



CDP Research Update -- September 18, 2014

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- Resource of the Week: 2014 Wounded Warrior Project® Survey Report of Findings

<http://www.sciencedirect.com/science/article/pii/S0005796714001375>

The neuroscience of depression: Implications for assessment and intervention.

Manpreet K. Singh, Ian H. Gotlib

Behaviour Research and Therapy
Available online 4 September 2014

Major Depressive Disorder (MDD) is among the most prevalent of all psychiatric disorders and is the single most burdensome disease worldwide. In attempting to understand the profound deficits that characterize MDD across multiple domains of functioning, researchers have identified aberrations in brain structure and function in individuals diagnosed with this disorder. In this review we synthesize recent data from human neuroimaging studies in presenting an integrated neural network framework for understanding the impairments experienced by individuals with MDD. We discuss the implications of these findings for assessment of and intervention for MDD. We conclude by offering directions for future research that we believe will advance our understanding of neural factors that contribute to the etiology and course of depression, and to recovery from this debilitating disorder.

<http://www.sciencedirect.com/science/article/pii/S0165178114007525>

Are predictors of future suicide attempts and the transition from suicidal ideation to suicide attempts shared or distinct: A 12 - month prospective study among patients with depressive disorders.

Lai Fong Chan, Shamsul Azhar Shah, Maniam Thambu

Psychiatry Research
Available online 6 September 2014

Our study aimed to examine the interplay between clinical and social predictors of future suicide attempt and the transition from suicidal ideation to suicide attempt in depressive disorders. Sixty-six Malaysian inpatients with a depressive disorder were assessed at index admission and

within 1 year for suicide attempt, suicidal ideation, depression severity, life event changes, treatment history and relevant clinical and socio-demographic factors. One-fifth of suicidal ideators transitioned to a future suicide attempt. All future attempters (12/66) had prior ideation and 83% of attempters had a prior attempt. The highest risk for transitioning from ideation to attempt was 5 months post-discharge. Single predictor models showed that previous psychiatric hospitalization and ideation severity were shared predictors of future attempt and ideation to attempt transition. Substance use disorders (especially alcohol) predicted future attempt and approached significance for the transition process. Low socio-economic status predicted the transition process while major personal injury/illness predicted future suicide attempt. Past suicide attempt, subjective depression severity and medication compliance predicted only future suicide attempt. The absence of prior suicide attempt did not eliminate the risk of future attempt. Given the limited sample, future larger studies on mechanisms underlying the interactions of such predictors are needed.

<http://www.sciencedirect.com/science/article/pii/S1755296614000477>

Gender moderates the effect of exercise on anxiety sensitivity.

Johnna L. Medina, Lindsey B. DeBoer, Michelle L. Davis, David Rosenfield, Mark B. Powers, Michael W. Otto, Jasper A.J. Smits

Mental Health and Physical Activity
Available online 4 September 2014

A moderate to vigorous intensity exercise program is emerging as a promising strategy for reducing anxiety sensitivity (AS). Initial evidence suggests that the effects of exercise on mental health outcomes may vary as a function of gender, with men benefitting more than women. Building upon this evidence, the present study tested the hypothesis that the effect of exercise on AS would vary as a function of gender, such that the effect would be stronger for men than for women. We tested this hypothesis using the data from a published study (Smits et al., 2008). In this study, participants (N = 60) with elevated levels of AS were randomly assigned to a two-week exercise intervention [EX] or a waitlist control condition [WL]. Results revealed that males showed significantly greater initial AS reductions relative to females (following 1 week of exercise). However, these gender differences were no longer evident at the end of the intervention. Possible mechanisms for the observed findings and directions for future research are discussed.

<http://www.sciencedirect.com/science/article/pii/S0165178114007501>

The critical warzone Experiences (CWE) scale: Initial psychometric properties and association with PTSD, anxiety, and depression.

Nathan A. Kimbrel, Lianna D. Evans, Ameer B. Patel, Laura C. Wilson, Eric C. Meyer, Suzy B. Gulliver, Sandra B. Morissette

Psychiatry Research

Available online 6 September 2014

Objective

To develop and evaluate a Critical Warzone Experiences (CWE) scale for use with Iraq/Afghanistan veterans.

Method

The psychometric properties of the CWE were evaluated across three independent samples of Iraq/Afghanistan veterans.

Results

Despite its brevity (7 items), the CWE exhibited good internal consistency (average $\alpha = .83$), good temporal stability (1-year test-retest reliability = .73), good concurrent validity with lengthier measures of warzone experiences (average $r = .74$), and a clear unidimensional factor structure (average factor loading = .69). Study 2 confirmed the CWE's factor structure through confirmatory factor analysis, and structural equation modeling demonstrated a strong association between the CWE and post-deployment mental health, $\beta = .49$, $p < .001$. Study 3 provided further support for the predictive validity of the CWE by demonstrating that it was associated with PTSD diagnosis, clinician-rated PTSD symptom severity, and global functional impairment in an independent sample of Iraq/Afghanistan veterans (average $r = .59$).

Conclusion

While replication of these findings in more diverse samples is needed, the preliminary evidence from these studies indicates that the CWE is a brief, reliable, and valid measure of critical warzone experiences among Iraq/Afghanistan war veterans.

<http://brn.sagepub.com/content/early/2014/09/05/1099800414544949.abstract>

Relationship of PTSD Symptoms With Combat Exposure, Stress, and Inflammation in American Soldiers.

Maureen W. Groer, Bradley Kane, S. Nicole Williams, and Allyson Duffy

Posttraumatic stress disorder (PTSD) is of great concern in veterans. PTSD usually occurs after a person is exposed to death, threatened death, actual or threatened serious injury, or actual or threatened sexual violence. Active duty soldiers deployed to war zones are at risk for PTSD. Psychoneuroimmunological theory predicts that PTSD, depression, and stress can lead to low-grade, chronic inflammation. We asked whether there were relationships between PTSD symptoms and chronic stress, depression and inflammation in active duty U.S. soldiers. We enrolled 52 active duty enlisted and reservist soldiers in a cross-sectional study while they participated in a week of military training in fall 2011. They completed a demographic questionnaire, the Center for Epidemiological Studies–Depression Scale, the Combat Exposure Scale, and the PTSD symptom Checklist–Military version (PCL-M). Blood samples were taken for analysis of cytokines and C-reactive protein (CRP). Hair samples shaved from the forearm were measured for cortisol. Of the soldiers, 11 had PCL-M scores in the moderate to severe range. Regression analysis demonstrated that depression and war zone deployment were strong predictors of PTSD symptoms. CRP and hair cortisol were correlated with each other and with depression and PTSD symptoms. These results suggest relationships among war zone deployment, depression, and PTSD. Chronic stress associated with depression, PTSD, and war zone experiences may be related to inflammation in active duty soldiers.

<http://jsw.sagepub.com/content/early/2014/09/04/1468017314548120.abstract>

Wounded bonds: A review of the social work literature on gay, lesbian and bisexual military service members and veterans.

Michael D Pelts, Abigail J Rolbiecki, and David L Albright

Journal of Social Work

Published online before print September 7, 2014

Summary

The repeal of Don't Ask, Don't Tell (DADT) allows people who identify as gay, lesbian and bisexual (GLB) to serve openly in the U.S. Military. Military officials are taking great efforts to include GLB service members. This article reviews the historical accounts of the military's treatment of people who identify as GLB, emphasizing the importance of understanding this history for the social work profession. The article also reports on the review of content related to GLB service members and veterans in 13 journals of social work, identifying implications for social work.

Findings

Based on the applicability to topic and population, 'journal impact factor' was utilized to identify

the 13 primary journals of social work from 1992–2013 for content related to GLB and military or veterans. Within the 13 journals only eight articles were published during this period relevant to this population.

Applications

Results suggest a strong need to provide more scholarly literature and research with military and veterans that identify as GLB. More information is needed to understand the needs and inform social work education and practice.

<http://www.tandfonline.com/doi/abs/10.1080/10503307.2014.954152>

The influence of diagnosis on psychotherapy missed opportunities in a veteran population.

Jared Wayne Keeley, Scott Cardin, Rose Gonzalez

Psychotherapy Research

Published online: 10 Sep 2014

Objective:

Canceled or unattended psychotherapy sessions are a source of concern for patients, providers, and health-care systems. Veterans are particularly likely to experience mental health problems, and yet they are also especially susceptible to variables leading to premature termination of services.

Method:

This study examined a large (n = 2285) sample of veterans receiving psychotherapy services to determine if mental health diagnosis had an impact upon missed psychotherapy opportunities.

Results:

There were differential cancelation rates for individuals with different classes of disorder, and the total number of appointments a person scheduled changed the nature of the effect.

Conclusions:

Health-care administrators and treatment providers should consider the specific effects of individuals with differing diagnoses when planning courses of treatment and coordinating care.

<http://www.sleep-journal.com/article/S1389-9457%2814%2900347-5/abstract>

Sleep restoration is associated with reduced plasma c-reactive protein and depression symptoms in military personnel with sleep disturbance after deployment.

Morgan Heinzemann, Hyunhwa Lee, Hannah Rak, Whitney Livingston, Taura Barr, Tristin Baxter, Lindsay Scattergood-Keeper, Vincent Mysliwiec, Jessica Gill

Background

Deployed military personnel are vulnerable to chronic sleep disturbance, which is highly comorbid with post-traumatic stress disorder (PTSD) and depression, as well as declines in health-related quality of life (HRQOL). Inflammation is associated with HRQOL declines and sleep-related comorbidities; however, the impact of sleep changes on comorbid symptoms and inflammation in this population is unknown.

Methods

In this observational study, we examined the relationship between reported sleep changes and concentrations of inflammatory biomarkers, interleukin 6 (IL-6) and C-reactive protein (CRP), in peripheral blood. The sample was dichotomized into two groups: (1) decrease in Pittsburgh Sleep Quality Index (PSQI; restorative sleep) and (2) no change or increase in PSQI (no change). Mixed between-within subjects analysis of variance tests were used to determine group differences on changes of inflammation and comorbid symptoms.

Results

In our sample of 66 recently deployed military personnel with insomnia, 34 participants reported restorative sleep whereas 32 reported no sleep changes. The two groups did not differ on demographic or clinical characteristics, with the exception of PTSD at baseline. The restorative sleep group had significant reductions in CRP concentrations and depression symptoms, as well as reduced fatigue and improvements in emotional well-being, social functioning, and physical functioning at follow-up.

Conclusions

Military personnel who report sleep restoration after deployment have reduced concentrations of CRP, decreased severity of depression, and improved HRQOL. These findings suggest that treatment for sleep disturbances may be associated with improvements in mental and physical health, thereby supporting continued study in this line of research.

<http://www.tandfonline.com/doi/abs/10.1080/15267431.2014.945701>

Communicative Experiences of Military Youth During a Parent's Return Home from Deployment.

Leanne K. Knobloch, Kimberly B. Pusateri, Aaron T. Ebata, Patricia C. McGlaughlin

Journal of Family Communication
Volume 14, Issue 4, 2014

The return home of a service member from tour of duty can be stressful for military families (Bowling & Sherman, 2008), but surprisingly little is known about how military youth communicatively experience a parent's homecoming (MacDermid Wadsworth, 2010). This study draws on the emotional cycle of deployment model (Pincus, House, Christenson, & Adler, 2001) to examine the reunion period in military youth's own words. Individual interviews were conducted with 31 military youth (age range = 10 to 13 years old). Participants identified four changes to family life (RQ1), including spending time together, experiencing emotional tranquility, returning to patterns in place before deployment, and having difficulty reintegrating the service member into everyday routines. Some military youth reported that the reunion matched their expectations (RQ2), but others noted that the reunion fell short of their expectations or that they did not expect the returning service member to be so tired or so irritable. Participants also described four issues of uncertainty (RQ3), including questions about the service member's activities during deployment, reasons for joining and deploying, family life, and the possibility of future deployments. The article concludes by examining the theoretical and pragmatic implications of the findings.

<http://jramc.bmj.com/content/early/2014/08/17/jramc-2013-000243.abstract>

The General Practitioner and the military veteran.

Robin G Simpson and J Leach

Journal of the Royal Army Medical Corps
Published Online First 11 September 2014

Objectives

To assess the knowledge of members of the Royal College of General Practitioners (RCGP) on veteran's health issues, assess present support, and establish what support is required for GPs when treating veterans.

Methods

An electronic survey of RCGP members across selected faculties.

Results

Forty-seven per cent of respondents were 'unsure' or 'didn't know' how many veterans they were responsible for. However, many GPs replied that they had seen a veteran in the last month. Only 7.9% of respondents used the unique Read Code for veterans. Disappointingly,

75% of GPs indicated that they had not seen the RCGP leaflet on veterans' health, and less than 2% had used the RCGP On-Line e-learning resource.

Conclusions

Surveyed GPs had little understanding of how many veterans were registered with their practice, and only a few had accessed learning resources available. GPs requested more information on how to assess veterans and where they could be referred. Further work is required to identify the true size of the problem, while continuing to provide proactive guidance and support to GPs on the health needs of veterans.

<http://www.tandfonline.com/doi/abs/10.1080/15267431.2014.945701>

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<http://onlinelibrary.wiley.com/doi/10.1002/j.1556-6676.2014.00174.x/abstract>

The Development and Experience of Combat-Related PTSD: A Demand for Neurofeedback as an Effective Form of Treatment.

Fragedakis, T. M. and Toriello, P.

Journal of Counseling & Development
Volume 92, Issue 4, pages 481–488, October 2014

Veterans experience a considerable course of posttraumatic stress disorder (PTSD), and because of several psychosocial issues, traditional interventions and traditional intervention settings are ineffective for this population. A new cutting-edge approach, known as neurofeedback, trains clients to control and manipulate their central nervous system and ameliorate physiological symptoms of stress disorders. The authors delineate how neurofeedback can be an effective and innovative intervention for PTSD experienced by the military population.

<http://guilfordjournals.com/doi/abs/10.1521/pdps.2014.42.3.459>

The Mental Health Needs of Military Service Members and Veterans.

Susan G. Lazar, M.D.

Psychodynamic Psychiatry: Vol. 42, Psychotherapy, the Affordable Care Act, and Mental Health Parity: Obstacles to Implementation, pp. 459-478.

The prevalence in active duty military service members of 30-day DSM-IV psychiatric disorders, including posttraumatic stress disorders and major depressive disorder, is greater than among sociodemographically-matched civilians. Only 23–40% of returning military who met strict criteria for any mental health problem in 2004 had received professional help in the past year. One-fourth of Regular Army soldiers meet criteria for a 30-day DSM-IV mental disorder, two-thirds of whom report a pre-enlistment age of onset. Both pre- and post-enlistment age of onset are predictors of severe role impairment which was reported by 12.8% of respondents. In addition, three-fifths of those with severe role impairment had at least one psychiatric diagnosis. The number of deployments, especially three or more, is positively correlated with all disorders, especially major depressive disorder, bipolar disorder, generalized anxiety disorder, posttraumatic stress disorder, and intermittent explosive disorder. Patients with posttraumatic stress disorder and major depressive disorder frequently have comorbidity with other psychiatric diagnoses and an increased death rate from homicide, injury, and cardiovascular disease, and are at increased risk of medical illness, smoking and substance abuse, decreased employment and work productivity, marital and family dysfunction and homelessness. Active duty suicides have increased from a rate lower than among civilians to one exceeding that in civilians in 2008. Suicides among veterans climbed to 22 per day in 2010 with male veterans having twice the risk of dying from suicide as their civilian counterparts. Associated extremely high costs of

psychiatric illness in decreased productivity and increased morbidity and mortality can be ameliorated with appropriate treatment which is not yet fully available to veterans in need. In addition, Veterans Administration/Department of Defense treatment guidelines to date do not recognize the need for intensive and extended psychotherapies for chronic complex psychiatric conditions including personality disorders and chronic anxiety and depressive disorders. It has been suggested that treatment should be available for all military service member mental illness regardless of whether or not it predates military service, a goal which remains distant.

<http://d-scholarship.pitt.edu/22730/>

Impact of a transitional assistance program for veterans with disabilities in postsecondary education: a preliminary examination of ELeVATE

Barry, Anne E.
Masters Thesis
2014, University of Pittsburgh
School of Health and Rehabilitation Sciences

The Post-9/11 GI Bill offers today's Veterans the most generous educational benefits in America's history. Of the 23 million living Veterans who have served in the United States armed forces, 12.9% have served since September 2011. Of this number, 73% report plans to utilize their GI Bill benefits. The current spending on educational benefits for Veterans totals over 80 billion dollars. In return, only 10-30% of Veterans are actually completing and attaining a college degree. Sixty-six percent of Post 9/11 Veterans report difficulty in the transition from military to civilian life. There are both internal and external barriers that result in this difficult transition. The most notable of obstacles is the rise in unemployment among Veterans and the increasing number of Veterans returning from service with acquired disabilities. The signature wound of the current conflicts includes resultant injuries of blast explosions. According to the Department of Veterans Affairs, a greater number of Veterans will be documented as having a service connected disability than any other generation of Veterans (VA, 2012). With the knowledge of transition obstacles, disability prevalence, and educational plans, the current study will look at the impact of a transitional assistance program (ELeVATE, University of Pittsburgh) on Veterans with disabilities in postsecondary education. Perceived self-efficacy, student engagement, academic achievement, and personal development will be the variables of focus. Data were collected via questionnaires and surveys. A total of twelve student Veterans participated in the study. The study included an intervention group and a no-contact control group who did not participate in the ELeVATE program. Findings revealed no significant statistical difference between the groups in perceived self-efficacy or level of student engagement. Deductive statistics were used to analyze academic achievement as well as personal development via goal orientation and achievement. Case studies present support for continued research and program enhancement. The concluding data support the hypothesis that ELeVATE will have a positive impact on student Veterans with disabilities in postsecondary education in terms of

successful transition to both civilian life and to postsecondary education. Finally, the initial examination of ELeVATE highlights the need for further research in this area.

<http://www.ncbi.nlm.nih.gov/pubmed/25225593>

Psychol Trauma. 2014 Jan 1;6(1):65-72.

The Effects of Alcohol Problems, PTSD, and Combat Exposure on Nonphysical and Physical Aggression Among Iraq and Afghanistan War Veterans.

Stappenbeck CA, Hellmuth JC, Simpson T, Jakupcak M

Aggression among combat veterans is of great concern. Although some studies have found an association between combat exposure and aggressive behavior following deployment, others conclude that aggression is more strongly associated with symptoms of posttraumatic stress disorder (PTSD), and that alcohol misuse may influence this association. Many of these studies have assessed aggression as a single construct, whereas the current study explored both nonphysical aggression only and physical aggression in a sample of Iraq and Afghanistan war veterans (N = 337; 91% male). We found that alcohol problems interacted with PTSD symptom severity to predict nonphysical aggression only. At low levels of PTSD symptoms, veterans with alcohol problems were more likely to perpetrate nonphysical aggression only, as compared with no aggression, than veterans without an alcohol problem. There was no difference in the likelihood of nonphysical aggression only between those with and without alcohol problems at high levels of PTSD symptoms. The likelihood of nonphysical aggression only, as compared with no aggression, was also greater among younger veterans. Greater combat exposure and PTSD symptom severity were associated with an increased likelihood of perpetrating physical aggression, as compared with no aggression. Ethnic minority status and younger age were also associated with physical aggression, as compared with no aggression. Findings suggest that a more detailed assessment of veterans' aggressive behavior, as well as their alcohol problems and PTSD symptoms, by researchers and clinicians is needed in order to determine how best to intervene.

<http://www.ncbi.nlm.nih.gov/pubmed/25223637>

Psychosomatics. 2014 September - October;55(5):430-437. doi: 10.1016/j.psych.2013.11.006. Epub 2013 Nov 28.

A Perspectives Approach to Suicide After Traumatic Brain Injury: Case and Review.

Nowrangi MA, Kortte KB, Rao VA

BACKGROUND:

Suicidal behavior after traumatic brain injury (TBI) is an increasingly recognized phenomenon. Both TBI and suicide are major public health problems and leading causes of death. The interaction between both of them is complex, and understanding it requires a multifaceted approach. Epidemiologic studies have shown a markedly higher incidence of suicide in individuals with TBI as compared with the general population, but imprecise definitions of suicide and suicidality as well as sample characteristics caution conclusive interpretation. Risk factors for suicide after TBI include male gender, presence of substance abuse or psychiatric disorders, and the severity of the injury. Evaluation of a suicidal patient with previous TBI currently relies on careful clinical examination. Established assessment tools can be useful but have not all been validated in this population. Intervention strategies should stress a multidimensional approach incorporating neurologic, behavioral, psychological, pharmacotherapeutic, and psychosocial factors.

OBJECTIVE:

This article serves to review the currently available literature on suicidal behavioral after TBI.

METHODS:

It uses a case to illustrate how one might conceptualize this complex problem.

CONCLUSION:

It is hoped that this review stimulates further research in an area where there are still large gaps in our knowledge of this very important problem. © 2013 Published by The Academy of Psychosomatic Medicine on behalf of The Academy of Psychosomatic Medicine.

<http://www.ncbi.nlm.nih.gov/pubmed/25220449>

J Clin Psychol. 2014 Sep 14. doi: 10.1002/jclp.22121. [Epub ahead of print]

Violations of War: Testing the Meaning-Making Model Among Vietnam Veterans.

Steger MF, Owens GP, Park CL

OBJECTIVE:

Posttrauma adjustment theories postulate that intense stressors violate people's beliefs about the world and perceived ability to achieve valued goals. Failure to make meaning from traumatic events exacerbates negative adjustment (e.g., PTSD), whereas success facilitates positive adjustment (e.g., stress-related growth). The current study aimed to test this model of direct and indirect effects among a sample of veterans.

METHOD:

Vietnam veterans (N = 130) completed assessment measures in an online survey format. Participants were largely male (91%) and Caucasian (93%) with a mean age of 61 years.

RESULTS:

Results supported basic model tenets, linking military stress severity to violations of beliefs and goals. In the final model, only goal violations carried indirect effects of severity on PTSD symptoms. Presence of and search for meaning carried a portion of the indirect effects between goal violations and both PTSD and stress-related growth.

CONCLUSION:

Findings suggest that traumatic stress may disrupt people's goals and meaning-making may center on these disruptions. © 2014 Wiley Periodicals, Inc.

<http://www.ncbi.nlm.nih.gov/pubmed/25220045>

Trends Neurosci. 2014 Sep 11. pii: S0166-2236(14)00144-1. doi: 10.1016/j.tins.2014.08.005. [Epub ahead of print]

Epigenetic mechanisms in fear conditioning: implications for treating post-traumatic stress disorder.

Kwapis JL, Wood MA

Post-traumatic stress disorder (PTSD) and other anxiety disorders stemming from dysregulated fear memory are problematic and costly. Understanding the molecular mechanisms that contribute to the formation and maintenance of these persistent fear associations is crucial to developing treatments for PTSD. Epigenetic mechanisms, which control gene expression to produce long-lasting changes in cellular function, may support the formation of fear memory underlying PTSD. We address here the role of epigenetic mechanisms in the formation, storage, updating, and extinction of fear memories. We also discuss methods of targeting these epigenetic mechanisms to reduce the initial formation of fear memory or to enhance its extinction. Epigenetic mechanisms may provide a novel target for pharmaceutical and other treatments to reduce aversive memory contributing to PTSD. Copyright © 2014 Elsevier Ltd. All rights reserved.

<http://www.ncbi.nlm.nih.gov/pubmed/25219686>

Psychiatr Serv. 2014 Sep 15. doi: 10.1176/appi.ps.201300414. [Epub ahead of print]

Chronic Care Management for Substance Dependence in Primary Care Among Patients With Co-Occurring Disorders.

Park TW, Cheng DM, Samet JH, Winter MR, Saitz R

OBJECTIVE:

Co-occurring mental and substance use disorders are associated with worse outcomes than a single disorder alone. In this exploratory subgroup analysis of a randomized trial, the authors hypothesized that providing chronic care management (CCM) for substance dependence in a primary care setting would have a beneficial effect among persons with substance dependence and major depressive disorder or posttraumatic stress disorder (PTSD).

METHODS:

Adults (N=563) with alcohol dependence, drug dependence, or both were assigned to CCM or usual primary care. CCM was provided by a nurse care manager, social worker, internist, and psychiatrist. Clinical outcomes (any use of opioids or stimulants or heavy drinking and severity of depressive and anxiety symptoms) and treatment utilization (emergency department use and hospitalization) were measured at three, six, and 12 months after enrollment. Longitudinal regression models were used to compare randomized arms within the subgroups of participants with major depressive disorder or PTSD.

RESULTS:

Among all participants, 79% met criteria for major depressive disorder and 36% met criteria for PTSD at baseline. No significant effect of CCM was observed within either subgroup for any outcome, including any use of opioids or stimulants or heavy drinking, depressive symptoms, anxiety symptoms, and any hospitalizations or number of nights hospitalized. Among participants with depression, those receiving CCM had fewer days in the emergency department compared with the control group, but the finding was of only borderline significance ($p=.06$).

CONCLUSIONS:

Among patients with co-occurring substance dependence and mental disorders, CCM was not significantly more effective than usual care for improving clinical outcomes or treatment utilization.

<http://www.ncbi.nlm.nih.gov/pubmed/25213835>

J Psychiatr Res. 2014 Aug 30. pii: S0022-3956(14)00250-7. doi: 10.1016/j.jpsychires.2014.08.014. [Epub ahead of print]

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

Gentes EL, Dennis PA, Kimbrel NA, Rissling MB, Beckham JC3; VA Mid-Atlantic MIRECC Workgroup, Calhoun PS

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. Published by Elsevier Ltd.

<http://www.ncbi.nlm.nih.gov/pubmed/25205008>

Psychiatry Clin Neurosci. 2014 Sep 10. doi: 10.1111/pcn.12237. [Epub ahead of print]

Cost-effectiveness of cognitive behavioral therapy for insomnia comorbid with depression: Analysis of a randomized controlled trial.

Watanabe N, Furukawa TA, Shimodera S, Katsuki F, Fujita H, Sasaki M, Sado M, Perlis ML

AIM:

Although the efficacy of cognitive behavioral therapy for insomnia has been confirmed, dissemination depends on the balance of benefits and costs. The study aimed to examine the

cost-effectiveness of cognitive behavioral therapy for insomnia consisting of 4 weekly individual sessions.

METHODS:

We conducted a 4-week randomized controlled trial with 4-week follow-up in outpatient clinics in Japan. Thirty-seven patients diagnosed as major depressive disorder with DSM-IV and suffering from chronic insomnia were randomized to either treatment as usual (TAU) alone or TAU plus cognitive behavioral therapy for insomnia. Effectiveness was evaluated as Quality-Adjusted Life Years (QALYs) over 8 weeks' time, estimated by bootstrapping of the observed total scores of the Hamilton Depression Rating scale. Direct medical costs for cognitive behavioral therapy for insomnia and TAU were also evaluated. We calculated the incremental cost-effectiveness ratio.

RESULTS:

Over 8 weeks of the study, cognitive behavioral therapy for insomnia plus TAU group had significantly higher QALYs ($P=0.002$) than the TAU alone group with an incremental value of 0.019 (SD 0.006), and had non-significantly higher costs with an incremental value of 254 (SD 203) USD in direct costs. The incremental cost-effectiveness ratio was 13,678 USD (95%CI: - 5,691 to 71,316). Adding cognitive behavioral therapy for insomnia demonstrated an approximately 95% chance of gaining one more QALY if a decision-maker was willing to pay for 60,000 USD, and approximately 90% for 40,000.

CONCLUSION:

Adding cognitive behavioral therapy for insomnia is highly likely to be cost-effective for patients with residual insomnia and concomitant depression. This article is protected by copyright. All rights reserved.

<http://www.ncbi.nlm.nih.gov/pubmed/25208004>

Am J Public Health. 2014 Oct;104(10):1935-42. doi: 10.2105/AJPH.2013.301776. Epub 2014 Apr 17.

Use of a learning collaborative to support implementation of integrated care for smoking cessation for veterans with posttraumatic stress disorder.

Ebert L, Malte C, Hamlett-Berry K, Beckham J, McFall M, Saxon A

Objectives.

We evaluated the feasibility of incorporating integrated care (IC) for smoking cessation into routine treatment for posttraumatic stress disorder (PTSD) at Department of Veterans Affairs (VA) Medical Centers and the utility of the Learning Collaborative (LC) model in facilitating implementation.

Methods.

We conducted 2 LCs aimed at implementing IC for smoking cessation using multidisciplinary teams comprising 70 staff members from 12 VA PTSD clinics. Using questionnaires, we evaluated providers' perceptions of the LC methodology and the effectiveness and feasibility of routine IC delivery. We assessed number of providers delivering and patients receiving IC using medical record data.

Results.

More than 85% of participating VA staff considered the LC to be an effective training and implementation platform. The majority thought IC effectively addressed an important need and could be delivered in routine PTSD care. All LC participants who planned to deliver IC did so (n = 52). Within 12 months of initial training, an additional 46 locally trained providers delivered IC and 395 veterans received IC.

Conclusions.

The LC model effectively facilitated rapid and broad implementation of IC. Facilitators and barriers to sustained use of IC are unknown and should be identified to understand how best to promote ongoing access to evidence-based treatment for smoking cessation in mental health populations.

<http://www.ncbi.nlm.nih.gov/pubmed/25206943>

Eur J Psychotraumatol. 2014 Aug 14;5. doi: 10.3402/ejpt.v5.24713. eCollection 2014.

The US framework for understanding, preventing, and caring for the mental health needs of service members who served in combat in Afghanistan and Iraq: a brief review of the issues and the research.

Castro CA

This paper reviews the psychological health research conducted in the United States in support of combat veterans from Iraq and Afghanistan, using the Military Psychological Health Research Continuum, which includes foundational science, epidemiology, etiology, prevention and screening, treatment, follow-up care, and services research. The review is limited to those studies involving combat veterans and military families. This review discusses perplexing issues regarding the impact of combat on the mental health of service members such as risk and resilience factors of mental health, biomarkers of posttraumatic stress syndrome (PTSD), mental health training, psychological screening, psychological debriefing, third location decompression, combat and suicide, the usefulness of psychotherapy and drug therapy for treating PTSD, role of advanced technology, telemedicine and virtual reality, methods to reduce stigma and barriers to care, and best approaches to the dissemination of evidence-based interventions. The mental health research of special populations such as women, National

Guardsmen and reservists, and military families is also presented. The review concludes by identifying future areas of research.

<http://www.ncbi.nlm.nih.gov/pubmed/25194223>

Behav Res Ther. 2014 Aug 12;61C:78-88. doi: 10.1016/j.brat.2014.07.016. [Epub ahead of print]

Treatment for insomnia in combat-exposed OEF/OIF/OND Military Veterans: Preliminary randomized controlled trial.

Germain A, Richardson R, Stocker R, Mammen O, Hall M, Bramoweth AD, Begley A, Rode N, Frank E, Haas G, Buysse DJ3

Chronic insomnia is highly prevalent among military personnel returning from Iraq and Afghanistan. We evaluated the effects of a military version of a brief behavioral treatment of insomnia (BBTI-MV) compared to an information only control (IC) condition in combat-exposed Veterans of Operations Enduring/Iraqi Freedom or Operation New Dawn (OEF/OIF/OND) on insomnia, sleep quality, and daytime symptoms of anxiety and depression. Forty OEF/OIF/OND Veterans (Mean age = 38.4 years old, s.d. = 11.69; 85% men; 77.5% white) were randomized to one of two conditions. BBTI-MV consisted of two in-person sessions and two telephone contacts delivered over four weeks, and included personalized recommendations to reduce insomnia. The IC condition also consisted of 2 in-person sessions two telephone contacts delivered over four weeks, and Veterans were encouraged to read written information about sleep-promoting behaviors. The Insomnia Severity Index, Pittsburgh Sleep Quality Index, PTSD Checklist, and Beck Depression and Anxiety Inventories were completed at baseline, post-treatment, and at the six-month follow-up. Both interventions were associated with clinically significant improvements in insomnia, although the magnitude of improvements in sleep and rates of treatment response and remission were greater for BBTI-MV compared to IC from pre- to post-treatment. Both BBTI-MV and the provision of information were associated with clinically significant improvements in insomnia among Veterans. Despite the preliminary nature of the findings and limitations inherent to small controlled trials, the findings suggest that both approaches may provide viable options in a stepped-care approach to the treatment of insomnia in returning combat-exposed Veterans. Larger, confirmatory effectiveness trials are required. CLINICALTRIALS.GOV IDENTIFIER: NCT00840255. Copyright © 2014 Elsevier Ltd. All rights reserved.

<http://www.ncbi.nlm.nih.gov/pubmed/25199454>

J Behav Ther Exp Psychiatry. 2014 Aug 23;46C:35-43. doi: 10.1016/j.jbtep.2014.08.002. [Epub ahead of print]

Physiological and behavioral indices of emotion dysregulation as predictors of outcome from cognitive behavioral therapy and acceptance and commitment therapy for anxiety.

Davies CD, Niles AN, Pittig A, Arch JJ, Craske MG

BACKGROUND AND OBJECTIVES:

Identifying for whom and under what conditions a treatment is most effective is an essential step toward personalized medicine. The current study examined pre-treatment physiological and behavioral variables as predictors and moderators of outcome in a randomized clinical trial comparing cognitive behavioral therapy (CBT) and acceptance and commitment therapy (ACT) for anxiety disorders.

METHODS:

Sixty individuals with a DSM-IV defined principal anxiety disorder completed 12 sessions of either CBT or ACT. Baseline physiological and behavioral variables were measured prior to entering treatment. Self-reported anxiety symptoms were assessed at pre-treatment, post-treatment, and 6- and 12-month follow-up from baseline. **RESULTS:** Higher pre-treatment heart rate variability was associated with worse outcome across ACT and CBT. ACT outperformed CBT for individuals with high behavioral avoidance. Subjective anxiety levels during laboratory tasks did not predict or moderate treatment outcome.

LIMITATIONS:

Due to small sample sizes of each disorder, disorder-specific predictors were not tested. Future research should examine these predictors in larger samples and across other outcome variables.

CONCLUSIONS:

Lower heart rate variability was identified as a prognostic indicator of overall outcome, whereas high behavioral avoidance was identified as a prescriptive indicator of superior outcome from ACT versus CBT. Investigation of pre-treatment physiological and behavioral variables as predictors and moderators of outcome may help guide future treatment-matching efforts.

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<http://www.ncbi.nlm.nih.gov/pubmed/25199046>

BMC Psychiatry. 2014 Aug 19;14(1):233. [Epub ahead of print]

Stereotype confirmation concerns predict dropout from cognitive behavioral therapy for social anxiety disorder.

Johnson S, Price M, Mehta N, Anderson PL

BACKGROUND:

There are high attrition rates observed in efficacy studies for social anxiety disorder, and research has not identified consistent nor theoretically meaningful predictors of dropout. Pre-treatment symptom severity and demographic factors, such as age and gender, are sometimes predictive of dropout. The current study examines a theoretically meaningful predictor of attrition based on experiences associated with social group membership rather than differences between social group categories--fear of confirming stereotypes.

METHODS:

This is a secondary data analysis of a randomized controlled trial comparing two cognitive behavioral treatments for social anxiety disorder: virtual reality exposure therapy and exposure group therapy. Participants (N = 74) with a primary diagnosis of social anxiety disorder who were eligible to participate in the parent study and who self-identified as either "African American" (n = 31) or "Caucasian" (n = 43) completed standardized self-report measures of stereotype confirmation concerns (SCC) and social anxiety symptoms as part of a pre-treatment assessment battery.

RESULTS:

Hierarchical logistic regression showed that greater stereotype confirmation concerns were associated with higher dropout from therapy--race, age, gender, and pre-treatment symptom severity were not. Group treatment also was associated with higher dropout.

CONCLUSIONS:

These findings urge further research on theoretically meaningful predictors of attrition and highlight the importance of addressing cultural variables, such as the experience of stereotype confirmation concerns, during treatment of social anxiety to minimize dropout from therapy.

<http://www.ncbi.nlm.nih.gov/pubmed/25202244>

Front Behav Neurosci. 2014 Aug 25;8:279. doi: 10.3389/fnbeh.2014.00279. eCollection 2014.

Fear but not fright: re-evaluating traumatic experience attenuates anxiety-like behaviors after fear conditioning.

Costanzi M, Saraulli D, Cannas S, D'Alessandro F, Florenzano F, Rossi-Arnaud C, Cestari V

Fear allows organisms to cope with dangerous situations and remembering these situations has an adaptive role preserving individuals from injury and death. However, recalling traumatic memories can induce re-experiencing the trauma, thus resulting in a maladaptive fear. A failure to properly regulate fear responses has been associated with anxiety disorders, like Posttraumatic Stress Disorder (PTSD). Thus, re-establishing the capability to regulate fear has an important role for its adaptive and clinical relevance. Strategies aimed at erasing fear memories have been proposed, although there are limits about their efficiency in treating anxiety disorders. To re-establish fear regulation, here we propose a new approach, based on the re-evaluation of the aversive value of traumatic experience. Mice were submitted to a contextual-fear-conditioning paradigm in which a neutral context was paired with an intense electric footshock. Three weeks after acquisition, conditioned mice were treated with a less intense footshock (pain threshold). The effectiveness of this procedure in reducing fear expression was assessed in terms of behavioral outcomes related to PTSD (e.g., hyper-reactivity to a neutral tone, anxiety levels in a plus maze task, social avoidance, and learning deficits in a spatial water maze) and of amygdala activity by evaluating c-fos expression. Furthermore, a possible role of lateral orbitofrontal cortex (IOFC) in mediating the behavioral effects induced by the re-evaluation procedure was investigated. We observed that this treatment: (i) significantly mitigates the abnormal behavioral outcomes induced by trauma; (ii) persistently attenuates fear expression without erasing contextual memory; (iii) prevents fear reinstatement; (iv) reduces amygdala activity; and (v) requires an intact IOFC to be effective. These results suggest that an effective strategy to treat pathological anxiety should address cognitive re-evaluation of the traumatic experience mediated by IOFC.

<http://www.ncbi.nlm.nih.gov/pubmed/25200594>

Int Psychogeriatr. 2014 Sep 9:1-8. [Epub ahead of print]

Age differences in PTSD among Canadian veterans: age and health as predictors of PTSD severity.

Konnert C, Wong M

Background:

To date, few studies have investigated age differences in posttraumatic stress disorder (PTSD) symptoms and none has examined age differences across symptom clusters: avoidance, re-experiencing, and hyperarousal. The first objective of this study was to investigate age differences in PTSD and its three symptom clusters. The second objective was to examine age and indices of health as predictors of PTSD symptom severity.

Methods:

Participants were 104 male veterans, aged 22 to 87 years, receiving specialized mental health outpatient services. Assessments included measures of health-related quality of life, pain severity, number of chronic health conditions, and symptoms of PTSD, both in total and on the symptom clusters.

Results:

There were significant age differences across age groups, with older veterans consistently reporting lower PTSD symptom severity, both in total and on each of the symptom clusters. Hierarchical regression analyses indicated that the inclusion of health indices accounted for significantly more variance in PTSD symptoms over and above that accounted for by age alone. Pain severity was a significant predictor of PTSD total and the three symptom clusters.

Conclusions:

This is the first study to report lower levels of PTSD severity among older veterans across symptom clusters. These findings are discussed in relation to age differences in the experiencing and processing of emotion, autobiographical memory, and combat experiences. This study also emphasizes the importance of assessing pain in those with symptoms of PTSD, particularly older veterans who are less likely to receive specialized mental healthcare.

<http://www.ncbi.nlm.nih.gov/pubmed/25199813>

Adm Policy Ment Health. 2014 Sep 9. [Epub ahead of print]

A Quantitative Test of an Implementation Framework in 38 VA Residential PTSD Programs.

Cook JM, Dinnen S, Thompson R, Ruzek J, Coyne JC, Schnurr PP

This study examines the implementation of two evidence-based psychotherapies, Prolonged Exposure (PE) and Cognitive Processing Therapy (CPT), in the Department of Veterans Affairs residential Posttraumatic Stress Disorder treatment programs. Two hundred and one providers from 38 programs completed an online survey concerning implementation of PE delivered on an individual basis and CPT delivered in individual and group formats. For PE, a supportive organizational context (dedicated time and resources, and incentives and mandates) and overall positive view of the treatment were related to its implementation. For both group and individual CPT, only the supportive organizational context was significantly associated with outcome. Implications for implementation efforts are discussed.

<http://www.ncbi.nlm.nih.gov/pubmed/25184336>

PLoS One. 2014 Sep 3;9(9):e103653. doi: 10.1371/journal.pone.0103653. eCollection 2014.

Reduced Amygdala and Ventral Striatal Activity to Happy Faces in PTSD Is Associated with Emotional Numbing.

Felmingham KL, Falconer EM, Williams L, Kemp AH, Allen A, Peduto A, Bryant RA

There has been a growing recognition of the importance of reward processing in PTSD, yet little is known of the underlying neural networks. This study tested the predictions that (1) individuals with PTSD would display reduced responses to happy facial expressions in ventral striatal reward networks, and (2) that this reduction would be associated with emotional numbing symptoms. 23 treatment-seeking patients with Posttraumatic Stress Disorder were recruited from the treatment clinic at the Centre for Traumatic Stress Studies, Westmead Hospital, and 20 trauma-exposed controls were recruited from a community sample. We examined functional magnetic resonance imaging responses during the presentation of happy and neutral facial expressions in a passive viewing task. PTSD participants rated happy facial expression as less intense than trauma-exposed controls. Relative to controls, PTSD participants revealed lower activation to happy (-neutral) faces in ventral striatum and a trend for reduced activation in left amygdala. A significant negative correlation was found between emotional numbing symptoms in PTSD and right ventral striatal regions after controlling for depression, anxiety and PTSD severity. This study provides initial evidence that individuals with PTSD have lower reactivity to happy facial expressions, and that lower activation in ventral striatal-limbic reward networks may be associated with symptoms of emotional numbing.

<http://www.ncbi.nlm.nih.gov/pubmed/25227240>

J Neurotrauma. 2014 Sep 16. [Epub ahead of print]

The manifestation of anxiety disorders after traumatic brain injury: A review.

Mallya S, Sutherland J, Pongracic S, Mainland B, Ornstein TJ

The development of anxiety disorders following a traumatic brain injury is a strong predictor of social, personal, and work dysfunction; nevertheless, the emergence of anxiety has been largely unexplored and poorly understood in the context of TBI. This paper provides an overview of the limited published research to date on anxiety disorders that are known to develop following TBI, including post-traumatic stress disorder, generalized anxiety disorder, obsessive-compulsive disorder, panic disorder, specific phobia, and social anxiety disorder. This review also examines diagnostic criteria, the epidemiology of each disorder, and the factors that influence the expression of these conditions, including injury-related and psychosocial variables. Putative

neural correlates will be reviewed where known. A discussion of current treatment options and avenues for further research are explored.

<http://www.ncbi.nlm.nih.gov/pubmed/25227722>

Psychopathology. 2014 Sep 9. [Epub ahead of print]

Comorbidity between Post-Traumatic Stress Disorder and Borderline Personality Disorder: A Review.

Frías A, Palma C

Background:

Traditionally, the presence of post-traumatic stress disorder (PTSD) in subjects diagnosed with borderline personality disorder (BPD) has been the object of scant empirical research. The clarification of issues related to the different areas of study for this comorbidity is not only significant from a theoretical point of view but also relevant for clinical practice. The aim of this review is to describe the main theoretical findings and research conclusions about the comorbidity between PTSD and BPD.

Methods:

A literature review was carried out via PubMed and PsycINFO for the period between 1990 and September 2013. The descriptors used were 'post-traumatic stress disorder', 'borderline personality disorder', 'PTSD', 'complex PTSD' and 'BPD'.

Results:

Epidemiological studies show that the risk of PTSD among BPD subjects is not regularly higher than in subjects with other personality disorders. Furthermore, there is no conclusive evidence about the main aetiopathogenic mechanism of this comorbidity, either of one disorder being a risk factor for the other one or of common underlying variables. Concerning comparative studies, several studies with PTSD-BPD subjects have found a higher severity of psychopathology and psychosocial impairment than in BPD subjects. With regard to nosological status, the main focus of controversy is the validation of 'complex PTSD', a clinical entity which may comprise a subgroup of PTSD-BPD subjects. With regard to treatment, there are preliminary evidences for the efficient treatment of psychopathology in both PTSD and BPD.

Conclusions:

These findings are remarkable for furthering the understanding of the link between PTSD and BPD and their implications for treatment. The results of this review are discussed, including methodological constraints that hinder external validity and consistency of referred findings. © 2014 S. Karger AG, Basel.

<http://www.ncbi.nlm.nih.gov/pubmed/25227569>

Occup Environ Med. 2014 Sep 16. pii: oemed-2014-102207. doi: 10.1136/oemed-2014-102207. [Epub ahead of print]

The prevalence of mental health disorders in (ex-)military personnel with a physical impairment: a systematic review.

Stevellink SA, Malcolm EM, Mason C, Jenkins S, Sundin J, Fear NT

BACKGROUND:

Having a visual, hearing or physical impairment (defined as problems in body function or structure) may adversely influence the mental well-being of military personnel. This paper reviews the existing literature regarding the prevalence of mental health problems among (ex-)military personnel who have a permanent, predominantly, physical impairment.

METHOD:

Multiple electronic literature databases were searched for relevant studies (EMBASE (1980-January 2014), MEDLINE (1946-January 2014), PsycINFO (2002-January 2014), Web of Science (1975-January 2014)).

RESULTS:

25 papers were included in the review, representing 17 studies. Studies conducted among US military personnel (n=8) were most represented. A range of mental health disorders were investigated; predominately post-traumatic stress disorder (PTSD), but also depression, anxiety disorder (excluding PTSD), psychological distress and alcohol misuse. The findings indicate that mental health disorders including PTSD (range 2-59%), anxiety (range 16.1-35.5%), depression (range 9.7-46.4%) and psychological distress (range 13.4-36%) are frequently found whereby alcohol misuse was least common (range 2.2-26.2%).

CONCLUSIONS:

Common mental health disorders were frequently identified among (ex-)military personnel with a physical impairment. Adequate care and support is necessary during the impairment adaptation process to facilitate the psychosocial challenges (ex-)military personnel with an impairment face. Future research should be directed into factors impacting on the mental well-being of (ex-)military personnel with an impairment, how prevalence rates vary across impairment types and to identify and act on specific needs for care and support. Published by the BMJ Publishing Group Limited. For permission to use (where not already granted under a licence) please go to <http://group.bmj.com/group/rights-licensing/permissions>.

Links of Interest

American Association of Suicidology Fact Sheet: Depression and Suicide Risk (2014)

<http://www.suicidology.org/Portals/14/docs/Resources/FactSheets/2011/DepressionSuicide2014.pdf>

AAS Childhood Sexual Abuse and Suicide 2014

<http://www.suicidology.org/Portals/14/docs/Resources/FactSheets/2011/ChildSexualAbuseSuicide2014.pdf>

Suicide by Cop (2014)

<http://www.suicidology.org/Portals/14/docs/Resources/FactSheets/2011/SuicideCop2014.pdf>

Blood Test Spots Adult Depression: Study

<http://www.webmd.com/depression/news/20140916/blood-test-spots-adult-depression-study>

Searching for answers: Panel reviews Reserve suicides

http://www.army.mil/article/133039/Searching_for_answers_Panel_reviews_Reserve_suicides/

Primary care physicians could be key to preventing military suicide

<http://www.startribune.com/lifestyle/health/274540011.html>

War veteran finds PTSD complicates the workplace

<http://www.houstonchronicle.com/business/article/War-veteran-finds-PTSD-complicates-the-workplace-5737056.php#/0>

Research shines light on nighttime symptoms of PTSD

<https://geiselmed.dartmouth.edu/news/2014/research-shines-light-on-nighttime-symptoms-of-ptsd/>

APA Urges Greater Recognition of Serious Mental Illness in SAMHSA Plan

<http://psychnews.psychiatryonline.org/newsarticle.aspx?articleid=1905925>

'Magic Mushrooms' Help Longtime Smokers 'Quit

<http://www.healthcanal.com/substance-abuse/55188-magic-mushrooms-help-longtime-smokers-quit.html>

Sunny Skies Tied to Suicide Rates; Austrian researchers find short-term sunshine increases risk, longer-term lowers it

http://www.nlm.nih.gov/medlineplus/news/fullstory_148358.html

Yogic breathing shows promise in reducing symptoms of PTSD

<http://www.sciencedaily.com/releases/2014/09/140911151651.htm>

Working during depression can offer health benefits to employees
<http://www.sciencedaily.com/releases/2014/09/140910102910.htm>

Time flies: Breakthrough study identifies genetic link between circadian clock and seasonal timing
<http://www.sciencedaily.com/releases/2014/09/140904121145.htm>

PTSD symptoms associated with increased food addiction
http://www.eurekalert.org/pub_releases/2014-09/tjni-psa091614.php

Resource of the Week: [2014 Wounded Warrior Project® Survey Report of Findings](#) (PDF)

Authors: Martha Franklin, Wayne Hintze, Michael Hornboste,l Scott Smith, Chris Manglitz, Rebecca Noftsinger, Jafar Haide,r Melissa Wilson, Elizabeth Manzella, April Fales

[Executive Summary](#) (PDF)

From [press release](#):

Wounded Warrior Project ® (WWP) today released the results of their 2014 Annual Alumni Survey. Based on the responses o f more than 21,000 wounded veterans, it includes the largest sample size of service members injured since 9/11 and is the most statistically relevant survey response of that population to date . Among the survey's findings, the 2014 results indicate the recent passage of sweeping legislation to improve care at the Department of Veterans Affairs (VA) comes at a time when more and more injured veterans are seeking that care as they move further away from their military service .

While not exclusive to VA care, the two most common problems in accessing both physical and mental healthcare were difficulty in scheduling appointments and lapsed or inconsistent treatment because of canceled appointments and switches in providers. The survey also showed the primary type of current health insurance or coverage cited include d Veterans Affairs at 59.2 percent, up from 52.7 percent in 2013. The percentage of warriors receiving VA disability benefits is 72 percent, up from 62.8 percent in 2013 . Alumni with a VA disability rating of 80 percent or higher rose to 42.6 percent in 2014, from 36.2 percent in 2013. The top resource used since deployment for addressing mental health concerns was VA medical centers at 62.5 percent, up from 54.1 percent in 2013.

ALUMNI SURVEY ★ 2014



DOWNLOAD
THE EXECUTIVE
SUMMARY HERE



click the icon

Since 2010, Wounded Warrior Project® (WWP) has been using the information gathered from our annual WWP Alumni Surveys to refine existing programs, develop new initiatives, and better serve injured servicemen and women. Here are some statistics from this year's 21,120 respondents:

View the complete survey
[CLICK HERE](#)



"I WENT TO A FOREIGN COUNTRY AND WHEN I CAME BACK, THIS WAS THE FOREIGN COUNTRY. I AM LOST, SCARED, AND DON'T KNOW WHAT TO DO TO MAKE IT BETTER."

AS A RESULT OF THEIR INJURIES,

 **7%**

OF WARRIORS ARE PERMANENTLY HOUSEBOUND.

"AS A WOUNDED VETERAN, THE MOST CHALLENGING ASPECT IS THE FACT I CANNOT DO THE THINGS I ONCE COULD."

75%

OF WARRIORS HAVE LESS THAN A BACHELOR'S DEGREE.

"FINDING GAINFUL EMPLOYMENT IS DIFFICULT."

THE TOP 5 MOST COMMONLY EXPERIENCED INJURIES OR HEALTH PROBLEMS

1 » SLEEP CONDITIONS

2 » POST-TRAUMATIC STRESS DISORDER (PTSD)

3 » BACK, NECK, SHOULDER PROBLEMS

4 » DEPRESSION



BLASTS

WERE THE MOST COMMON CAUSE OF INJURY.



6 IN 10

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