



CDP Research Update -- September 11, 2014

What's Here:

- A Systematic Review of Cognitive Behavioral Therapy for Depression in Veterans.
- GAO -- Military Personnel: DOD Needs to Take Further Actions to Prevent Sexual Assault during Initial Military Training
- GAO -- Veterans Affairs: Better Understanding Needed to Enhance Services to Veterans Readjusting to Civilian Life
- Modafinil in the treatment of idiopathic hypersomnia without long sleep time—a randomized, double-blind, placebo-controlled study.
- The effects of chronotype, sleep schedule and light/dark pattern exposures on circadian phase.
- C-56 Neuropsychological Test-Retest Performance following Traumatic Brain Injury in a Military Population.
- Types of Borderline Personality Disorder (BPD) in Patients Admitted for Suicide-Related Behavior.
- Factors Associated With Shared Decision-Making Preferences Among Veterans With Serious Mental Illness.
- Sexual Assault Training in the Military: Evaluating Efforts to End the “Invisible War.”
- Study design to develop and pilot-test a web intervention for partners of military service members with alcohol misuse.
- A Randomized Controlled Trial of Relationship Education in the U.S. Army: 2-Year Outcomes.
- Eye Movement Desensitization and Reprocessing Treatment of Nightmares: A Case Report.
- DSM-5 posttraumatic stress disorder: Factor structure and rates of diagnosis.
- The effects of amount of home meditation practice in Mindfulness Based Cognitive Therapy on hazard of relapse to depression in the Staying Well after Depression Trial.

- Mind Body Medicine in the Care of a U.S. Marine With Chronic Pain: A Case Report.
- Posttraumatic stress and intimate partner relationship functioning: An examination of couple distress and the interrelation of symptomology.
- The Role of Resilience and Social Support in Predicting Postdeployment Adjustment in Otherwise Healthy Navy Personnel.
- Day of Injury Cognitive Performance on the Military Acute Concussion Evaluation (MACE) by U.S. Military Service Members in OEF/OIF.
- Career Impacts and Referral Patterns: Army Mental Health Treatment in the Combat Theater.
- Making Connections: Suicide Prevention and the Use of Technology With Rural Veterans.
- The evidence base of sleep restriction therapy for treating insomnia disorder.
- Benzodiazepine use and aggressive behaviour: A systematic review.
- Impulsive suicide attempts: A systematic literature review of definitions, characteristics and risk factors.
- Cognitive behaviour therapy via the internet for depression: A useful strategy to reduce suicidal ideation.
- Adjunctive triple chronotherapy (combined total sleep deprivation, sleep phase advance, and bright light therapy) rapidly improves mood and suicidality in suicidal depressed inpatients: An open label pilot study.
- Aggression, impulsivity, and suicide risk in benign chronic pain patients – a cross-sectional study.
- Retaining the Warrior Spirit
- Stress-induced neuroplasticity: (Mal)adaptation to adverse life events in patients with PTSD - A critical overview.
- Non-suicidal self-injury during an exposure-based treatment in patients with posttraumatic stress disorder and borderline features.
- Effects of acute cortisol administration on perceptual priming of trauma-related material.
- The hidden price of repeated traumatic exposure: different cognitive deficits in different first-responders.
- Lower prevalence of psychiatric conditions when negative age stereotypes are resisted.
- The Effects of Surfing and the Natural Environment on the Well-Being of Combat Veterans.
- The Impact of Mental Illness Stigma on Seeking and Participating in Mental Health Care.

- Is daily routine important for sleep? An Investigation of social rhythms in a clinical insomnia population.
- Treating Trauma in Addiction with EMDR: A Pilot Study.
- Peer-led seeking safety: results of a pilot outcome study with relevance to public health.
- Early intervention following trauma may mitigate genetic risk for PTSD in civilians: a pilot prospective emergency department study.
- Posttraumatic stress symptoms and alcohol problems: self-medication or trait vulnerability?
- Links of Interest
- Resource of the Week: CDP Podcasts

<http://publications.amsus.org/doi/abs/10.7205/MILMED-D-14-00128>

A Systematic Review of Cognitive Behavioral Therapy for Depression in Veterans.

Natalie E. Hundt, PhD; Terri L. Barrera, PhD; Andrew Robinson, MA; Jeffrey A. Cully, PhD

Military Medicine

Volume 179 Issue 9, September 2014, pp. 942-949

Research conducted in the civilian population demonstrates that cognitive-behavioral therapies are effective for depression, but some evidence suggests that Veterans' treatment response may differ from civilians. This review examined cognitive-behavioral treatment (CBT) for depression in Veteran samples. A literature search for treatment outcome studies with Veteran samples was conducted using PsycInfo, PubMed, and SCOPUS databases. Nine studies met inclusion criteria and were assessed for methodological rigor (randomized controlled trials = 5; open trials = 4). Controlled effect sizes were compared for randomized controlled trials, and pre–post effect sizes were used to compare treatment groups across all studies. The open trials reviewed demonstrated large pre–post effect sizes, though these studies were of lower methodological quality. CBT performed better than control treatment in only two of five randomized controlled trials reviewed, a finding that contrasts with research in non-Veteran samples. Possible reasons for these findings are discussed, including psychosocial factors that may influence the course of depression treatment in Veterans. Additional high quality research is needed to conclusively determine if depression treatment outcomes differ for Veterans and, if so, what modifications to current CBT protocols might enhance response to treatment.

GAO -- Military Personnel: DOD Needs to Take Further Actions to Prevent Sexual Assault during Initial Military Training

GAO-14-806: Published: Sep 9, 2014. Publicly Released: Sep 9, 2014

The Air Force implemented most recommendations from the 2012 Commander's report intended to better prevent, investigate, and respond to sexual assaults and related misconduct during the Air Force's basic training for new enlisted personnel, but it has not evaluated the effectiveness of its actions. GAO found that as of July 2014, of the 46 recommendations, the Air Force implemented 39, partially implemented 6, and did not implement 1. The Air Force established a council to provide senior leadership and oversight of actions taken in response to those recommendations. However, the Air Force has not fully established an oversight framework to evaluate the effectiveness of actions taken in response to the recommendations. Key practices for organizational change call for using a results-oriented framework to enable program oversight and for the framework to include performance goals. Without fully establishing an oversight framework for evaluating the effectiveness of its actions to prevent sexual assault during basic training, the Air Force will not know whether to sustain the efforts it has implemented or undertake different actions. Most military services share lessons learned through the Council on Recruit Basic Training (CORBT) and collect selected information to oversee their efforts, but do not have comprehensive, detailed data about sexual assault and related misconduct during initial military training, which includes basic and subsequent career training. CORBT was established in 2013 to address a variety of topics to improve basic training. Key practices for interagency collaboration include clearly defining roles and responsibilities of stakeholders in formalized guidance. However, the draft charter for CORBT does not identify the council's role as the forum for discussing sexual assault prevention for the entire range of initial military training. Further, it does not include key stakeholders who are critical to the success of sharing lessons learned on prevention of sexual assault and misconduct, such as the Marine Corps and service representatives responsible for sexual harassment. Without formalizing this role and involving key stakeholders, the Department of Defense (DOD) cannot ensure that the council is the most effective mechanism for sharing lessons learned for better prevention and response to sexual assault during initial military training. Also, three services have taken steps to obtain more comprehensive and detailed data that are specific to initial military training and provide better information about unreported misconduct for oversight, but these efforts vary by service. Further, none of the services have detailed data for both their basic and subsequent training environments. For example, the Air Force has a survey administered during basic training and the Navy has a survey given during subsequent career training. The Army has an annual survey but plans to develop a more comprehensive survey for basic training. The Marine Corps obtains information through leadership meetings with groups of recruits but does not have a formalized survey. Without developing or leveraging existing surveys about sexual assault and misconduct that can occur during initial military training, service officials may not have the comprehensive and detailed data needed to improve their sexual assault and sexual misconduct prevention programs.

Further, military training leadership may have difficulty in determining the corrective actions that could best address remaining challenges in preventing sexual assault within initial military training.

<http://www.gao.gov/products/GAO-14-676>

GAO -- Veterans Affairs: Better Understanding Needed to Enhance Services to Veterans Readjusting to Civilian Life

GAO-14-676: Published: Sep 10, 2014. Publicly Released: Sep 10, 2014

While many veterans who served in the military after September 11, 2001, have successfully readjusted to civilian life with minimal difficulties in the first few years after they were discharged, others have experienced difficulties, according to veterans GAO heard from in discussion groups and studies GAO reviewed. These readjustment difficulties include financial and employment, relationships, legal, homelessness, and substance abuse. According to VA's strategic plan, one of its strategic objectives is to improve veteran wellness and economic security, and it states that the ultimate measure of VA's success is the veteran's success after leaving military service. However, there is limited and incomplete data to assess the extent to which veterans experience readjustment difficulties. Therefore, it is not known to what extent veterans are facing one or a combination of problems when they readjust to civilian life. There is relatively more information available on the number of veterans who had a physical or mental condition within a few years of leaving the military. For example, one 2010 study shows that 32 percent of recently-separated veterans were diagnosed by either the Department of Defense (DOD) or the Department of Veterans Affairs (VA) with a disease or injury of the musculoskeletal system. In this and other studies reviewed by GAO, estimates for Post-Traumatic Stress Disorder (PTSD) varied from 10 to 12 percent. According to these studies, some groups of veterans--those who had served in combat and younger veterans--were more likely than others to experience readjustment difficulties or be diagnosed with a mental health condition.

While an array of VA benefits and services are available during a veteran's first few years out of the military, GAO has identified long-standing challenges with VA's delivery and management of this support. Specifically, VA provides a wide range of services and benefits through several programs, such as education, health care, counseling, employment, home loans, and insurance. VA informs veterans of these benefits and services before they leave military service through outreach and education. However, GAO's prior work over the last decade has shown that VA has struggled for years to, among other issues, (1) provide timely access to medical appointments, (2) make timely disability compensation decisions, and (3) coordinate the transfer of medical records from DOD. GAO has made numerous prior recommendations to address these issues, and VA has taken some actions to implement them; however, some recommendations remain unaddressed, and GAO continues to monitor VA's progress. Agency

officials and veterans GAO spoke with during this review suggested additional actions that VA can implement to improve its assistance for transitioning veterans. For example, a few VA staff suggested that VA conduct additional research to identify veterans who are predisposed to PTSD and better understand why some veterans do not use VA services. Veterans at all of the sites GAO visited suggested that it would be beneficial for separating servicemembers to have additional time to adjust to the idea of being a civilian and relearning what civilian life is like. Without comprehensive information on the difficulties experienced by recently-separated veterans, VA cannot assess risks to achieving its objectives and may be missing opportunities to enhance assistance to veterans by not providing needed services early in the veteran's readjustment process. GAO recommends that VA take steps to better understand the difficulties faced by readjusting veterans and use this information to determine how best to enhance its benefits and services for these veterans. VA concurred with GAO's recommendation and described its recent efforts and plans for improvement.

<http://onlinelibrary.wiley.com/doi/10.1111/jsr.12201/abstract>

Modafinil in the treatment of idiopathic hypersomnia without long sleep time—a randomized, double-blind, placebo-controlled study.

Mayer, G., Benes, H., Young, P., Bitterlich, M. and Rodenbeck, A.

Journal of Sleep Research

Article first published online: 5 SEP 2014

In 2010 the European Medicines Agency withdrew the indication of modafinil for the treatment of obstructive sleep apnea, shift work sleep disorder and for idiopathic hypersomnia (IH). In uncontrolled studies, modafinil has been reported to be efficacious in the treatment of sleep disorders. We therefore performed a randomized, placebo-controlled study with the aim of proving the efficacy of modafinil treatment in these patients. Drug-free IH patients without long sleep according to ICSD2 criteria, age >18 years and disease duration >2 years were included. After a washout phase, patients at baseline received placebo or 100 mg modafinil in the morning and at noon over 3 weeks, followed by 1 week without medication. At each visit the Epworth Sleepiness Scale (ESS) and Clinical Global Impression (CGI) rating scale were performed. At baseline and on days 8 and 21 four Maintenance of Wakefulness Tests (MWTs)/day or per day were performed. Patients kept a sleep-wake diary throughout the study. Between 2009 and 2011 three sleep centres recruited 33 participants. Compared to placebo, modafinil decreased sleepiness significantly and improved mean sleep latency in the MWT non-significantly. The CGI improved significantly from baseline to the last visit on treatment. The most frequent adverse events were headaches and gastrointestinal disorders; skin and psychiatric reactions were not reported. The number of reported naps and duration of daytime sleepiness decreased significantly. Total sleep time of nocturnal sleep was slightly reduced. The sleep diaries showed increases in feeling refreshed in the morning; the diurnal diaries showed

significant improvement of performance and of exhaustion. Modafinil is an effective and safe medication in the treatment of IH. Adverse events are mild to moderate.

<http://www.sciencedirect.com/science/article/pii/S1389945714003463>

The effects of chronotype, sleep schedule and light/dark pattern exposures on circadian phase.

Mariana G. Figueiro, Barbara Plitnick, Mark S. Rea

The effects of chronotype, sleep schedule and light/dark pattern exposures on circadian phase.

Sleep Medicine

Available online 3 September 2014

Highlights

- Light-induced circadian phase changes correspond to phase response curve predictions.
- Early vs. late chronotypes did not differentially respond to the lighting interventions.
- Results suggest early and late chronotypes may differ in sleep pressure buildup.
- Studies should consider complete light/dark exposure pattern's impact on circadian phase.

<http://www.ncbi.nlm.nih.gov/pubmed/25176899>

Arch Clin Neuropsychol. 2014 Sep;29(6):594-5. doi: 10.1093/arclin/acu038.237.

C-56 Neuropsychological Test-Retest Performance following Traumatic Brain Injury in a Military Population. (conference abstract available only)

Capps J, Francis M, Wisnoski J, Dedmon A, Puente A.

OBJECTIVE:

The purpose of this study was to determine the frequency of change in neuropsychological performance across time in deployed military personnel who experienced traumatic brain injury (TBI). The hypothesis was that frequency of changes would decrease as a function of time since injury.

METHOD:

Test-retest data was used to calculate reliable change index scores from 114 individuals over 10 neuropsychological tests. This data, part of a database of over 1,000 evaluations of soldiers, was collected by a private practice in association with Camp Lejeune. These soldiers were

deployed to Iraq/Afghanistan and were referred for comprehensive outpatient evaluation. The second testing session was on average 14 months, with a range of 2 to 34 months, following initial testing and was necessary for medical board policy compliance.

RESULTS:

Mean percentage of the sample with significant increases for neuropsychological measures for < 6, 6-18, 19-29, and 30+ months since injury respectfully include; 13%, 16%, 7%, and 10%; significant decreases respectfully include 15%, 16%, 8%, and 10%. These mean changes include: CVLT-II, COWAT, Grooved Pegboard, TMT, Stroop, and WAIS-IV. Four tests were excluded due to suboptimal sample size. WAIS-IV working memory and similarities subtests supported the hypothesis with frequencies of changes decreasing as a function of time.

CONCLUSION(S):

The hypothesis was confirmed in subtests of the WAIS-IV, where changes decrease as a function of time since injury. Overall patterns seen in each group indicated highly variable neuropsychological performance following TBI up to 6 years following injury.

© The Author 2014. Published by Oxford University Press. All rights reserved. For permissions, please e-mail: journals.permissions@oup.com.

<http://link.springer.com/article/10.1007/s11126-014-9317-3>

Types of Borderline Personality Disorder (BPD) in Patients Admitted for Suicide-Related Behavior.

Federico Rebok, Germán L. Teti, Adrián P. Fantini, Christian Cárdenas-Delgado, Sasha M. Rojas, María N. C. Derito, Federico M. Daray

Psychiatric Quarterly
September 2014

Borderline personality disorder (BPD) is determined by the presence of any five of nine diagnostic criteria, leading patients with heterogeneous clinical features to be diagnosed under the same label without an individualized clinical and therapeutic approach. In response to this problem, Oldham proposed five types of BPD: affective, impulsive, aggressive, dependent and empty. The present study categorized a sample of BPD patients hospitalized due to suicide-related behavior according to Oldham's BPD proposed subtypes, and evaluated their clinical and demographic characteristics. Data were obtained from a sample of 93 female patients admitted to the « Dr. Braulio A. Moyano » Neuropsychiatric Hospital following suicide-related behavior. A total of 87 patients were classified as affective (26 %), impulsive (37 %), aggressive (4 %), dependent (29 %), and empty (5 %). Patients classified as dependent were significantly older at the time of first suicide-related behavior ($p = 0.0008$) and reported significantly less events of previous suicide-related behaviors ($p = 0.03$), while patients classified as impulsive reported significantly higher rates of drug use ($p = 0.02$). Dependent, impulsive and affective BPD types were observed most frequently in our sample. Findings are discussed specific to

demographic and clinical implications of BPD patients reporting concurrent suicidal behavior.

<http://journals.psychiatryonline.org/article.aspx?articleid=1901667>

Factors Associated With Shared Decision–Making Preferences Among Veterans With Serious Mental Illness.

Stephanie G. Park, Ph.D.; Marisa Derman, M.D.; Lisa B. Dixon, M.D., M.P.H.; Clayton H. Brown, Ph.D.; Elizabeth A. Klingaman, Ph.D.; Li Juan Fang, M.S.; Deborah R. Medoff, Ph.D.; Julie Kreyenbuhl, Pharm.D., Ph.D.

Psychiatric Services
September 02, 2014

Objective

This study evaluated preferences for shared decision making with respect to mental health treatment in a sample of veterans who were diagnosed as having serious mental illness.

Methods

Participants were 239 outpatients receiving care from the Department of Veterans Affairs who completed self-report questionnaires assessing demographic factors, shared decision–making preferences, psychiatric symptom severity, and the therapeutic relationship with their second-generation antipsychotic prescribers (N=21). Preferences were assessed in regard to three components of decision making: knowledge about mental illness, options about mental health treatment, and decisions about mental health care.

Results

Most participants (85%) indicated that they preferred to be offered options and to be asked their opinions about mental health treatment. More variability was noted in preferences for obtaining knowledge and making final treatment decisions; 61% preferred to rely on their providers' knowledge and 64% preferred their provider to make treatment final decisions. Greater preferences for participation in shared decision making were found among African American clients, those currently working for pay, those with college or higher education, those with other than a schizophrenia spectrum diagnosis, and those who reported a poorer therapeutic relationship with their prescribers.

Conclusions

The degree to which veterans with serious mental illness desired to participate in their mental health care differed in terms of the aspect of care and across demographic and clinical factors. A thorough assessment of shared decision–making preferences is an important component of recovery-oriented, client-centered care.

<http://link.springer.com/article/10.1007/s10464-014-9672-0>

Sexual Assault Training in the Military: Evaluating Efforts to End the “Invisible War.”

Kathryn J. Holland, Verónica Caridad Rabelo, Lilia M. Cortina

American Journal of Community Psychology
September 2014

Sexual assault is an insidious problem in the United States military. In 2005 the Department of Defense (DoD) created the Sexual Assault Prevention and Response Office, which centralizes responsibility for sexual assault training. However, this training initiative has undergone little evaluation by outside researchers. Addressing this need, we analyzed responses from over 24,000 active duty personnel who completed the 2010 DoD Workplace and Gender Relations Survey. We assessed whether sexual assault training exposure (None, Minimal, Partial, or Comprehensive) predicted accurate knowledge of sexual assault resources and protocols. Using a social-ecological framework, we investigated whether institutional and individual factors influenced Service members’ training exposure and judgment of training effectiveness. According to our results, exposure to comprehensive training predicted lower sexual assault incidence and superior knowledge. However, comprehensive training differed as a function of military branch, rank, gender, and sexual assault history. Judgments of training effectiveness also varied across these dimensions. Our results highlight the importance of considering context, gender, and victimization history when evaluating institutional efforts to end sexual violence. The DoD’s 2010 annual report on military sexual assault concluded that “most Active Duty members receive effective training on sexual assault” (p. 104). Our results cast doubt on that assertion.

<http://www.ascpjournals.org/content/9/1/18/abstract>

Study design to develop and pilot-test a web intervention for partners of military service members with alcohol misuse.

Karen Chan Osilla, Eric R Pedersen, Kristie Gore, Thomas Trail and Stefanie Stern Howard

Addiction Science & Clinical Practice 2014, 9:18

Background

Alcohol misuse among military service members from the recent conflicts in Iraq and Afghanistan is over two times higher compared to misuse in the civilian population. Unfortunately, in addition to experiencing personal consequences from alcohol misuse, partners

and family members of alcohol-misusing service members also suffer in negative ways from their loved one's drinking. These family members represent important catalysts for helping their loved ones identify problem drinking and overcoming the barriers to seeking care. This paper describes the protocol to a pilot study evaluating a 4-session, web-based intervention (WBI) for concerned partners (CPs) of service members with alcohol misuse.

Methods

The WBI will be adapted from the Community Reinforcement and Family Training (CRAFT) intervention. In the first phase, we will develop and beta-test the WBI with 15-20 CPs. In the second phase, we will randomize CPs to WBI (n = 50) or to delayed-WBI (n = 50) and evaluate the impact of the WBI on CPs' perceptions of service member help-seeking and drinking, as well as the CP's well-being and relationship satisfaction 3 months after the intervention. In the third phase, we will recruit 15-20 service members whose partners have completed the study. We will interview the service members to learn how the CP-focused WBI affected them and to assess whether they would be receptive to a follow-on WBI module to help them.

Discussion

This project has the potential to benefit a large population of military service members who may be disproportionately affected by recent conflicts and whose drinking misuse would otherwise go undetected and untreated. It also develops a new prevention model that does not rely on service members or partners attending a hospital or clinical facility to access care.

<http://onlinelibrary.wiley.com/doi/10.1111/fare.12083/abstract>

A Randomized Controlled Trial of Relationship Education in the U.S. Army: 2-Year Outcomes.

Stanley, S. M., Rhoades, G. K., Loew, B. A., Allen, E. S., Carter, S., Osborne, L. J., Prentice, D. and Markman, H. J.

Family Relations

Volume 63, Issue 4, pages 482–495, October 2014

This study examined the effectiveness of an evidence-based, community-delivered adaptation of couple relationship education (CRE) program (specifically, The Prevention and Relationship Enhancement Program [PREP]) delivered at two Army installations. The study is a randomized controlled trial with 2 years of follow-up examining marital quality and stability. Sample composition was 662 married couples with a spouse in the U.S. Army. Analyses yielded no evidence of overall enduring intervention effects on relationship quality, but couples assigned to intervention at the higher risk site were significantly less likely than controls to be divorced at the 2-year follow-up (8.1% vs. 14.9%, $p < .01$). This effect was moderated by ethnic minority status.

Specifically, the impact of the intervention on divorce was strongest for minority couples. The findings add to the literature on who may benefit most from CRE.

<http://www.ingentaconnect.com/content/springer/emdr/2014/00000008/00000003/art00003>

Eye Movement Desensitization and Reprocessing Treatment of Nightmares: A Case Report.

Author: Woo, Matthew

Source: Journal of EMDR Practice and Research, Volume 8, Number 3, 2014, pp. 129-134(6)

A single client with depression and chronic nightmares was treated with 4 sessions of eye movement desensitization and reprocessing (EMDR) and showed a decrease in nightmares and improvement in general well-being. The client's 2 nightmare images were resolved following Luber's (2010) protocol for nightmare processing. Treatment effects were measured with the Outcome Rating Scale and showed a shift from the clinical range at pretreatment to the nonclinical range at the third session. The ready improvement and gains of this patient have served to highlight various aspects of the EMDR procedures which have worked well for the client, which included targeting the negative cognitions surrounding the theme of helplessness as well as adapting the positive cognition with a collectivistic orientation.

<http://www.sciencedirect.com/science/article/pii/S0022395614002507>

DSM-5 posttraumatic stress disorder: Factor structure and rates of diagnosis.

Emily Gentes, Paul A. Dennis, Nathan A. Kimbrel, Michelle Rissling, Jean C. Beckham, VA Mid-Atlantic MIRECC Workgroup, Patrick S. Calhoun

Journal of Psychiatric Research
Available online 30 August 2014

Posttraumatic stress disorder (PTSD) is a significant problem among Iraq/Afghanistan-era veterans. To date, however, there has been only limited research on how the recent changes in DSM-5 influence the prevalence and factor structure of PTSD. To address this key issue, the present research used a modified version of a gold-standard clinical interview to assess PTSD among a large sample of Iraq/Afghanistan-era veterans (N = 414). Thirty-seven percent of the sample met DSM-5 criteria for PTSD compared to a rate of 38% when DSM-IV diagnostic criteria were used. Differences in rates of diagnosis between DSM-IV and DSM-5 were primarily attributable to changes to Criterion A and the separation of the "avoidance" and "numbing"

symptoms into separate clusters. Confirmatory factor analysis (CFA) was used to compare the fit of the previous 3-factor DSM-IV model of PTSD to the 4-factor model specified in DSM-5, a 4-factor “dysphoria” model, and a 5-factor model. CFA demonstrated that the 5-factor model (re-experiencing, active avoidance, emotional numbing, dysphoric arousal, anxious arousal) provided the best overall fit to the data, although substantial support was also found for the 4-factor DSM-5 model. Low factor loadings were noted for two of the symptoms in the DSM-5 model (psychogenic amnesia and reckless/self-destructive behavior), raising questions regarding the adequacy of fit between these symptoms and the other core features of PTSD. Overall, findings suggest the DSM-5 model of PTSD is an improvement over the previous DSM-IV model of PTSD, but still may not represent the true underlying factor structure of PTSD.

<http://www.sciencedirect.com/science/article/pii/S0005796714001442>

The effects of amount of home meditation practice in Mindfulness Based Cognitive Therapy on hazard of relapse to depression in the Staying Well after Depression Trial.

Catherine Crane, Rebecca S. Crane, Catrin Eames, Melanie J.V. Fennell, Sarah Silverton, J. Mark G. Williams, Thorsten Barnhofer

Behaviour Research and Therapy
Available online 30 August 2014

Few empirical studies have explored the associations between formal and informal mindfulness home practice and outcome in Mindfulness-based Cognitive Therapy (MBCT). In this study ninety-nine participants randomised to MBCT in a multi-centre randomised controlled trial completed self-reported ratings of home practice over 7 treatment weeks. Recurrence of Major Depression was assessed immediately after treatment, and at 3, 6, 9, and 12-months post-treatment. Results identified a significant association between mean daily duration of formal home practice and outcome and additionally indicated that participants who reported that they engaged in formal home practice on at least 3 days a week during the treatment phase were almost half as likely to relapse as those who reported fewer days of formal practice. These associations were independent of the potentially confounding variable of participant-rated treatment plausibility. The current study identified no significant association between informal home practice and outcome, although this may relate to the inherent difficulties in quantifying informal home mindfulness practice. These findings have important implications for clinicians discussing mindfulness-based interventions with their participants, in particular in relation to MBCT, where the amount of participant engagement in home practice appears to have a significant positive impact on outcome.

<http://publications.amsus.org/doi/abs/10.7205/MILMED-D-14-00130>

Mind Body Medicine in the Care of a U.S. Marine With Chronic Pain: A Case Report.

LCDR Jeffrey Millegan, MC USN; Theodore Morrison, PhD; Jagruti Bhakta, PhD; Vasudha Ram, MPH

Military Medicine

Volume 179 Issue 9, September 2014, pp. e1065-e1068

Many service members suffer from chronic pain that can be difficult to adequately treat. Frustration has led to more openness among service members to complementary and alternative medicine modalities. This report follows JK, a Marine with chronic pain related to an injury while on combat deployment through participation in a 6-week self-care-based Mind Body Medicine program and for 7 months after completion of the program. JK developed and sustained a regular meditation practice throughout the follow-up period. JK showed a noticeable reduction in perceived disability and improvements in psychological health, sleep latency/duration and quality of life. This report supports further study into the efficacy and feasibility of self-care-based mind body medicine in the treatment of chronic pain in the military medical setting.

<http://mspace.lib.umanitoba.ca/handle/1993/23975>

Posttraumatic stress and intimate partner relationship functioning: An examination of couple distress and the interrelation of symptomology.

Weavers, Melissa D M

Masters Thesis, University of Manitoba, Department of Family Social Sciences
October 2014

Veterans suffering from posttraumatic stress (PTSD), compared to relative trauma-exposed veterans without PTSD, have more serious relationship problems. Research in the area of combat trauma-related symptoms and intimate partner relationships have to-date, mostly focused on identifying the negative outcomes of trauma but have not elaborated on how the symptoms themselves act as agents in negative relationship functioning. The purpose of this study was to identify a relationship between combat-related PTSD symptoms of insomnia/sleep dysfunction, avoidance/emotional numbing, and intimate partner distress - specifically the mechanisms by which symptoms and distress are maintained or exacerbated. A review of combat trauma and relationship theories indicated that a newly applied theory, Conservation of Resources (COR) could account for specific combat trauma symptomology, the effects of non-PTSD intimate partners' distress, and the course of these aspects. This study predominately

utilized quantitative data for exploratory correlational research. One hundred and fifteen Canadian combat veterans completed self-administered questionnaires that included demographic characteristics, supplementary questions and the study variables: PTSD assessment, dyadic adjustment, and sleep issues. Results indicated that PTSD overall is negatively related to dyadic adjustment, and that avoidance symptoms represent the most detrimental cluster of PTSD in terms of relationship functioning. Although insomnia/sleep dysfunction was not correlated to dyadic adjustment for those with PTSD, it was identified as a contributor to negative relationship functioning through supplementary responses. The study suggests a revised Canadian PTSD prevalence rate of 29%, which is noteworthy when compared to the previous PTSD prevalence rate estimation of 10%. The application of COR theory to combat veterans and relationship functioning is supported by the results of this study. Findings of this study can aid clinicians in the enhancement of couple therapies, draw attention to the need for improved deployment screening and care provisions for military members, and contribute to the breadth of empirical literature.

<http://publications.amsus.org/doi/abs/10.7205/MILMED-D-13-00568>

The Role of Resilience and Social Support in Predicting Postdeployment Adjustment in Otherwise Healthy Navy Personnel.

CDR Craig A. Cunningham, NC USN; Bryan A. Weber, PhD; Beverly L. Roberts, PhD; Tracy S. Hejmanowski, PhD; Wayne D. Griffin, PhD; Barbara J. Lutz, PhD

Military Medicine

Volume 179 Issue 9, September 2014, pp. 979-985

The purpose of this study was to determine if resilience, social support, and exposure to combat, stressful deployment environments, and additional stressful life events predicted short-term (12 months or less) postdeployment adjustment in a relatively healthy subset of Navy service members. One hundred and thirty-two service members between 3 and 6 months postdeployment completed anonymous surveys at a deployment health center. Service members with probable post-traumatic stress disorder and those who were at risk for harm to self or others were excluded. There was relatively low variance in exposure to combat, stressful deployment environments, and additional stressful life events for this convenience sample. Although the sample was a relatively healthy subset of service members and conclusions may not be generalizable to larger populations, 56% endorsed considerable adjustment difficulties. Results of logistic regression indicated that greater resilience, greater postdeployment social support, and less stressful deployment environments predicted greater postdeployment adjustment. Resilience and postdeployment social support remained significant predictors of postdeployment adjustment when controlling for covariates. Results also suggest that individual augmentee experience may be a protective factor against postdeployment adjustment difficulties—at least in otherwise healthy service members.

<http://publications.amsus.org/doi/abs/10.7205/MILMED-D-13-00349>

Day of Injury Cognitive Performance on the Military Acute Concussion Evaluation (MACE) by U.S. Military Service Members in OEF/OIF.

Michael McCrea, PhD; Kevin Guskiewicz, ATC, PhD; Selina Doncevic, MSN, RN, CRRNII ; Katherine Helmick, MS, CRNP; Jan Kennedy, PhD; Cynthia Boyd, PhD; Sarah Asmussen, PhD; Kwang W. Ahn, PhD; Yanzhi Wang, MS; James Hoelzle, PhD; Michael Jaffee, MD

Military Medicine

Volume 179 Issue 9, September 2014, pp. 990-997

Objectives:

The study investigated the clinical validity of the cognitive screening component of the Military Acute Concussion Evaluation (MACE) for the evaluation of acute mild traumatic brain injury (mTBI) in a military operational setting.

Methods:

This was a retrospective data study involving analysis of MACE data on Operation Enduring Freedom/Operation Iraqi Freedom deployed service members with mTBI. In total, 179 cases were included in analyses based on ICD-9 diagnostic codes and characteristics of mTBI, and availability of MACE data on day of injury. MACE data from the mTBI group was compared to a military sample without mTBI administered the MACE as part of a normative data project.

Results:

On day of injury, the mTBI group performed worse than controls on the MACE cognitive test ($d = 0.90$), with significant impairments in all cognitive domains assessed. MACE cognitive score was strongly associated with established indicators of acute injury severity. Lower MACE cognitive performance on day of injury was predictive of lengthier postinjury recovery time and time until return to duty after mTBI.

Conclusions:

Findings from the current study support the use of the MACE as a valid screening tool to assess for cognitive dysfunction in military service members during the acute phase after mTBI.

<http://publications.amsus.org/doi/abs/10.7205/MILMED-D-13-00518>

Career Impacts and Referral Patterns: Army Mental Health Treatment in the Combat Theater.

Col Anderson B. Rowan, USAF BSC; Capt Colleen M. Varga, USAF BS†; Capt Spencer P. Clayton, USAF BSC; Capt Denise M. Martin Zona, USAF BSC

Military Medicine

Volume 179 Issue 9, September 2014, pp. 973-978

This study examined the relationships between referral source, career impacts, and diagnostic severity among service members seeking mental health intervention in a deployed setting. Data were drawn from the mental health records of 1,640 Army service members presenting for outpatient mental health services while deployed in Afghanistan. Results suggested that self-referrals were significantly less likely to have contact made with their command or to experience potentially career impacting recommendations. Overall, greater than 80% of military personnel were returned to duty with no limits and 60% were assigned either no diagnosis or a mild/moderate diagnosis. These findings indicate that seeking psychological services is much less likely to impact a service member's career when self-initiated. Given the significant concerns about career impacts among many service members in need of psychological services, these findings should be incorporated in information campaigns to promote early help seeking.

<http://www.psycontent.com/content/e44x317266u00117/>

Making Connections: Suicide Prevention and the Use of Technology With Rural Veterans.

Mary W. Lu, Kathleen I. Woodside, Tracy L. Chisholm, Mark F. Ward

Journal of Rural Mental Health

Online First Publication, September 1, 2014

Significant research to date has explored risk factors for suicide, highlighting issues such as social and geographical isolation, economic distress, and access to weapons. Not only are veterans living in rural communities more likely to present with such risk factors, but rural residency itself has been identified as an independent risk factor for suicide. Access to quality mental health services is often limited in small communities, despite identified needs. The Rural Mental Health (RMH) team was developed to meet those needs, using telehealth technologies to increase access to high quality mental health care for rural veterans throughout the Pacific Northwest. This descriptive analysis summarizes key program features and administrative data regarding the demographic and clinical characteristics of veterans receiving these services. Case examples are presented illustrating how the RMH team is using innovative technologies and multidisciplinary care collaboration to overcome barriers to treatment, providing individualized, comprehensive mental health services.

<http://www.sciencedirect.com/science/article/pii/S1087079214000161>

The evidence base of sleep restriction therapy for treating insomnia disorder.

Christopher B. Miller, Colin A. Espie, Dana R. Epstein, Leah Friedman, Charles M. Morin, Wilfred R. Pigeon, Arthur J. Spielman, Simon D. Kyle

Sleep Medicine Reviews

Volume 18, Issue 5, October 2014, Pages 415–424

Sleep restriction therapy is routinely used within cognitive behavioral therapy to treat chronic insomnia. However, the efficacy for sleep restriction therapy as a standalone intervention has yet to be comprehensively reviewed. This review evaluates the evidence for the use of sleep restriction therapy in the treatment of chronic insomnia. The literature was searched using web-based databases, finding 1344 studies. Twenty-one were accessed in full (1323 were deemed irrelevant to this review). Nine were considered relevant and evaluated in relation to study design using a standardized study checklist and levels of evidence. Four trials met adequate methodological strength to examine the efficacy of therapy for chronic insomnia. Weighted effect sizes for self-reported sleep diary measures of sleep onset latency, wake time after sleep onset, and sleep efficiency were moderate-to-large after therapy. Total sleep time indicated a small improvement. Standalone sleep restriction therapy is efficacious for the treatment of chronic insomnia for sleep diary continuity variables. Studies are insufficient to evaluate the full impact on objective sleep variables. Measures of daytime functioning in response to therapy are lacking. Variability in the sleep restriction therapy implementation methods precludes any strong conclusions regarding the true impact of therapy. A future research agenda is outlined.

<http://anp.sagepub.com/content/early/2014/08/31/0004867414548902.abstract>

Benzodiazepine use and aggressive behaviour: A systematic review.

Bonnie Albrecht, Petra K Staiger, Kate Hall, Peter Miller, David Best, and Dan I Lubman

Australian & New Zealand Journal of Psychiatry

Published online before print September 2, 2014

Context: The relationship between benzodiazepine consumption and subsequent increases in aggressive behaviour in humans is not well understood.

Objectives:

The current study aimed to identify, via a systematic review, whether there is an association

between benzodiazepine consumption and aggressive responding in adults.

Method:

A systematic review was conducted and reported in line with the PRISMA statement. English articles within MEDLINE, PsycARTICLES, PsycINFO, Academic Search Complete, and Psychology and Behavioural Sciences Collection databases were searched. Additional studies were identified by searching reference lists of reviewed articles. Only articles that explicitly investigated the relationship between benzodiazepine consumption and subsequent aggressive behaviour, or a lack thereof, in human adults were included.

Results:

Forty-six studies met the inclusion criteria. It was not possible to conduct a meta-analysis due to the heterogeneity of study design and benzodiazepine type and dose. An association between benzodiazepine use and subsequent aggressive behaviour was found in the majority of the more rigorous studies, although there is a paucity of high-quality research with clinical or forensic populations. Diazepam and alprazolam have received the most attention. Dose-related findings are inconsistent: therapeutic doses may be more likely to be associated with aggressive responding when administered as a once-off, whereas higher doses may be more risky following repeated administration. Trait levels of anxiety and hostility may indicate a vulnerability to the experience of benzodiazepine-related aggression.

Conclusions:

There appears to be a moderate association between some benzodiazepines and subsequent aggressive behaviour in humans. The circumstances under which aggressive responding may be more likely to follow benzodiazepine use remain unclear, although some evidence suggests dose and/or personality factors may influence this effect.

<http://www.sciencedirect.com/science/article/pii/S0165032714005333>

Impulsive suicide attempts: A systematic literature review of definitions, characteristics and risk factors.

Jurgita Rimkeviciene, John O'Gorman, Diego De Leo

Journal of Affective Disorders

Available online 3 September 2014

Background

Extensive research on impulsive suicide attempts, but lack of agreement on the use of this term indicates the need for a systematic literature review of the area. The aim of this review was to examine definitions and likely correlates of impulsive attempts.

Methods

A search of Medline, Psychinfo, Scopus, Proquest and Web of Knowledge databases was conducted. Additional articles were identified using the cross-referencing function of Google Scholar.

Results

179 relevant papers were identified. Four different groups of research criteria used to assess suicide attempt impulsivity emerged: (a) time-related criteria, (b) absence of proximal planning/preparations, (c) presence of suicide plan in lifetime/previous year, (d) other. Subsequent analysis used these criteria to compare results from different studies on 20 most researched hypotheses. Conclusions regarding the characteristics of impulsive attempts are more consistent than those on the risk factors specific to such attempts. No risk factors were identified that uniformly related to suicide attempt impulsivity across all criteria groups, but relationships emerged between separate criteria and specific characteristics of suicide attempters.

Limitations

Only published articles were included. Large inconsistencies in methods of the studies included in this review prevented comparison of effect sizes.

Conclusions

The vast disparities in findings on risk factors for impulsive suicide attempts among different criteria groups suggest the need to address the methodological issues in defining suicide attempt impulsivity before further research into correlates of such attempts can effectively progress. Specific recommendations are offered for necessary research.

<http://www.sciencedirect.com/science/article/pii/S0165032714005278>

Cognitive behaviour therapy via the internet for depression: A useful strategy to reduce suicidal ideation.

Louise Mewton, Gavin Andrews

Journal of Affective Disorders

Available online 1 September 2014

Background

Depression is a major risk factor for suicide. Given the strong association between depression and suicide, treatment for depression should be a fundamental component of suicide prevention. Currently it is not. This study aims to demonstrate the usefulness of internet-delivered cognitive behavioural therapy (iCBT) for depression as a means of reducing suicide ideation.

Methods

The sample comprised 484 patients who were prescribed iCBT for depression by their primary care physician. The outcomes of interest were major depression, as indexed by the PHQ-8, and suicidal ideation as measured by question 9 of the PHQ-9. Marginal models were used to appropriately analyse available data without biasing parameter estimates.

Results

Following iCBT for depression, suicidal ideation and depression decreased in parallel over time. The prevalence of suicidal ideation reduced from 50% at baseline to 27% after treatment, whilst the prevalence of major depression reduced from 70% to 30%. Depression scores and suicidal ideation decreased after treatment regardless of demographic or clinical variables of interest.

Limitations

This is a naturalistic study; randomisation and scientific control were not possible.

Conclusions

The current study demonstrates the usefulness of iCBT for depression as a means of reducing suicidal ideation which can be implemented on a large scale without enacting major structural change at the societal level. These findings need to be replicated in randomised controlled trials.

<http://www.sciencedirect.com/science/article/pii/S0022395614002519>

Adjunctive triple chronotherapy (combined total sleep deprivation, sleep phase advance, and bright light therapy) rapidly improves mood and suicidality in suicidal depressed inpatients: An open label pilot study.

Gregory L. Sahlem, Benjamin Kalivas, James B. Fox, Kayla Lamb, Amanda Roper, Emily N. Williams, Nolan R. Williams, Jeffrey E. Korte, Zachary D. Zuschlag, Salim El Sabbagh, Constance Guille, Kelly S. Barth, Thomas W. Uhde, Mark S. George, E. Baron Short

Journal of Psychiatric Research

Available online 3 September 2014

Previous studies have demonstrated that combined total sleep deprivation (Wake therapy), sleep phase advance, and bright light therapy (Triple Chronotherapy) produce a rapid and sustained antidepressant effect in acutely depressed individuals. To date no studies have explored the impact of the intervention on unipolar depressed individuals with acute concurrent suicidality. Participants were suicidal inpatients (N=10, Mean age=44±16.4SD, 6F) with unipolar depression. In addition to standard of care, they received open label Triple Chronotherapy. Participants underwent one night of total sleep deprivation (33-36 hours), followed by a three-

night sleep phase advance along with four 30-minute sessions of bright light therapy (10,000 lux) each morning. Primary outcome measures included the 17 item Hamilton depression scale (HAM17), and the Columbia Suicide Severity Rating Scale (CSSRS), which were recorded at baseline prior to total sleep deprivation, and at protocol completion on day five. Both HAM17, and CSSRS scores were greatly reduced at the conclusion of the protocol. HAM17 scores dropped from a mean of $24.7 \pm 4.2SD$ at baseline to a mean of $9.4 \pm 7.3SD$ on day five ($p=.002$) with six of the ten individuals meeting criteria for remission. CSSRS scores dropped from a mean of $19.5 \pm 8.5SD$ at baseline to a mean of $7.2 \pm 5.5SD$ on day five ($p=.01$). The results of this small pilot trial demonstrate that adjunctive Triple Chronotherapy is feasible and tolerable in acutely suicidal and depressed inpatients. Limitations include a small number of participants, an open label design, and the lack of a comparison group. Randomized controlled studies are needed.

<http://www.dovepress.com/aggression-impulsivity-and-suicide-risk-in-benign-chronic-pain-patient-peer-reviewed-article-NDT>

Aggression, impulsivity, and suicide risk in benign chronic pain patients – a cross-sectional study.

Margari F, Lorusso M, Matera E, Pastore A, Zagaria G, Bruno F, Puntillo F, Margari L

Neuropsychiatric Disease and Treatment
September 2014 Volume 2014:10 Pages 1613—1620

Objectives:

The objective of this study was to investigate the role that psychopathological dimensions as overt aggression and impulsivity play in determining suicide risk in benign chronic pain patients (CPPs). Furthermore we investigated the possible protective/risk factors which promote these negative feelings, analyzing the relationship between CPPs and their caregivers.

Methods:

We enrolled a total of 208 patients, divided into CPPs and controls affected by internistic diseases. Assessment included collection of sociodemographic and healthcare data, pain characteristics, administration of visual analog scale (VAS), Modified Overt Aggression Scale (MOAS), Barratt Impulsiveness Scale Version 11 (BIS), Hamilton Depression Rating Scale (HDRS), and a caregiver self-administered questionnaire. All variables were statistically analyzed.

Results:

A significant difference of VAS, MOAS-total/verbal/auto-aggression, HDRS-total/suicide mean scores between the groups were found. BIS mean score was higher in CPPs misusing analgesics. In CPPs a correlation between MOAS-total/verbal/auto-aggression with BIS mean

score, MOAS with HDRS-suicide mean score and BIS with HDRS-suicide mean scores were found. The MOAS and BIS mean scores were significantly higher when caregivers were not supportive.

Conclusion:

In CPPs, aggression and impulsivity could increase the risk of suicide. Moreover, impulsivity, overt aggression and pain could be interrelated by a common biological core. Our study supports the importance of a multidisciplinary approach in the CPPs management and the necessity to supervise caregivers, which may become risk/protective factors for the development of feelings interfering with the treatment and rehabilitation of CPPs.

http://usacac.army.mil/CAC2/MilitaryReview/Archives/English/MilitaryReview_20141031_art015.pdf

Retaining the Warrior Spirit

Maj. Andrew J. Knight, U.S. Army

Military Review

September-October 2014

The transition out of current combat operations is unique for the United States Army because it ends the longest duration of warfare by an all-volunteer force in U.S. history. This transition, along with the current fiscal constraints, brings a number of challenges. The reduction in the size of the Army and the squeeze of a tighter defense budget are the most publicized issues that senior Army leaders are facing. However, another concern that gets little attention outside of the military is the potential flight of talented and experienced junior leaders after the excitement of combat is no longer available. Related to this is another less visible, yet significant issue, namely, the possible loss of the warrior spirit that currently pervades the Army and contributed so much to its success in Iraq and Afghanistan.

<http://www.ncbi.nlm.nih.gov/pubmed/25193848>

Neuroscience. 2014 Sep 2. pii: S0306-4522(14)00714-3. doi: 10.1016/j.neuroscience.2014.08.037. [Epub ahead of print]

Stress-induced neuroplasticity: (Mal)adaptation to adverse life events in patients with PTSD - A critical overview.

Deppermann S, Storchak H, Fallgatter AJ, Ehlis AC

Stress is an adaptive response to demands of the environment and thus essential for survival. Exposure to stress triggers hypothalamic-pituitary-adrenocortical (HPA) axis activation and associated neurochemical reactions, following glucocorticoid release from the adrenal glands, accompanied by rapid physiological responses. Stimulation of this pathway results in the activation of specific brain regions, including the hippocampus, amygdala and prefrontal cortex which are enriched with glucocorticoid receptors (GRs). Recent findings indicate that the activation of GRs mediates the regulation of the brain-derived neurotrophic factor (BDNF). BDNF is crucial for neural plasticity, as it promotes cellular growth and synaptic changes. Hence stress-induced activation of these pathways leads to neuroplastic changes, including the formation of long-lasting memories of the experiences. As a consequence, organisms can learn from stressful events and respond in an adaptive manner to similar demands in the future. Whereas an optimal stress level leads to enhancement of memory performance, the exposure to extreme, traumatic or chronic stressors is a risk factor for psychopathologies which are associated with memory impairment and cognitive deficits such as post traumatic stress disorder (PTSD). In this review article, we will outline the implications of stress exposure on memory formation involving the role of glucocorticoids and BDNF. Within this context, potential adverse effects of neuroplastic alterations will be discussed using the example of PTSD. Copyright © 2014. Published by Elsevier Ltd.

<http://www.ncbi.nlm.nih.gov/pubmed/25193004>

Behav Res Ther. 2014 Aug 20. pii: S0005-7967(14)00132-6. doi: 10.1016/j.brat.2014.08.003. [Epub ahead of print]

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

Krüger A, Kleindienst N, Priebe K, Dyer AS, Steil R, Schmahl C, Bohus M

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. Copyright © 2014 Elsevier Ltd. All rights reserved.

<http://www.ncbi.nlm.nih.gov/pubmed/25192334>

PLoS One. 2014 Sep 5;9(9):e104864. doi: 10.1371/journal.pone.0104864. eCollection 2014.

Effects of acute cortisol administration on perceptual priming of trauma-related material.

Holz E, Lass-Hennemann J, Streb M, Pfaltz M, Michael T

Intrusive memories are a hallmark symptom of posttraumatic stress disorder (PTSD). They reflect excessive and uncontrolled retrieval of the traumatic memory. Acute elevations of cortisol are known to impair the retrieval of already stored memory information. Thus, continuous cortisol administration might help in reducing intrusive memories in PTSD. Strong perceptual priming for neutral stimuli associated with a "traumatic" context has been shown to be one important learning mechanism that leads to intrusive memories. However, the memory modulating effects of cortisol have only been shown for explicit declarative memory processes. Thus, in our double blind, placebo controlled study we aimed to investigate whether cortisol influences perceptual priming of neutral stimuli that appeared in a "traumatic" context. Two groups of healthy volunteers (N=160) watched either neutral or "traumatic" picture stories on a computer screen. Neutral objects were presented in between the pictures. Memory for these neutral objects was tested after 24 hours with a perceptual priming task and an explicit memory task. Prior to memory testing half of the participants in each group received 25 mg of cortisol, the other half received placebo. In the placebo group participants in the "traumatic" stories condition showed more perceptual priming for the neutral objects than participants in the neutral stories condition, indicating a strong perceptual priming effect for neutral stimuli presented in a "traumatic" context. In the cortisol group this effect was not present: Participants in the neutral stories and participants in the "traumatic" stories condition in the cortisol group showed comparable priming effects for the neutral objects. Our findings show that cortisol inhibits perceptual priming for neutral stimuli that appeared in a "traumatic" context. These findings indicate that cortisol influences PTSD-relevant memory processes and thus further support the idea that administration of cortisol might be an effective treatment strategy in reducing intrusive reexperiencing.

<http://www.ncbi.nlm.nih.gov/pubmed/25191237>

Front Behav Neurosci. 2014 Aug 20;8:281. doi: 10.3389/fnbeh.2014.00281. eCollection 2014.

The hidden price of repeated traumatic exposure: different cognitive deficits in different first-responders.

Levy-Gigi E, Richter-Levin G, Kéri S

Studies on first responders who are repeatedly exposed to traumatic events report low levels of PTSD symptoms and diagnosis. However, neuroimaging and behavioral studies show that traumatic exposure is associated with brain and cognitive dysfunctions. Taking together it may suggest that traumatic exposure have a price, which is not sufficiently defined by the standard PTSD measures. In a recent study we revealed that similar to individuals with PTSD, non-PTSD highly exposed firefighters display a selective impairment in hippocampal related functions. In the current study we aimed to test whether different first responders display a similar impairment. We concentrated on unique populations of active duty firefighters and criminal scene-investigators (CSI) police, who are frequently exposed to similar levels and types of traumatic events, and compared them to civilian matched-controls with no history of trauma-exposure. We used a hippocampal dependent cue-context reversal paradigm, which separately evaluates reversal of negative and positive outcomes of cue and context related information. We predicted and found that all participants were equally able to acquire and retain stimulus-outcome associations. However, there were significant differences in reversal learning between the groups. Performance among firefighters replicated our prior findings; they struggled to learn that a previously negative context is later associated with a positive outcome. CSI police on the other hand showed a selective impairment in reversing the outcome of a negative cue. Hence after learning that a specific cue is associated with a negative outcome, they could not learn that later it is associated with a positive outcome. Performance in both groups did not correlate with levels of PTSD, anxiety, depression or behavioral inhibition symptoms. The results provide further evidence of the hidden price of traumatic exposure, suggesting that this price may differ as a function of occupation.

<http://www.ncbi.nlm.nih.gov/pubmed/25189737>

Soc Sci Med. 2014 Jul 3;119C:170-174. doi: 10.1016/j.socscimed.2014.06.046. [Epub ahead of print]

Lower prevalence of psychiatric conditions when negative age stereotypes are resisted.

Levy BR, Pilver CE, Pietrzak RH

Older military veterans are at greater risk for psychiatric disorders than same-aged non-

veterans. However, little is known about factors that may protect older veterans from developing these disorders. We considered whether an association exists between the potentially stress-reducing factor of resistance to negative age stereotypes and lower prevalence of the following outcomes among older veterans: suicidal ideation, anxiety, and posttraumatic stress disorder (PTSD). Participants consisted of 2031 veterans, aged 55 or older, who were drawn from the National Health and Resilience in Veterans Study, a nationally representative survey of American veterans. The prevalence of all three outcomes was found to be significantly lower among participants who fully resisted negative age stereotypes, compared to those who fully accepted them: suicidal ideation, 5.0% vs. 30.1%; anxiety, 3.6% vs. 34.9%; and PTSD, 2.0% vs. 18.5%, respectively. The associations followed a graded linear pattern and persisted after adjustment for relevant covariates, including age, combat experience, personality, and physical health. These findings suggest that developing resistance to negative age stereotypes could provide older individuals with a path to greater mental health. Copyright © 2014. Published by Elsevier Ltd.

<http://www.ncbi.nlm.nih.gov/pubmed/25189537>

Qual Health Res. 2014 Sep 4. pii: 1049732314549477. [Epub ahead of print]

The Effects of Surfing and the Natural Environment on the Well-Being of Combat Veterans.

Caddick N, Smith B, Phoenix C

Although researchers have identified the benefits of physical activity on well-being, there is little evidence concerning the effects of nature-based physical activity. We investigated the effect of one nature-based activity—surfing—on the well-being of combat veterans experiencing posttraumatic stress disorder (PTSD). We conducted interviews and participant observations with a group of combat veterans belonging to a United Kingdom-based veterans' surfing charity. Our primary analytical approach was dialogical narrative analysis. Based on our rigorous analysis and findings, we suggest that surfing facilitated a sense of respite from PTSD. Respite was a fully embodied feeling of release from suffering that was cultivated through surfing and shaped by the stories veterans told of their experiences. We significantly extend previous knowledge on physical activity, combat veterans, and PTSD by highlighting how nature-based physical activity, encapsulated in the conceptual notion of the "blue gym," can promote well-being among combat veterans. © The Author(s) 2014.

<http://psi.sagepub.com/content/15/2/37>

The Impact of Mental Illness Stigma on Seeking and Participating in Mental Health Care.

Patrick W. Corrigan, Benjamin G. Druss, and Deborah A. Perlick

Psychological Science in the Public Interest October 2014 15: 37-70

Treatments have been developed and tested to successfully reduce the symptoms and disabilities of many mental illnesses. Unfortunately, people distressed by these illnesses often do not seek out services or choose to fully engage in them. One factor that impedes care seeking and undermines the service system is mental illness stigma. In this article, we review the complex elements of stigma in order to understand its impact on participating in care. We then summarize public policy considerations in seeking to tackle stigma in order to improve treatment engagement. Stigma is a complex construct that includes public, self, and structural components. It directly affects people with mental illness, as well as their support system, provider network, and community resources. The effects of stigma are moderated by knowledge of mental illness and cultural relevance. Understanding stigma is central to reducing its negative impact on care seeking and treatment engagement. Separate strategies have evolved for counteracting the effects of public, self, and structural stigma. Programs for mental health providers may be especially fruitful for promoting care engagement. Mental health literacy, cultural competence, and family engagement campaigns also mitigate stigma's adverse impact on care seeking. Policy change is essential to overcome the structural stigma that undermines government agendas meant to promote mental health care. Implications for expanding the research program on the connection between stigma and care seeking are discussed.

<http://www.ncbi.nlm.nih.gov/pubmed/25187987>

Chronobiol Int. 2014 Sep 4:1-11. [Epub ahead of print]

Is daily routine important for sleep? An Investigation of social rhythms in a clinical insomnia population.

Moss TG, Carney CE, Haynes P, Harris AL

Social rhythms, also known as daily routines (e.g. exercise, of school or work, recreation, social activities), have been identified as potential time cues to help to regulate the biological clock. Past research has shown links between regularity and healthy sleep. This study examined the regularity and frequency of daytime activities in a clinical insomnia population and a good sleeper comparison group. Participants (N = 69) prospectively monitored their sleep and daily activities for a 2-week period. Although participants with insomnia and good sleepers had similar levels of activity, relative to good sleepers, those with insomnia were less regular in their activities. Findings from this study add to the growing number of studies that highlight the relative importance of the regularity of daytime activities on sleep. Accordingly, future research

should test treatment components that focus on regulating daytime activities, which would likely improve treatment outcomes.

<http://www.ncbi.nlm.nih.gov/pubmed/25188700>

J Psychoactive Drugs. 2014 Sep-Oct;46(4):303-9. doi: 10.1080/02791072.2014.921744.

Treating Trauma in Addiction with EMDR: A Pilot Study.

Perez-Dandieu B, Tapia G

Objective:

This study investigated the effects of standard eye movement desensitization and reprocessing (EMDR) protocol in chronically dependent patients. We propose that reprocessing traumatic memories with EMDR would lead to measurable changes of addiction symptoms.

METHOD:

Twelve patients with alcohol and/or drug dependency were randomly assigned to one of two treatment conditions: treatment as usual (TAU) or TAU plus eight sessions of EMDR (TAU+EMDR). Measures of PTSD symptoms, addiction symptoms, depression, anxiety, self-esteem, and alexithymia were included in this study.

RESULTS:

The TAU+EMDR group showed a significant reduction in PTSD symptoms but not in addiction symptoms. EMDR treatment was also associated with a significant decrease in depressive symptoms, while patients receiving TAU showed no improvement in this area. The TAU+EMDR group also showed significant changes in self-esteem and alexithymia post-treatment.

CONCLUSIONS:

This study suggests that PTSD symptoms can be successfully treated with standard EMDR protocol in substance abuse patients.

<http://www.ncbi.nlm.nih.gov/pubmed/25188699>

J Psychoactive Drugs. 2014 Sep-Oct;46(4):295-302. doi: 10.1080/02791072.2014.922227.

Peer-led seeking safety: results of a pilot outcome study with relevance to public health.

Najavits LM, Hamilton N, Miller N, Griffin J, Welsh T, Vargo M

There is a rich history of peer-led recovery efforts related to substance use disorder (SUD). Yet we know of no peer-led approaches for co-occurring SUD and trauma-related problems. This combination is widespread, has impact on multiple life domains, and presents major recovery challenges. In this pilot, we evaluated peer-led Seeking Safety (SS). SS is the most evidence-based and widely implemented therapy for SUD with co-occurring PTSD or other trauma-related problems. Eighteen women in residential substance-abuse treatment participated. All met SUD criteria (primarily opiate and cocaine dependence); most had a comorbid mental health disorder; and they had elevated trauma-related symptoms. The 25 SS topics were conducted twice-weekly. Participants were assessed at baseline and end-of-treatment, with some measures also collected monthly. Results showed significant positive outcomes in trauma-related problems (the Trauma Symptom Checklist-40); psychopathology (the Brief Symptom Inventory); functioning (the BASIS-32, including impulsive-addictive behavior); self-compassion (the Self-Compassion Scale); and SS coping skills. Effect sizes were consistently large. SS satisfaction and fidelity ratings were high. Substance use levels could not be assessed due to the residential setting. Qualitative data indicated enthusiasm for peer-SS by both peers and staff. Study limitations, future research, and public health relevance are discussed.

<http://www.ncbi.nlm.nih.gov/pubmed/25188543>

J Clin Psychiatry. 2014 Aug 5. [Epub ahead of print]

Early intervention following trauma may mitigate genetic risk for PTSD in civilians: a pilot prospective emergency department study.

Rothbaum BO, Kearns MC, Reiser E, Davis JS, Kerley KA, Rothbaum AO, Mercer KB, Price M, Houry D, Ressler KJ

BACKGROUND:

Civilian posttraumatic stress disorder (PTSD) and combat PTSD are major public health concerns. Although a number of psychosocial risk factors have been identified related to PTSD risk, there are no accepted, robust biological predictors that identify who will develop PTSD or who will respond to early intervention following trauma. We wished to examine whether genetic risk for PTSD can be mitigated with an early intervention.

METHOD:

65 emergency department patients recruited in 2009-2010 at Grady Memorial Hospital in Atlanta, Georgia, who met criterion A of DSM-IV PTSD received either 3 sessions of an exposure intervention, beginning in the emergency department shortly after trauma exposure or assessment only. PTSD symptoms were assessed 4 and 12 weeks after trauma exposure. A composite additive risk score was derived from polymorphisms in 10 previously identified genes associated with stress-response (ADCYAP1R1, COMT, CRHR1, DBH, DRD2, FAAH, FKBP5,

NPY, NTRK2, and PCLO), and gene x treatment effects were examined. The intervention included 3 sessions of imaginal exposure to the trauma memory and additional exposure homework. The primary outcome measure was the PTSD Symptom Scale-Interview Version or DSM-IV-based PTSD diagnosis in patients related to genotype and treatment group.

RESULTS:

A gene x intervention x time effect was detected for individual polymorphisms, in particular the PACAP receptor, ADCYAP1R1, as well as with a combined genotype risk score created from independent SNP markers. Subjects who did not receive treatment had higher symptoms than those who received intervention. Furthermore, subjects with the "risk" genotypes who did not receive intervention had higher PTSD symptoms compared to those with the "low-risk" or "resilience" genotypes or those who received intervention. Additionally, PTSD symptoms correlated with level of genetic risk at week 12 ($P < .005$) in the assessment-only group, but with no relationship in the intervention group, even after controlling for age, sex, race, education, income, and childhood trauma. Using logistic regression, the number of risk alleles was significantly associated with likelihood of PTSD diagnosis at week 12 ($P < .05$).

CONCLUSIONS:

This pilot prospective study suggests that combined genetic variants may serve to predict those most at risk for developing PTSD following trauma. A psychotherapeutic intervention initiated in the emergency department within hours of the trauma may mitigate this risk. The role of genetic predictors of risk and resilience should be further evaluated in larger, prospective intervention and prevention trials. TRIAL REGISTRATION: ClinicalTrials.gov identifier: NCT00895518. © Copyright 2014 Physicians Postgraduate Press, Inc.

<http://www.ncbi.nlm.nih.gov/pubmed/25187046>

Am J Addict. 2014 Mar;23(2):108-16. doi: 10.1111/j.1521-0391.2013.12075.x. Epub 2013 Jun 10.

Posttraumatic stress symptoms and alcohol problems: self-medication or trait vulnerability?

Read JP, Merrill JE, Griffin MJ, Bachrach RL, Khan SN

BACKGROUND AND OBJECTIVES:

Posttraumatic stress symptoms (PTSD) and problem alcohol use (ALC) commonly co-occur, but the nature of this co-occurrence is unclear. Self-medication explanations have been forwarded, yet traits such as tendency toward negative emotionality and behavioral disinhibition also have been implicated. In this study we test three competing models (Self-Medication, Trait Vulnerability, Combined Dual Pathway) of PTSD-ALC prospectively in a college sample.

METHOD:

Participants (N = 659; 73% female, M age = 18) provided data at college matriculation (Time 1) and 1 year later (Time 2).

RESULTS:

Structural equation models showed disconstraint to mediate the path from PTSD symptoms to alcohol problems, supporting a trait vulnerability conceptualization. Findings regarding negative emotionality and self-medication were more mixed. Negative emotionality played a stronger role in cross-sectional than in prospective analyses, suggesting the importance of temporal proximity.

CONCLUSIONS AND SCIENTIFIC SIGNIFICANCE:

Self-regulation skills may be an important focus for clinicians treating PTSD symptoms and alcohol misuse disorders concurrently. (Am J Addict 2014;23:108-116). Copyright © American Academy of Addiction Psychiatry.

Links of Interest

New Obama plan calls for implanted computer chips to help U.S. troops heal

<http://www.washingtonpost.com/news/checkpoint/wp/2014/08/27/new-obama-plan-calls-for-implanted-computer-chips-to-help-u-s-troops-heal/>

CBT Mindfulness for Depression May Also Reduce MD Visits

<http://psychcentral.com/news/2014/08/22/cbt-mindfulness-for-depression-may-also-reduce-md-visits/73942.html>

Fear, Safety and the Role of Sleep in Human PTSD

<http://health.ucsd.edu/news/releases/Pages/2014-08-26-PTSD-and-REM-sleep.aspx>

Happy reunions can obscure the challenges that military families face after deployment

http://www.washingtonpost.com/national/health-science/happy-reunions-can-obscure-the-challenges-that-military-families-face-after-deployment/2014/09/08/a72181ae-02c9-11e4-b8ff-89afd3fad6bd_story.html

Changing Memories to Treat PTSD

A controversial area of brain research suggests it may be possible—but is it ethical?

<http://www.theatlantic.com/health/archive/2014/08/changing-memories-to-treat-ptsd/379223/>

The Exhaustive Guide to Breaking Exhausting Sleep Cycles

<http://www.fastcompany.com/1781319/exhaustive-guide-breaking-exhausting-sleep-cycles>

PTSD Still Plagues More than 1 in 10 Vietnam Veterans 40 Years Later

<http://www.usmedicine.com/agencies/department-of-veterans-affairs/ptsd-still-plagues-more-than-1-in-10-vietnam-veterans-40-years-later/>

Working during depression can offer health benefits to employees

http://www.eurekalert.org/pub_releases/2014-09/uom-wdd091014.php

Preventing suicide: A global imperative (WHO report)

http://www.who.int/mental_health/suicide-prevention/world_report_2014/en/

Eliminating stigma: A leadership responsibility

<http://www.af.mil/News/Commentaries/Display/tabid/271/Article/494986/eliminating-stigma-a-leadership-responsibility.aspx>

Resource of the Week: [CDP Podcasts](#)

Looking for a productive way to use some time during your commute, in a doctor's waiting room, or while idling in the school pick-up queue? Download a few CDP podcasts and increase your professional knowledge base.

Roughly 4-7 minutes long, these podcasts by CDP subject matter experts are topic-specific, to-the-point presentations.

- Dr. Paula Domeneci addresses the issues of parents of deployed Service members.
- Dr. David Riggs discusses the DSM-5 changes to PTSD.
- Dr. Marjorie Weinstock talks about families and deployment.
- Dr. Bill Brim explains somnambulism (sleepwalking).
- Dr. Lisa French and Rabia Mir, MPH, dispel some myths surrounding consultation.

Check the podcasts page regularly, as new content is added on a regular basis.



Podcasts Home



Welcome to the CDP's Podcasts page! Here you'll find a list of all of the podcasts we have available in both MP3 (sound) or MP4 (sound and video). They can be listened to via our website or you can download them to your computer (right click (or control+click for Macs) on the podcast's title and select "Save Link As...") for use on your own media device. You can also view a playlist of all of our podcasts [here on YouTube](#).

The intro/outro music for the podcasts is "Adventure, Darling" by Gillicuddy. www.gillicuddy.com. Used through Creative Commons Attribution Non-Commercial

License.



Parents of Deployed Service Members

by Dr. Paula Domenici
(4:36 min)



Shirl Kennedy
Research Editor
Center for Deployment Psychology
www.deploymentpsych.org
skennedy@deploymentpsych.org
301-816-4749