



## CDP Research Update -- July 31, 2014

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- Department of Defense Quarterly Suicide Report Calendar Year 2013 4th Quarter (also includes “annual suicide counts, and annual suicide rates for each of the services.”)
- Anger and Aggression: PTSD Monthly Update - July 2014
- Clinician's Trauma Update Online, June 2014
- Disparities in Adverse Childhood Experiences Among Individuals With a History of Military Service.
- The role of religion and spirituality in mental health.
- Characteristics of suicide completers with a psychiatric diagnosis before death: A postmortem study of 98 cases.
- Factors influencing readiness to deploy in disaster response: findings from a cross-sectional survey of the Department of Veterans Affairs Disaster Emergency Medical Personnel System.
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- Consumers using the Internet for insomnia information: The who, what, and why.
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- Resource of the Week: 60 Government Sites in 60 Minutes

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<http://www.suicideoutreach.org/Portals/0/Docs/DoD%20Quarterly%20Suicide%20Report%20CY2013%20Q4.pdf>

**Department of Defense Quarterly Suicide Report Calendar Year 2013 4th Quarter**

## Purpose

The Department of Defense (DoD) Quarterly Suicide Report (QSR) summarizes suicide counts and annual rates for the Active Component , Reserve s , and National Guard . The purpose of the QSR is to communicate DoD suicide data to stakeholders external to DoD on a routine and frequent basis. The 2013 4th Quarter DoD QSR shows calendar year 2013 quarterly suicide counts, annual suicide counts, and annual suicide rates for each o f the Services. DoD considers one loss to suicide as one too many, and will continue to do everything possible to prevent suicide in our military.

## Summary of Results

The 2013 suicide rate for Active Component Service members was 18. 7 suicides per 100,000 Service members. For the Reserves , the rate was 23.4 per 100,000 Service members . For the National Guard , the rate was 28. 9 per 100,000 Service members .

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<http://content.govdelivery.com/accounts/USVHA/bulletins/c666e2>

## **Anger and Aggression: PTSD Monthly Update - July 2014**

National Center for PTSD

Anger is a common response to trauma. It can create major problems in the personal lives of those who have experienced trauma and those who suffer from PTSD.

Anger can be especially common if you have been betrayed by others. This may be most often seen in cases of trauma that involve exploitation or violence.

Anger can be experienced as physical arousal, thoughts and feelings, and aggressive behavior.

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[http://www.ptsd.va.gov/professional/newsletters/ctu-online/ctu\\_v8n3.pdf](http://www.ptsd.va.gov/professional/newsletters/ctu-online/ctu_v8n3.pdf)

## **Clinician's Trauma Update Online, June 2014**

National Center for PTSD

CTU-Online contains summaries of clinically relevant research articles.

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<http://archpsyc.jamanetwork.com/article.aspx?articleid=1890091>

## **Disparities in Adverse Childhood Experiences Among Individuals With a History of Military Service.**

Blosnich JR, Dichter ME, Cerulli C, Batten SV, Bossarte RM

JAMA Psychiatry. Published online July 23, 2014

### Importance

Adverse childhood experiences (ACEs) are associated with several adulthood health problems, such as self-directed violence. For some individuals, enlistment in the military may be an instrumental act to escape adverse household environments; however, to our knowledge prevalence of ACEs among persons with a history of military service has not been documented in the United States using population-based data.

### Objective

To compare the prevalence of ACEs among individuals with and without a history of military service.

### Design, Setting, and Participants

Data are from the 2010 Behavioral Risk Factor Surveillance System. Computer-assisted telephone interviews were conducted with population-based samples of noninstitutionalized US adults from January 1 through December 31, 2010. Analyses were limited to respondents who received the ACE module (n = 60 598). Participants were categorized by history of military service and whether a respondent was 18 years of age in 1973.

### Main Outcomes and Measures

History of military service was defined by active duty service, veteran status, or training for the Reserves or National Guard. The ACE inventory assessed 11 negative experiences before the age of 18 years. Weighted  $\chi^2$  tests and multiple logistic regression analyses were used to examine differences in ACEs by history of military service, era of service, and sex.

### Results

Those with military experience had greater odds of any difference in prevalence of ACEs. In the all-volunteer era, men with military service had a higher prevalence of ACEs in all 11 categories than men without military service. Notably, in the all-volunteer era, men with military service had twice the odds of reporting forced sex before the age of 18 years (odds ratio, 2.19; 95% CI, 1.34-3.57) compared with men without military service. In the draft era, the only difference among men was household drug use, in which men with a history of military service had a significantly lower prevalence than men without a history of military service (2.1% vs 3.3%; P = .003). Fewer differences were observed among women in the all-volunteer and draft eras.

## Conclusions and Relevance

Differences in ACEs by era and sex lend preliminary support that enlistment may serve as an escape from adversity for some individuals, at least among men. Further research is needed to understand how best to support service members and veterans who may have experienced ACEs.

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[http://journals.lww.com/co-psychiatry/Abstract/publishahead/The\\_role\\_of\\_religion\\_and\\_spirituality\\_in\\_mental.99545.aspx](http://journals.lww.com/co-psychiatry/Abstract/publishahead/The_role_of_religion_and_spirituality_in_mental.99545.aspx)

## **The role of religion and spirituality in mental health.**

Weber, Samuel R.; Pargament, Kenneth I.

### Purpose of review:

There has been increased interest in the relationship between religion and spirituality and mental health in recent years. This article reviews recent research into the capacity of religion and spirituality to benefit or harm the mental health of believers. We also examine the implications this may have for assessment and treatment in psychiatric settings.

### Recent findings:

Studies indicate that religion and spirituality can promote mental health through positive religious coping, community and support, and positive beliefs. Research also shows that religion and spirituality can be damaging to mental health by means of negative religious coping, misunderstanding and miscommunication, and negative beliefs. Tools for the assessment of patients' spiritual needs have been studied, and incorporation of spiritual themes into treatment has shown some promise.

### Summary:

Religion and spirituality have the ability to promote or damage mental health. This potential demands an increased awareness of religious matters by practitioners in the mental health field as well as ongoing attention in psychiatric research. (C) 2014 Wolters Kluwer Health | Lippincott Williams & Wilkins

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[http://www.psy-journal.com/article/S0165-1781\(14\)00604-0/abstract](http://www.psy-journal.com/article/S0165-1781(14)00604-0/abstract)

## **Characteristics of suicide completers with a psychiatric diagnosis before death: A postmortem study of 98 cases.**

Shelly Bakst, Tali Braun, Rachel Hirshberg, Inbar Zucker, Tamar Shohat

## Psychiatry Research

Received: July 10, 2013; Received in revised form: July 11, 2014; Accepted: July 13, 2014;  
Published Online: July 19, 2014

The objective of this research was to classify the deaths of 98 victims of suicide in Tel Aviv, Israel between the years 2007–2010. This was done by examining background features and clinical characteristics among suicide completers with histories of a prior psychiatric hospitalization using logistic regression modeling. Thirty four percent of the sample (33/98) were given at least one psychiatric diagnosis upon discharge from a prior psychiatric hospitalization. Throughout their lifetime, those with psychiatric diagnoses were significantly more likely to have histories of mental health treatment (psychotherapy and psychotropic medication), psychopathology and suicidality among family members, prior suicide attempts and familial or emotional crisis as compared with those without a psychiatric diagnosis. During their last life phase, those with prior psychiatric diagnoses were also significantly more likely to have received psychotherapeutic treatment, expressed a lack of desire to live and presented with affective symptoms (e.g. depression, anxiety, adaptation difficulty and nervousness) as compared with those without such histories. Thus, focusing on high risk populations, such as those with psychiatric illnesses and deciphering the role of mental health treatment, familial predisposition, prior suicide attempt and sub-clinical symptoms in relation to suicide can inform future prevention practices.

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<http://www.biomedcentral.com/1471-227X/14/16/abstract>

### **Factors influencing readiness to deploy in disaster response: findings from a cross-sectional survey of the Department of Veterans Affairs Disaster Emergency Medical Personnel System.**

Nicole K Zagelbaum, Kevin C Heslin, Judith A Stein, Josef Ruzek, Robert E Smith, Tam Nyugen and Aram Dobalian

BMC Emergency Medicine 2014, 14:16

#### Background

The Disaster Emergency Medical Personnel System (DEMPS) program provides a system of volunteers whereby active or retired Department of Veterans Affairs (VA) personnel can register to be deployed to support other VA facilities or the nation during national emergencies or disasters. Both early and ongoing volunteer training is required to participate.

#### Methods

This study aims to identify factors that impact willingness to deploy in the event of an emergency. This analysis was based on responses from 2,385 survey respondents (response

rate, 29%). Latent variable path models were developed and tested using the EQS structural equations modeling program. Background demographic variables of education, age, minority ethnicity, and female gender were used as predictors of intervening latent variables of DEMPS Volunteer Experience, Positive Attitude about Training, and Stress. The model had acceptable fit statistics, and all three intermediate latent variables significantly predicted the outcome latent variable Readiness to Deploy.

#### Results

DEMPS Volunteer Experience and a Positive Attitude about Training were associated with Readiness to Deploy. Stress was associated with decreased Readiness to Deploy. Female gender was negatively correlated with Readiness to Deploy; however, there was an indirect relationship between female gender and Readiness to Deploy through Positive Attitude about Training.

#### Conclusions

These findings suggest that volunteer emergency management response programs such as DEMPS should consider how best to address the factors that may make women less ready to deploy than men in order to ensure adequate gender representation among emergency responders. The findings underscore the importance of training opportunities to ensure that gender-sensitive support is a strong component of emergency response, and may apply to other emergency response programs such as the Medical Reserve Corps and the American Red Cross.

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<http://www.sciencedirect.com/science/article/pii/S016517811400599X>

#### **Posttraumatic stress disorder in African Americans: A two year follow-up study.**

Carlos I. Pérez Benítez, Nicholas J. Sibrava, Laura Kohn Wood, Andri S. Bjornsson, Caron Zlotnick, Risa Weisberg, Martin B. Keller

Psychiatry Research

Available online 19 July 2014

The present study was a prospective, naturalistic, longitudinal investigation of the two year course of posttraumatic stress disorder (PTSD) in a sample of African Americans with anxiety disorders. The study objectives were to examine the two year course of PTSD and to evaluate differences between African Americans with PTSD and anxiety disorders and African Americans with anxiety disorders but no PTSD with regard to comorbidity, psychosocial impairment, physical and emotional functioning, and treatment participation. The participants were 67 African Americans with PTSD and 98 African Americans without PTSD (mean age 41.5 years,

67.3% female). Individuals with PTSD were more likely to have higher comorbidity, lower functioning, and they were less likely to seek treatment than those with other anxiety disorders but no PTSD. The rate of recovery from PTSD over two years was .10 and recovery from comorbid Major Depressive Disorder was .55. PTSD appears to be persistent over time in this population. The rates of recovery were lower than what has been reported in previous longitudinal studies with predominantly non-Latino Whites. It is imperative to examine barriers to treatment and factors related to treatment engagement for this population.

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<http://hosted.law.wisc.edu/wordpress/wjlg/files/2014/07/DAmbrosio-Woodward-article.pdf>

**Military sexual assault: a comparative legal analysis of the 2012 department of defense report on sexual assault in the military: what it tells us, what it doesn't tell us, and how inconsistent statistic gathering inhibits winning the "invisible war"**

Tricia D'Ambrosio-Woodward, Esq.

Wisconsin Journal of Law, Gender & Society

Volume XXIX, Number 2  
Summer 2014

In May 2013, the Department of Defense released its 2012 Sexual Assault Prevention and Response Office (SAPRO) report. 1 It is two volumes, totaling 1,494 pages of information related to military sexual assault. 2 While this seems an overwhelming amount of information, a thorough analysis reveals many inconsistencies, problems in the information gathering, and the absence of many vital statistics. Much of the report is focused on the Department of Defense and individual military branches touting their efforts at eradicating sexual assault, becoming akin to a "show and tell" exhibition rather than providing accurate, rigorous, and useful information. This Article discusses the numerous flaws in the data gathering and reporting process and how these errors are inhibiting the implementation of effective battle tactics on this front.

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<http://www.ncbi.nlm.nih.gov/pubmed/25058681>

Arch Suicide Res. 2014 Jul 24. [Epub ahead of print]

**Depressed Suicide Attempters with Posttraumatic Stress Disorder.**

Ramberg M, Stanley B, Ystgaard M, Mehlum L

Posttraumatic stress disorder and major depressive disorder are well-established risk factors for suicidal behaviour. This study compared depressed suicide attempters with and without comorbid posttraumatic stress disorder with respect to additional diagnoses, global functioning,



depressive symptoms, substance abuse, history of traumatic exposure and suicidal behaviour. Adult patients consecutively admitted to a general hospital after a suicide attempt were interviewed and assessed for DSM-IV diagnosis and clinical correlates. Sixty-four patients (71%) were diagnosed with depression; of them, 21 patients (32%) had posttraumatic stress disorder. There were no group differences in social adjustment, depressive symptoms, or suicidal intent. However, the group with comorbid depression and posttraumatic stress disorder had more additional Axis I diagnoses, a higher degree of childhood trauma exposure, and more often reported previous suicide attempts, non-suicidal self-harm and vengeful suicidal motives. These findings underline the clinical importance of diagnosis and treatment of posttraumatic stress disorder in suicide attempters.

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<http://www.ncbi.nlm.nih.gov/pubmed/25058403>

PLoS One. 2014 Jul 24;9(7):e101741. doi: 10.1371/journal.pone.0101741. eCollection 2014.  
**Residential Treatment for Combat-Related Posttraumatic Stress Disorder: Identifying Trajectories of Change and Predictors of Treatment Response.**

Currier JM, Holland JM, Drescher KD3

#### BACKGROUND:

Combat-related posttraumatic stress disorder (PTSD) can be a difficult condition to treat and has been associated with serious medical and economic issues among U.S. military veterans. Distinguishing between treatment responders vs. non-responders in this population has become an important public health priority. This study was conducted to identify pre-treatment characteristics of U.S. veterans with combat-related PTSD that might contribute to favorable and unfavorable responses to high value treatments for this condition.

#### METHOD:

This study focused on 805 patients who completed a VHA PTSD residential program between 2000 and 2007. These patients completed the PTSD Clinical Checklist at pre-treatment, post-treatment, and a four-month follow-up assessment. Latent growth curve analysis (LCGA) was incorporated to determine trajectories of changes in PTSD across these assessments and whether several key clinical concerns for this population were associated with their treatment responses.

#### STUDY FINDINGS:

LCGA indicated three distinct trajectories in PTSD outcomes and identified several clinical factors that were prospectively linked with changes in veterans' posttraumatic symptomatology. When compared to a group with high PTSD symptom severity that decreased over the program but relapsed at follow-up (41%), the near half (48.8%) of the sample with an improving trajectory had less combat exposure and superior physical/mental health. However, when compared to a minority (10.2%) with relatively low symptomatology that also remained somewhat stable, patients in the improving group were younger and also reported greater combat exposure,

poorer physical/mental health status, and more problems with substance abuse before the start of treatment.

#### CONCLUSIONS:

Findings suggest that veterans are most likely to benefit from residential treatment in an intermediate range of symptoms and risk factors, including PTSD symptom severity, history of combat exposure, and comorbid issues with physical/mental health. Addressing these factors in an integrative manner could help to optimize the effectiveness of treatments of combat-related PTSD in many cases.

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<http://sgo.sagepub.com/content/4/3/2158244014542783.abstract>

#### **Size Matters Stature Is Related to Diagnoses of Depression in Young Military Men.**

Valery Krupnik, Mariya V. Cherkasova

Sage Open

Published 23 July 2014

Evolutionary theories suggest that depression has evolved as an adaptation to insurmountable adversity or defeat. One prediction stemming from these models is that individual attributes associated with defeat in a given social environment could be risk factors for depression. We hypothesized that in young military men, where physical prowess was important, short stature might constitute a risk of depression and that this risk would be specific to depression and not to other prevalent mental disorders such as anxiety. A preliminary analysis of the diagnostic profile of a sample of male military personnel treated for mental health indicates that men both shorter and taller than average by 1 standard deviation may be predisposed to higher rates of depressive but not anxiety disorders. Practical and theoretical implications of our findings are discussed.

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<http://psycnet.apa.org/psycinfo/2014-29811-001/>

#### **National Dissemination of Interpersonal Psychotherapy for Depression in Veterans: Therapist and Patient-Level Outcomes.**

Stewart, Michael O.; Raffa, Susan D.; Steele, Jennifer L.; Miller, Sarah A.; Clougherty, Kathleen F.; Hinrichsen, Gregory A.; Karlin, Bradley E.

Journal of Consulting and Clinical Psychology, Jul 21 , 2014

**Objective:**

To evaluate the effects of training in and delivery of interpersonal psychotherapy (IPT) for depression throughout the U.S. Department of Veterans Affairs health care system on therapists' competency and patients' clinical outcomes.

**Method:**

Participants included 124 therapists and 241 veteran patients. Therapists participated in a 3-day workshop followed by 6 months of weekly group consultation. Therapy session tapes were rated by expert IPT training consultants using a standardized competency rating form. Patient outcomes were assessed with the Beck Depression Inventory–II and the World Health Organization Quality of Life–BREF. Therapeutic alliance was assessed with the Working Alliance Inventory–Short Revised.

**Results:**

Of the 124 therapists receiving IPT training, 115 (93%) completed all training requirements. Therapist competence in IPT increased from their 1st patient to their 2nd for both initial ( $d = 0.36$ ) and intermediate ( $d = 0.24$ ) treatment phases. Of the 241 veteran patients treated with IPT, 167 (69%) completed  $\geq 12$  sessions. Intent-to-treat analyses indicated large overall reductions in depression ( $d = 1.26$ ) and significant improvements in quality of life ( $d = 0.57$  to  $0.86$ ) and the therapeutic alliance ( $d = 0.50$  to  $0.83$ ).

**Conclusions:**

National IPT training in the VA health care system was associated with significant increases in therapist competencies to deliver IPT, as well as large overall reductions in depression and improvements in quality of life among veterans, many of whom presented with high levels of depression. Results support the feasibility and effectiveness of broad dissemination of IPT in routine clinical settings. (PsycINFO Database Record (c) 2014 APA, all rights reserved)

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<http://www.tandfonline.com/doi/abs/10.1080/15332985.2013.870103>

**Continuity of Mental Health Care across Military Transitions.**

Gary S. DeFraia, George O. Lamb, Stacie E. Resnick, Toni D. McClure

Social Work in Mental Health

Accepted author version posted online: 22 Jul 2014

Multiple deployments, a prominent characteristic of Operations Enduring Freedom, Iraqi Freedom and New Dawn, have been linked to increased risk for various mental health conditions. It is also well known that military transitions, such as a change of duty station or discharge, are an inevitable part of military life. While military transitions can be stressful for any

service member or veteran, those with mental health conditions face additional challenges. Transition stress can exacerbate a mental health condition which in turn hinders ability to manage the transition, resulting in a cycle of stress. As a result, those receiving mental health care while transitioning often experience difficulty continuing treatment post-transition. This article describes a unique and innovative transition coaching program designed to address this emerging issue.

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<http://www.ncbi.nlm.nih.gov/pubmed/25062841>

Soc Cogn Affect Neurosci. 2014 Jul 25. pii: nsu099. [Epub ahead of print]

**Violence-related PTSD and neural activation when seeing emotionally charged male-female interactions.**

Moser DA, Aue T, Suardi F, Kutlikova H, Cordero MI, Rossignol AS, Favez N, Rusconi S, Schechter DS

Posttraumatic Stress Disorder (PTSD) is a disorder that involves impaired regulation of the fear response to traumatic reminders. This study tested how women with male-perpetrated interpersonal violence-related PTSD (IPV-PTSD) differed in their brain activation from healthy controls (HC) when exposed to scenes of male-female interaction of differing emotional content. Sixteen women with symptoms of IPV-PTSD and 19 HC participated in this study. During MRI, participants watched a stimulus-protocol of 23 different 20-second silent epochs of male-female interactions taken from feature films, which were either neutral, menacing, or prosocial. IPV-PTSD participants compared to HC showed (a) greater dorsomedial prefrontal cortex (dmPFC) and dorsolateral prefrontal cortex (dlPFC) activation in response to menacing versus prosocial scenes and (b) greater anterior cingulate cortex (ACC), right hippocampus activation and lower ventromedial prefrontal cortex (vmPFC) activity in response to emotional vs. neutral scenes. The fact that IPV-PTSD participants compared to HC showed lower activity of the ventral ACC during emotionally charged scenes regardless of the valence of the scenes suggests that impaired social perception among IPV-PTSD patients transcends menacing contexts and generalizes to a wider variety of emotionally charged male-female interactions. © The Author (2014). Published by Oxford University Press.

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<http://www.ncbi.nlm.nih.gov/pubmed/25061248>

Sleep. 2014 Jul 1;37(7):1199-208. doi: 10.5665/sleep.3838.

**Moderators and mediators of the relationship between stress and insomnia: stressor chronicity, cognitive intrusion, and coping.**

Pillai V, Roth T, Mullins HM, Drake CL

**STUDY OBJECTIVES:**

To assess moderators, such as stressor chronicity, and mediators, including stress response in the form of cognitive intrusion and coping behavior, of the prospective association between naturalistic stress and incident insomnia.

**DESIGN:**

Longitudinal.

**SETTING:**

Epidemiological.

**PARTICIPANTS:**

A community-based sample of good sleepers (n = 2,892) with no lifetime history of insomnia.

**INTERVENTIONS:**

None.

**MEASUREMENTS AND RESULTS:**

Participants reported the number of stressful events they had encountered at baseline, as well as the perceived severity and chronicity of each event. Similarly, volitional stress responses such as coping, as well as more involuntary responses such as cognitive intrusion were assayed for each stressor. Follow-up assessment 1 y hence revealed an insomnia incidence rate of 9.1%. Stress exposure was a significant predictor of insomnia onset, such that the odds of developing insomnia increased by 19% for every additional stressor. Chronicity significantly moderated this relationship, such that the likelihood of developing insomnia as a result of stress exposure increased as a function of chronicity. Cognitive intrusion significantly mediated the association between stress exposure and insomnia. Finally, three specific coping behaviors also acted as mediators: behavioral disengagement, distraction, and substance use.

**CONCLUSIONS:**

Most studies characterize the relationship between stress exposure and insomnia as a simple dose-response phenomenon. However, our data suggest that certain stressor characteristics significantly moderate this association. Stress response in the form of cognitive intrusion and specific maladaptive coping behaviors mediate the effects of stress exposure. These findings highlight the need for a multidimensional approach to stress assessment in future research and clinical practice.

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<http://www.ncbi.nlm.nih.gov/pubmed/25052876>

J Psychoactive Drugs. 2014 Jul-Aug;46(3):178-87. doi: 10.1080/02791072.2014.917750.

### **The Role of Alcohol Expectancies in Drinking Behavior among Women with Alcohol Use Disorder and Comorbid Posttraumatic Stress Disorder.**

Pedersen ER, Myers US, Browne KC, Norman SB

Understanding how alcohol expectancies relate to alcohol use among individuals with concurrent alcohol use disorder (AUD) and Posttraumatic Stress Disorder (PTSD) is important to understanding and treating this comorbidity. This study examined the role of positive and negative alcohol expectancies and PTSD symptoms in drinking behavior in a comorbid female sample. Participants were women (n = 33; 56% Caucasian) seeking AUD and PTSD treatment in an outpatient community co-occurring disorders program. Hypotheses related to drinking days and alcohol problems outcomes were evaluated using negative binomial hierarchical regression. PTSD symptoms were associated with fewer reported days of alcohol-related problems. Negative expectancies related to negative changes in social behavior associated with drinking days and cognitive and motor impairment associated with problems. Both the general positive expectancies score and specific global positive change subscale were uniquely associated with drinking and alcohol-related problems days after controlling for PTSD symptom severity and negative expectancies scores. Results suggest that both negative and positive expectancies about alcohol's effects are important correlates of drinking behavior among women with AUD and PTSD, with positive expectancies playing a potentially more salient role on use and consequences than symptom severity and negative expectancies.

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<http://www.ncbi.nlm.nih.gov/pubmed/25052875>

J Psychoactive Drugs. 2014 Jul-Aug;46(3):171-7. doi: 10.1080/02791072.2014.920118.

### **Marijuana, expectancies, and post-traumatic stress symptoms: a preliminary investigation.**

Earleywine M, Bolles JR

Previous work suggests that people might turn to marijuana to alleviate the symptoms of post-traumatic stress disorder (PTSD) and associated distress. Expectancy theories emphasize that the use of drugs correlates with their anticipated effects. The current study examined multivariate links among marijuana use, PTSD symptoms, and expectancies for marijuana-induced changes in those symptoms. Over 650 combat-exposed, male veterans who used marijuana at least once per week completed measures of PTSD symptoms, marijuana expectancies, and marijuana use in an Internet survey. Participants generally expected

marijuana to relieve PTSD symptoms, especially those related to intrusions and arousal. Symptoms, expectancies for relief of symptoms, and marijuana consumption correlated significantly. Regressions revealed significant indirect effects of symptoms on use via expectancies, but no significant interactions of expectancies and symptoms. Combat-exposed veterans who use marijuana appear to use more as the magnitude of PTSD symptoms and their expectations of marijuana-induced relief of those symptoms increase. These results emphasize the importance of PTSD treatments in an effort to keep potential negative effects of marijuana to a minimum. They also underscore the import of expectancies in predicting marijuana use.

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<http://www.sciencedirect.com/science/article/pii/S0025712514000972>

### **Psychiatric Disorders and Sleep Issues.**

Eliza L. Sutton, MD

Medical Clinics of North America

Available online 22 July 2014

#### **KEY POINTS**

- Sleep issues and psychiatric disorders commonly coexist and can influence each other (eg, insomnia and depression).
- Medications for psychiatric disorders can affect sleep and sleep disorders, particularly restless legs syndrome, positively or negatively.
- Medications for sleep disorders can cause or affect psychiatric symptoms (eg, dopamine agonists given for treatment of restless legs syndrome can cause gambling or other compulsive behaviors).
- Cognitive-behavioral therapy for insomnia in 4 to 8 sessions is the preferred treatment of chronic insomnia if acceptable to the patient and accessible.
- For depressed patients with insomnia, a sleep-promoting medication may be useful as adjunct therapy (zolpidem, eszopiclone, trazodone, or amitriptyline) or as monotherapy (mirtazapine, nefazodone, or trazodone).

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<http://www.ncbi.nlm.nih.gov/pubmed/23911715>

J Behav Ther Exp Psychiatry. 2014 Mar;45(1):20-5. doi: 10.1016/j.jbtep.2013.07.003. Epub 2013 Jul 16.

**Is it dangerous to fantasize revenge in imagery exercises? An experimental study.**

Seebauer L, Froß S, Dubaschny L, Schönberger M, Jacob GA

#### BACKGROUND:

Imagery rescripting (ImRS), i.e. changing intrusive mental images in imagery, is increasingly recognized as a helpful therapy technique. In ImRS exercises, patients sometimes suggest taking violent revenge on perpetrators. However, it is unclear whether vengeful phantasies can be particularly helpful in giving back feelings of power and control, or whether they rather increase aggressive feelings, with potentially harmful effects.

#### METHODS:

Forty-six healthy participants watched 3 trauma movie segments depicting interpersonal violence. After each movie, one of 3 ImRS strategies (ImRS with violent revenge, ImRS without violence, safe place imagery) was applied. Dependent variables were subjective emotion ratings.

#### RESULTS:

Aggressive and positive emotions changed most strongly with the safe place image, no differences between ImRS with and without violence were observed. Sad and anxious emotions were not differently influenced by different strategies.

#### LIMITATIONS:

Only a healthy sample with no previous display of aggression has been investigated. Cross-over effects cannot be excluded due to the within-group design with repeated trauma movie segments.

#### CONCLUSIONS:

Using violent pictures in ImRS does not seem to be particularly risky as it does not increase aggressive emotions in the participants; however it has no added value. For the purpose of emotion regulation after an analog trauma, the safe place imagery does best. Copyright © 2013 Elsevier Ltd. All rights reserved.

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<http://www.ncbi.nlm.nih.gov/pubmed/25047447>

Clin Psychol Rev. 2014 Jun 26;34(6):453-467. doi: 10.1016/j.cpr.2014.06.005. [Epub ahead of print]

#### **A comparison of Narrative Exposure Therapy and Prolonged Exposure therapy for PTSD.**

Mørkved N, Hartmann K, Aarsheim LM, Holen D, Milde AM, Bomyea J, Thorp SR

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. Copyright © 2014. Published by Elsevier Ltd.

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<http://onlinelibrary.wiley.com/doi/10.1002/jts.21933/abstract>

### **Dissociation and Posttraumatic Stress Disorder: A Latent Profile Analysis.**

Blevins, C. A., Weathers, F. W. and Witte, T. K.

Journal of Traumatic Stress

Article first published online: 28 JUL 2014

The fifth edition of Diagnostic and Statistical Manual of Mental Disorders (DSM-5; American Psychiatric Association, 2013) contains a dissociative subtype for posttraumatic stress disorder (PTSD) characterized by significant depersonalization and derealization. In this study the PTSD dissociative subtype was examined using latent profile analysis in a sample of 541 trauma-exposed college students. Items from the PTSD Checklist and Multiscale Dissociation Inventory were used as latent class indicators. Results supported a 3-class solution including a well-adjusted class, a PTSD class, and a PTSD/dissociative class characterized by elevated symptoms of PTSD, depersonalization, and derealization. Significant class differences were found on a number of measures of related psychopathology with Cohen's *d* effect size estimates ranging from 0.04 to 1.86. Diagnostic and treatment implications regarding the dissociative subtype are discussed.

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<http://onlinelibrary.wiley.com/doi/10.1002/jts.21932/abstract>

### **Deliberate Self-Harm and Suicidal Ideation Among Male Iraq/Afghanistan-Era Veterans Seeking Treatment for PTSD.**

Kimbrel, N. A., Johnson, M. E., Clancy, C., Hertzberg, M., Collie, C., Van Voorhees, E. E., Dennis, M. F., Calhoun, P. S. and Beckham, J. C.

Journal of Traumatic Stress

Article first published online: 25 JUL 2014

The objectives of the present research were to examine the prevalence of deliberate self-harm (DSH) among 214 U.S. male Iraq/Afghanistan-era veterans seeking treatment for posttraumatic stress disorder (PTSD) and to evaluate the relationship between DSH and suicidal ideation within this population. Approximately 56.5% (n = 121) reported engaging in DSH during their lifetime; 45.3% (n = 97) reported engaging in DSH during the previous 2 weeks. As hypothesized, DSH was a significant correlate of suicidal ideation among male Iraq/Afghanistan-era veterans, OR = 3.88,  $p < .001$ , along with PTSD symptom severity, OR = 1.03,  $p < .001$ , and combat exposure, OR = 0.96,  $p = .040$ . A follow-up analysis identified burning oneself, OR = 17.14,  $p = .017$ , and hitting oneself, OR = 7.93,  $p < .001$ , as the specific DSH behaviors most strongly associated with suicidal ideation. Taken together, these findings suggest that DSH is quite prevalent among male Iraq/Afghanistan-era veterans seeking treatment for PTSD and is associated with increased risk for suicidal ideation within this population. Routine assessment of DSH is recommended when working with male Iraq/Afghanistan veterans seeking treatment for PTSD.

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<http://search.proquest.com/docview/1544433435>

### **Efficacy of Mantram Repetition Program on sleep in veterans with Posttraumatic Stress Disorder**

Holt, Lindsay Cosco, Ph.D.

2014, Dissertation

University of San Diego, Nursing

Posttraumatic Stress Disorder (PTSD) affects over seven million (3.5%) of the US adult population. In 2011, 476,515 veterans were currently seeking treatment for PTSD. Statistics show that 87% of veterans with PTSD report sleep disturbances and 52% experience frequent nightmares, making sleep the second most common reason why veterans seek mental health care upon return from deployment (Germain et al., 2006). Studies have sought to find a link between PTSD and sleep, and the importance of sleep in the recovery process, but there is a gap in the research on sleep disturbances and interventions for improvement in veterans with PTSD. The Mantram Repetition Program (MRP) teaches a portable method of meditation that has been shown to improve symptoms of PTSD in the Veteran population (Bormann et al., 2012). Qualitative studies have shown that veterans report improvements in sleep by using

skills learned in the MRP. However, no quantitative study has been conducted to assess veteran sleep patterns before and after MRP. This study's aims were to: (1) Evaluate the efficacy of the MRP on sleep habits; (2) Identify the aspects of sleep that are positively influenced by the MRP; and (3) Assess the demographic variables and their relationships to MRP and sleep outcomes.

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<http://search.informit.com.au/documentSummary;dn=430226489986445;res=IELHEA>

### **Correlates of frequent mental distress among active and former military personnel.**

DiBiasio, Eleanor; Clark, Melissa A and Rosenthal, Samantha R.

Journal of Military and Veterans Health

Volume 22 Issue 2 (Jun 2014)

#### **Background:**

Millions of veterans living in the United States suffer from mental illness. Understanding the correlates of mental illness can help target treatment to individuals in need and prevent mental distress, leading to healthier veterans and lower healthcare costs. Objective: To examine risk factors for mental illness among those who have served or currently serve in active duty military service in the U.S. armed forces.

#### **Methods:**

Data were from the 2010 Behavioral Risk Factor Surveillance System (BRFSS). Multivariable logistic regression was used to examine the relationship between mental distress and age, race, gender, education, income, employment, time since service, marital status, number of dependent children, physical health, sleep, and emotional support among former or active duty military population.

#### **Results:**

Almost 9% of respondents reported frequent mental distress (FMD). Those with FMD were more likely to be minorities, young, single and female. The unemployed and those in poor physical health also had greater odds of FMD.

#### **Conclusion:**

Because individuals with physical ailments and lacking employment were most likely to report distress, physical therapy services and programs to address unemployment and poverty can have a positive impact on the mental health of veterans. Education and training programs and physical therapy offices may be excellent sites for FMD screening.

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<http://link.springer.com/article/10.1007/s40596-014-0200-1>

## **Training for Suicide Risk Assessment and Suicide Risk Formulation.**

Morton M. Silverman, Alan L. Berman

Academic Psychiatry  
July 2014

Suicide and suicidal behaviors are highly associated with psychiatric disorders. Psychiatrists have significant opportunities to identify at-risk individuals and offer treatment to reduce that risk. Although a suicide risk assessment (SRA) is a core competency requirement, many lack the requisite training and skills to appropriately assess for suicide risk. Moreover, the standard of care requires psychiatrists to foresee the possibility that a patient might engage in suicidal behavior, hence to conduct a suicide risk formulation (SRF) sufficient to guide triage and treatment planning. An SRA gathers data about observable and reported symptoms, behaviors, and historical factors that are associated with suicide risk and protection, ascertained by way of psychiatric interview; collateral information from family, friends, and medical records; and psychometric scales and/or screening tools. Based on data collected via an SRA, an SRF is a process whereby the psychiatrist forms a judgment about a patient's foreseeable risk of suicidal behavior in order to inform triage decisions, safety and treatment plans, and interventions to reduce risk. This paper addresses the need for a revised training model in SRA and SRF, and proposes a model of training that incorporates the acquisition of skills, relying heavily on case application exercises.

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<http://ieeexplore.ieee.org/xpl/login.jsp?tp=&arnumber=6861901>

## **Virtual Reality Exposure Therapy for Combat-Related Posttraumatic Stress Disorder.**

Rizzo, Albert; Hartholt, Arno; Grimani, Mario; Leeds, Andrew; Liewer, Matt

Computer (Volume:47, Issue: 7)  
July 2014

Virtual reality (VR) technology is rapidly evolving to support prolonged exposure (PE) therapy, a proven treatment for combat-related posttraumatic stress disorder. Building on the successful 2007 Virtual Iraq/Afghanistan VRET system, a team of behavioral scientists, software engineers, and virtual artists has created Bravemind, a flexible VR system that offers significantly enhanced PE treatment possibilities. The first Web extra at <http://youtu.be/EiYg-kMNMtQ> is a video demonstration of an original early virtual reality exposure therapy (VRET) prototype that shows a small section of an Iraqi city with a landing helicopter (2004). The

second Web extra at [http://youtu.be/\\_cS-ynWZmeQ](http://youtu.be/_cS-ynWZmeQ) is a video demonstration of virtual reality exposure therapy (VRET) that simulates driving a Humvee in a rural part of Iraq, showcasing several encounters, including IED and road-side attacks (2007). The third Web extra at [http://youtu.be/78QXX\\_F4mc8](http://youtu.be/78QXX_F4mc8) is a video demonstration of virtual reality exposure therapy (VRET) that simulates an overview of several Iraqi city areas (2007). The fourth Web extra at [http://youtu.be/\\_AnixslkVLU](http://youtu.be/_AnixslkVLU) is a video demonstration of virtual reality exposure therapy (VRET) that simulates a patrol entering interior buildings in Iraq (2007). The fifth Web extra at <http://youtu.be/S22aQ-DqKKU> is a video demonstration of an original virtual reality exposure therapy (VRET) tablet interface that allows the clinician to change virtual reality settings and trigger encounters (2007). The sixth Web extra at <http://youtu.be/C-fspuLo4vw> is a video demonstration of the Bravemind virtual reality exposure therapy (VRET) prototype showing a variety of driving and dismounted scenarios with encounters in Iraq and Afghanistan (2013). The sixth Web extra at <http://youtu.be/HSPDomDAigg> is a video collection of Iraqi and Afghanistan virtual reality exposure therapy (VRET) scenarios within the Bravemind prototype (2013).

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<http://gradworks.umi.com/35/80/3580958.html>

### **Is combat exposure predictive of higher preoperative stress in military members?**

Bopp, Eric J., Ph.D.

2014, Dissertation

University of San Diego, Nursing

Since September 11, 2001, the United States has been engaged in large-scale combat operations exposing numerous military service members to stressful, traumatic, and threatening environments. As a result, many of these individuals have experienced significant psychological problems, such as anxiety, depression, and posttraumatic stress disorder (PTSD), as well as physiological alterations, such as cardiovascular changes and neuroendocrine disturbances. The preoperative experience may be perceived as stressful, often increasing in magnitude as the patient progresses through the preoperative period. Military anesthesia providers frequently provide anesthetic care to military members with a history of combat exposure. Anecdotally, it is not uncommon for this patient population to require a more "heavy-handed" anesthetic regimen, potentially resulting in increased side effects or prolonged recovery.

An enormous gap exists in knowledge related to the preoperative stress response, especially in military members with a history of combat exposure. Therefore, the purpose of this study was to determine predictive relationships between the number of combat experiences and the preoperative stress response in U.S. military personnel on the day of surgery. This prospective, descriptive study was conducted at Naval Hospital Camp Pendleton, enrolling active duty men and women undergoing elective surgery. One to 14 days prior to surgery, anxiety, depression, and PTSD symptoms were assessed. In addition, participants reporting a prior military

deployment having received combat-related pay completed a U.S. Army-developed combat exposure scale. On the day of surgery, the preoperative psychological and physiological stress response was measured using the Visual Analogue Scale for Stress, Multiple Affect Adjective Checklist-Revised, and salivary alpha-amylase. This may be the first investigation to determine predictive relationships between varying degrees of combat exposure and the preoperative stress response in military personnel on the day of surgery.

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<http://www.tandfonline.com/doi/abs/10.1080/10522158.2014.921880>

### **Epidemiology of Partner Abuse Within Military Families.**

Keith R. Aronson, Daniel F. Perkins, Jonathan Olson

Journal of Family Social Work

Vol. 17, Iss. 4, 2014

Partner abuse (PA) is a public health problem that affects a significant number of families. Experiencing PA places victims at risk for a variety of negative outcomes, including substance use or abuse, depression, post-traumatic stress disorder, and, in extreme cases, permanent injury or death. Furthermore, children who are exposed to PA are at risk for problems in the areas of cognitive functioning, self-esteem, psychological and emotional well-being, interpersonal relationships, and behavior. Most of what is known about PA has accrued through studies of civilian families. In this article, the authors report the results of an in depth review of the epidemiology of PA in each branch of the military. Results revealed that most studies of the military have been conducted with Army families. Rates of nonclinically significant PA are higher in military samples than civilian samples. Men and women connected to the military engage in rates of mild to moderate PA at similar rates. Males in the military engage in more violent PA than do women. These findings are discussed within a prevention and risk/resilience framework. Practical suggestions for clinicians working with military personnel and families and ideas for future research are provided.

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<http://link.springer.com/article/10.1007/s10896-014-9618-1>

### **The Impact of Anger on the Intimate Partner Violence Decision-Making Process.**

Randall C. Nedegaard, Tracy Sbrocco

Journal of Family Violence

July 2014

McFall's (1982, 1989) Social Information Processing (SIP) model outlines different stages in cognitive processing and decision-making that may be deficient in men who engage in interpersonal violence (IPV). A decision-making task was developed to assess the utility of abusive and nonabusive behaviors among 32 men who engage in mild IPV, 32 maritally distressed men, and 32 nondistressed men. Because anger impacts appraisal and decision-making (e.g., Lerner and Tiedens in *Journal of Behavioral Decision Making*, 19, 115-137, 2006), all participants were randomly assigned to an anger induction or neutral induction condition. As hypothesized, the perceived utility for abusive behavior was greater for angry abusive men and the perceived utility of control appeared to significantly contribute to this difference. Specific deficits in the IPV group were found, supporting a SIP model of IPV, aiding in understanding the function of violent behavior. Despite study limitations, these findings have implications for enhancing specific skill training components of treatment for abusive men.

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<http://cornerstone.lib.mnsu.edu/etds/345/>

### **Overseas Assignments: Expatriate and Spousal Adjustment in the U.S. Air Force**

Hayes, Andrew R.

Thesis, Master of Arts, Psychology  
2014, Minnesota State University-Mankato

The present study examined the relationship between cultural intelligence (CQ), expatriate and spousal/partner adjustment, and satisfaction with an overseas military assignment at a NATO Air Force base. Cultural Intelligence was measured using the Cultural Intelligence Scale (CQS) by Ang, et al. (2007). Expatriate adjustment was measured using the Expatriate Adjustment scale by Black & Stephens (1989). Spouse/partner adjustment was measured using the Spouse Adjustment scale by Black & Stephens (1989). Satisfaction was measured with a 5-item scale developed by the researchers. All data was collected via an online survey. There were 178 Airmen respondents and 89 spouse/partner respondents. Significant, positive relationships were found between cultural intelligence and adjustment. A regression analysis indicated that motivational CQ was the strongest driver of adjustment for both spouses/partners and Airmen. Significant, positive relationships were found between adjustment and satisfaction with the overall assignment, and more specifically, satisfaction with life on base. Regression analysis indicated that general adjustment predicted overall satisfaction for spouses/partners and Airmen. Interaction adjustment predicted base satisfaction for spouses/partners. Both general and work adjustment predicted base satisfaction for Airmen. In the Airmen sample, support was found for adjustment as a mediator between CQ and overall satisfaction, but this support was not found in the partner sample. Overall, CQ was a significant predictor of adjustment, and adjustment was a significant predictor of satisfaction. There was partial support for adjustment as a mediator between CQ and satisfaction.

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<http://link.springer.com/article/10.1007/s10916-014-0113-2>

### **Characteristics of Successful Technological Interventions in Mental Resilience Training.**

V. Vakili, W.-P. Brinkman, N. Morina, M. A. Neerincx

Journal of Medical Systems  
July 2014, 38:113

In the last two decades, several effective virtual reality-based interventions for anxiety disorders have been developed. Virtual reality interventions can also be used to build resilience to psychopathology for populations at risk of exposure to traumatic experiences and developing mental disorders as a result, such as for people working in vulnerable professions. Despite the interest among mental health professionals and researchers in applying new technology-supported interventions for pre-trauma mental resilience training, there is a lack of recommendations about what constitutes potentially effective technology-supported resilience training. This article analyses the role of technology in the field of stress-resilience training. It presents lessons learned from technology developers currently working in the area, and it identifies some key clinical requirements for the supported resilience interventions. Two processes made up this research: 1) developers of technology-assisted resilience programs were interviewed regarding human-computer interaction and system development; 2) discussions with clinicians were prompted using technology-centered concept storyboards to elicit feedback, and to refine, validate and extend the initial concepts. A qualitative analysis of the interviews produced a set of development guidelines that engineers should follow and a list of intervention requirements that the technology should fulfill. These recommendations can help bridge the gap between engineers and clinicians when generating novel resilience interventions for people in vulnerable professions.

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<http://www.sciencedirect.com/science/article/pii/S0005796714001156>

### **Bridging the gap: Lessons we have learnt from the merging of psychology and psychiatry for the optimisation of treatments for emotional disorders.**

Bronwyn M. Graham, Bridget L. Callaghan, Rick Richardson

Behaviour Research and Therapy

Available online 25 July 2014

In recent years the gap between psychological and psychiatric research and practice has



lessened. In turn, greater attention has been paid toward how psychological and pharmacological treatments interact. Unfortunately, the majority of research has indicated no additive effect of anxiolytics and antidepressants when combined with psychological treatments, and in many cases pharmacological treatments attenuate the effectiveness of psychological treatments. However, as psychology and psychiatry have come closer together, research has started to investigate the neural and molecular mechanisms underlying psychological treatments. Such research has utilised preclinical models of psychological treatments, such as fear extinction, in both rodents and humans to determine multiple neural and molecular changes that may be responsible for the long-term cognitive and behavioural changes that psychological treatments induce. Currently, researchers are attempting to identify pharmacological agents that directly augment these neural/molecular changes, and which may be more effective adjuncts to psychological treatments than traditional anxiolytics and antidepressants. In this review we describe the research that has led to this new wave of thinking about combined psychological/pharmacological treatments. We also argue that an increased emphasis on identifying individual difference factors that predict the effectiveness of pharmacological adjuncts is critical in facilitating the translation of this preclinical research into clinical practice.

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<http://onlinelibrary.wiley.com/doi/10.1111/sbr.12074/abstract>

### **Consumers using the Internet for insomnia information: The who, what, and why.**

Moghe, R., Cheung, J. M., Saini, B., Marshall, N. S. and Williams, K. A.

Sleep and Biological Rhythms

Article first published online: 3 JUL 2014

Information obtained from the Internet often influences the treatment choices of patients with insomnia. This study explored patterns of online information seeking and utilization among patients with insomnia. A total of 1013 participants took part in an online survey about sleep health information between July 2012 and March 2013. Participants also completed the Insomnia Severity Index and the Dysfunctional Beliefs and Attitudes about Sleep Scale. The results showed that those seeking insomnia-related information resources frequently searched online, and the information found appeared to influence important health behaviors such as treatment decisions, taking medication and whether to seek professional care. Information of interest revolved around insomnia treatment options and symptomology. While no predictors for Internet use were identified, the Internet does represent an important health-care portal for insomnia patients and warrants further investigation as targeted e-health interventions become more prominent in the routine management of insomnia.

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## Links of Interest

Probing Question: What is whisper therapy?

<http://news.psu.edu/story/321281/2014/07/23/research/probing-question-what-whisper-therapy>

Addressing Sleep Disorders in Service Members and Veterans (Dr. Bill Brim and Dr. Diana Dolan)

<http://www.nationalregister.org/pub/the-national-register-report-pub/spring-2014-issue/addressing-sleep-disorders-in-service-members-and-veterans/>

Post-9/11 vets fight suicide, mental health issues (IAVA 2014 Member Survey)

<http://iava.org/blog/post-911-vets-fight-suicide-mental-health-issues>

Many U.S. Male Soldiers Had Troubled Childhoods, Study Finds

[http://www.nlm.nih.gov/medlineplus/news/fullstory\\_147471.html](http://www.nlm.nih.gov/medlineplus/news/fullstory_147471.html)

Army study looks at 'Developing Mental Armor for Soldiers'

[http://www.army.mil/article/130295/Army\\_study\\_looks\\_at\\_Developing\\_Mental\\_Armor\\_for\\_Soldiers/](http://www.army.mil/article/130295/Army_study_looks_at_Developing_Mental_Armor_for_Soldiers/)

How stress hormones promote brain's building of negative memories

<http://www.sciencedaily.com/releases/2014/07/140723131247.htm>

When the caregivers need healing

<http://www.nytimes.com/2014/07/29/health/when-the-caregivers-need-healing.html>

'Interreality' may enhance stress therapies

<http://www.reuters.com/article/2014/07/29/us-virtual-reality-stress-therapy-idUSKBN0FY11720140729>

Study: Indirect link between combat and suicide risk

<http://www.airforcetimes.com/article/20140721/BENEFITS06/307210021/Study-Indirect-link-between-combat-suicide-risk>

Study: Young military men report more sexual dysfunction than civilians

<http://www.armytimes.com/article/20140728/NEWS/307280043/Study-Young-military-men-report-more-sexual-dysfunction-than-civilians>

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**Resource of the Week:** [60 Government Sites in 60 Minutes](#) (PDF)

This is a handout from a presentation at the June 2014 Special Libraries Association Annual Conference. It's a nicely annotated list, with links, of useful government websites. Most are U.S.

government sites, but a few foreign government sites are also included, as are some non-governmental sites that offer information about the U.S. Government.

## **60 Government Sites in 60 Minutes**

**Presented at SLA 2014  
Vancouver, B.C.**

**by**

**Marie Kaddell, Sr. Information Professional Consultant, LexisNexis  
[@libraryfocus](#)  
<http://www.governmentinfopro.com>**

**and**

**Chris Vestal, Government Consultant, LexisNexis  
[@Guylibrarian1](#)**

1. <http://www.usa.gov/Contact/verify-social-media.shtml> - USA.gov can help you verify US federal government social media accounts. You can look up accounts managed by federal agencies, elected officials, heads of agencies or members of the President's Cabinet. Examples of types of accounts you can verify: Blip, Facebook, Flickr, Foursquare, Google+, LinkedIn, Meetup, Pinterest, Scribd, Slideshare, Storify, Tumblr, Twitter, Ustream, Vimeo, Youtube.
2. <http://www.science.gov> - Immerse yourself in science! Science.gov searches over 60 databases and over 2200 selected websites from 15 federal agencies covering 200 million pages of U.S. government science information including research and development. Also, find science trivia, and selected science websites by topic.
3. [http://europa.eu/index\\_en.htm](http://europa.eu/index_en.htm) - Navigate the EU. Explore how the EU works, including facts and figures. Search by topic like economic and monetary affairs; foreign and security policy; and trade. Covers doing business, public procurement, EU law, official documents such as reports and studies; libraries and archives; open data and social account info.
4. <http://www.operationwardiary.org/> - Operation War Diary is a crowdsourcing project that is an effort to reveal the story of the British Army on the Western Front during the First World War as shared in 1.5 million pages of unit war diaries. Operation War Diary brings together original First World War documents from the National Archives, the historical expertise of IWM with the public to create new 'Citizen Historians'.

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Shirl Kennedy  
Research Editor  
Center for Deployment Psychology  
[www.deploymentpsych.org](http://www.deploymentpsych.org)  
[skennedy@deploymentpsych.org](mailto:skennedy@deploymentpsych.org)  
301-816-4749