about how much psychotherapy training is feasible in an evolving field is required.

<http://www.plosone.org/article/info%3Adoi%2F10.1371%2Fjournal.pone.0088710>

Beep Tones Attenuate Pain following Pavlovian Conditioning of an Endogenous Pain Control Mechanism.

Raymonde Scheuren, Fernand Anton, Nathalie Erpelding, Gilles Michaux

PLoS ONE

February 13, 2014

Heterotopic noxious counter-stimulation (HNCS) is commonly used to study endogenous pain control systems. The resulting pain inhibition is primarily based on spinal cord-brainstem loops. Recently, functional imaging studies have shown that limbic structures like the anterior cingulate cortex and amygdala are also implicated. Since these structures are involved in learning processes, it is possible that the HNCS-induced pain inhibition may depend on specific cues from the environment that have been associated with pain reduction through associative learning. We investigated the influence of Pavlovian conditioning on HNCS-induced pain inhibition in 32 healthy subjects by using a differential conditioning paradigm in which two different acoustic stimuli were either repeatedly paired or unpaired with HNCS. Series of noxious electrical pulse trains delivered to the non-dominant foot served as test stimuli. Diffuse noxious inhibitory control (DNIC)-like effects were induced by concurrent application of tonic

HNCS (immersion of the contralateral hand in ice water). Subjective pain intensity and pain unpleasantness ratings and electromyographic recordings of the facial corrugator muscle and the nocifensive RIII flexion reflex were used to measure changes in pain sensitivity. HNCS induced significant pain and reflex inhibitions. In the post-conditioning phase, only the paired auditory cue was able to significantly reduce pain perceptions and corrugator muscle activity. No conditioned effect could be observed in RIII reflex responses. Our results indicate that the functional state of endogenous pain control systems may depend on associative learning processes that, like in the present study, may lead to an attenuation of pain perception. Similar albeit opposite conditioning of pain control mechanisms may significantly be involved in the exacerbation and chronification of pain states.

<http://www.ncbi.nlm.nih.gov/pubmed/25005502>

Am J Occup Ther. 2014 Jul-Aug;68(4):395-404. doi: 10.5014/ajot.2014.011221.

High-intensity sports for posttraumatic stress disorder and depression: feasibility study of ocean therapy with veterans of operation enduring freedom and operation iraqi freedom.

Rogers CM, Mallinson T, Peppers D.

In this study, we conducted a pretest-posttest investigation of a sports-oriented occupational therapy intervention using surfing in an experiential, skills-based program to support veterans with symptoms of posttraumatic stress disorder (PTSD) in their transition to civilian life. The purpose of this feasibility study was to evaluate the intervention for attendance rates and retention in the program provided in 5 sessions over 5 wk. Fourteen veterans from a specialty postdeployment clinic at a Veterans Affairs hospital were enrolled; 11 completed the study, and 10 attended ≥ 3 sessions. Participants reported clinically meaningful improvement in PTSD symptom severity (PTSD Checklist-Military Version, Wilcoxon signed rank $Z = 2.5$, $p = .01$) and in depressive symptoms (Major Depression Inventory, Wilcoxon signed rank $Z = 2.05$, $p = .04$). The results of this small, uncontrolled study suggest a sports-oriented occupational therapy intervention has potential as a feasible adjunct intervention for veterans seeking mental health treatment for PTSD symptoms. Copyright © 2014 American Occupational Therapy Association

<http://www.ncbi.nlm.nih.gov/pubmed/25004803>

J Med Internet Res. 2014 Jul 8;16(7):e167. doi: 10.2196/jmir.3235.

Experiential virtual scenarios with real-time monitoring (interreality) for the management of psychological stress: a block randomized controlled trial.

Gaggioli A, Pallavicini F, Morganti L, Serino S, Scaratti C, Briguglio M, Crifaci G, Vetrano N, Giulintano A, Bernava G, Tartarisco G, Pioggia G, Raspelli S, Cipresso P, Vigna C, Grassi A, Baruffi M, Wiederhold B, Riva G.

BACKGROUND:

The recent convergence between technology and medicine is offering innovative methods and tools for behavioral health care. Among these, an emerging approach is the use of virtual reality (VR) within exposure-based protocols for anxiety disorders, and in particular posttraumatic stress disorder. However, no systematically tested VR protocols are available for the management of psychological stress.

OBJECTIVE:

Our goal was to evaluate the efficacy of a new technological paradigm, Interreality, for the management and prevention of psychological stress. The main feature of Interreality is a twofold link between the virtual and the real world achieved through experiential virtual scenarios (fully controlled by the therapist, used to learn coping skills and improve self-efficacy) with real-time monitoring and support (identifying critical situations and assessing clinical change) using advanced technologies (virtual worlds, wearable biosensors, and smartphones).

METHODS:

The study was designed as a block randomized controlled trial involving 121 participants recruited from two different worker populations-teachers and nurses-that are highly exposed to psychological stress. Participants were a sample of teachers recruited in Milan (Block 1: n=61) and a sample of nurses recruited in Messina, Italy (Block 2: n=60). Participants within each block were randomly assigned to the (1) Experimental Group (EG): n=40; B1=20, B2=20, which received a 5-week treatment based on the Interreality paradigm; (2) Control Group (CG): n=42; B1=22, B2=20, which received a 5-week traditional stress management training based on cognitive behavioral therapy (CBT); and (3) the Wait-List group (WL): n=39, B1=19, B2=20, which was reassessed and compared with the two other groups 5 weeks after the initial evaluation.

RESULTS:

Although both treatments were able to significantly reduce perceived stress better than WL, only EG participants reported a significant reduction (EG=12% vs CG=0.5%) in chronic "trait" anxiety. A similar pattern was found for coping skills: both treatments were able to significantly increase most coping skills, but only EG participants reported a significant increase (EG=14% vs CG=0.3%) in the Emotional Support skill.

CONCLUSIONS:

Our findings provide initial evidence that the Interreality protocol yields better outcomes than the traditionally accepted gold standard for psychological stress treatment: CBT. Consequently, these findings constitute a sound foundation and rationale for the importance of continuing future research in technology-enhanced protocols for psychological stress management.

TRIAL REGISTRATION:

ClinicalTrials.gov: NCT01683617; <http://clinicaltrials.gov/show/NCT01683617>

<http://www.ncbi.nlm.nih.gov/pubmed/23801589>

Depress Anxiety. 2013 Nov;30(11):1099-106. doi: 10.1002/da.22149. Epub 2013 Jun 25.

Trajectories of change in anxiety severity and impairment during and after treatment with evidence-based treatment for multiple anxiety disorders in primary care.

Joesch JM, Golinelli D, Sherbourne CD, Sullivan G, Stein MB, Craske MG, Roy-Byrne PP

BACKGROUND:

Coordinated Anxiety Learning and Management (CALM) is a model for delivering evidence-based treatment for anxiety disorders in primary care. Compared to usual care, CALM produced greater improvement in anxiety symptoms. However, mean estimates can obscure heterogeneity in treatment response. This study aimed to identify (1) clusters of participants with similar patterns of change in anxiety severity and impairment (trajectory groups); and (2) characteristics that predict trajectory group membership.

METHODS:

The CALM randomized controlled effectiveness trial was conducted in 17 primary care clinics in four US cities in 2006-2009. 1,004 English- or Spanish-speaking patients age 18-75 with panic, generalized anxiety, social anxiety, and/or posttraumatic stress disorder participated. The Overall Anxiety Severity and Impairment Scale was administered repeatedly to 482 participants randomized to CALM treatment. Group-based trajectory modeling was applied to identify trajectory groups and multinomial logit to predict trajectory group membership.

RESULTS:

Two predicted trajectories, representing about two-thirds of participants, were below the cut-off for clinically significant anxiety a couple of months after treatment initiation. The predicted trajectory for the majority of remaining participants was below the cut-off by 9 months. A small group of participants did not show consistent improvement. Being sicker at baseline, not working, and reporting less social support were associated with less favorable trajectories.

CONCLUSIONS:

There is heterogeneity in patient response to anxiety treatment. Adverse circumstances appear to hamper treatment response. To what extent anxiety symptoms improve insufficiently because adverse patient circumstances contribute to suboptimal treatment delivery, suboptimal treatment adherence, or suboptimal treatment response requires further investigation. © 2013 Wiley Periodicals, Inc.

<http://www.ncbi.nlm.nih.gov/pubmed/25015780>

Qual Health Res. 2014 Jul 11. pii: 1049732314542809. [Epub ahead of print]

Self-Reflective Meaning Making in Troubled Times: Change in Self-Identity After Traumatic Brain Injury.

Thomas EJ, Levack WM, Taylor WJ

Our aim with this article is to clarify the concept of change in self-identity following traumatic brain injury (TBI). We used concept analysis methodology-predominantly concept clarification. We identified 110 articles using a systematic literature search, and used critical appraisal, content analysis, and analytical questioning to explore attributes and boundaries. A reported change in self-identity is the ultimate expression of a variety of cognitive, psychological, and social sequelae of TBI. We present an integrative model of this process, identifying three potential levels of change: (a) component parts (egocentric self, sociocentric self, and "identity as shared with others"); (b) integral processes (self-awareness and expression via meaningful occupation and narratives); and (c) whole-system disruption. Change in self-identity after TBI is a highly individualistic process. The driver of this process is "self-reflective meaning making," giving a purpose and direction in life, providing motivation and goals for future behavior. © The Author(s) 2014.

<http://www.ncbi.nlm.nih.gov/pubmed/25016276>

Pak J Pharm Sci. 2014 Jul;27(4 Suppl):1113-1116.

The effectiveness of Cognitive Behavioral Therapy (CBT) with general exercises versus general exercises alone in the management of chronic low back pain.

Khan M, Akhter S, Soomro RR, Ali SS

To evaluate the effectiveness of Cognitive Behavioural Therapy (CBT) along with General exercises and General exercises alone in chronic low back pain. Total 54 patients with chronic low back pain who fulfilled inclusion criteria were recruited from Physiotherapy, Department of Alain Poly Clinic Karachi and Institute of Physical Medicine & Rehabilitation Dow University of Health Sciences Karachi. Selected patients were equally divided and randomly assigned into two groups with simple randomisation method. The Cognitive Behavioural Therapy (CBT) and General exercises group received Operant model of CBT and General Exercises whereas General exercises group received General exercises only. Both groups received a home exercise program as well. Patients in both groups received 3 treatment sessions per week for

12 consecutive weeks. Clinical assessment was performed using Visual Analogue Scale (VAS) and Ronald Morris Disability Questionnaire at baseline and after 12 weeks. Both study groups showed statistically significant improvements in both outcomes measures $p=0.000$. However, mean improvements in post intervention VAS score and Ronald Morris score was better in CBT and exercises group as compared to General exercise group. In conclusion, both interventions are effective in treating chronic low back pain however; CBT & General exercises are clinically more effective than General exercises alone.

<http://www.ncbi.nlm.nih.gov/pubmed/25015710>

Psychiatry Res. 2014 Jun 21. pii: S0165-1781(14)00520-4. doi: 10.1016/j.psychres.2014.06.018. [Epub ahead of print]

Eating disorders and associated mental health comorbidities in female veterans.

Mitchell KS, Rasmusson A, Bartlett B, Gerber MR

Eating disorders (EDs) remain understudied among veterans, possibly due to the perception that primarily male population does not suffer from EDs. However, previous research suggests that male and female veterans do experience EDs. The high rates of posttraumatic stress disorder (PTSD), depression, and obesity observed among veterans may make this group vulnerable to disordered eating. Retrospective chart review was used to obtain data from 492 female veterans who were presented to a women's primary care center at a large, urban VA medical center between 2007 and 2009. A total of 2.8% of this sample had been diagnosed with an ED. In bivariate analyses, presence of PTSD and depression were significantly associated with having an ED diagnosis. However, when these two disorders were included in a multivariate model controlling for age, only depression diagnosis and lower age were significantly related to ED status. In sum, the rate of EDs in this sample is comparable to prevalence estimates of EDs in the general population. Current findings underscore the importance of assessing for EDs among VA patients and the need for further research among veterans. Copyright © 2014. Published by Elsevier Ireland Ltd.

<http://www.ncbi.nlm.nih.gov/pubmed/25012421>

J Affect Disord. 2014 Sep;166:132-8. doi: 10.1016/j.jad.2014.04.061. Epub 2014 May 4.

Latent classes of PTSD symptoms in Iraq and Afghanistan female veterans.

Hebenstreit C, Madden E, Maguen S

BACKGROUND:

Recent studies have used latent class analysis (LCA) to identify subgroups of individuals who share similar patterns of PTSD symptom endorsement; however, further study is needed among female veterans, whose PTSD symptom expression may vary from that of their male counterparts. The current study examined latent PTSD symptom classes in female veterans who returned from recent military service in Iraq and Afghanistan, and explored military and demographic variables associated with distinct PTSD symptom presentations.

METHODS:

A retrospective analysis was conducted using existing medical records from female Iraq and Afghanistan veterans who were new users of VA mental health outpatient (MHO) care, had received a PTSD diagnosis anytime during the post-deployment period, and completed the PTSD checklist within 30 days of their first MHO visit (N=2425). RESULTS: The LCA results identified four latent classes of PTSD symptom profiles in the sample: High Symptom, Intermediate Symptom, Intermediate Symptom with High Emotional Numbing (EN), and Low Symptom. Race/ethnicity, age, time since last deployment, and distance from a VA facility emerged as predictors of PTSD symptom presentation.

LIMITATIONS:

The current study was cross-sectional and utilized administrative data. The results may not be generalizable to female veterans from other service eras.

CONCLUSIONS:

Longer times between end of last deployment and initiation of MHO services were associated with more symptomatic classes. Exploration of PTSD symptom presentation may enhance our understanding of the service needs of female veterans with PTSD, and suggests potential benefits to engaging veterans in MHO soon after last deployment. Published by Elsevier B.V.

<http://www.ncbi.nlm.nih.gov/pubmed/25012403>

J Affect Disord. 2014 Sep;166:1-5. doi: 10.1016/j.jad.2014.04.067. Epub 2014 May 5.

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

Conner KR, Bossarte RM, He H, Arora J, Lu N, Tu XM, Katz IR

BACKGROUND:

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

between PTSD and suicide in VHA users, with a focus on the influence of other mental disorders.

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

RESULTS:

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

LIMITATIONS:

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

CONCLUSION:

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

<http://www.sciencedirect.com/science/article/pii/S0740547214000725>

**Perceptions of behavioral health care among veterans with substance use disorders:
Results from a national evaluation of mental health services in the Veterans Health
Administration.**

Daniel M. Blonigen, Leena Bui, Alex H.S. Harris, Kimberly A. Hepner, Daniel R. Kivlahan

Journal of Substance Abuse Treatment

Volume 47, Issue 2, August 2014, Pages 122–129

Understanding patients' perceptions of care is essential for health care systems. We examined predictors of perceptions of behavioral health care (satisfaction with care, helpfulness of care, and perceived improvement) among veterans with substance use disorders (SUD; n = 1,581) who participated in a phone survey as part of a national evaluation of mental health services in

the U.S. Veterans Health Administration. In multivariate analyses, SUD specialty care utilization and higher mental health functioning were associated positively with all perceptions of care, and comorbid schizophrenia, bipolar, and PTSD were associated positively with multiple perceptions of care. Perceived helpfulness of care was associated with receipt of SUD specialty care in the prior 12 months (adjusted OR = 1.77, $p < .001$). Controlling for patient characteristics, satisfaction with care exhibited strong associations with perceptions of staff as supportive and empathic, whereas perceived improvement was strongly linked to the perception that staff helped patients develop goals beyond symptom management. Survey responses that account for variation in SUD patients' perceptions of care could inform and guide quality improvement efforts with this population.

<http://psycnet.apa.org/psycinfo/2014-24202-001/>

Sleep Problems May Mediate Associations Between Rumination and PTSD and Depressive Symptoms Among OIF/OEF Veterans.

Borders, Ashley; Rothman, David J.; McAndrew, Lisa M.

Psychological Trauma: Theory, Research, Practice, and Policy, Jun 16 , 2014

Operation Iraqi Freedom/Operation Enduring Freedom (OIF/OEF) veterans have high rates of posttraumatic stress disorder (PTSD), depression, and sleep problems. Identifying potential contributing factors to these mental health problems is crucial for improving treatments in this population. Rumination, or repeated thoughts about negative experiences, is associated with worse PTSD, depression, and sleep problems in nonveterans. Therefore, we hypothesized that rumination would be associated with worse sleep problems, PTSD, and depressive symptoms in OIF/OEF veterans. Additionally, we proposed a novel hypothesis that sleep problems are a mechanism by which rumination contributes to depressive and PTSD symptoms. In this cross-sectional study, 89 OIF/OEF veterans completed measures of trait rumination, sleep problems, and PTSD and depressive symptoms. Analyses confirmed that greater rumination was associated with worse functioning on all mental health measures. Moreover, greater global sleep problems statistically mediated the association between higher rumination and more PTSD and depressive symptoms. Specifically, sleep disturbance and daytime somnolence but not sleep quantity emerged as significant mediators. Although it is impossible with the current nonexperimental data to test causal mediation, these results support the idea that rumination could contribute to impaired sleep, which in turn could contribute to psychological symptoms. We suggest that interventions targeting both rumination and sleep problems may be an effective way to treat OIF/OEF veterans with PTSD or depressive symptoms. (PsycINFO Database Record (c) 2014 APA, all rights reserved)

<http://online.liebertpub.com/doi/abs/10.1089/neu.2014.3363>

The Impact of Multiple Concussions on Emotional Distress, Postconcussive Symptoms, and Neurocognitive Functioning, in Active Duty U.S. Marines Independent of Combat Exposure or Emotional Distress.

Dr. James L. Spira, Dr. Corina E. Lathan, Dr. Joseph Bleiberg, and Dr. Jack W Tsao

Journal of Neurotrauma

Online Ahead of Editing: July 8, 2014

Controversy exists as to whether the lingering effects of concussion on emotional, physical, and cognitive symptoms is due to the effects of brain trauma, or purely to emotional factors such as posttraumatic stress disorder or depression. This study examines the independent effects of concussion on persistent symptoms. The Defense Automated Neurobehavioral Assessment, a clinical decision support tool, was used to assess neurobehavioral functioning in 646 United States Marines, all of whom were fit for duty. Marines were assessed for concussion history, postconcussive symptoms, emotional distress, neurocognitive functioning, and deployment history. Results showed that a recent concussion or ever having experienced a concussion was associated with an increase in emotional distress, but not with persistent postconcussive symptoms (PPCS) or neurocognitive functioning. However, having had multiple lifetime concussions was associated with greater emotional distress, PPCS, and neurocognitive functioning that requires attention and rapid discrimination, but not for memory-based tasks. These results are independent of deployment history, combat exposure, and symptoms of posttraumatic stress disorder and depression. Results supported earlier findings that a prior concussion is not generally associated with postconcussive symptoms independent of covariates. However, in contrast with other studies that failed to find a unique contribution for concussion to PPCS, evidence of recent and multiple concussion was seen across a range of emotional distress, post concussive symptoms, and neurocognitive functioning in this study population. Results are discussed in terms of implications for assessing concussion upon return from combat.

<http://www.scitechnol.com/substance-use-and-posttraumatic-stress-disorder-in-active-duty-and-reserve-component-military-personnel-OTVF.pdf>

Substance Use and Posttraumatic Stress Disorder in Active Duty and Reserve Component Military Personnel.

Carolyn M. Reyes-Guzman, Jason Williams, Robert M. Bray and Laurel H. Hourani

Journal of Traumatic Stress Disorders & Treatment

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The relationship between substance use and posttraumatic stress disorder (PTSD) has been studied in the general civilian population and in war veterans. However, little research has been conducted using large population-based samples of both active duty and reserve component military personnel. This study examined the association between smoking and heavy alcohol use and the risk for PTSD in both military components. Data from two populationbased surveys of military personnel (active duty, N=16,146; reserve component, N=18,342) were used to assess these associations. Findings showed a statistically significant interaction between smoking and heavy drinking when modeling the risk for PTSD among active duty personnel but not among reservists. Specifically, heavy drinking was associated with meeting screening criteria for PTSD among non-smokers compared to current smokers, controlling for deployment and other service and demographic differences. Our findings emphasize the need for longitudinal and intervention research to address the moderating role of smoking and alcohol use on PTSD in the military.

<http://psycnet.apa.org/psycinfo/2014-24201-001/>

Military Couples' Trauma Disclosure: Moderating Between Trauma Symptoms and Relationship Quality.

Monk, J. Kale; Nelson Goff, Briana S.

Psychological Trauma: Theory, Research, Practice, and Policy, Jun 16 , 2014

Open communication postdeployment has been encouraged for military couples (Allen, Rhoades, Stanley, & Markman, 2011), as trauma symptoms have been found to influence military couples' marital satisfaction and relationship functioning. Limited research has investigated whether trauma disclosure moderates the association between trauma symptoms and relationship quality. The current study included data from 50 Army couples. Based on a multiple-group actor-partner-interdependence model (APIM), we found that higher levels of trauma symptoms were associated with lower relationship quality for the actors (themselves) and their partners. In addition, trauma disclosure moderated the relationship between partners. Implications for future research with larger samples are discussed. (PsycINFO Database Record (c) 2014 APA, all rights reserved)

<http://ccs.sagepub.com/content/early/2014/07/02/1534650114541324.abstract>

Trauma Management Therapy for a Veteran With Co-Occurring Combat PTSD and Hallucinations: A Case Study.

Ashley M. Arens

Clinical Case Studies

Published online before print July 3, 2014

Despite the development of evidence-based treatment protocols for posttraumatic stress disorder (PTSD), many clinicians are hesitant to begin trauma-focused treatment for individuals presenting with co-occurring conditions, particularly disorders with psychotic features. The current clinical case describes the treatment of a male veteran with PTSD with hallucinogenic features and recurrent depression who was treated with Trauma Management Therapy, a comprehensive treatment program for combat-related PTSD incorporating virtual-reality assisted exposure therapy and group therapy. Following treatment, the veteran demonstrated clinically significant decreases in overall PTSD symptoms as well as combat-themed hallucinations. Treatment gains were maintained at the 3-month follow-up. This case illustrates how exposure therapy can safely and effectively be delivered to individuals with complex co-occurring conditions.

<http://psycnet.apa.org/journals/tep/8/2/136/>

Suicide intervention skills: Graduate training and exposure to suicide among psychology trainees.

Mackelprang, Jessica L.; Karle, Jessica; Reihl, Kristina M.; Cash, Ralph E. (Gene)

Training and Education in Professional Psychology, Vol 8(2), May 2014, 136-142

Preparing psychology trainees to assess and to manage clients who are suicidal is a critical responsibility of graduate training programs. In this study, doctoral trainees in clinical psychology (N = 59) were surveyed on their exposure to training and supervision on suicide assessment, their exposure to bereavement by suicide, and their confidence in providing care to suicidal clients. The Suicide Intervention Response Inventory–Revised (SIRI-2) was utilized to assess participants' suicide intervention skills. Results indicated that over 75% of trainees had received education on suicide during graduate school; however, few students reported receiving clinical supervision on this topic. Trainees with and without formal training scored similarly on the SIRI-2, though there was a trend toward more skillful responding among trainees with more clinical experience. Exposure to suicidal clients during clinical training was common, as was

personal bereavement by suicide. Trainees who reported working with clients who endorsed suicidal ideation and/or a history of suicide attempts performed better on the SRI-2 than students with no such experience. Although a higher proportion of graduate trainees endorsed education on suicide assessment and management than in past studies, these findings call into question the efficacy of current training curricula. Implications for training and supervision are discussed. (PsycINFO Database Record (c) 2014 APA, all rights reserved)

<http://psycnet.apa.org/psycinfo/2013-30278-000/>

Decision making in behavioral emergencies: Acquiring skill in evaluating and managing high-risk patients.

Kleespies, Phillip M.

Washington, DC, US: American Psychological Association. (2014). x 210 pp.

In this volume, I describe a model for acquiring skill and attaining competence in evaluating and managing behavioral emergencies. The model involves having a knowledge base as described in the book by Kleespies (2009), but beyond that it requires considerably more. Thus, it involves learning a decision-making strategy that is suited to intense, high-pressure, time-limited conditions such as those that can occur when patients may be at imminent risk of life-threatening behavior. It involves a graduated type of stress training (SET or stress exposure training) that enables the clinician-in-training to avoid becoming overwhelmed and allows him or her to gain key emergency-related experiences. These experiences prime the clinician to be able to quickly “size up” future crises and emergencies and respond to them more rapidly and effectively. The graduated approach to training further allows the clinician to begin to see these high-pressure situations as challenges that can be managed rather than as anxiety-provoking situations that seem beyond his or her capability. As noted in various places in this volume, behavioral emergencies force clinicians to confront what can be life-and-death decisions. If there is a negative outcome, serious clinical, ethical, legal, and professional questions can be raised about the management of the case. As pointed out, there have been numerous calls to action to improve the training of mental health clinicians in suicide risk assessment and intervention. These calls have largely gone unheeded (Schmitz et al., 2012). There is little reason to think that training in the evaluation and management of potential patient violence is appreciably better. In this vein, is it not time for professional psychology to embrace training and competence in such a critical area of practice as the assessment and management of patient life-threatening behaviors? (PsycINFO Database Record (c) 2014 APA, all rights reserved)

<http://www.tandfonline.com/doi/abs/10.1080/07448481.2014.939982>

Sociodemographic Correlates of Suicidal Thoughts and Behaviors Among College Student Service Members/Veterans.

Craig J. Bryana & AnnaBelle O. Bryan Mrs.

Journal of American College Health

Accepted author version posted online: 10 Jul 2014

Objective:

The purpose of the study is to quantify the lifetime, past year, and past month incidence rates of suicidal ideation, planning, and attempts; frequency of suicide attempts; and suicide attempt methods among college student service members/veterans.

Participants:

422 college student service members/veterans completing an online survey from January to October 2013. Methods: Anonymous online survey.

Results:

Lifetime incidence rates were 33.4% (ideation), 13.7% (plan), and 6.9% (attempt). Past year incidence rates were 14.7% (ideation), 3.6% (plan), and .7% (attempt). Past month incidence rates were 7.6% (ideation), 1.9% (plan), and .5% (attempt). Rates among student service member/veterans were similar to general college student population rates. Native American student service members/veterans report significantly increased rates of ideation, plans, and attempts.

Conclusions:

Observed rates of suicidal thoughts and behaviors among student service members/veterans are comparable to general college study rates, but Native American student service members/veterans demonstrate increased risk.

<http://www.scitechnol.com/posttraumatic-stress-disorder-substance-abuse-behavioral-health-indicators-active-duty-military-men-women-nrxj.pdf>

Posttraumatic Stress Disorder, Substance Abuse, and Other Behavioral Health Indicators among Active Duty Military Men and Women.

Laurel L. Hourani, Jason Williams, Robert M. Bray and Denise B. Kandel

Journal of Traumatic Stress Disorders & Treatment

Objective:

Despite civilian studies showing that women exhibit higher rates of PTSD, but men have greater exposure to traumatic events, few studies have examined this apparent contradiction among active duty personnel. The current study examined gender differences in PTSD and the influence of a wide range of risk factors and comorbid conditions in the United States military.

Methods:

Multivariate analyses were applied to population-based data from the 2008 Department of Defense Survey of Health Related Behaviors among Active Duty Military Personnel. A two-stage randomized cluster sample consisting of a total of 28,546 participants from installations across all service branches completed extensive anonymous questionnaires.

Results:

Rates of current possible PTSD were slightly higher for women than men but were reversed when controlling for other variables. For both, the highest adjusted odds of meeting PTSD screening criteria were among individuals with depression and generalized anxiety disorder. The next highest risk factors were high combat exposure for men and history of sexual abuse for women. Significant gender interactions were found between sexual abuse and symptoms of general anxiety and PTSD.

Conclusion:

Providing the most extensive population-based examination of gender differences in active duty personnel, this study demonstrated the importance of adjusting for a wide range of covariates to better understand previous inconsistent results regarding gender issues in PTSD. The similarity in risk factors associated with PTSD among military men and women suggest that common interventions and treatment approaches should be effective in both genders.

<http://www.sciencedirect.com/science/article/pii/S0010440X14001783>

Nonsuicidal self-injury as a prospective predictor of suicide attempts in a clinical sample of military personnel.

Craig J. Bryan, M. David Rudd, Evelyn Wertenberger, Stacey Young-McCaughon, Alan Peterson

Comprehensive Psychiatry

Available online 11 July 2014

Background

Nonsuicidal self-injury (NSSI) is a risk factor for suicide attempts, but it has received little attention in military populations, for whom suicide rates have doubled over the past decade. In

the current study, the relationship of NSSI with future suicide attempts was prospectively examined in a sample of active duty Soldiers receiving outpatient psychiatric treatment for suicide ideation and/or a recent suicide attempt.

Methods

Data were collected as part of a two-year prospective study of 152 active duty Soldiers (87% male, 71% Caucasian, mean age = 27.53) in outpatient mental health care who reported current suicide ideation and/or a suicide attempt during the month preceding intake. Suicide attempts and NSSI were assessed using the Suicide Attempt Self Injury Interview.

Results

Forty percent of Soldiers with a history of nonsuicidal self-injury and 25% of Soldiers with a history of suicide attempt made a suicide attempt during the 2-year follow-up. Soldiers with a history of nonsuicidal self-injury were more than twice as likely to make a subsequent suicide attempt (hazard ration [HR] = 2.25, $P = .045$). Soldiers with a history of suicide attempt were no more likely to make a subsequent suicide attempt than Soldiers without a previous suicide attempt ($HR = .88$, $P = .787$). Thirty percent of Soldiers with a history of suicide attempt had also engaged in nonsuicidal self-injury. Forty-two percent of Soldiers with histories of both nonsuicidal self-injury and suicide attempt made a subsequent suicide attempt and were more likely to make a suicide attempt during follow-up than Soldiers with a history of suicide attempt only. Number of NSSI episodes, but not number of suicide attempts, was significantly associated with increased risk for future suicide attempt. Results were unchanged when adjusting for baseline symptom severity.

http://uknowledge.uky.edu/edp_etds/21/

A Mixed Methods Study of Technological Influences on Communication and Media Exposure in Military Children Experiencing Parental Deployment.

Rebecca Goodney, University of Kentucky

2014, Doctoral Dissertation

College of Education

Military children have been a population of interest and research speculation for several decades. Despite the research base built studying this population, many questions remain regarding their specific experiences and mental health outcomes. To accommodate the nation's needs when fueling the armed forces by the all volunteer force currently comprising the service branches, many military personnel have found themselves in circumstances including multiple deployments and deployments of lengths approximately equal to one year. With family relationships now a more prominent issue for military members, the necessity of considering the effects of deployment on these family members has become especially pertinent. The purpose

of this study was to investigate the way increased exposure to technology affects children's deployment outcomes in today's military culture, especially in their deployment experiences.

Participants included 71 parents and 20 children in military families currently or within the past year experiencing a deployment. Participants were divided into two phases for completion of study tasks. Phase one participants, 20 children and one of their parents, completed interviews, emotional/behavioral measures, and a deployment experiences survey. The 51 parent participants in Phase two completed only the deployment experiences survey. Evaluation of data presented from participants provided insight into the deployment experiences of these families as impacted by the technological advances in communication and media today. Results indicated a range of positive effects related to technologically supported communication between parents and children throughout deployment. Families participating in increased parental communication during deployment showed relationships to decreases in ambiguous loss symptoms, increases in positive attitudes including growth and maturity, and smooth reintegration following deployment. Despite increases in availability, news exposure reported from children occurred at a low incidence rate. Regardless, negative reactions to news viewing was reported.

<http://psycnet.apa.org/psycinfo/2014-21930-001/>

Providers' Perspectives Regarding the Feasibility and Utility of an Internet-Based Mental Health Intervention for Veterans.

Grubaugh, Anouk L.; Gros, Kirstin Stauffacher; Davidson, Tatiana M.; Frueh, B. Christopher; Ruggiero, Kenneth J.

Psychological Trauma: Theory, Research, Practice, and Policy, June 2 , 2014

Although support for Internet-based interventions (IBIs) has grown significantly in the past decade, few interventions are designed specifically for veterans with posttraumatic stress disorder and other mental health problems. Additionally, research guiding IBI development is limited. We solicited feedback from providers familiar with the needs and preferences of Operation Iraqi Freedom and Operation Enduring Freedom (OIF/OEF) veterans with mental health problems to inform the development of an IBI. Thematic interviews were conducted with 17 Veterans Affairs providers to (a) gain insight into the unique problems and needs of OIF/OEF veterans, (b) obtain feedback on the content and presentation of the IBI, and (c) generate suggestions regarding the effective delivery of the IBI. Providers were receptive to the use of IBIs and were vocal in their need for novel approaches and tools to address the mental health needs of their patients. They noted several advantages to IBIs such as their ability to circumvent access-to-care barriers and their ease of use and likely appeal to OIF/OEF veterans. They also noted challenges associated with IBIs, including obtaining sufficient motivation and buy-in from veterans given the distal nature of IBIs. Finally, providers offered several recommendations

regarding the content and design of the IBI, as well as strategies for effective marketing and dissemination. Provider feedback was valuable in the development of an IBI that is responsive to the mental health needs of OIF/OEF veterans and in learning about how best to promote IBIs. Similar approaches can be used by stakeholders interested in developing IBIs for novel populations and settings. (PsycINFO Database Record (c) 2014 APA, all rights reserved)

<http://www.ncbi.nlm.nih.gov/pubmed/25025164>

PLoS One. 2014 Jul 15;9(7):e102565. doi: 10.1371/journal.pone.0102565. eCollection 2014.

Reducing Dysfunctional Beliefs about Sleep Does Not Significantly Improve Insomnia in Cognitive Behavioral Therapy.

Okajima I, Nakajima S, Ochi M, Inoue Y

The present study examined to examine whether improvement of insomnia is mediated by a reduction in sleep-related dysfunctional beliefs through cognitive behavioral therapy for insomnia. In total, 64 patients with chronic insomnia received cognitive behavioral therapy for insomnia consisting of 6 biweekly individual treatment sessions of 50 minutes in length. Participants were asked to complete the Athens Insomnia Scale and the Dysfunctional Beliefs and Attitudes about Sleep scale both at the baseline and at the end of treatment. The results showed that although cognitive behavioral therapy for insomnia greatly reduced individuals' scores on both scales, the decrease in dysfunctional beliefs and attitudes about sleep with treatment did not seem to mediate improvement in insomnia. The findings suggest that sleep-related dysfunctional beliefs endorsed by patients with chronic insomnia may be attenuated by cognitive behavioral therapy for insomnia, but changes in such beliefs are not likely to play a crucial role in reducing the severity of insomnia.

<http://www.ncbi.nlm.nih.gov/pubmed/25024659>

J Clin Sleep Med. 2014 Jul 15;10(7):795-801. doi: 10.5664/jcsm.3878.

The Mediating Effect of Sleep Quality on the Relationship between PTSD and Physical Activity.

Talbot LS, Neylan TC, Metzler TJ, Cohen BE

STUDY OBJECTIVES:

Physical inactivity is linked to health outcomes such as obesity, diabetes, and psychiatric disorders. Sleep disturbance has been linked to the same adverse outcomes. We examine the

influence of sleep on physical activity as a novel approach to understand these relationships. Specifically, our objective was to determine whether low sleep quality predicts low physical activity in posttraumatic stress disorder (PTSD), a disorder associated with sleep disturbance, physical inactivity, and poor health outcomes.

METHODS:

We used data from the Mind Your Heart Study, a prospective cohort study of 736 outpatients recruited from two Department of Veterans Affairs (VA) medical centers. We assessed PTSD with the Clinician Administered PTSD Scale, sleep quality using an item from the Pittsburgh Sleep Quality Index, and physical activity by self-report at baseline and again one year later. Hierarchical multiple regression models and structural equation modeling were used to examine the relationships among PTSD, sleep, and physical activity.

RESULTS:

Sleep quality but not PTSD status was prospectively associated with lower physical activity in a model adjusting for age, sex, apnea probability, depression, body mass index, and baseline physical activity ($\beta = 0.129$, $SE = 0.072$, $p < 0.01$). Structural equation modeling indicated that the results were consistent with sleep quality statistically mediating the relationship between PTSD status at baseline and physical activity one year later.

CONCLUSIONS:

Worse sleep quality predicts lower physical activity in PTSD, providing possible evidence for a behavioral pathway from disturbed sleep to poor physical health outcomes. CITATION: Talbot LS, Neylan TC, Metzler TJ, Cohen BE. The mediating effect of sleep quality on the relationship between PTSD and physical activity. *J Clin Sleep Med* 2014;10(7):795-801.

<http://www.ncbi.nlm.nih.gov/pubmed/25023884>

Curr Opin Psychiatry. 2014 Jul 14. [Epub ahead of print]

When time stands still: an integrative review on the role of chronodisruption in posttraumatic stress disorder.

Agorastos A, Kellner M, Baker DG, Otte C

PURPOSE OF REVIEW:

The human circadian system creates and maintains cellular and systemic rhythmicity essential to homeostasis. Loss of circadian rhythmicity fundamentally affects the neuroendocrine, immune and autonomic system, similar to chronic stress and, thus, may play a central role in the development of stress-related disorders. This article focuses on the role of circadian misalignment in the pathophysiology of posttraumatic stress disorder (PTSD).

RECENT FINDINGS:

Sleep disruption is a core feature of PTSD supporting the important supraordinate pathophysiological role of circadian system in PTSD. Furthermore, direct and indirect human and animal PTSD research suggests circadian system linked neuroendocrine, immune, metabolic and autonomic dysregulation with blunted diurnal rhythms, specific sleep pattern pathologies and cognitive deficits, as well as endocannabinoid and neuropeptide Y system alterations and altered circadian gene expression, linking circadian misalignment to PTSD pathophysiology.

SUMMARY:

PTSD development is associated with chronodisruption findings. Evaluation and treatment of sleep and circadian disruption should be the first steps in PTSD management. State-of-the-art methods of circadian rhythm assessment should be applied to bridge the gap between clinical significance and limited understanding of the relationship between traumatic stress, sleep and circadian system.

<http://www.ncbi.nlm.nih.gov/pubmed/25023512>

Curr Psychiatry Rep. 2014 Sep;16(9):467. doi: 10.1007/s11920-014-0467-7.

Advances and controversies in military posttraumatic stress disorder screening.

Lee DJ, Warner CH, Hoge CW

As the longest war in American history draws to a close, an unprecedented number of service members and veterans are seeking care for health challenges related to transitioning home and to civilian life. Congressionally mandated screening for mental health concerns in the Department of Defense (DoD), as well as screening efforts Veterans Affairs (VA) facilities, has been established with the goal of decreasing stigma and ensuring service members and veterans with depression and posttraumatic stress disorder (PTSD) receive needed treatment. Both the DoD and VA have also developed integrated behavioral health in primary-care based initiatives, which emphasize PTSD screening, treatment, and care coordination. This article discusses the rationale for population-level deployment-related mental health screening, recent changes to screening frequency, commonly used screening instruments such as the primary care PTSD screen (PC-PTSD), PTSD checklist (PCL), and Davidson Trauma Scale (DTS); as well as the strengths/limitations of each, and recommended cut-off scores based on expected PTSD prevalence.

<http://www.ncbi.nlm.nih.gov/pubmed/25019312>

Rehabil Psychol. 2014 Jul 14. [Epub ahead of print]

Psychosocial Outcomes After Traumatic Brain Injury: Life Satisfaction, Community Integration, and Distress.

Williams MW, Rapport LJ, Millis SR, Hanks RA

Objective:

To examine the relationship between life satisfaction, community integration, and emotional distress in adults with traumatic brain injury (TBI).

Method:

This was an archival study of a longitudinal data set on the outcome and recovery process of persons with TBI. Participants were 253 consecutive adults with mild complicated, moderate, and severe TBI who were enrolled in a large, longitudinal study of persons with TBI. Main measures included the Satisfaction with Life Scale, the Positive Affective and Negative Affective Schedule, the Craig Hospital Assessment and Reporting Technique Short-Form, the Community Integration Measure, and the Brief Symptom Inventory-18.

Results:

The three-factor model adequately fit the data, and a higher-order model did not necessarily improve model fit but revealed significant relationships with first-order constructs and one second-order construct.

Conclusions:

Life satisfaction, community integration, and emotional distress were found to be related yet unique concepts in persons with TBI. Life satisfaction was positively related to community involvement and inversely related to emotional distress. Community integration was inversely related to emotional distress. In addition, these concepts are related to a higher-order concept of psychosocial status, a global representation of subjective and objective functioning. These findings demonstrate the interrelated and dynamic nature of psychosocial well-being after brain injury and highlight the need for integrative and holistic treatment plans. (PsycINFO Database Record (c) 2014 APA, all rights reserved).

<http://www.ncbi.nlm.nih.gov/pubmed/24001181>

Headache. 2013 Nov-Dec;53(10):1564-72. doi: 10.1111/head.12200. Epub 2013 Sep 3.

Post-traumatic stress disorder in U.S. soldiers with post-traumatic headache.

Rosenthal JF, Erickson JC

OBJECTIVE:

To determine the impact of post-traumatic stress disorder (PTSD) on headache characteristics and headache prognosis in U.S. soldiers with post-traumatic headache.

BACKGROUND:

PTSD and post-concussive headache are common conditions among U.S. Army personnel returning from deployment. The impact of comorbid PTSD on the characteristics and outcomes of post-traumatic headache has not been determined in U.S. Army soldiers.

METHODS:

A retrospective cohort study was conducted among 270 consecutive U.S. Army soldiers diagnosed with post-traumatic headache at a single Army neurology clinic. All subjects were screened for PTSD at baseline using the PTSD symptom checklist. Headache frequency and characteristics were determined for post-traumatic headache subjects with and without PTSD at baseline. Headache measures were reassessed 3 months after the baseline visit, and were compared between groups with and without PTSD.

RESULTS:

Of 270 soldiers with post-traumatic headache, 105 (39%) met screening criteria for PTSD. There was no significant difference between subjects with PTSD and those without PTSD with regard to headache frequency (17.2 vs 15.7 headache days per month; $P = .15$) or chronic daily headache (58.1% vs 52.1%; $P = .34$). Comorbid PTSD was associated with higher headache-related disability as measured by the Migraine Disability Assessment Score. Three months after the baseline neurology clinic visit, the number of subjects with at least 50% reduction in headache frequency was similar among post-traumatic headache cases with and without PTSD (25.9% vs 26.8%).

CONCLUSION:

PTSD is prevalent among U.S. Army soldiers with post-traumatic headache. Comorbid PTSD is not associated with more frequent headaches or chronic daily headache in soldiers evaluated at a military neurology clinic for chronic post-traumatic headache. Comorbid PTSD does not adversely affect short-term headache outcomes, although prospective controlled trials are needed to better assess this relationship. © 2013 American Headache Society.

<http://www.ncbi.nlm.nih.gov/pubmed/23808756>

Headache. 2013 Sep;53(8):1312-22. doi: 10.1111/head.12155. Epub 2013 Jun 28.

Prescription headache medication in OEF/OIF veterans: results from the Women Veterans Cohort Study.

Seng EK, Driscoll MA, Brandt CA, Bathulapalli H, Goulet J, Silliker N, Kerns RD, Haskell SG

OBJECTIVE:

To examine differences in male and female veterans of Operations Enduring Freedom/Iraqi Freedom (OEF/OIF) period of service in taking prescription headache medication, and associations between taking prescription headache medication and mental health status, psychiatric symptoms, and rates of traumatic events.

BACKGROUND:

Headaches are common among active service members and are associated with impairment in quality of life. Little is known about headaches in OEF/OIF veterans.

METHODS:

Veterans participating in the Women Veterans Cohort Study responded to a cross-sectional survey to assess taking prescription headache medication, mental health status (Post Deployment Health Assessment), psychiatric symptoms (portions of the Brief Patient Health Questionnaire and the Posttraumatic Stress Disorder Checklist), and traumatic events (the Traumatic Life Events Questionnaire and queries regarding military trauma). Gender differences among taking prescription headache medication, health status, psychiatric symptoms, and traumatic events were examined. Regression analyses were used to examine the influence of gender on the associations between taking prescription headache medication and health status, psychiatric symptoms, and traumatic events.

RESULTS:

139/551 (25.2%) participants reported taking prescription headache medication in the past year. A higher proportion of women veterans (29.1%) reported taking prescription medication for headache in the last year compared with men (19.7%). Taking prescription headache medication was associated with poorer perceived mental health status, higher anxiety and posttraumatic stress disorder symptoms, and higher rates of traumatic events. The association between prescription headache medication use and perceived mental health status, and with the association between prescription headache medication use and posttraumatic stress disorder symptoms, was stronger for men than for women.

CONCLUSIONS:

Among OEF/OIF veterans, the prevalence of clinically relevant headache is high, particularly among women veterans. Taking prescription headache medication is associated with poor mental health status, higher rates of psychiatric symptoms, and higher rates of traumatic events; however, these variables did not appear to meaningfully account for gender differences in prevalence of taking prescription headache medication. Future research should endeavor to identify factors that might account for the observed differences. © 2013 American Headache Society.

<http://www.ncbi.nlm.nih.gov/pubmed/25023369>

Psychiatry Res. 2014 May 28. pii: S0165-1781(14)00395-3. doi: 10.1016/j.psychres.2014.05.024. [Epub ahead of print]

Forgiveness and PTSD among veterans: The mediating role of anger and negative affect.

Karairmak O, Güloğlu B

Man-made traumatic events such as combat and terrorism may cause individuals to develop various forms of psychopathology, including Post-Traumatic Stress Disorder (PTSD) and depression. Veterans who engage in combat experienced negative emotions such as anger, hostility and aggression. Forgiveness may buffer these feelings and prevent the development of psychiatric problems, in that it is a way of decreasing negative feelings and increasing positive feelings. The aim of the current study was to examine the mediating role of anger and negative affect on the relationship between forgiveness and both PTSD and depression co-morbid to PTSD among Turkish veterans who were exposed to combat experience because of terrorist attacks during their compulsory military service. Two hundred and forty-seven injured veterans participated in this study. Veterans were assessed using the Traumatic Stress Symptom Checklist (TSSC), Heartland Forgiveness Scale (HFS), State Trait Anger Expression Inventory (STAXI), and Positive and Negative Affect Schedule (PANAS). A path analysis supported the hypothesized model that both anger and negative affect fully mediated the relationship between forgiveness and both PTSD and depression co-morbid to PTSD. Copyright © 2014 Elsevier Ireland Ltd. All rights reserved.

<http://www.ncbi.nlm.nih.gov/pubmed/25020154>

Health Psychol. 2014 Jul 14. [Epub ahead of print]

Deployment Stressors and Physical Health Among OEF/OIF Veterans: The Role of PTSD.

Nillni YI, Gradus JL, Gutner CA, Luciano MT, Shipherd JC, Street AE

Objective:

There is a large body of literature documenting the relationship between traumatic stress and deleterious physical health outcomes. Although posttraumatic stress disorder (PTSD) symptoms have been proposed to explain this relationship, previous research has produced inconsistent results when moderating variables such as gender or type of traumatic stressor are considered. Within a large sample of Operation Enduring Freedom and Operation Iraqi Freedom (OEF/OIF) Veterans, the current study examined if deployment stressors (i.e., combat stress, harassment stress) contributed unique variance to the prediction of physical health symptoms (i.e., pain,

nonpain) beyond the effects of PTSD symptoms.

Methods:

A total of 2,332 OEF/OIF Veterans, with equal representation of women and men, completed a series of self-report measures assessing deployment stressors, PTSD symptoms, and physical health symptoms.

Results:

Results revealed that harassment, but not combat stress, added unique variance in the prediction of pain and nonpain symptoms after accounting for PTSD symptoms.

Conclusions:

This study extends the existing literature by demonstrating the unique influence of harassment stress on physical health outcomes. Specifically, the relationship between combat stress and physical health symptoms appears to be explained mainly by an individual's experience of PTSD symptoms, whereas the relationship between harassment stress and physical health symptoms is not fully explained by PTSD symptoms, suggesting that other variables may be involved in the pathway from harassment stress to physical health symptoms. (PsycINFO Database Record (c) 2014 APA, all rights reserved).

<http://www.ncbi.nlm.nih.gov/pubmed/25019664>

J Rehabil Res Dev. 2014 Jun;51(3):415-28. doi: 10.1682/JRRD.2013.06.0135.

Prospective prediction of functional difficulties among recently separated Veterans.

Larson GE, Norman SB

Reports of functional problems are common among Veterans who served post-9/11 (more than 25% report functional difficulties in at least one domain). However, little prospective work has examined the risk and protective factors for functional difficulties among Veterans. In a sample of recently separated Marines, we used stepwise logistic and multiple regressions to identify predictors of functional impairment, including work-related problems, financial problems, unlawful behavior, activity limitations due to mental health symptoms, and perceived difficulty reintegrating into civilian life. Posttraumatic stress disorder symptoms assessed both before and after military separation significantly predicted functional difficulties across all domains except unlawful behavior. Certain outcomes, such as unlawful behavior and activity limitations due to mental health symptoms, were predicted by other or additional predictors. Although several forms of functioning were examined, the list was not exhaustive. The results highlight a number of areas where targeted interventions may facilitate the reintegration of military servicemembers into civilian life.

<http://www.ncbi.nlm.nih.gov/pubmed/25019663>

J Rehabil Res Dev. 2014 Jun;51(3):401-14. doi: 10.1682/JRRD.2013.05.0114.

Receipt of employment services among Veterans Health Administration users with psychiatric diagnoses.

Abraham KM, Ganoczy D, Yosef M, Resnick SG, Zivin K

This study examined the population-based reach of Veterans Health Administration (VHA) employment services to VHA patients with psychiatric diagnoses. Reach of services includes the percentage and characteristics of people who accessed services compared with those who did not. Using clinical administrative data, we identified patients with a psychiatric diagnosis among a random sample of all patients who received VHA services in 1 yr. Among VHA patients with psychiatric diagnoses, we examined their likelihood of receiving any VHA employment services and specific types of employment services, including supported employment, transitional work, incentive therapy, and vocational assistance. We identified clinical and demographic characteristics associated with receiving employment services. Results indicated that 4.2% of VHA patients with a psychiatric diagnosis received employment services. After adjusting for clinical and demographic characteristics, VHA patients with schizophrenia and bipolar disorder were more likely to receive any employment services and to receive supported employment than were patients with depression, PTSD, or other anxiety disorders. VHA patients with depression and PTSD were more likely to receive transitional work and vocational assistance than patients with schizophrenia. Future studies should examine system-level barriers to receiving employment services and identify types of employment services most appropriate for Veterans with different psychiatric diagnoses.

<http://www.ncbi.nlm.nih.gov/pubmed/25019543>

J Couns Psychol. 2014 Jul;61(3):392-403. doi: 10.1037/cou0000019.

Trauma, posttraumatic stress disorder, and depression among sexual minority and heterosexual women veterans.

Lehavot K, Simpson TL

This study examined the impact of various traumas across the life span on screening positive for current posttraumatic stress disorder (PTSD) and depression among heterosexual and sexual minority women veterans. Women veterans were recruited over the Internet (N = 706, 37% lesbian or bisexual) to participate in an anonymous, online survey. We assessed childhood

trauma; adult sexual assault and adult physical victimization before, during, and after the military; combat exposure; perceived sexist discrimination during military service; sexual minority military stressors; past-year sexist events; and whether participants screened positive for PTSD or depression. Binary logistic regressions were used to generate odds ratios and 95% confidence intervals for PTSD and depression, stratified by sexual orientation and controlling for demographic characteristics. Lesbian and bisexual women reported higher rates of trauma across the life span, although in some instances (e.g., sexual assault during and after military service, combat exposure), they did not differ from their heterosexual counterparts. Childhood trauma and traumas that occurred during military service added the most variance to both PTSD and depression models. Sexual assault during military service appeared to be especially harmful with respect to screening positive for PTSD for both sexual orientation groups. Results revealed a number of other predictors of mental health status for women veterans, some of which differed by sexual orientation. Findings indicate a significant burden of interpersonal trauma for both heterosexual and lesbian/bisexual women veterans and provide information on the distinct association of various traumas with current PTSD and depression by sexual orientation. (PsycINFO Database Record (c) 2014 APA, all rights reserved).

<http://www.ncbi.nlm.nih.gov/pubmed/25018441>

Occup Environ Med. 2014 Jun;71 Suppl 1:A67. doi: 10.1136/oemed-2014-102362.209.

Associations of Symptoms of Depression and Posttraumatic Stress Disorder with Peritraumatic Dissociation, and the role of Trauma Prior to Police Work.

McCanlies E, Sarkisian K, Andrew M, Burchfiel C, Violanti J

OBJECTIVES:

Our objective was to determine if symptoms of depression and posttraumatic stress disorder (PTSD) are associated with peritraumatic dissociation, and if this association is modified by trauma prior to police work.

METHOD:

Symptoms of depression, PTSD symptoms, peritraumatic dissociative experience (PDE), and trauma before police work were measured using the Centre for Epidemiologic Studies Depression scale, PTSD Check List-Civilian Version, PDE questionnaire, and the brief trauma questionnaire, respectively in 328 police officers. Separate regression models were used to assess if either symptoms of depression or symptoms of PTSD were associated with PDE stratified by prior trauma. Means were adjusted for race, number of drinks per week, and smoking.

RESULTS:

PDE was significantly positively associated with symptoms of PTSD and depression ($\beta = 0.642$, $p = 0.0001$ and $\beta = 0.276$, $p = 0.0002$, respectively). PDE was positively associated with symptoms of PTSD regardless of trauma before police work ($\beta = 0.599$, $p < 0.0001$ (without prior trauma), 0.750 , $p < 0.0001$ (with prior trauma). In contrast to PTSD, depression symptoms were significantly associated with PDE scores in individuals with prior trauma ($\beta = 0.466$, $p = 0.0001$), but not in individuals without prior trauma ($\beta = 0.130$, $p = 0.155$).

CONCLUSIONS:

The results indicate that an increase in PDE is associated with an increase in symptoms of depression and PTSD. The results also show that PDE is associated with symptoms of PTSD regardless of prior trauma. In contrast, PDE was associated with depression symptoms only in individuals with prior trauma, indicating prior trauma may modify this relationship. © 2014, Published by the BMJ Publishing Group Limited. For permission to use (where not already granted under a licence) please go to <http://group.bmj.com/group/rights-licensing/permissions>.

<http://www.sciencedirect.com/science/article/pii/S1551714414001013>

Safety Planning for Military (SAFE MIL): Rationale, Design, and Safety Considerations of a Randomized Controlled Trial to Reduce Suicide Risk among Psychiatric Inpatients.

Marjan Ghahramanlou-Holloway, Gregory K. Brown, Glenn W. Currier, Lisa Brenner, Kerry L. Knox, Geoffrey Grammer, Jaime T. Carreno-Ponce, Barbara Stanley

Contemporary Clinical Trials

Available online 12 July 2014

Mental health related hospitalizations and suicide are both significant public health problems within the United States Department of Defense (DoD). To date, few evidence-based suicide prevention programs have been developed for delivery to military personnel and family members admitted for psychiatric inpatient care due to suicidal self-directed violence. This paper describes the rationale and detailed methodology for a study called Safety Planning for Military (SAFE MIL) which involves a randomized controlled trial (RCT) at the largest military treatment facility in the United States. The purpose of this study is to test the efficacy of a brief, readily accessible, and personalized treatment called the Safety Planning Intervention¹. Primary outcomes, measured by blinded assessors at one and six months following psychiatric discharge, include suicide ideation, suicide-related coping, and attitudes toward help seeking. Additionally, given the study's focus on a highly vulnerable patient population, a description of safety considerations for human subjects' participation is provided. Based on this research team's experience, the implementation of an infrastructure in support of RCT research within DoD settings and the processing of regulatory approvals for a clinical trial with high risk suicidal

patients is expected to take up to 18–24 months. Recommendations for expediting the advancement of clinical trials research within the DoD are provided in order to maximize cost efficacy and minimize the research to practice gap.

<http://cornerstone.lib.mnsu.edu/etds/317/>

Dirty Work: The Effects of Viewing Disturbing Media on Military Attorneys

Natalie Lynn Sokol, Minnesota State University - Mankato

2014 - Thesis, M.A., Psychology

This study examines the psychological effects of viewing disturbing media on military attorneys who are part of the JAG Corps. Twenty seven legal professionals who work with cases involving child pornography and sexual violence completed measures of secondary traumatic stress disorder (STSD), burnout, perceptions of social stigma, and feelings of protectiveness and distrust towards others. A substantial number of participants reported poor well-being, though exposure to disturbing media was not predictive of these outcomes. However, defense attorneys and prosecuting attorneys differed significantly in severity of their perception of social stigma, which was linked to increased negative outcomes. Furthermore, qualitative results added to the growing pool of data related to effective methods of coping with exposure to disturbing media which may have important practical implications for the legal professionals who engage in this work.

Links of Interest

Want to Overcome Anxiety and Depression? Start by Asking a Different Question.

www.huffingtonpost.com/kathariya-mokrue-phd/want-to-overcome-anxiety-_b_5570138.html

Try These Natural Tricks to Fall Asleep More Easily

<http://health.clevelandclinic.org/2014/07/try-these-natural-tricks-to-fall-asleep-more-easily/>

What you eat may affect your body's internal biological clock

<http://www.sciencedaily.com/releases/2014/07/140710130852.htm>

What's a concussion? Review identifies four evidence-based indicators

<http://www.sciencedaily.com/releases/2014/07/140710101404.htm>

Study cracks how brain processes emotions

<http://www.sciencedaily.com/releases/2014/07/140709135836.htm>

New treatment for borderline personality disorder

<http://www.sciencedaily.com/releases/2014/07/140706083935.htm>

How to talk about pain

<http://www.nytimes.com/2014/07/13/opinion/sunday/how-to-talk-about-pain.html>

'Game-changing' device gets veteran back on his feet

[http://www.army.mil/article/129741/ Game changing device gets veteran back on his feet/](http://www.army.mil/article/129741/Game_changing_device_gets_veteran_back_on_his_feet/)

Jet Lag Prevention

<http://www.nlm.nih.gov/medlineplus/ency/patientinstructions/000719.htm>

Patients at highest risk of suicide in first 2 weeks after leaving hospital

http://www.eurekalert.org/pub_releases/2014-07/uom-pah071514.php

Poor sleep quality linked to lower physical activity in people with PTSD

http://www.eurekalert.org/pub_releases/2014-07/aaos-psq071614.php

Veterans Kick The Prescription Pill Habit, Against Doctors' Orders

<http://www.npr.org/blogs/health/2014/07/11/330178170/veterans-kick-the-prescription-pill-habit-against-doctors-orders>

Nova study to check if yoga helps veterans with PTSD

http://articles.sun-sentinel.com/2014-07-13/news/fl-yoga-veterans-study-20140714_1_connected-warriors-free-yoga-judy-weaver

Identifying patients with military service can improve health outcomes

<http://www.uab.edu/news/focus-on-patient-care/item/4939-identifying-patients-with-military-service-can-improve-health-outcomes>

Study: Smoking may contribute to suicide risk

http://www.eurekalert.org/pub_releases/2014-07/wuso-ssm071514.php

Resource of the Week: [TRICARE Certified Mental Health Counselors -- A Rule by the Defense Department on 07/17/2014](#) (Federal Register)

The Department of Defense is publishing this final rule to implement the TRICARE Certified Mental Health Counselor (TCMHC) provider type as a qualified mental health provider authorized to independently diagnose and treat TRICARE beneficiaries and receive reimbursement for services. Additionally, we are extending the time frame that was mentioned in the Interim Final Rule for meeting certain education, examination, and

supervised clinical practice criteria to be considered for authorization as a TCMHC. The time frame has been changed from prior to January 1, 2015, to prior to January 1, 2017. One final set of criteria shall apply for the authorization of the TCMHC beginning January 1, 2017. The supervised mental health counselor (SMHC) provider type, while previously proposed to be terminated under TRICARE, is now continued indefinitely as an extramedical individual provider practicing mental health counseling under the supervision of a TRICARE-authorized physician.

Bonus: Meet the Walter Reed National Military Medical Center Hospital Dogs

**WALTER REED
NATIONAL MILITARY
MEDICAL CENTER**

Walter Reed Bethesda Hospital Dogs

**RADM Laura Lee
USN**

**2nd Lt Goldie
USAF**

**CSM Suzie
USA**

**RADM Bobbie
USN**

**SSGT Archie
USMC**

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