CDP Research Update -- August 28, 2014

What's Here:

- Factors Related to Clinician Attitudes Toward Prolonged Exposure Therapy for PTSD.
- Acceptability of Prolonged Exposure Therapy Among U.S. Iraq War Veterans With PTSD Symptomology.
- Addressing Deficits in the Utilization of Empirically Supported Treatments for Posttraumatic Stress Disorder: Training the Future of Army Psychology.
- PTSD Treatment for Soldiers After Combat Deployment: Low Utilization of Mental Health Care and Reasons for Dropout.
- Mental Health Service Utilization by Iraq and Afghanistan Veterans After Entry Into PTSD Specialty Treatment.
- Veterans' Perceptions of Behavioral Health Care in the Veterans Health Administration: A National Survey.
- Timing of Mental Health Treatment and PTSD Symptom Improvement Among Iraq and Afghanistan Veterans.
- Stress-related sleep vulnerability and maladaptive sleep beliefs predict insomnia at long-term follow-up.
- A randomized controlled trial of mindfulness meditation for chronic insomnia.
- Impaired driving performance associated with effect of time duration in patients with primary insomnia.
- Visual function, traumatic brain injury, and posttraumatic stress disorder.
- The provision of mental health treatment after screening: exploring the relationship between treatment setting and treatment intensity.
- Psychiatric Disorders and Sleep Issues.
- Sleep and substance use disorders: an update.
- How much distress is too much on deployed operations? Validation of the Kessler Psychological Distress Scale (K10) for application in military operational settings.

- A longitudinal comparison of posttraumatic stress disorder and depression among military service components.
- Self-stigma fully mediates the association of anticipated enacted stigma and help-seeking intentions in National Guard service members.
- Sustaining the Army National Guard as an Operational Force.
- Non-suicidal self-injury during an exposure-based treatment in patients with posttraumatic stress disorder and borderline features.
- Outcomes Following Treatment of Veterans for Substance and Tobacco Addiction.
- Brief Intervention to Reduce Hazardous Drinking and Enhance Coping Among OEF/OIF/OND Veterans.
- Sleep and Substance Use Disorders: An Update.
- Data for Building a National Suicide Prevention Strategy.
- On the fast track: Dual military couples navigating institutional structures.
- A Parent at War and the "Invisible Wounds" They Carry Home: PTSD in Military Veterans and A Review of Psychosocial Family System Challenges.
- Personality Assessment Inventory internalizing and externalizing structure in veterans with posttraumatic stress disorder: Associations with aggression.
- Resting state functional connectivity of the anterior cingulate cortex in veterans with and without post-traumatic stress disorder.
- Medical Aspects of Transgender Military Service.
- Coping with Stress: Supporting the Needs of Military Families and Their Children.
- Prayer Coping, Disclosure of Trauma, and Mental Health Symptoms among Recently Deployed United States Veterans of the Iraq and Afghanistan Conflicts.
- Are confusional arousals pathological?
- Glucocorticoid-related predictors and correlates of post-traumatic stress disorder treatment response in combat veterans.
- Resilience in the aftermath of war trauma: a critical review and commentary.
- Vietnam Veteran Perceptions of Delayed Onset and Awareness of Posttraumatic Stress Disorder.
- Depression and anxiety symptoms in male veterans and non-veterans: the Health and Retirement Study.
- Breathing-Based Meditation Decreases Posttraumatic Stress Disorder Symptoms in U.S. Military Veterans: A Randomized Controlled Longitudinal Study.

- Reported Barriers to Mental Health Care in Three Samples of U.S. Army National Guard Soldiers at Three Time Points.
- Comparing Effectiveness of CPT to CPT-C Among U.S. Veterans in an Interdisciplinary Residential PTSD/TBI Treatment Program.
- A Qualitative Analysis of the Experience and Impact of Killing in Hand-to-Hand Combat.
- Deliberate Self-Harm and Suicidal Ideation Among Male Iraq/Afghanistan-Era Veterans Seeking Treatment for PTSD.
- A Test of Whether Coping Styles Moderate the Effect of PTSD Symptoms on Alcohol Outcomes.
- Stress and Resilience in Military Mortuary Workers: Care of the Dead From Battlefield to Home.
- A Review of Multidisciplinary Clinical Practice Guidelines in Suicide Prevention: Toward an Emerging Standard in Suicide Risk Assessment and Management, Training and Practice.
- Circadian Clock and Stress Interactions in the Molecular Biology of Psychiatric Disorders.
- Religion, Health and Confidentiality: An Exploratory Review of the Role of Chaplains.
- Links of Interest
- Resource of the Week: CDP's Military Culture for Healthcare Professionals website

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http://onlinelibrary.wiley.com/doi/10.1002/jts.21945/abstract

Factors Related to Clinician Attitudes Toward Prolonged Exposure Therapy for PTSD.

Ruzek, J. I., Eftekhari, A., Rosen, C. S., Crowley, J. J., Kuhn, E., Foa, E. B., Hembree, E. A. and Karlin, B. E.

Journal of Traumatic Stress
Volume 27, Issue 4, pages 423–429, August 2014

This study examines pretraining attitudes toward prolonged exposure (PE) therapy in a sample of 1,275 mental health clinicians enrolled in a national PE training program sponsored by the U.S. Department of Veterans Affairs. Attitudes assessed via survey included values placed on outcomes targeted by PE, outcome expectancies (positive expectancies for patient improvement and negative expectancies related to patient deterioration, clinician time burden, and clinician emotional burden), and self-efficacy for delivering PE. Results indicated that

clinicians were receptive to learning PE and had positive expectations about the treatment, but expressed concerns that PE might increase patient distress. Responses varied by clinician characteristics with psychologists, clinicians working in specialty PTSD treatment settings (as opposed to those in mental health clinics and other clinic types), and those with a primarily cognitive–behavioral orientation expressing attitudes that were most supportive of learning and implementing PE across various indicators. Implications for addressing attitudinal barriers to implementation of PE therapy are discussed.

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http://onlinelibrary.wiley.com/doi/10.1002/jts.21935/abstract

Acceptability of Prolonged Exposure Therapy Among U.S. Iraq War Veterans With PTSD Symptomology.

Kehle-Forbes, S. M., Polusny, M. A., Erbes, C. R. and Gerould, H.

Journal of Traumatic Stress
Volume 27, Issue 4, pages 483–487, August 2014

Despite efforts to increase the availability of prolonged exposure therapy (PE) within the Department of Veterans Affairs, little is known about the acceptability of PE among veteran populations. We queried a sample of 58 U.S. National Guard Iraq War veterans previously deployed to combat who screened positive for posttraumatic stress disorder (PTSD) as to whether they would prefer PE, treatment with an antidepressant, or no treatment. We also gathered open-ended responses regarding the veterans' reasons for their choice and potential barriers to engaging in that treatment. A majority (53.4%) of veterans who completed the interview said they would choose to participate in PE, 36.2% preferred antidepressant treatment, 8.6% chose no treatment, and 1.8% were unable to choose among the options. Credibility of the treatment rationale and beliefs about the treatment's efficacy were the most frequently given reasons for choosing PE (45.2%); past treatment experience was the most common reason for choosing antidepressant treatment (47.6%). The most commonly cited barrier for those who chose both antidepressant treatment and PE was time to participate (52.4% and 77.4%, respectively). The findings suggest that PE is a credible and acceptable treatment option for veterans with PTSD symptomology.

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http://psycnet.apa.org/psycinfo/2014-33780-001/

Addressing Deficits in the Utilization of Empirically Supported Treatments for Posttraumatic Stress Disorder: Training the Future of Army Psychology.

Scott, Valerie D.; Schobitz, Richard P.; Grace, Gerard; Patterson, Thomas J.

Training and Education in Professional Psychology, Aug 18 , 2014

The estimated incidence of posttraumatic stress disorder (PTSD) among individuals who have fought in the wars in Iraq and Afghanistan is between 13% and 17% (Joint Mental Health Advisory Team [J-MHAT 7], 2011). Fortunately, several empirically supported treatments (ESTs) exist that are quick and effective, including prolonged exposure (PE) and cognitive processing therapy (CPT; Foa et al., 2005; Monson et al., 2012; Resick, Nishith, Weaver, Astin, & Feuer, 2002). However, many clinicians do not implement these modalities for multiple reasons, the most prevailing barrier being a lack of training (Becker, Zayfert, & Anderson, 2004; Grace, 2013). The psychology training program in the Department of Behavioral Medicine at Brooke Army Medical Center has sought to address this issue by implementing a 2-year EST training program for psychology predoctoral interns and postdoctoral residents. The first step in the process is to train interns on EST protocols through workshops that include didactic training, review of video of treatment, and role-play. The next step is to provide the trainees with supervised experiences utilizing EST protocols. From 2011–2013, our trainees began treatment with an EST for PTSD with 153 individuals, and 65 individuals completed an EST treatment protocol. These clinicians graduate from the training program after receiving extensive didactic training, clinical experience, and ongoing supervision and consultation aimed at increasing familiarity in the utilization of PE and CPT.

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http://ps.psychiatryonline.org/article.aspx?articleid=1867570

PTSD Treatment for Soldiers After Combat Deployment: Low Utilization of Mental Health Care and Reasons for Dropout.

Charles W. Hoge, M.D.; Sasha H. Grossman, B.A.; Jennifer L. Auchterlonie, M.S.; Lyndon A. Riviere, Ph.D.; Charles S. Milliken, M.D.; Joshua E. Wilk, Ph.D.

Psychiatric Services, VOL. 65, No. 8

Objective
Limited data exist on the adequacy of treatment for posttraumatic stress disorder (PTSD) after combat deployment. This study assessed the percentage of soldiers in need of PTSD treatment, the percentage receiving minimally adequate care, and reasons for dropping out of care.

Methods
Data came from two sources: a population-based cohort of 45,462 soldiers who completed the Post-Deployment Health Assessment and a cross-sectional survey of 2,420 infantry soldiers after returning from Afghanistan (75% response rate).

Results
Of 4,674 cohort soldiers referred to mental health care at a military treatment facility, 75% followed up with this referral. However, of 2,230 soldiers who received a PTSD diagnosis within 90 days of return from Afghanistan, 22% had only one mental health care visit and 41% received minimally adequate care (eight or more encounters in 12 months). Of 229 surveyed soldiers who screened positive for PTSD (PTSD Checklist score ≥50), 48% reported receiving mental health treatment in the prior six months at any health care facility. Of those receiving treatment, the median number of visits in six months was four; 22% had only one visit, 52% received minimally adequate care (four or more visits in six months), and 24% dropped out of care. Reported reasons for dropout included soldiers feeling they could handle problems on their own, work interference, insufficient time with the mental health professional, stigma, treatment ineffectiveness, confidentiality concerns, or discomfort with how the professional interacted.

Conclusions
Treatment reach for PTSD after deployment remains low to moderate, with a high percentage of soldiers not accessing care or not receiving adequate treatment. This study represents a call to action to validate interventions to improve treatment engagement and retention.

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http://ps.psychiatryonline.org/article.aspx?articleid=1878683

Mental Health Service Utilization by Iraq and Afghanistan Veterans After Entry Into PTSD Specialty Treatment.

Jennifer M. Aakre, Ph.D.; Seth Himelhoch, M.D., M.P.H.; Eric P. Slade, Ph.D.

Psychiatric Services, VOL. 65, No. 8

Objective
Use of care by Iraq and Afghanistan veterans was examined after entry into a U.S. Department of Veterans Affairs (VA) specialty outpatient program for treatment of posttraumatic stress disorder (PTSD). Those who had received mental health care before entry (continuing patients) were compared with those who had not (new patients).

Methods
Regression analyses compared veterans' retention in PTSD programs in the 180 days after program entry for new patients (N=172) and continuing patients (N=422). Two retention measures, total visits and completion of nine or more visits, were developed from VA administrative data.

Results
New patients completed fewer PTSD visits than did continuing patients (5.2±9.5 versus

8.3±14.3; incidence risk ratio=.91, 95% confidence interval [CI]=.85–.97) and were also less likely to complete nine or more visits (OR=.81, CI=.68–.97).

Conclusions
Contact with providers before entering PTSD specialty care may facilitate veterans' treatment engagement, suggesting the value of repeated attempts at engaging such veterans in treatment.

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http://ps.psychiatryonline.org/article.aspx?articleid=1861978

Veterans' Perceptions of Behavioral Health Care in the Veterans Health Administration: A National Survey.

Kimberly A. Hepner, Ph.D.; Susan M. Paddock, Ph.D.; Katherine E. Watkins, M.D., M.S.H.S.; Jacob Solomon, B.A.; Daniel M. Blonigen, Ph.D.; Harold Alan Pincus, M.D.

Psychiatric Services, VOL. 65, No. 8

Objective
This study provided national estimates of perceptions of behavioral health care services among patients of the Veterans Health Administration (VHA) with a diagnosis of bipolar I disorder, major depression, posttraumatic stress disorder, schizophrenia, or substance use disorder.

Methods
A stratified random sample of 6,190 patients completed telephone interviews from November 2008 through August 2009. Patients (N=5,185) who reported receiving VHA behavioral health care in the prior 12 months were asked about their need for housing and employment services, timeliness and recovery orientation of their care, satisfaction with care, and perceived improvement.

Results
Half of patients reported always receiving routine appointments as soon as requested, and 42% were highly satisfied with their VHA mental health care. Approximately 74% of patients reported being helped by the treatment they received, yet only 32% reported that their symptoms had improved. After controlling for covariates, the analyses showed that patients with a substance use disorder reported lower satisfaction with care and perceived their treatment to be less helpful compared with patients without a substance use disorder.

Conclusions
Although matched sample comparison data were not available, the results showed that overall patient perceptions of VHA mental health care were favorable, but there was significant room for improvement across all areas of assessment. A majority reported being helped by treatment,

but few reported symptom improvement. Variations in perceptions among patients with different disorders suggest the potential importance of psychiatric diagnosis, particularly substance use disorder, in assessing patient perceptions of care.

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http://ps.psychiatryonline.org/article.aspx?articleid=1893561

Timing of Mental Health Treatment and PTSD Symptom Improvement Among Iraq and Afghanistan Veterans.

Shira Maguen, Ph.D.; Erin Madden, M.P.H.; Thomas C. Neylan, M.D.; Beth E. Cohen, M.D., M.A.S.; Daniel Bertenthal, M.P.H.; Karen H. Seal, M.D., M.P.H.

Psychiatric Services in Advance (August 1, 2014)

Objective
This study examined demographic, military, temporal, and logistic variables associated with improvement of posttraumatic stress disorder (PTSD) among Iraq and Afghanistan veterans who received mental health outpatient treatment from the U.S. Department of Veterans Affairs (VA) health care system. The authors sought to determine whether time between last deployment and initiating mental health treatment was associated with a lack of improvement in PTSD symptoms.

Methods
The authors conducted a retrospective analysis of existing medical records of Iraq and Afghanistan veterans who enrolled in VA health care, received a postdeployment PTSD diagnosis, and initiated treatment for one or more mental health problems between October 1, 2007, and December 31, 2011, and whose records contained results of PTSD screening at the start of treatment and approximately one year later (N=39,690).

Results
At the start of treatment, 75% of veterans diagnosed as having PTSD had a positive PTSD screen. At follow-up, 27% of those with a positive screen at baseline had improved, and 43% of those with a negative screen at baseline remained negative. A negative PTSD screen at follow-up was associated with female gender, older age, white race, having never married, officer rank, non-Army service, closer proximity to the nearest VA facility, and earlier initiation of treatment after the end of the last deployment.

Conclusions
Interventions to reduce delays in initiating mental health treatment may improve veterans' treatment response. Further studies are needed to test interventions for particular veteran subgroups who were less likely than others to improve with treatment.

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http://www.ncbi.nlm.nih.gov/pubmed/25142760

J Clin Sleep Med. 2014 Sep 15;10(9). pii: jc-00004-14.

Stress-related sleep vulnerability and maladaptive sleep beliefs predict insomnia at long-term follow-up.

Yang CM, Hung CY, Lee HC

INTRODUCTION:
Vulnerability to stress-related sleep disturbances and maladaptive sleep beliefs has been proposed to be predisposing factors for insomnia. Yet previous studies addressing these factors have been cross-sectional in nature and could not be used to infer the time sequences of the association. The current study used a six-year follow-up to examine the predisposing roles of these two factors and their interactions with major life stressors in the development of insomnia.

METHODS:
One hundred seventeen college students recruited for a survey in 2006 participated in this follow-up survey in 2012. In 2006, they completed a packet of questionnaires including the Dysfunctional Beliefs and Attitudes about Sleep Questionnaire, 10-item version (DBAS-10), the Ford Insomnia Response to Stress Test (FIRST), and the Pittsburgh Sleep Quality Index (PSQI); in 2012 they completed the Insomnia Severity Index (ISI) and the modified Life Experiences Survey (LES).

RESULTS:
Fourteen of the participants were found to suffer from insomnia as measured by the ISI. Logistic regression showed that scores on both DBAS-10 and FIRST could predict insomnia at follow-up. When the interaction of DBAS-10 and LES and that of FIRST and LES were added, both DBAS-10 and FIRST remained significant predictors, while the interaction of FIRST and LES showed a near-significant trend in predicting insomnia.

CONCLUSIONS:
The results showed that both vulnerability to stress-related sleep disturbances and maladaptive sleep beliefs are predisposing factors for insomnia. The hypothesized interaction effect between sleep vulnerability and major life stressors was found to be marginal. The maladaptive sleep beliefs, on the other hand, showed a predisposing effect independent from the influences of negative life events.

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http://www.ncbi.nlm.nih.gov/pubmed/25142566

Sleep. 2014 Sep 1;37(9). pii: sp-00573-13.

A randomized controlled trial of mindfulness meditation for chronic insomnia.

Ong JC, Manber R, Segal Z, Xia Y, Shapiro S, Wyatt JK

STUDY OBJECTIVES:
To evaluate the efficacy of mindfulness meditation for the treatment of chronic insomnia.

DESIGN:
Three-arm, single-site, randomized controlled trial.

SETTING:
Academic medical center.

PARTICIPANTS:
Fifty-four adults with chronic insomnia.

INTERVENTIONS:
Participants were randomized to either mindfulness-based stress reduction (MBSR), mindfulness-based therapy for insomnia (MBTI), or an eight-week self-monitoring (SM) condition.

MEASUREMENTS AND RESULTS:
Patient-reported outcome measures were total wake time (TWT) from sleep diaries, the pre-sleep arousal scale (PSAS), measuring a prominent waking correlate of insomnia, and the Insomnia Severity Index (ISI) to determine remission and response as clinical endpoints. Objective sleep measures were derived from laboratory polysomnography and wrist actigraphy. Linear mixed models showed that those receiving a meditation-based intervention (MBSR or MBTI) had significantly greater reductions on TWT minutes (43.75 vs 1.09), PSAS (7.13 vs 0.16), and ISI (4.56 vs 0.06) from baseline-to-post compared to SM. Post hoc analyses revealed that each intervention was superior to SM on each of the patient-reported measures, but no significant differences were found when comparing MBSR to MBTI from baseline-to-post. From baseline to 6-month follow-up, MBTI had greater reductions in ISI scores than MBSR ($P < 0.05$), with the largest difference occurring at the 3-month follow-up. Remission and response rates in MBTI and MBSR were sustained from post-treatment through follow-up, with MBTI showing the highest rates of treatment remission (50%) and response (78.6%) at the 6-month follow-up.

CONCLUSIONS:
Mindfulness meditation appears to be a viable treatment option for adults with chronic insomnia and could provide an alternative to traditional treatments for insomnia.

TRIAL REGISTRATION:
mindfulness-based approaches to insomnia, clinicaltrials.gov, Identifier: NCT00768781.

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http://www.ncbi.nlm.nih.gov/pubmed/25142564

Sleep. 2014 Sep 1;37(9). pii: sp-00528-13.

Impaired driving performance associated with effect of time duration in patients with primary insomnia.

Perrier J, Bertran F, Marie S, Couque C, Bulla J, Denise P, Bocca ML

STUDY OBJECTIVES:
To evaluate driving performance and psychomotor vigilance in patients with primary insomnia.

DESIGN:
After 1 night of polysomnography, participants performed a 1-h simulated monotonous driving task and a psychomotor vigilance task (PVT). Self-ratings of sleepiness, mood, and driving performance were completed.

SETTING:
This study was conducted at the CHU of Caen Sleep Unit and the University of Caen.

PARTICIPANTS:
Twenty-one primary insomnia patients and 16 good sleepers.

INTERVENTIONS:
Not applicable.

MEASUREMENTS AND RESULTS:
Results revealed a larger standard deviation of lateral position (P = 0.023) and more lane crossings (P = 0.03) in insomnia patients than in good sleepers. Analyses of effect of time on task performance showed that the impairment in patients occurred after 20 min of driving, which was not the case for good sleepers. No difference between groups was found for the PVT, neither for the mean reaction time (RT) (P = 0.43) nor the number of lapses (P = 0.21) and the mean slowest 10% 1/RT (P = 0.81). Patients rated their sleepiness level higher (P = 0.06) and their alertness level lower (P = 0.007) than did good sleepers (P = 0.007). The self-evaluation of the driving performance was not different between groups (P = 0.15).

CONCLUSIONS:
These findings revealed that primary insomnia is associated with a performance decrement

during a simulated monotonous driving task. We also showed that patients are able to drive safely only for a short time. It appears advisable for clinicians to warn patients about their impaired driving performance that could lead to an increased risk of driving accidents.

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http://www.ncbi.nlm.nih.gov/pubmed/25144168

J Rehabil Res Dev. 2014 Jul;51(4):547-558.

Visual function, traumatic brain injury, and posttraumatic stress disorder.

Goodrich GL, Martinsen GL, Flyg HM, Kirby J, Garvert DW, Tyler CW

Traumatic brain injury (TBI) and posttraumatic stress disorder (PTSD) are signature injuries of the Iraq and Afghanistan conflicts. The conditions can be comorbid and have overlapping signs and symptoms, making it difficult to diagnose and treat each. TBI is associated with numerous changes in vision function, but vision problems secondary to PTSD have not been documented. To address this shortcoming, we reviewed the medical records of 100 patients with a history of TBI, noting PTSD diagnoses, visual symptoms, vision function abnormalities, and medications with visual side effects. Forty-one patients had PTSD and 59 did not. High rates of binocular vision and oculomotor function deficits were measured in patients with a history of TBI, but no significant differences between patients with or without PTSD were evident. However, compared to patients without PTSD, patients with PTSD had more self-reported visual symptoms in all four assessments and the complaint rates were significantly higher for light sensitivity and reading problems. Together, these findings may be beneficial in understanding vision problems in patients with TBI and PTSD as comorbid conditions compared with those with TBI alone.

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http://www.ncbi.nlm.nih.gov/pubmed/25138536

Gen Hosp Psychiatry. 2014 Jul 26. pii: S0163-8343(14)00178-9. doi: 10.1016/j.genhosppsych.2014.07.009. [Epub ahead of print]

The provision of mental health treatment after screening: exploring the relationship between treatment setting and treatment intensity.

Shiner B, Tang C, Trapp AC, Konrad R, Bar-On I, Watts BV

OBJECTIVE:
Primary care screening programs for mental health disorders are designed to detect patients who might benefit from treatment. As such, the utility of these programs is predicated on the

actions that take place in response to a positive screen. Our objective was to characterize the cascade of care delivery steps following a positive screen for a mental health disorder.

METHOD:
We examined the care received by primary care patients over the year following a new positive screen for depression, posttraumatic stress disorder (PTSD) or alcohol misuse. We characterized whether the care adhered to practice guidelines for related mental health disorders and whether involvement of mental health specialists led to higher use of guideline-adherent practices.

RESULTS:
Many patients received appropriate treatment in the primary care setting and those whose scores were consistent with more severe illness were more likely to receive care in a mental health setting. Patients with positive screens for depression and PTSD who went on to be seen in mental health clinics received care that was consistent with treatment guidelines for the related disorder most of the time. In the case of patients with positive screens for alcohol misuse, few received guideline-recommended medications in any setting. However, a substantial portion of patients received some alcohol-related counseling from their primary care physicians during the visit in which their alcohol misuse was detected.

CONCLUSION:
It appears that the treatment system for mental health problems, which extends from primary care settings to mental health subspecialty settings, can provide adequate care when patients' mental health problems are identified through screening. The care provided in all settings can be improved, and additional steps to enhance the quality of care are warranted. This should include additional efforts to align screening and treatment. Published by Elsevier Inc.

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http://www.ncbi.nlm.nih.gov/pubmed/25134876

Med Clin North Am. 2014 Sep;98(5):1123-1143. doi: 10.1016/j.mcna.2014.06.009. Epub 2014 Jul 22.

Psychiatric Disorders and Sleep Issues.

Sutton EL

Sleep issues are common in people with psychiatric disorders, and the interaction is complex. Sleep disorders, particularly insomnia, can precede and predispose to psychiatric disorders, can be comorbid with and exacerbate psychiatric disorders, and can occur as part of psychiatric disorders. Sleep disorders can mimic psychiatric disorders or result from medication given for psychiatric disorders. Impairment of sleep and of mental health may be different manifestations of the same underlying neurobiological processes. For the primary care physician, key tools

include recognition of potential sleep effects of psychiatric medications and familiarity with treatment approaches for insomnia in depression and anxiety.

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http://www.ncbi.nlm.nih.gov/pubmed/25135784

Curr Psychiatry Rep. 2014 Oct;16(10):487. doi: 10.1007/s11920-014-0487-3.

Sleep and substance use disorders: an update.

Conroy DA, Arnedt JT

Substance use disorders (SUD) are common and individuals who suffer from them are prone to relapse. One of the most common consequences of the use of and withdrawal from substances of abuse is sleep disturbance. Substances of abuse affect sleep physiology, including the neurotransmitter systems that regulate the sleep-wake system. Emerging research now highlights an interactive effect between sleep disorders and substance use. New findings in alcohol and sleep research have utilized sophisticated research designs and expanded the scope of EEG and circadian rhythm analyses. Research on marijuana and sleep has progressed with findings on the effects of marijuana withdrawal on objective and subjective measures of sleep. Treatment studies have focused primarily on sleep in alcohol use disorders. Therapies for insomnia in cannabis disorders are needed. Future research is poised to further address mechanisms of sleep disturbance in alcoholics and the effect of medical marijuana on sleep and daytime functioning.

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http://psycnet.apa.org/journals/mil/26/2/88

How much distress is too much on deployed operations? Validation of the Kessler Psychological Distress Scale (K10) for application in military operational settings.

Military Psychology, Vol 26(2), Mar 2014, 88-100

The aim of this study was threefold: (a) to assess the factor structure of the Kessler Psychological Distress Scale (K10) to determine whether interpreting the scale as a single dimensional measure of psychological distress is justified in military operational setting; (b) to validate the K10 for mental health surveillance in operational settings against self-reported occupational impairment; (c) to evaluate whether the K10 has better discriminatory power than de facto standards for mental health surveillance on deployment, namely the Patient Health Questionnaire and the Posttraumatic Stress Disorder Checklist, Civilian version. A convenience sample of Canadian Armed Forces personnel serving in Afghanistan (N = 1,264) completed

self-report measures of psychological distress and occupational impairment. On examination of 6 competing models, the authors determined that interpreting the K10 as a measure of unspecified psychological distress is justified. Using receiver operating characteristic (ROC) curve analysis, they identified new cutoff values for dichotomous and polychotomous scoring methods. After comparing the area beneath the ROC curves for each of the 3 mental health surveillance questionnaires, the authors determined that all measures perform well as predictors of self-rated occupational impairment, with values ranging from .86 to .90. These results highlight the importance of cross-setting validation and demonstrate that validating psychological screening questionnaires against self-report measures of occupational impairment can be a useful strategy for understanding the manifestation of psychological distress on deployed military operations.

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http://psycnet.apa.org/journals/mil/26/2/77

A longitudinal comparison of posttraumatic stress disorder and depression among military service components.

Schaller, Emma K.; Woodall, Kelly A.; Lemus, Hector; Proctor, Susan P.; Russell, Dale W.; Crum-Cianflone, Nancy F.

Military Psychology, Vol 26(2), Mar 2014, 77-87

The purpose of this study was to longitudinally investigate PTSD and depression between Reserve, National Guard, and active duty continuously and dichotomously. The study consisted of Millennium Cohort Study participants and used self-reported symptoms. Repeated measures modeling assessed PTSD and depression continuously and dichotomously over time. A subanalysis among only recently deployed personnel was conducted. Of the 52,653 participants for the PTSD analysis, the adjusted PCL-C means were 34.6 for Reservists, 34.4 for National Guardsmen, and 34.7 for active duty members, respectively. Of the 53,073 participants for depression analysis, the adjusted PHQ-9 means were 6.8, 6.7, and 7.2, respectively. In dichotomous models, Reservists and National Guardsmen did not have a higher risk of PTSD or depression compared with active duty members. Among deployers, Reservists and National Guardsmen had higher odds (odds ratio = 1.16, 95% confidence limit [CL] [1.01, 1.34] and OR = 1.19, 95% CL [1.04, 1.36], respectively) of screening positive for PTSD, but not depression. Although Reserve and National Guard deployers had modestly increased odds of PTSD compared with active duty members, overall there were minimal differences in the risk and symptom scores of PTSD and depression between service components. (PsycINFO Database Record (c) 2014 APA, all rights reserved)

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http://psycnet.apa.org/journals/mil/26/2/114

Self-stigma fully mediates the association of anticipated enacted stigma and help-seeking intentions in National Guard service members.

Blais, Rebecca K.; Renshaw, Keith D.

Military Psychology, Vol 26(2), Mar 2014, 114-119

Higher self-stigma and anticipated enacted stigma from unit leaders are linked with lower intentions to seek help from a mental health professional in service members. Research in civilians suggests that the association between stigma perceived from others (e.g., anticipated enacted stigma) and help-seeking is fully mediated by self-stigma, but this has yet to be tested in military samples. The current study explored whether self-stigma mediated the association of anticipated enacted stigma from unit leaders and help-seeking intentions from a mental health professional in 138 Iraq/Afghanistan service members. Self-stigma and anticipated enacted stigma were positively correlated with one another and negatively associated with help-seeking intentions from a mental health professional. Test of direct and indirect effects using bootstrapping revealed that the direct effect of anticipated enacted stigma on help-seeking intentions was no longer significant after accounting for self-stigma. Stigma reduction interventions to facilitate help-seeking in this population are discussed. (PsycINFO Database Record (c) 2014 APA, all rights reserved)

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http://www.questia.com/library/journal/1G1-378248586/sustaining-the-army-national-guard-as-an-operational

Sustaining the Army National Guard as an Operational Force.

By Zubik, Thomas M.; Hastings, Paul C.; Glisson, Michael J.

Military Review , Vol. 94, No. 4

The Army National Guard (ARNG) rightfully champions its designation as an operational force. For ten years the ARNG has continuously deployed operational units all over the world using the Army force generation (ARFORGEN) rotational cycle. The desire, commitment, and personal sacrifice of soldiers and visionary senior leaders together with vast supplemental appropriations enabled unit readiness.

The ARNG has demonstrated its capabilities not only in the wars of the past decade but also during domestic crises such as Hurricane Katrina and Super Storm Sandy. The Nation expects the ARNG to maintain its readiness as an operational force. The ongoing readiness of the ARNG is a strategic objective of the Department of Defense. (1) However, in an era where

dollars are in short supply, fulfilling this objective will be tough--but not impossible. The ARNG can meet the Nation's expectations by implementing the right imperatives.

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http://www.sciencedirect.com/science/article/pii/S0005796714001326

Non-suicidal self-injury during an exposure-based treatment in patients with posttraumatic stress disorder and borderline features.

Antje Krüger, Nikolaus Kleindienst, Kathlen Priebe, Anne S. Dyer, Regina Steil, Christian Schmahl, Martin Bohus

Behaviour Research and Therapy

Available online 20 August 2014

Patients with posttraumatic stress disorder (PTSD) and features of borderline personality disorder (BPD) often show non-suicidal self-injury (NSSI). However, patients with on-going NSSI are mostly excluded from PTSD treatments and NSSI during PTSD treatment has rarely been investigated. The aim of the present study was to evaluate the course of NSSI during an exposure-based PTSD treatment.

This study focused on a subset (n=34) of data from a randomised controlled trial that tested the efficacy of a residential PTSD programme (DBT-PTSD) in comparison to a treatment-as-usual wait-list. In this subset we compared a) NSSI during treatment between participants who had or had not engaged in NSSI pre-treatment and b) NSSI between treatment weeks that included exposure interventions vs. those that did not. We further compared the outcome between participants with vs. without NSSI at pre-treatment.

At pre-treatment, 62% participants reported on-going NSSI. During treatment, the percentage of participants carrying out NSSI decreased to 38% (p=0.003). The rates of NSSI were similar in treatment weeks with exposure compared to weeks without. Similar results were observed for the frequency of NSSI. At the end of treatment, participants showed comparable improvement in PTSD symptoms regardless of whether or not they had exhibited NSSI beforehand.

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http://www.sciencedirect.com/science/article/pii/S0883941714001009

Outcomes Following Treatment of Veterans for Substance and Tobacco Addiction.

Bridgette Helms Vest, Catherine Kane, Josephine DeMarce, Edie Barbero, Rebecca Harmon, Joanne Hawley, Lauren Lehman

Archives of Psychiatric Nursing
Available online 20 August 2014

Persons who use tobacco in addition to alcohol and other drugs have increased health risks and mortality rates. The purpose of this study was to evaluate the impact of participation in a tobacco cessation program on tobacco, alcohol, and other drug use in a population seeking treatment for substance use disorders (SUDs). Tobacco, alcohol, and other drug use was assessed by urine drug screens, breathalyzer readings, and self-report. Veterans (N = 137) with a tobacco use disorder enrolled in inpatient program for the treatment of SUDs at the Salem Veterans Affairs Medical Center participated in tobacco cessation education as part of their treatment programming. Use of tobacco, drugs and/or alcohol was evaluated upon admission, two weeks following admission, at discharge and one month following graduation. The one-month follow-up rate was 70.8%, with 97 Veterans completing the follow-up assessment. Of those 97 Veterans, 90.7% (n = 88) reported abstinence from alcohol and 91.8% (n = 89) reported abstinence from other drugs of abuse. Fourteen Veterans (14.4%) reported abstinence from tobacco at the one-month follow-up. The Veterans reporting abstinence from tobacco use also reported abstinence from alcohol and other drugs at the one-month follow-up.

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http://psycnet.apa.org/psycinfo/2014-34427-001/

Brief Intervention to Reduce Hazardous Drinking and Enhance Coping Among OEF/OIF/OND Veterans.

McDevitt-Murphy, Meghan E.; Williams, Joah L.; Murphy, James G.; Monahan, Christopher J.; Bracken-Minor, Katherine L.

Professional Psychology: Research and Practice, Aug 18 , 2014

Hazardous drinking among US Military combat veterans is an important public health issue. Because recent combat veterans are difficult to engage in specialty mental health and substance abuse care, there is a need for opportunistic interventions administered in settings visited by recent combat veterans such as primary care. This paper describes a brief intervention (single session, following an assessment) that was recently developed and tested in a sample of veterans of Operations Enduring Freedom, Iraqi Freedom, and New Dawn (OEF/OIF/OND). The intervention consists of a counseling session delivered in a motivational interviewing style using a packet of personalized feedback about alcohol misuse, symptoms of PTSD and depression, as well as coping skills. The treatment is described and data from a single case treated with this intervention are presented. (PsycINFO Database Record (c) 2014 APA, all rights reserved)

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http://link.springer.com/article/10.1007/s11920-014-0487-3

Sleep and Substance Use Disorders: An Update.

Deirdre A. Conroy, J. Todd Arnedt

Current Psychiatry Reports
August 2014, 16:487

Substance use disorders (SUD) are common and individuals who suffer from them are prone to relapse. One of the most common consequences of the use of and withdrawal from substances of abuse is sleep disturbance. Substances of abuse affect sleep physiology, including the neurotransmitter systems that regulate the sleep-wake system. Emerging research now highlights an interactive effect between sleep disorders and substance use. New findings in alcohol and sleep research have utilized sophisticated research designs and expanded the scope of EEG and circadian rhythm analyses. Research on marijuana and sleep has progressed with findings on the effects of marijuana withdrawal on objective and subjective measures of sleep. Treatment studies have focused primarily on sleep in alcohol use disorders. Therapies for insomnia in cannabis disorders are needed. Future research is poised to further address mechanisms of sleep disturbance in alcoholics and the effect of medical marijuana on sleep and daytime functioning.

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http://actionallianceforsuicideprevention.org/sites/actionallianceforsuicideprevention.org/files/Data%20for%20Building%20a%20National%20Suicide.pdf

Data for Building a National Suicide Prevention Strategy.

Lisa J. Colpe, PhD, MPH, Beverly A. Pringle, PhD

American Journal of Public Health
September 2014

Suicide is a leading cause of death in the U.S. As both the rate and number of suicides continue to climb, the country struggles with how to reverse this alarming trend. Using population-based data from publically available sources including the Web-based Injury Statistics Query and Reporting System, National Survey on Drug Use and Health, the authors identi fi ed patterns of suicide that can be used to steer a public health – based suicide prevention strategy. That most suicide deaths occur upon the first attempt, for example, suggests that a greater investment in primary prevention is needed. The fact that definable subgroups receiving care through identifiable service systems, such as individuals in specialty substance use treatment, exhibit greater concentrations of suicide risk than the general public suggests that integrating suicide

prevention strategies into those service system platforms is an efficient way to deliver care to those with heightened need. The data sets that reveal these patterns have both strengths (e.g., population-level) and weaknesses (e.g., lack of longitudinal data linking changing health status, intervention encounters, suicidal behavior, and death records). Some of the data needed for crafting a comprehensive, public health – based approach for dramatically reducing suicide are currently available or may be available in the near term. Other resources will have to be built, perhaps by enhancing existing federal surveillance systems or constructing new ones. The article concludes with suggestions for immediate and longer-term actions that can strengthen public data resources in the service of reducing suicide in the U.S.

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http://www.emeraldinsight.com/doi/abs/10.1108/S1530-3535%282013%290000007011

On the fast track: Dual military couples navigating institutional structures.

David G. Smith , Mady Wechsler Segal

This research was sponsored by the Navy Office of Women's Policy (N134W). The views of the authors are their own and do not purport to reflect the position of the United States Naval Academy, the Department of the Navy, or the Department of Defense. , in Patricia Neff Claster , Sampson Lee Blair (ed.) Visions of the 21st Century Family: Transforming Structures and Identities (Contemporary Perspectives in Family Research, Volume 7) Emerald Group Publishing Limited, pp.213 - 253

DOI: 10.1108/S1530-3535(2013)0000007011

Institutional structures of professional career paths often support breadwinner–homemaker families, with a stay at home wife available full time to support the professional (and children), so the professional can devote complete energy and time to developing a career. This research examines how two partners in the same narrowly structured, fast track occupational culture such as those occurring for dual military officer couples shape how women and men negotiate decision making and life events. Data from interviews with 23 dual U.S. Navy officer couples build upon Becker and Moen's (1999) scaling back notions. With both spouses in these careers, placing limits on work is extremely difficult due to fast track cultures that demand higher status choices and structures that formally do not reliably consider collocations. Trading off occurs, but with distress due to the unique demands on two partners in the fast track culture, which means career death for some. Two partners in fast track careers may not yet have given up on two careers as many peers may have, but they lose a great deal, including time together and their desired number of children. But they ultimately posit individual choice rather than focusing on structural change. The pressured family life resulting is likely similar to that for partners in other narrowly structured, fast track cultures such as in law firms and academia.

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http://gradworks.umi.com/15/57/1557931.html

A Parent at War and the "Invisible Wounds" They Carry Home: PTSD in Military Veterans and A Review of Psychosocial Family System Challenges.

by Calle, Melina S., M.A., CITY UNIVERSITY OF NEW YORK, 2014, 74 pages; 1557931

Operation Enduring Freedom and Operation Iraqi Freedom have created a new generation of military veterans and military families, many of which must manage and cope with psychosocial challenges such as posttraumatic stress, depression, anxiety, and alcohol abuse induced by the psychological trauma(s) faced during war. Risk factors, buffering factors, and war zone stressors influencing the development of PTSD following military-related trauma will be reviewed. As many of these affected veterans return to living with spouses and children, these psychosocial issues show to bring forth tension, stress, and friction to the family system. This thesis explores the literature of family system challenges faced by male and female U.S. veterans, and child outcomes.

Through a review of empirical literature, a case will be made that not only does the veteran affect his/her spouse and child(ren) while enduring difficult psychological conditions, but the spouses and child(ren) also have a reciprocal effect on the veteran's coping efficacy and recovery process. Therefore, this text will contend that there is a need to view these mental health challenges as a family systems issue, with implications for a need to develop family system interventions for successful management and recovery for veterans, spouses, and children combined.

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http://onlinelibrary.wiley.com/doi/10.1111/pme.12537/abstract

Operating Characteristics of PROMIS Four-Item Depression and Anxiety Scales in Primary Care Patients with Chronic Pain.

Kroenke, K., Yu, Z., Wu, J., Kean, J. and Monahan, P. O.

Pain Medicine
Article first published online: 19 AUG 2014

Objective
Depression and anxiety are prevalent in patients with chronic pain and adversely affect pain, quality of life, and treatment response. The purpose of this psychometric study was to determine the reliability and validity of the four-item Patient Reported Outcomes Measurement Information System (PROMIS) depression and anxiety scales in patients with chronic pain.

Design
Secondary analysis of data from the Stepped Care to Optimize Pain care Effectiveness study, a randomized clinical trial of optimized analgesic therapy.

Setting
Five primary care clinics at the Roudebush VA Medical Center (RVAMC) in Indianapolis, Indiana.

Subjects
Two hundred forty-four primary care patients with chronic musculoskeletal pain.

Methods
All patients completed the four-item depression and anxiety scales from the PROMIS 29-item profile, as well as several other validated psychological measures. The minimally important difference (MID) using the standard error of measurement (SEM) was calculated for each scale, and convergent validity was assessed by interscale correlations at baseline and 3 months. Operating characteristics of the PROMIS measures for detecting patients who had probable major depression or were anxiety-disorder screen-positive were calculated.

Results
The PROMIS scales had good internal reliability, and the MID (as represented by two SEMs) was 2 points for the depression scale and 2.5 points for the anxiety scale. Convergent validity was supported by strong interscale correlations. The optimal screening cutpoint on the 4- to 20-point PROMIS scales appeared to be 8 for both the depression and anxiety scales.

Conclusions
The PROMIS four-item depression and anxiety scales are reasonable options as ultra-brief measures for screening in patients with chronic pain.

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http://onlinelibrary.wiley.com/doi/10.1002/ab.21554/abstract

Personality Assessment Inventory internalizing and externalizing structure in veterans with posttraumatic stress disorder: Associations with aggression.

Van Voorhees, E. E., Dennis, P. A., Elbogen, E. B., Clancy, C. P., Hertzberg, M. A., Beckham, J. C. and Calhoun, P. S.

Aggressive Behavior
Article first published online: 16 AUG 2014

Posttraumatic stress disorder (PTSD) is associated with aggressive behavior in veterans, and difficulty controlling aggressive urges has been identified as a primary postdeployment

readjustment concern. Yet only a fraction of veterans with PTSD commit violent acts. The goals of this study were to (1) examine the higher-order factor structure of Personality Assessment Inventory (PAI) scales in a sample of U.S. military veterans seeking treatment for PTSD; and (2) to evaluate the incremental validity of higher-order latent factors of the PAI over PTSD symptom severity in modeling aggression. The study sample included male U.S. Vietnam (n = 433) and Iraq/Afghanistan (n = 165) veterans who were seeking treatment for PTSD at an outpatient Veterans Affairs (VA) clinic. Measures included the Clinician Administered PTSD Scale, the PAI, and the Conflict Tactics Scale. The sample was randomly split into two equal subsamples (n's = 299) to allow for cross-validation of statistically derived factors. Parallel analysis, variable clustering analysis, and confirmatory factor analyses were used to evaluate the factor structure, and regression was used to examine the association of factor scores with self-reports of aggression over the past year. Three factors were identified: internalizing, externalizing, and substance abuse. Externalizing explained unique variance in aggression beyond PTSD symptom severity and demographic factors, while internalizing and substance abuse did not. Service era was unrelated to reports of aggression. The constructs of internalizing versus externalizing dimensions of PTSD may have utility in identifying characteristics of combat veterans in the greatest need of treatment to help manage aggressive urges. Aggr. Behav. 9999:XX–XX, 2014. Published 2014. This article is a U.S. Government work and is in the public domain in the USA.

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http://onlinelibrary.wiley.com/doi/10.1002/hbm.22615/abstract

Resting state functional connectivity of the anterior cingulate cortex in veterans with and without post-traumatic stress disorder.

Kennis, M., Rademaker, A. R., van Rooij, S. J.H., Kahn, R. S. and Geuze, E.

Human Brain Mapping
Article first published online: 19 AUG 2014

Post-traumatic stress disorder (PTSD) is an anxiety disorder that is associated with structural and functional alterations in several brain areas, including the anterior cingulate cortex (ACC). Here, we examine resting state functional connectivity of ACC subdivisions in PTSD, using a seed-based approach. Resting state magnetic resonance images were obtained from male veterans with (n = 31) and without (n = 25) PTSD, and healthy male civilian controls (n = 25). Veterans with and without PTSD (combat controls) had reduced functional connectivity compared to healthy controls between the caudal ACC and the precentral gyrus, and between the perigenual ACC and the superior medial gyrus and middle temporal gyrus. Combat controls had increased connectivity between the rostral ACC and precentral/middle frontal gyrus compared to PTSD patients and healthy civilian controls. The resting state functional connectivity differences in the perigenual ACC network reported here indicate that veterans differ from healthy controls, potentially due to military training, deployment, and/or trauma

exposure. In addition, specific alterations in the combat controls may potentially be related to resilience. These results underline the importance of distinguishing trauma-exposed (combat) controls from healthy civilian controls when studying PTSD. Hum Brain Mapp, 2014. © 2014 Wiley Periodicals, Inc.

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http://afs.sagepub.com/content/early/2014/08/08/0095327X14545625.abstract

Medical Aspects of Transgender Military Service.

M. Joycelyn Elders, George R. Brown, Eli Coleman, Thomas A. Kolditz, and Alan M. Steinman

Armed Forces & Society
August 19, 2014 0095327X14545625

At least eighteen countries allow transgender personnel to serve openly, but the United States is not among them. In this article, we assess whether US military policies that ban transgender service members are based on medically sound rationales. To do so, we analyze Defense Department regulations and consider a wide range of medical data. Our conclusion is that there is no compelling medical reason for the ban on service by transgender personnel, that the ban is an unnecessary barrier to health care access for transgender personnel, and that medical care for transgender individuals should be managed using the same standards that apply to all others. Removal of the military's ban on transgender service would improve health outcomes, enable commanders to better care for their troops, and reflect the military's commitment to providing outstanding medical care for all military personnel.

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http://link.springer.com/article/10.1007/s10643-014-0665-2

Coping with Stress: Supporting the Needs of Military Families and Their Children.

Theresa J. Russo, Moira A. Fallon

Early Childhood Education Journal
August 2014

Family dynamics and the individual differences of each family member can impact their stress. For families in the military, stress occurs regularly due to factors such a reassignments, deployments, and the frequency of changes. For some families, the stress that occurs over time helps family members to develop resiliency. Learning to cope with stress can teach skills in adapting to stressful lifestyle factors (e.g., mobility and relocation). Members of many military families develop these skills, while other families need a strong supportive network to facilitate

their adjustment to military lifestyle stress. This is a review of the literature on the issues of how families and their children cope with and adapt to the stress of the military lifestyle. Suggestion are given for how families and school can work together to support children in military families to adapt to the military lifestyle. These suggestions can be applied to other types of transient families.

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http://www.tandfonline.com/doi/abs/10.1080/10508619.2014.953896

Prayer Coping, Disclosure of Trauma, and Mental Health Symptoms among Recently Deployed United States Veterans of the Iraq and Afghanistan Conflicts.

Rhondie Tait, Joseph M. Currier, J. Irene Harris

The International Journal for the Psychology of Religion
Accepted author version posted online: 21 Aug 2014

United States (U.S.) military veterans of the Iraq and Afghanistan conflicts are at risk for developing adverse mental health symptoms. This study was conducted to examine the associations between prayer coping, attitudes toward trauma disclosure, and mental health symptoms (posttraumatic stress disorder [PTSD] and depression) among 110 U.S. veterans who had returned from deployments in Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF) within the previous six months. Bivariate analyses revealed that prayer coping was positively correlated with an urge to talk about potentially traumatic experiences. When controlling for combat exposure, social support, and disclosure attitudes, multivariate regression analyses indicated that two of the prayer functions – praying for assistance and for calm and focus – were each uniquely linked with less PTSD and depressive symptomatology. In addition, a reliance on avoidant prayer was uniquely correlated with greater depressive symptomatology. These findings support emerging ideas about prayer as a form of trauma disclosure and highlight the relevance of this approach to coping for veterans as they re-adjust to civilian life.

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http://www.neurology.org/content/83/9/834

Are confusional arousals pathological?

Maurice M. Ohayon, MD, DSc, PhD, Mark W. Mahowald, MD, PhD and Damien Leger, MD, PhD

Neurology
August 26, 2014 vol. 83 no. 9 834-841

Objective:
The objective of this study was to determine the extent that confusional arousals (CAs) are associated with mental disorders and psychotropic medications.

Methods:
Cross-sectional study conducted with a representative sample of 19,136 noninstitutionalized individuals of the US general population aged 18 years or older. The study was performed using the Sleep-EVAL expert system and investigated sleeping habits; health; and sleep, mental, and medical conditions (DSM-IV-TR, ICSD-II, ICD-10).

Results:
A total of 15.2% (95% confidence interval 14.6%–15.8%) (n = 2,421) of the sample reported episodes of CAs in the previous year; 8.6% had complete or partial amnesia of the episodes and 14.8% had CAs and nocturnal wandering episodes. Eighty-four percent of CAs were associated with sleep/mental disorders or psychotropic drugs. Sleep disorders were present for 70.8% of CAs. Individuals with a circadian rhythm sleep disorder or a long sleep duration (≥9 hours) were at higher risk of CAs. Mental disorders were observed in 37.4% of CAs. The highest odds were observed in individuals with bipolar disorders or panic disorder. Use of psychotropic medication was reported by 31.3% of CAs: mainly antidepressant medications. After eliminating possible causes and associated conditions, only 0.9% of the sample had CA disorder.

Conclusions:
CAs are highly prevalent in the general population. They are often reported allegedly as a consequence of the treatment of sleep disorders. For the majority of subjects experiencing CAs, no medications were used, but among those who were using medications, antidepressants were most common. Sleep and/or mental disorders were important factors for CAs independent of the use of any medication.

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http://royalsocietypublishing.org/content/4/5/20140048

Glucocorticoid-related predictors and correlates of post-traumatic stress disorder treatment response in combat veterans.

Rachel Yehuda, Laura C. Pratchett, Matthew W. Elmes, Amy Lehrner, Nikolaos P. Daskalakis, Erin Koch, Iouri Makotkine, Janine D. Flory, Linda M. Bierer

Interface Focus
Royal Society Publishing
October 6, 2014

The identification of biomarkers for post-traumatic stress disorder (PTSD) and

resilience/recovery is critical for advancing knowledge about pathophysiology and treatment in trauma-exposed persons. This study examined a series of glucocorticoid-related biomarkers prior to and in response to psychotherapy. Fifty-two male and female veterans with PTSD were randomized 2 : 1 to receive either prolonged exposure (PE) therapy or a weekly minimal attention (MA) intervention for 12 consecutive weeks. Psychological and biological assessments were obtained prior to and following treatment and after a 12-week naturalistic follow-up. Response was defined dichotomously as no longer meeting criteria for PTSD at post-treatment based on the Clinician Administered PTSD Scale for DSM-IV (CAPS). Clinical improvement on the CAPS was apparent for both PE and MA, with no significant difference according to treatment condition. Biomarkers predictive of treatment gains included the BCLI polymorphism of the glucocorticoid receptor gene. Additional predictors of treatment response were higher bedtime salivary cortisol and 24 h urinary cortisol excretion. Pre-treatment plasma dehydroepiandrosterone/cortisol ratio and neuropetide Y (NPY) levels were predictors of reductions in PTSD symptoms, and, for NPY only, of other secondary outcomes as well, including anxiety and depression ratings. Glucocorticoid sensitivity changed in association with symptom change, reflecting clinical state. It is possible to distinguish prognostic and state biomarkers of PTSD using a longitudinal approach in the context of treatment. Identified markers may also be relevant to understanding mechanisms of action of symptom reduction.

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http://rsfs.royalsocietypublishing.org/content/4/5/20140008.abstract

Resilience in the aftermath of war trauma: a critical review and commentary.

Brett T. Litz

Interface Focus
Published 22 August 2014

doi: 10.1098/rsfs.2014.0008
6 October 2014 vol. 4 no. 5 20140008

The resilience construct has received a great deal of attention as a result of the long wars in Iraq and Afghanistan. The discourse about resilience, especially the promise of promoting it and mitigating risk for serious post-traumatic negative outcomes among service members and veterans, is hopeful and encouraging. Remarkably, most service members exposed to horrific war trauma are not incapacitated by the experience. Yet, resilience is elusive and fleeting for many veterans of war. In this paper, I address some of the complexities about resilience in the context of exposure to war stressors and I offer some assumptions and heuristics that stem from my involvement in the dialogue about resilience and from experiences helping prevent post-traumatic stress disorder among active-duty service members with military trauma. My goal is to use my observations and applied experiences as an instructive context to raise critical questions for the field about resilience in the face of traumatic life-events.

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http://link.springer.com/article/10.1007/s11126-014-9311-9

Vietnam Veteran Perceptions of Delayed Onset and Awareness of Posttraumatic Stress Disorder.

Eric Hermes, Alan Fontana, Robert Rosenheck

Psychiatric Quarterly
August 2014

Although 40 years have passed since the Vietnam War, demand for treatment of posttraumatic stress disorder (PTSD) among veterans from this conflict has increased steadily. This study investigates the extent to which two factors, delayed onset or awareness of PTSD symptoms, may influence this demand. Using data from two studies of Vietnam Veterans in outpatient (n = 353) and inpatient (n = 721) PTSD treatment, this analysis examines retrospective perceptions of the time of symptom onset and awareness of the connection between symptoms and war-zone stress. The association of these two constructs with pre-war, wartime, and post-war clinical variables are analyzed. Delay in onset of symptoms was reported by 50 % of outpatients and 35 % of inpatients. Delay in awareness was reported by 60 % of outpatients and 65 % of inpatients. Onset of symptoms occurred within six years and onset of awareness within 20 years in 90 % of individuals. Reported delays in onset and awareness were associated with more numerous negative life events after military service and before the onset of symptoms. Findings suggest that providers, administrators, and policy makers should be aware of the potential for protracted treatment demand among veterans from current conflicts, due in part by delay in onset and awareness of symptoms.

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http://onlinelibrary.wiley.com/doi/10.1002/gps.4193/abstract

Depression and anxiety symptoms in male veterans and non-veterans: the Health and Retirement Study.

Gould C. E., Rideaux T., Spira A. P. and Beaudreau S. A.

International Journal of Geriatric Psychiatry
Article first published online: 22 AUG 2014

Objectives
We examined whether veteran status was associated with elevated depression and anxiety symptoms in men aged 50 and older after adjusting for sociodemographic factors.

Methods
Participants were 6577 men aged 50 years and older who completed the 2006 wave of the Health and Retirement Study (HRS). Forty-nine percent of participants were veterans. A randomly selected subset of participants completed the HRS Psychosocial Questionnaire (N = 2957), which contained the anxiety items. Elevated depression and anxiety symptoms were determined based on brief versions of Center for Epidemiologic Studies—Depression Scale (CES-D total score ≥ 4) and Beck Anxiety Inventory (BAI total score ≥ 12).

Results
Elevated depression and anxiety symptoms were found in 11.0 and 9.9% of veterans, respectively, compared with 12.8 and 12.3% of non-veterans. Veteran status was not associated with increased odds of anxiety or depression symptoms in the multivariable-adjusted logistic regression analyses. Additional analyses indicated that Vietnam War veterans were more than twice as likely as World War II or Korean War veterans to have elevated depression symptoms (OR = 2.15, 95% CI: 1.54–3.00) or anxiety symptoms (OR = 2.12, 95% CI: 1.28–3.51).

Conclusions
In a community-based sample of men aged 50 and older, veteran status was not associated with the presence of elevated depression and anxiety symptoms. Rather, these symptoms were associated with age, ethnicity, education, and medical conditions. Among veterans, cohort effects accounted for differences in psychiatric symptoms. Including younger cohorts from the Global War on Terror may yield different results in future studies.

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http://onlinelibrary.wiley.com/doi/10.1002/jts.21936/abstract

Breathing-Based Meditation Decreases Posttraumatic Stress Disorder Symptoms in U.S. Military Veterans: A Randomized Controlled Longitudinal Study.

Seppälä, E. M., Nitschke, J. B., Tudorascu, D. L., Hayes, A., Goldstein, M. R., Nguyen, D. T. H., Perlman, D. and Davidson, R. J.

Journal of Traumatic Stress
Volume 27, Issue 4, pages 397–405, August 2014

Given the limited success of conventional treatments for veterans with posttraumatic stress disorder (PTSD), investigations of alternative approaches are warranted. We examined the effects of a breathing-based meditation intervention, Sudarshan Kriya yoga, on PTSD outcome variables in U.S. male veterans of the Iraq or Afghanistan war. We randomly assigned 21 veterans to an active (n = 11) or waitlist control (n = 10) group. Laboratory measures of eye-

blink startle and respiration rate were obtained before and after the intervention, as were self-report symptom measures; the latter were also obtained 1 month and 1 year later. The active group showed reductions in PTSD scores, d = 1.16, 95% CI [0.20, 2.04], anxiety symptoms, and respiration rate, but the control group did not. Reductions in startle correlated with reductions in hyperarousal symptoms immediately postintervention (r = .93, p < .001) and at 1-year follow-up (r = .77, p = .025). This longitudinal intervention study suggests there may be clinical utility for Sudarshan Kriya yoga for PTSD.

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http://onlinelibrary.wiley.com/doi/10.1002/jts.21942/abstract

Reported Barriers to Mental Health Care in Three Samples of U.S. Army National Guard Soldiers at Three Time Points.

Valenstein, M., Gorman, L., Blow, A. J., Ganoczy, D., Walters, H., Kees, M., Pfeiffer, P. N., Kim, H. M., Lagrou, R., Wadsworth, S. M., Rauch, S. A. M. and Dalack, G. W.

Journal of Traumatic Stress
Volume 27, Issue 4, pages 406–414, August 2014

The military community and its partners have made vigorous efforts to address treatment barriers and increase appropriate mental health services use among returning National Guard soldiers. We assessed whether there were differences in reports of treatment barriers in 3 categories (stigma, logistics, or negative beliefs about treatment) in sequential cross-sectional samples of U.S. soldiers from a Midwestern Army National Guard Organization who were returning from overseas deployments. Data were collected during 3 time periods: September 2007–August 2008 (n = 333), March 2009–March 2010 (n = 884), and August 2011–August 2012 (n = 737). In analyses using discretized time periods and in trend analyses, the percentages of soldiers endorsing negative beliefs about treatment declined significantly across the 3 sequential samples (19.1%, 13.9%, and 11.1%). The percentages endorsing stigma barriers (37.8%, 35.2%, 31.8%) decreased significantly only in trend analyses. Within the stigma category, endorsement of individual barriers regarding negative reactions to a soldier seeking treatment declined, but barriers related to concerns about career advancement did not. Negative treatment beliefs were associated with reduced services use (OR = 0.57; 95% CI [0.33, 0.97]).

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http://onlinelibrary.wiley.com/doi/10.1002/jts.21934/abstract

Comparing Effectiveness of CPT to CPT-C Among U.S. Veterans in an Interdisciplinary Residential PTSD/TBI Treatment Program.

Journal of Traumatic Stress
Volume 27, Issue 4, pages 438–445, August 2014

Cognitive processing therapy (CPT) is a leading cognitive–behavioral treatment for posttraumatic stress disorder (PTSD) and a front-line intervention according to the U.S. Department of Veterans Affairs treatment guidelines. The original CPT protocol entails the creation of a written trauma account and use of cognitive therapy. Cognitive processing therapy–cognitive therapy only (CPT-C) does not involve a written account and in a previous study resulted in faster symptom improvement and fewer dropouts than standard CPT. This study sought to replicate these findings by comparing the effectiveness of CPT to CPT-C in a sample of 86 U.S. male veterans receiving treatment in a PTSD residential program for individuals with a history of traumatic brain injury. CPT and CPT-C were delivered in a combined individual and group format as part of a comprehensive, interdisciplinary treatment program. Outcomes were self- and clinician-reported PTSD and self-reported depression symptoms. Multilevel analysis revealed no significant difference for PTSD symptoms, but did show a greater decrease in depression at posttreatment (d = 0.63) for those receiving CPT. When an experiment-wise α correction was applied, this effect did not remain significant.

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http://onlinelibrary.wiley.com/doi/10.1002/jts.21938/abstract

A Qualitative Analysis of the Experience and Impact of Killing in Hand-to-Hand Combat.

Jensen, P. R. and Simpson, D.

Journal of Traumatic Stress
Volume 27, Issue 4, pages 468–473, August 2014

A growing body of research suggests that killing during military combat is closely associated with posttraumatic stress disorder (PTSD), as well as a number of other adverse mental health related conditions (e.g., dissociative experiences, violent behavior, functional impairment). This article provides first-person perspectives on the experiences and impact of killing by service members with the goal of expanding our understanding of the impact of taking a life during war. In audio-recorded phenomenological interviews, 9 service members described their experiences and the subsequent impact of killing during hand-to-hand combat. A description, supported by participant quotations, was constructed to represent the participants' experiences. Results suggest the experience and aftermath of taking a life in hand-to-hand combat was disturbing, psychologically stressful, and necessitated some form of coping after the event. Service members who killed in hand-to-hand combat viewed their actions as necessary to preserve their life and that killing in hand-to-hand combat was more emotionally taxing than killing by shooting. Our findings may help to improve providers' understanding of service members' first-person experiences of killing in hand-to-hand combat and thus provide the basis for the development of a connected and genuine relationship with such military clients.

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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
Volume 27, Issue 4, pages 474–477, August 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://onlinelibrary.wiley.com/doi/10.1002/jts.21943/abstract

A Test of Whether Coping Styles Moderate the Effect of PTSD Symptoms on Alcohol Outcomes.

Grosso, J. A., Kimbrel, N. A., Dolan, S., Meyer, E. C., Kruse, M. I., Gulliver, S. B. and Morissette, S. B.

Journal of Traumatic Stress
Volume 27, Issue 4, pages 478–482, August 2014

Coping style may partially account for the frequent co-occurrence of posttraumatic stress disorder (PTSD) and alcohol-use disorder (AUD). We hypothesized that avoidant and action-

oriented coping styles would moderate the association between PTSD symptom severity and alcohol outcomes among U.S. Operation Enduring Freedom/Operation Iraqi Freedom veterans, such that PTSD symptoms would be most strongly and positively associated with negative alcohol-related consequences and drinking quantity when action-oriented coping was low and avoidant coping was high. The sample (N = 128; 85.2% male, M = 37.8 years old, 63.3% Caucasian) completed a diagnostic assessment for PTSD and AUD and self-report surveys measuring coping styles, drinking quantity, and negative alcohol-related consequences. Consistent with the main hypothesis, a 3-way interaction among PTSD symptom severity, avoidant coping, and action-oriented coping was found in the predicted direction (d = 0.47–0.55). Post hoc descriptive analyses indicated that veterans with a current diagnosis of PTSD, low action-oriented coping, and high avoidant coping had worse alcohol outcomes and were twice as likely to meet criteria for current AUD compared with veterans with fewer risk factors. Findings suggest that the combination of PTSD and maladaptive coping styles may be more important for understanding alcohol-related outcomes than the presence of any of these variables in isolation.

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http://www.tandfonline.com/doi/abs/10.1080/07481187.2014.893463

Stress and Resilience in Military Mortuary Workers: Care of the Dead From Battlefield to Home.

Brian W. Flynn, James E. McCarroll, Quinn M. Biggs

Death Studies

The death of a military service member in war provokes feelings of distress and pride in mortuary workers who process the remains. To further understand their reactions, we interviewed 34 military and civilian personnel to learn more about their work stresses and rewards. We review stresses of anticipation, exposure, and experience in handling the dead and explore the personal, supervisory and leadership strategies to reduce negative effects and promote personal growth. These results can be applied to many other situations requiring planning, implementing and supervising mortuary operations involving mass death.

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http://link.springer.com/article/10.1007/s40596-014-0180-1

A Review of Multidisciplinary Clinical Practice Guidelines in Suicide Prevention: Toward an Emerging Standard in Suicide Risk Assessment and Management, Training and Practice.

Rebecca A. Bernert, Melanie A. Hom, Laura Weiss Roberts

Academic Psychiatry
August 2014

Objective
The current paper aims to: (1) examine clinical practice guidelines in suicide prevention across fields, organizations, and clinical specialties and (2) inform emerging standards in clinical practice, research, and training.

Methods
The authors conducted a systematic literature review to identify clinical practice guidelines and resource documents in suicide prevention and risk management. The authors used PubMed, Google Scholar, and Google Search, and keywords included: clinical practice guideline, practice guideline, practice parameters, suicide, suicidality, suicidal behaviors, assessment, and management. To assess for commonalities, the authors reviewed guidelines and resource documents across 13 key content categories and assessed whether each document suggested validated assessment measures.

Results
The search generated 101 source documents, which included N = 10 clinical practice guidelines and N = 12 additional resource documents (e.g., non-formalized guidelines, tool-kits). All guidelines (100 %) provided detailed recommendations for the use of evidence-based risk factors and protective factors, 80 % provided brief (but not detailed) recommendations for the assessment of suicidal intent, and 70 % recommended risk management strategies. By comparison, only 30 % discussed standardization of risk-level categorizations and other content areas considered central to best practices in suicide prevention (e.g., restricting access to means, ethical considerations, confidentiality/legal issues, training, and postvention practices). Resource documents were largely consistent with these findings.

Conclusions
Current guidelines address similar aspects of suicide risk assessment and management, but significant discrepancies exist. A lack of consensus was evident in recommendations across core competencies, which may be improved by increased standardization in practice and training. Additional resources appear useful for supplemental use.

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http://link.springer.com/article/10.1007/s11920-014-0483-7

Circadian Clock and Stress Interactions in the Molecular Biology of Psychiatric Disorders.

Dominic Landgraf, Michael J. McCarthy, David K. Welsh

Current Psychiatry Reports
August 2014, 16:483

Many psychiatric disorders are characterized by circadian rhythm abnormalities, including disturbed sleep/wake cycles, changes in locomotor activity, and abnormal endocrine function. Animal models with mutations in circadian “clock genes” commonly show disturbances in reward processing, locomotor activity and novelty seeking behaviors, further supporting the idea of a connection between the circadian clock and psychiatric disorders. However, if circadian clock dysfunction is a common risk factor for multiple psychiatric disorders, it is unknown if and how these putative clock abnormalities could be expressed differently, and contribute to multiple, distinct phenotypes. One possible explanation is that the circadian clock modulates the biological responses to stressful environmental factors that vary with an individual’s experience. It is known that the circadian clock and the stress response systems are closely related: Circadian clock genes regulate the physiological sensitivity to and rhythmic release of glucocorticoids (GC). In turn, GCs have reciprocal effects on the clock. Since stressful life events or increased vulnerability to stress are risk factors for multiple psychiatric disorders, including post-traumatic stress disorder (PTSD), attention deficit hyperactivity disorder (ADHD), bipolar disorder (BD), major depressive disorder (MDD), alcohol use disorder (AUD) and schizophrenia (SCZ), we propose that modulation of the stress response is a common mechanism by which circadian clock genes affect these illnesses. Presently, we review how molecular components of the circadian clock may contribute to these six psychiatric disorders, and present the hypothesis that modulation of the stress response may constitute a common mechanism by which the circadian clock affects multiple psychiatric disorders.

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http://link.springer.com/article/10.1007/s10943-014-9931-2

Religion, Health and Confidentiality: An Exploratory Review of the Role of Chaplains.

Lindsay B. Carey, Mark A. Willis, Lillian Krikheli, Annette O’Brien

Chaplaincy has traditionally been considered a profession highly respectful of confidentiality. Nevertheless, given increasing professional collaboration within health and welfare contexts, plus the requirements of intervention reporting and the ease of technological data sharing, it is possible that confidentiality may be sacrificed for the sake of expediency. This exploratory review considers the literature relating to the role of chaplaincy and confidentiality that suggests a number of principles which should be considered by chaplaincy associations/organizations to ensure appropriate professional practice and the holistic health and well-being of patients/clients. Recommendations are made for the development of specific policies and procedures, confidentiality training programs and further research for developing universal protocols relating to chaplains and their handling of confidential information.

Links of Interest

DoD and VA Take New Steps to Support the Mental Health Needs of Service Members and Veterans
http://www.defense.gov/Releases/Release.aspx?ReleaseID=16905

Changing Memories to Treat PTSD
http://m.theatlantic.com/health/print/2014/08/changing-memories-to-treat-ptsd/379223/

Experts concerned about discrepancies in old, new PTSD criteria
http://www.militarytimes.com/article/20140814/BENEFITS06/308140062/Experts-concerned-about-discrepancies-old-new-PTSD-criteria

Mental Health Screening in Primary Care Helps Veterans
http://www.cfah.org/hbns/2014/mental-health-screening-in-primary-care-helps-veterans

Study asks why psychology students receive little instruction on medical ethics, torture
http://www.medicalnewstoday.com/articles/280665.php

VA takes big strides in treating military sex trauma victims
http://www.militarytimes.com/article/20140812/BENEFITS06/308120062/VA-takes-big-strides-treating-military-sex-trauma-victims

Mindfulness-based depression therapy reduces health care visits
http://www.eurekalert.org/pub_releases/2014-08/cfaa-md082114.php

Combined drugs and therapy most effective for severe nonchronic depression
http://www.eurekalert.org/pub_releases/2014-08/vu-cda081914.php

Think telehealth to complement services
http://www.behavioral.net/article/think-telehealth-complement-services

To Know Suicide: Depression Can Be Treated, but It Takes Competence
http://www.nytimes.com/2014/08/16/opinion/depression-can-be-treated-but-it-takes-competence.html

New study throws into question long-held belief about depression
http://www.eurekalert.org/pub_releases/2014-08/acs-nst082714.php

App developers hope to help veterans battling mental health issues
http://www.baltimoresun.com/health/la-na-military-suicides-20140817,0,2461688.story

'Isn't Losing An Eye Enough?' Battered Veterans Struggle To Restart Their Lives After War
http://www.huffingtonpost.com/2014/08/21/wounded-vets-mount-whitney_n_5688782.html

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Resource of the Week: CDP's Military Culture for Healthcare Professionals website

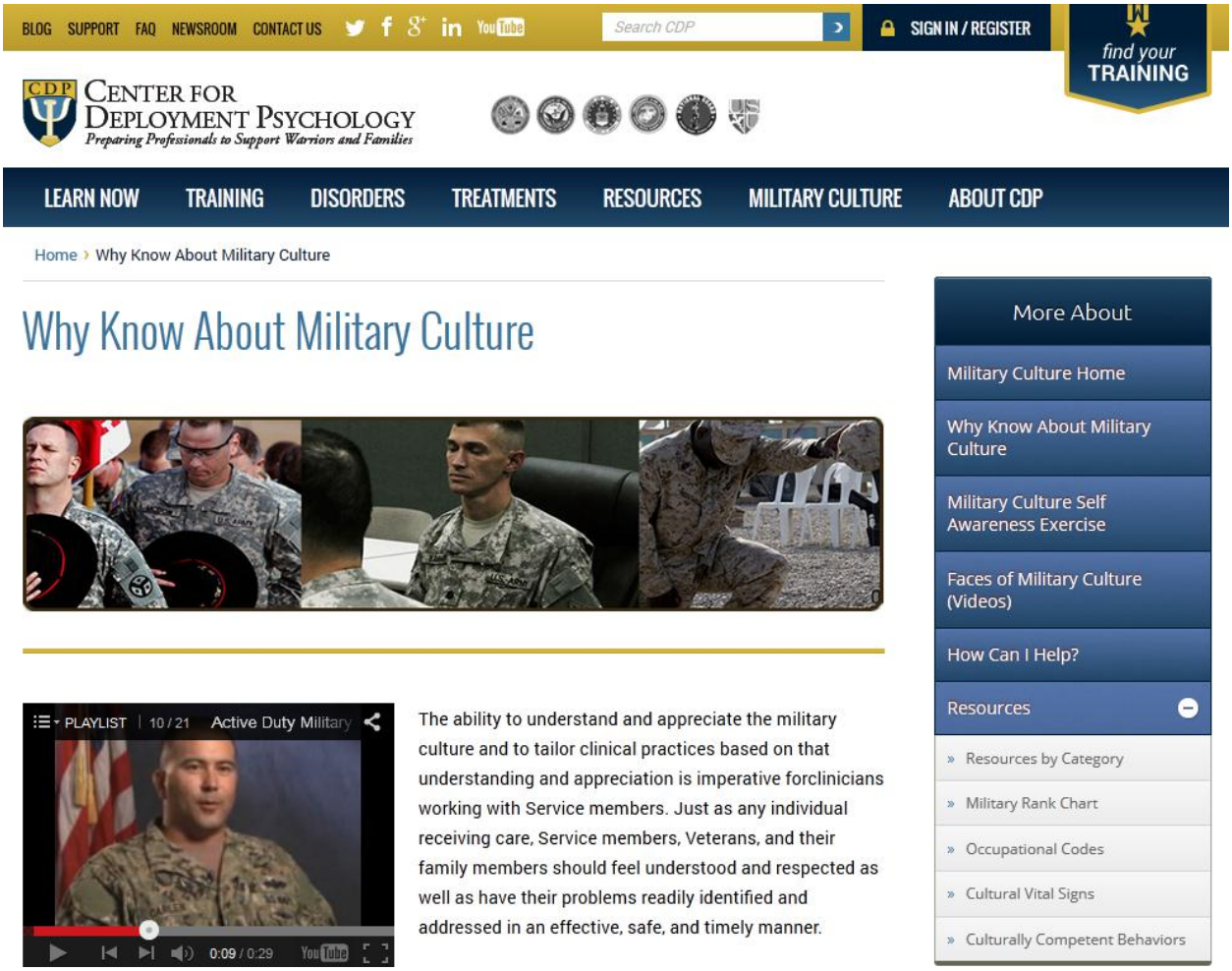
> The ability to understand and appreciate the military culture and to tailor clinical practices based on that understanding and appreciation is imperative for clinicians working with Service members. Just as any individual receiving care, Service members, Veterans, and their family members should feel understood and respected as well as have their problems readily identified and addressed in an effective, safe, and timely manner.
>
> Understanding the influence of military culture upon health-related behaviors will help the provider appropriately plan treatment to help the Service member or Veteran reach their personal, career, and military mission priorities.

This website, developed by military culture experts working as part of a DoD/VA collaborative effort, contains a wealth of resources for clinicians who work with -- or want to work with -- Service members, Veterans, and military families.

The keystone of this website is a four-module self-paced online course -- Military Culture: Core Competencies for Healthcare Professionals -- that can be taken for (free) continuing education credits for behavioral health clinicians. The four modules are:

- Self-Assessment and Introduction to Military Ethos
- Military Organization and Roles
- Stressors and Resources
- Treatment, Resources, and Tools

For a complete description of this course, download the (PDF) brochure.



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