



CDP Research Update -- October 2, 2014

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- Veterans in Higher Education: An Ethnographic Study of Veterans' Higher Education Experience
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- Post-traumatic effects in policing: perceptions, stigmas and help seeking behaviours.
- The Prevalence and Correlates of Risky Driving Behavior Among National Guard Soldiers.
- Trauma Symptoms for Men and Women in Substance Abuse Treatment: A Latent Transition Analysis.
- Links of Interest

- Resource of the Week: New from the Congressional Research Service -- [Legislative Research for Congressional Staff: How to Find Documents and Other Resources](#)

http://www.rand.org/pubs/research_reports/RR426.html

Mental Health Stigma in the Military

Joie Acosta, Amariah Becker, Jennifer L. Cerully, Michael P. Fisher, Laurie T. Martin, Raffaele Vardavas, Mary Ellen Slaughter, Terry L. Schell

RAND Corporation, 2014

Despite the efforts of both the U.S. Department of Defense (DoD) and the Veterans Health Administration to enhance mental health services, many service members are not regularly seeking needed care when they have mental health problems. Without appropriate treatment, these mental health problems can have wide-ranging and negative impacts on the quality of life and the social, emotional, and cognitive functioning of affected service members. The services have been actively engaged in developing policies, programs, and campaigns designed to reduce stigma and increase service members' help-seeking behavior. However, there has been no comprehensive assessment of these efforts' effectiveness and the extent to which they align with service members' needs or evidence-based practices. The goal of this research was to assess DoD's approach to stigma reduction — how well it is working and how it might be improved. To address these questions, RAND researchers used five complementary methods: (1) literature review, (2) a microsimulation modeling of costs, (3) interviews with program staff, (4) prospective policy analysis, and (5) an expert panel. The priorities outlined in this report represent a first step for where additional program and policy development and research and evaluation are needed to improve understanding of how best to get service members with mental health disorders the needed treatment as efficiently and effectively as possible.

<http://acegonline.org/wp-content/uploads/2013/02/JMGC-Vol-2-Is-1.pdf>

Journal of Military and Government Counseling

Volume 2, Number 1, 2014

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<http://content.govdelivery.com/accounts/USVHA/bulletins/d1dc9a>

PTSD Monthly Update -- September 2014

Feature Topic: Family

National Center for PTSD

Family can be a source of support and strength. But PTSD can take a toll on the most caring family.

They're angry. They're defensive. They're withdrawn. - Chris, son of a Veteran with PTSD

Living with someone who is easily startled, has nightmares, feels detached from others, and avoids social situations is difficult. Learn about:

- Common reactions that family members may have and how children may respond
- The effects of PTSD on marriage, intimate relationships, and the mental health of partners.
- How to respond to a loved one with PTSD and how to take care of yourself
- How you can help family and friends who are Veterans get needed care

http://www.rand.org/pubs/research_reports/RR559.html

Developing a Research Strategy for Suicide Prevention in the Department of Defense; Status of Current Research, Prioritizing Areas of Need, and Recommendations for Moving Forward

Rajeev Ramchand, Nicole K. Eberhart, Christopher Guo, Eric Pedersen, Terrance Dean Savitsky, Terri Tanielian, Phoenix Voorhies

RAND Corporation, 2014

In response to the elevated rate of suicide among U.S. service members, a congressionally mandated task force recommended that the U.S. Department of Defense (DoD) create a unified, comprehensive strategic plan for suicide prevention research to ensure that DoD-funded studies align with DoD's goals. To help meet this objective, a RAND study cataloged the research funded by DoD and other entities that is directly relevant to military personnel, examined the extent to which current research maps to DoD's strategic research needs, and provided recommendations to ensure that proposed research strategies align with the national research strategy and integrate with DoD's data collection and program evaluation strategies. The study found that although DoD is one of the largest U.S. funders of research related to suicide prevention, its current funding priorities do not consistently reflect its research needs. The study indexed each of 12 research goals according to rankings of importance, effectiveness, cultural acceptability, cost, and learning potential provided by experts who participated in a multistep elicitation exercise. The results revealed that research funding is overwhelmingly allocated to prevention goals already considered by experts to be effective. Other goals considered by experts to be important and appropriate for the military context receive relatively little funding and have been the subject of relatively few studies, meaning that there is still much to learn about these strategies. Furthermore, DoD, like other organizations, suffers from a research-to-practice gap. The most promising results from studies funded by DoD and other entities do not always find their way to those responsible for implementing suicide prevention programs that serve military personnel. The RAND study recommended approaches to thoughtfully integrate the latest research findings into DoD's operating procedures to ensure that evidence-based approaches can benefit suicide prevention programs and prevent the further loss of lives to suicide.

<http://www.sciencedirect.com/science/article/pii/S0887618514001261>

A Historical Review of Trauma-Related Diagnoses to Reconsider the Heterogeneity of PTSD.

Jennifer DiMauro, Sarah Carter, Johanna B. Folk, Todd B. Kashdan

Based on the 5th edition of the Diagnostic and Statistical Manual of Mental Disorders, there are 636,120 ways for an individual to qualify for a diagnosis of posttraumatic stress disorder (PTSD) (Galatzer-Levy & Bryant, 2013). To unravel this heterogeneity, we examine the historical trajectory of trauma-related diagnoses. Our review addresses four traumas (i.e., combat, natural disaster, life-threatening accident, sexual assault) that have contributed the most to conceptual models of PTSD. Although these trauma types are all subsumed under the same diagnostic label, our literature review indicates that the psychological consequences of different traumatic experiences are traditionally studied in isolation. Indeed, most research addresses hypotheses regarding specific trauma types using samples of individuals selected for their experience with that specific event. We consider the possibility that PTSD is not a single, unified construct and what this means for future research and clinical applications.

<http://digitalcommons.mtu.edu/etds/814/>

Veteranness: Representations of Combat-related PTSD in US Popular Visual Media

Diane J. Keranen

Dissertation, Doctor of Philosophy in Rhetoric and Technical Communication (PhD)
Department of Humanities, Michigan Technological University
2014

Posttraumatic stress and PTSD are becoming familiar terms to refer to what we often call the invisible wounds of war, yet these are recent additions to a popular discourse in which images of and ideas about combat-affected veterans have long circulated. A legacy of ideas about combat veterans and war trauma thus intersects with more recent clinical information about PTSD to become part of a discourse of visual media that has defined and continues to redefine veteran for popular audiences.

In this dissertation I examine realist combat veteran representations in selected films and other visual media from three periods: during and after World Wars I and II (James Allen from *I Am a Fugitive from a Chain Gang*, Fred Derry and Al Stephenson from *The Best Years of Our Lives*); after the Vietnam War (Michael from *The Deer Hunter*, Eriksson from *Casualties of War*), and post 9/11 (Will James from *The Hurt Locker*, a collection of veterans from *Wartorn: 1861-2010*.) Employing a theoretical framework informed by visual media studies, Barthes' concept of myth, and Foucault's concept of discursive unity, I analyze how these veteran representations are endowed with PTSD symptom-like behaviors and responses that seem reasonable and natural within the narrative arc. I contend that veteran myths appear through each veteran representation as the narrative develops and resolves. I argue that these veteran myths are

many and varied but that they crystallize in a dominant veteran discourse, a discursive unity that I term veteraness. I further argue that veteraness entangles discrete categories such as veteran, combat veteran, and PTSD with veteran myths, often tying dominant discourse about combat-related PTSD to outdated or outmoded notions that significantly affect our attitudes about and treatment of veterans.

A basic premise of my research is that unless and until we learn about the lasting effects of the trauma inherent to combat, we hinder our ability to fulfill our responsibilities to war veterans. A society that limits its understanding of posttraumatic stress, PTSD and post-war experiences of actual veterans affected by war trauma to veteraness or veteran myths risks normalizing or naturalizing an unexamined set of sociocultural expectations of all veterans, rendering them voice-less, invisible, and, ultimately disposable.

<http://www.sciencedirect.com/science/article/pii/S1556407X14000800>

Nightmares and Dream-Enacted Behaviors.

Mia Zaharna, MD, MPH

Sleep Medicine Clinics

Available online 27 September 2014

Key Points

- Parasomnias are undesirable motor, verbal, or experiential phenomena occurring in sleep and may be primary rapid eye movement (REM) or non-REM parasomnias or secondary parasomnias.
- Nightmare disorder and REM behavior disorder (RBD) are 2 types of primary parasomnias.
- RBD occurs when a person begins to physically act out a dream during the REM stage of sleep. These dreams tend to be unpleasant, action filled, or violent and often result in self-injury or injury to one's bed partner.
- RBD is often associated with the development of neurodegenerative disorders, such as Parkinson disease, multiple system atrophy, Lewy body dementia, and others.
- Nightmares are disturbing mental experiences that tend to occur during REM sleep. Episodes are often vivid and terrifying, result in awakening from sleep, and are often easily recalled

<http://psycnet.apa.org/psycinfo/2014-39898-001/>

Family Adjustment of Deployed and Nondeployed Mothers in Families With a Parent Deployed to Iraq or Afghanistan.

Gewirtz, Abigail H.; McMorris, Barbara J.; Hanson, Sheila; Davis, Laurel

Professional Psychology: Research and Practice, Sep 22 , 2014

Almost nothing is known about the family and individual adjustment of military mothers who have deployed to the conflicts in Iraq or Afghanistan (Operations Iraqi and Enduring Freedom, and Operation New Dawn; OIF, OEF, OND), constituting a gap in psychologists' knowledge about how best to help this population. We report baseline data on maternal, child, parenting, and couple adjustment for mothers in 181 families in which a parent deployed to OIF/OEF/OND. Among this sample, 34 mothers had deployed at least once, and 147 mothers had experienced the deployment of a male spouse/partner. Mothers completed self-report questionnaires assessing past-year adverse life events, war experiences (for deployed mothers only), posttraumatic stress disorder (PTSD) and depression symptoms, difficulties in emotion regulation, parenting, couple adjustment, and child functioning. Mothers who had deployed reported greater distress than nondeployed mothers (higher scores on measures of PTSD and depression symptoms), and slightly more past year adverse events. A moderate number of war experiences (combat and postbattle aftermath events) were reported, consistent with previous studies of women in current and prior conflicts. However, no differences were found between the two groups on measures of couple adjustment, parenting, or child functioning. Results are discussed in terms of the dearth of knowledge about deployed mothers, and implications for psychologists serving military families. (PsycINFO Database Record (c) 2014 APA, all rights reserved)

<http://link.springer.com/article/10.1007/s11916-014-0460-1>

Suicide by Means of Opioid Overdose in Patients with Chronic Pain.

Parvaz Madadi, Nav Persaud

Current Pain and Headache Reports
September 2014, 18:460

Deaths from prescription opioid use continue to rise in North America. The main focus to date has been developing strategies to prevent nonintentional (accidental) fatalities, which constitute the majority of opioid deaths across all jurisdictions. Often overlooked is the complex group of individuals whose cause of death was suicide by opioid overdose. Although most opioid prescribing tools focus on identifying risk factors for potential abuse, diversion, and propensity

for opioid addiction, physicians who consider prescribing opioids should also screen and optimize chronic pain treatment for patients at risk for suicide.

<http://www.jmir.org/2014/9/e209/>

Web-Based Intervention Programs for Depression: A Scoping Review and Evaluation.

Renton T, Tang H, Ennis N, Cusimano MD, Bhalerao S, Schweizer TA, Topolovec-Vranic J

Journal of Medical Internet Research
2014;16(9):e209

Background:

Although depression is known to affect millions of people worldwide, individuals seeking aid from qualified health care professionals are faced with a number of barriers to treatment including a lack of treatment resources, limited number of qualified service providers, stigma associated with diagnosis and treatment, prolonged wait times, cost, and barriers to accessibility such as transportation and clinic locations. The delivery of depression interventions through the Internet may provide a practical solution to addressing some of these barriers.

Objective:

The purpose of this scoping review was to answer the following questions: (1) What Web-delivered programs are currently available that offer an interactive treatment component for depression?, (2) What are the contents, accessibility, and usability of each identified program?, and (3) What tools, supports, and research evidence are available for each identified program?

Methods:

Using the popular search engines Google, Yahoo, and Bing (Canadian platforms), two reviewers independently searched for interactive Web-based interventions targeting the treatment of depression. The Beacon website, an information portal for online health applications, was also consulted. For each identified program, accessibility, usability, tools, support, and research evidence were evaluated and programs were categorized as evidence-based versus non-evidence-based if they had been the subject of at least one randomized controlled trial. Programs were scored using a 28-point rating system, and evidence- versus non-evidence-based programs were compared and contrasted. Although this review included all programs meeting exclusion and inclusion criteria found using the described search method, only English language Web-delivered depression programs were awarded an evaluation score.

Results:

The review identified 32 programs meeting inclusion criteria. There was a great deal of variability among the programs captured in this evaluation. Many of the programs were developed for general adolescent or adult audiences, with few (n=2) focusing on special

populations (eg, military personnel, older adults). Cognitive behavioral therapy was the most common therapeutic approach used in the programs described. Program interactive components included mood assessments and supplementary homework sheets such as activity planning and goal setting. Only 12 of the programs had published evidence in support of their efficacy and treatment of depressive symptoms.

Conclusions:

There are a number of interactive depression interventions available through the Internet. Recommendations for future programs, or the adaptation of existing programs include offering a greater selection of alternative languages, removing registration restrictions, free trial periods for programs requiring user fees, and amending programs to meet the needs of special populations (eg, those with cognitive and/or visual impairments). Furthermore, discussion of specific and relevant topics to the target audience while also enhancing overall user control would contribute to a more accessible intervention tool.

<http://scholarship.shu.edu/dissertations/2000/>

Psychologist Self-Care, Perceived Stress, Psychological Distress, and Coping Self-Efficacy Across the Career-Span.

Dettle, Krista L.

Dissertation, PhD Counseling Psychology
Department of Professional Psychology and Family Therapy
Seton Hall University, 2014

Psychologists are expected to engage in self-care strategies aimed at promoting and maintaining well-functioning in themselves (Saakvitne & Pearlman, 1996) in order to effectively manage the demands of their profession and better ensure the provision of quality care. However, self-care is also a clinical competency of professional psychology that has historically been insufficiently addressed in training (Donovan & Ponce, 2009). According to the APA Board of Professional Affairs Advisory Committee on Colleague Assistance, a better understanding of functioning in psychologists is necessary to properly promote self-care across the career-span (2005). There is a need for research in this area to establish evidence-based self-care practices. This study lends empirical support for an increased focus on psychologist self-care with specific attention to the relationships between Perceived Stress, Psychological Distress, and Coping Self-Efficacy across the career-span. Results largely support hypotheses that there are significant relationships between the variables. With regard to differences in sample means across the career-span, Late career psychologists' scores were significantly higher than Early career psychologists' for Self-Care frequency and Coping Self-Efficacy. Late career psychologists' Perceived Stress levels were significantly lower. Further, there are differences in

frequency and type of Self-Care practices between Early and Late career psychologists. Implications, limitations, and suggestions for future research are provided.

<http://www.sciencedirect.com/science/article/pii/S0022395614002787>

Disagreement between self-reported and clinician-ascertained suicidal ideation and its correlation with depression and anxiety severity in patients with major depressive disorder or bipolar disorder.

Keming Gao, Renrong Wu, Zuowei Wang, Ming Ren, David E. Kemp, Philip K. Chan, Carla M. Conroy, Mary Beth Serrano, Stephen J. Ganocy, Joseph R. Calabrese

Journal of Psychiatric Research
Available online 19 September 2014

Objectives

To study the disagreement between self-reported suicidal ideation (SR-SI) and clinician-ascertained suicidal ideation (CA-SI) and its correlation with depression and anxiety severity in patients with major depressive disorder (MDD) or bipolar disorder (BPD).

Methods

Routine clinical outpatients were diagnosed with the MINI-STEP-BD version. SR-SI was extracted from the 16 Item Quick Inventory of Depression Symptomatology Self-Report (QIDS-SR-16) item 12. CA-SI was extracted from a modified Suicide Assessment module of the MINI. Depression and anxiety severity were measured with the QIDS-SR-16 and Zung Self-Rating Anxiety Scale. Chi-square, Fisher exact, and bivariate linear logistic regression were used for analyses.

Results

Of 103 patients with MDD, 5.8% endorsed any CA-SI and 22.4% endorsed any SR-SI. Of the 147 patients with BPD 18.4% endorsed any CA-SI and 35.9% endorsed any SR-SI. The agreement between any SR-SI and any CA-SI was 83.5% for MDD and 83.1% for BPD, with weighted Kappa of 0.30 and 0.43, respectively. QIDS-SR-16 score, female gender, and ≥ 4 year college education were associated with increased risk for disagreement, 15.44 ± 4.52 versus 18.39 ± 3.49 points ($p=0.0026$), 67% versus 46% ($p=0.0783$) and 61% versus 29% ($p=0.0096$). The disagreement was positively correlated to depression severity in both MDD and BPD with a correlation coefficient $R^2=0.40$ and 0.79 , respectively, but was only positively correlated to anxiety severity in BPD with a $R^2=0.46$.

Conclusion

Self-reported questionnaire was more likely to reveal higher frequency and severity of SI than clinician-ascertained, suggesting that a combination of self-reported and clinical-ascertained

suicidal risk assessment with measuring depression and anxiety severity may be necessary for suicide prevention.

<http://www.sciencedirect.com/science/article/pii/S0005789414001087>

What Changes in Cognitive Therapy for Depression? An Examination of Cognitive Therapy Skills and Maladaptive Beliefs.

Abby D. Adler, Daniel R. Strunk, Russell H. Fazio

Behavior Therapy

Available online 16 September 2014

This study examined effortful cognitive skills and underlying maladaptive beliefs among patients treated with Cognitive Therapy for depression (CT). Depressed patients (n = 44) completed cognitive measures before and after 16 weeks of CT. Measures included: an assessment of CT skills (Ways of Responding Scale, WOR), an implicit test of maladaptive beliefs (Implicit Association Test, IAT), and a self-report questionnaire of maladaptive beliefs (Dysfunctional Attitude Scale, DAS). A matched sample of never-depressed participants (n = 44) also completed study measures. Prior to treatment, depressed patients endorsed significantly more undesirable cognitions on the WOR, IAT, and DAS compared to never-depressed participants. Patients displayed improvement on the WOR and DAS over the course of treatment, but showed no change on the IAT. Additionally, improvements on the WOR and DAS were each related to greater reductions in depressive symptoms. Results suggest that the degree of symptom reduction among patients participating in CT is related to changes in patients' acquisition of coping skills requiring deliberate efforts and reflective thought, but not related to reduced endorsement of implicitly-assessed maladaptive beliefs.

<http://www.sciencedirect.com/science/article/pii/S0005796714001478>

The Effectiveness of an Attention Bias Modification Program as an adjunctive Treatment for Post-Traumatic Stress Disorder.

Jennie M. Kuckertz, Nader Amir, Joseph W. Boffa, Ciara K. Warren, Susan E.M. Rindt, Sonya Norman, Vasudha Ram, Lauretta Ziajko, Jennifer Webb-Murphy, Robert McLay

Behaviour Research and Therapy

Available online 16 September 2014

Attention bias modification (ABM) may be an effective treatment for anxiety disorders (Beard,

Sawyer, & Hofmann, 2012). As individuals with PTSD possess an attentional bias towards threat-relevant information ABM may prove effective in reducing PTSD symptoms. We examined the efficacy of ABM as an adjunct treatment for PTSD in a real-world setting. We administered ABM in conjunction with prolonged exposure or cognitive-processing therapy and medication in a community inpatient treatment facility for military personnel diagnosed with PTSD. Participants were randomized to either ABM or an attention control condition (ACC). While all participants experienced reductions in PTSD symptoms, participants in the ABM group experienced significantly fewer PTSD and depressive symptoms at post-treatment when compared to the ACC group. Moreover, change in plasticity of attentional bias mediated this change in symptoms and initial attentional bias moderated the effects of the treatment. These results suggest that ABM may be an effective adjunct treatment for PTSD.

<http://www.sciencedirect.com/science/article/pii/S0887618514001297>

Associations Between Anxiety Disorders, Suicide Ideation, and Age in Nationally Representative Samples of Canadian and American Adults.

Sarah Raposo, Renée El-Gabalawy, Julie Erickson, Corey S. Mackenzie, Jitender Sareen

Journal of Anxiety Disorders
Available online 16 September 2014

Suicidal behaviors are of significant concern for the individuals displaying such behavior and for service providers who encounter them. Using nationally representative samples of Canadian and American adults, we aimed to examine: Whether age moderated the relationship between having any anxiety disorder and suicide ideation (SI), the prevalence of SI among younger and older adults, and whether age and individual anxiety disorders were differentially associated with SI. Age moderated the relationship between any anxiety disorder and SI among Americans only. Past-year SI was less prevalent among older, compared to younger, adults; Though, nearly every anxiety disorder was associated with increased odds of SI among younger and older Canadian and American adults after controlling for covariates. Effect sizes were particularly large for older American adults, but were coupled with large confidence intervals. Findings contribute to a growing literature suggesting that SI in the context of anxiety is a highly prevalent and complex mental health problem across the adult lifespan.

<http://www.sciencedirect.com/science/article/pii/S0277953614005747>

State-level social capital and suicide mortality in the 50 U.S. states.

Nathan Daniel Lucia Smith, Ichiro Kawachi

This study investigated whether state levels of social capital are associated with rates of completed suicides in the fifty U.S. states. To do this we regressed state-level suicide rates on an index of social capital, along with other variables known to influence suicide rates such as gun ownership, income inequality, alcohol abuse and dependence, drug abuse and dependence, serious mental illness, unemployment, percent of population living in urban areas, poverty, population instability, and living in a “suicide belt” state. Suicide rates were aggregated from 1999 to 2002, and examined separately by sex and different race/ethnic groups. The results showed that White men and women in states with higher levels of social capital had significantly lower rates of suicide when controlling for the other influential variables. When we examined sub-dimensions of social capital, we found that community organizations (for White women) and group membership (for White men) were particularly strongly associated with lower suicide risk.

<http://informahealthcare.com/doi/abs/10.1586/14737175.2014.963057>

The reappraisal of benzodiazepines in the treatment of anxiety and related disorders.

Vladan Starcevic

Expert Review of Neurotherapeutics

Posted online on September 22, 2014. (doi:10.1586/14737175.2014.963057)

Benzodiazepines (BDZs) continue to be shrouded in controversy, mainly because of dependence associated with their long-term use and some of their side effects. Despite treatment recommendations favoring newer antidepressants, BDZs are still commonly prescribed for anxiety and related disorders. Recent studies have demonstrated that long-term use of BDZs for these conditions can be effective and safe and that BDZs can be combined with psychological therapy and antidepressants to produce optimal outcomes. Such findings, along with a failure to convincingly demonstrate the overall superiority of alternative pharmacotherapy for anxiety and related disorders, have given an impetus to a reconsideration of the role of BDZs. This article reviews BDZs and other pharmacotherapy options for anxiety and related disorders and suggests that treatment guidelines should acknowledge that BDZs can be used as first-line, long-term pharmacological treatment for panic disorder, generalized anxiety disorder and social anxiety disorder.

<http://www.sciencedirect.com/science/article/pii/S0887618514001285>

Cognitive processing therapy for male veterans with military sexual trauma-related posttraumatic stress disorder.

Kacy Mullen, Ryan Holliday, Ellen Morris, Annia Raja, Alina Surís

Journal of Anxiety Disorders
Volume 28, Issue 8, December 2014, Pages 761–764

Objective

The current study examined 11 male veterans with military sexual trauma (MST)-related posttraumatic stress disorder (PTSD) who participated in a larger randomized control trial comparing cognitive processing therapy (CPT) to a well-established control treatment (Present Centered Therapy; PCT) among men and women with MST-related PTSD.

Method

All participants (n = 11) completed a 12 session protocol of CPT. The Clinician Administered PTSD Scale (CAPS), PTSD Checklist (PCL), and Quick Inventory of Depressive Symptomatology (QIDS) were administered at baseline and post-treatment sessions 2, 4, and 6 months after CPT completion. Additionally, the PCL and QIDS were administered every two sessions during CPT treatment.

Results

Piecewise growth curve analyses revealed that significant change over time in both PTSD and depressive symptoms was associated with the active treatment phase and that participants maintained treatment gains over the 6-month follow-up period.

Conclusions

CPT effectively reduced self-reported symptoms of PTSD as well as depressive symptoms for men with MST-related PTSD. Additionally, participants maintained the gains they made during treatment over a 6-month follow-up period. It is recommended that future studies examine patient characteristics that might impact outcome in order to improve understanding of who benefits the most from treatment.

<http://www.ncbi.nlm.nih.gov/pubmed/24529423>

Psychiatr Clin North Am. 2014 Mar;37(1):55-75. doi: 10.1016/j.psc.2013.11.002.

Traumatic brain injury and posttraumatic stress disorder.

Bahraini NH, Breshears RE, Hernández TD, Schneider AL, Forster JE, Brenner LA

Given the upsurge of research in posttraumatic stress disorder (PTSD) and traumatic brain injury (TBI), much of which has focused on military samples who served in Iraq and Afghanistan, the purpose of this article is to review the literature published after September 11th, 2001 that addresses the epidemiology, pathophysiology, evaluation, and treatment of PTSD in the context of TBI. Published by Elsevier Inc.

<http://jhp.sagepub.com/content/early/2014/08/27/0022167814548486.abstract>

From Reliving to Relieving Using Embodied Imagination to Help Veterans Move Forward.

Judith L. White

Journal of Humanistic Psychology
September 24, 2014

Embodied Imagination (EI) is a psychotherapeutic technique in which a dream or memory environment is reexperienced in a hypnagogic state as a composite of its many perspectives simultaneously. While this method has been employed by mental health professionals to treat trauma survivors, there is scant documentation of its use with combat veterans. This case study focuses on the role of EI in helping a high-ranking Marine work through the stressful memories of war and the indecisiveness that marked his civilian life. Only in the last 6 months of his 2-year treatment could he reveal the recurring intrusive memory and nightmare of a high-risk mission he had authorized as a commanding officer in Afghanistan. The memory of certain decisions he had made on this mission left him with lingering guilt, shame, and doubt. Key to this process was the embodiment of a safe place that contained the patient, allowing him to integrate the more difficult parts of the memory without retraumatization. While EI is similar to other methods for working with nightmares, its emphasis on the non-self-perspective through the exploration of ego-alien images—while hewing closely to the original images—may be unique. EI appears to be a method that encourages posttraumatic growth.

<http://www.tandfonline.com/doi/abs/10.1080/21635781.2014.963758>

Exploring Prolonged Grief Disorder and its Relationship to Suicidal Ideation Among Veterans.

Jeffrey Alan Rings, Peter M Gutierrez, Jeri E. Forster

Military Behavioral Health
Accepted author version posted online: 25 Sep 2014

Consensus exists that prolonged grief disorder (PGD) is a risk factor for suicide. However, this relationship remains untested among Veterans. In this hypothesis-generating, descriptive study, a sample of VA-enrolled Veterans (n = 156) completed a bereavement-specific demographic questionnaire as well as self-report symptom inventories of PGD, PTSD, depression, and suicide-related cognitions. PGD occurred in 15% of the bereaved sample. PGD symptom severity also significantly correlated with suicidal ideation. PGD most commonly co-occurred with severe depressive and/or PTSD symptoms rather than in isolation, one possibility as to why PGD may be overlooked by Veteran mental health providers. Limitations and recommendations for future research also are discussed.

<http://www.tandfonline.com/doi/abs/10.1080/07448481.2014.963106>

Behavioral Health and Adjustment to College Life for Student Service Members/Veterans.

Lawrence Schonfeld, Lawrence A. Braue, Sheryl Stire, Amber M. Gum, Brittany L. Cross, Lisa M. Brown

Journal of American College Health

Accepted author version posted online: 25 Sep 2014

Increasing numbers of student service members/veterans (SSM/Vs) are enrolling in college. However, little is known about how their previous military experience affects their adjustment to this new role. The present study tested the hypothesis that SSM/Vs who report adjustment problems in college have a higher incidence of posttraumatic stress disorder (PTSD), depression, and other behavioral health problems compared to those who do not report adjustment problems. SSM/Vs (n = 173) at a large, Southeastern, public university completed online surveys that included well-validated screens measuring substance use, depression, PTSD, and other mental disorders. Those reporting difficulties adjusting to university life (28%) reported significantly higher frequencies of behavioral and health problems while in the military, and significantly higher levels of PTSD, depression, and mental health disorders, but no difference in substance use. Implications for improved behavioral health screening and coordination of university behavioral health services with veterans' health systems are discussed.

<http://www.austinpublishinggroup.com/nutrition-food-sciences/fulltext/ajnfs-v2-id1030.php>

Vitamin D Status May Affect Resilience and Recovery from Mild Traumatic Brain Injury in Military Personnel.

Laurel M. Wentz

Experiencing mild traumatic brain injury (mTBI) may lead to chronic postconcussive symptoms, increasing the risk for post-traumatic stress disorder (PTSD) and suicide. Vitamin D deficiency is associated with cognitive decline, depression, and potentially PTSD through its relationship to testosterone production. Furthermore, vitamin D deficiency elevates systematic inflammation, meaning that poor vitamin D status at the time of blast may prolong inflammatory response to mTBI and exacerbate post-concussive symptoms. Since widespread vitamin D deficiency is observed across the U.S. population, poor vitamin D status is expected in service members. Given the high risk for mTBI in service members and suboptimal vitamin D levels observed in this population, treatment of vitamin D deficiency and elucidation of its mechanism in mTBI resilience and recovery merits exploration. Evidence in this review investigates possible protection of achieving optimal vitamin D levels for mTBI resiliency and recovery through its influence on inflammatory and hormonal biomarkers. Despite interest in using vitamin D as treatment for TBI, no human trials have tested the role of vitamin D in mTBI resiliency or recovery, nor have data been prospectively collected on the prevalence of vitamin D deficiency in service members. The neuroprotective effects of vitamin D warrant further investigation into the role of vitamin D in mTBI management.

<http://onlinelibrary.wiley.com/doi/10.1002/jts.21956/abstract>

Prevalence of a Positive Screen for PTSD Among OEF/OIF and OEF/OIF-Era Veterans in a Large Population-Based Cohort.

Dursa, E. K., Reinhard, M. J., Barth, S. K. and Schneiderman, A. I.

Journal of Traumatic Stress

Article first published online: 29 SEP 2014

Multiple studies have reported the prevalence of posttraumatic stress disorder (PTSD) in Operation Enduring Freedom and Operation Iraqi Freedom (OEF/OIF) veterans; however, these studies have been limited to populations who use the Department of Veterans Affairs (VA) for health care, specialty clinic populations, or veterans who deployed. The 3 aims of this study were to report weighted prevalence estimates of a positive screen for PTSD among OEF/OIF and nondeployed veterans, demographic subgroups, and VA health care system users and nonusers. The study analyzed data from the National Health Study for a New Generation of U.S. Veterans, a large population-based cohort of OEF/OIF and OEF/OIF-era veterans. The overall weighted prevalence of a positive screen for PTSD in the study population was 13.5%: 15.8% among OEF/OIF veterans and 10.9% in nondeployed veterans. Among OEF/OIF veterans, there was increased risk of a positive screen for PTSD among VA health care users

(OR = 2.71), African Americans (OR = 1.61), those who served in the Army (OR = 2.67), and those on active duty (OR = 1.69). The same trend with decreased magnitude was observed in nondeployed veterans. PTSD is a significant public health problem in OEF/OIF-era veterans, and should not be considered an outcome solely related to deployment.

<http://psycnet.apa.org/journals/gpr/18/3/156/>

The destructiveness of perfectionism revisited: Implications for the assessment of suicide risk and the prevention of suicide.

Flett, Gordon L.; Hewitt, Paul L.; Heisel, Marnin J.

Review of General Psychology, Vol 18(3), Sep 2014, 156-172.

Although perfectionism is recognized as a factor that is linked with suicide, we maintain that the role of perfectionism as an amplifier of the risk of suicide has been underestimated due to several factors. In the current article, contemporary research on the role of perfectionism in suicide is reviewed and summarized. Several themes are addressed, including: (a) consistent evidence linking suicide ideation with chronic exposure to external pressures to be perfect (i.e., socially prescribed perfectionism); (b) the roles of perfectionistic self-presentation and self-concealment in suicides that occur without warning; and (c) how perfectionism contributes to lethal suicide behaviors. We also summarize data showing consistent links between perfectionism and hopelessness and discuss the need for a person-centered approach that recognizes the heightened risk for perfectionists who also tend to experience hopelessness, psychache, life stress, overgeneralization, and a form of emotional perfectionism that restricts the willingness to disclose suicidal urges and intentions. It is concluded that when formulating clinical guidelines for suicide risk assessment and intervention and public health approaches to suicide prevention, there is an urgent need for an expanded conceptualization of perfectionism as an individual and societal risk factor. We also discuss why it is essential to design preventive programs tailored to key personality features with specific components that should enhance resilience and reduce levels of risk among perfectionists who hide behind a mask of apparent invulnerability. (PsycINFO Database Record (c) 2014 APA, all rights reserved)

<http://www.journalofpsychiatricresearch.com/article/S0022-3956%2814%2900278-7/abstract>

Disagreement between self-reported and clinician-ascertained suicidal ideation and its correlation with depression and anxiety severity in patients with major depressive disorder or bipolar disorder.

Keming Gao, Renrong Wu, Zuwei Wang, Ming Ren, David E. Kemp, Philip K. Chan, Carla M.

Conroy, Mary Beth Serrano, Stephen J. Ganocy, Joseph R. Calabrese

Journal of Psychiatric Research

Published Online: September 18, 2014

Objectives

To study the disagreement between self-reported suicidal ideation (SR-SI) and clinician-ascertained suicidal ideation (CA-SI) and its correlation with depression and anxiety severity in patients with major depressive disorder (MDD) or bipolar disorder (BPD).

Methods

Routine clinical outpatients were diagnosed with the MINI-STEP-BD version. SR-SI was extracted from the 16 Item Quick Inventory of Depression Symptomatology Self-Report (QIDS-SR-16) item 12. CA-SI was extracted from a modified Suicide Assessment module of the MINI. Depression and anxiety severity were measured with the QIDS-SR-16 and Zung Self-Rating Anxiety Scale. Chi-square, Fisher exact, and bivariate linear logistic regression were used for analyses.

Results

Of 103 patients with MDD, 5.8% endorsed any CA-SI and 22.4% endorsed any SR-SI. Of the 147 patients with BPD 18.4% endorsed any CA-SI and 35.9% endorsed any SR-SI. The agreement between any SR-SI and any CA-SI was 83.5% for MDD and 83.1% for BPD, with weighted Kappa of 0.30 and 0.43, respectively. QIDS-SR-16 score, female gender, and ≥ 4 year college education were associated with increased risk for disagreement, 15.44 ± 4.52 versus 18.39 ± 3.49 points ($p=0.0026$), 67% versus 46% ($p=0.0783$) and 61% versus 29% ($p=0.0096$). The disagreement was positively correlated to depression severity in both MDD and BPD with a correlation coefficient $R^2=0.40$ and 0.79 , respectively, but was only positively correlated to anxiety severity in BPD with a $R^2=0.46$.

Conclusion

Self-reported questionnaire was more likely to reveal higher frequency and severity of SI than clinician-ascertained, suggesting that a combination of self-reported and clinical-ascertained suicidal risk assessment with measuring depression and anxiety severity may be necessary for suicide prevention.

<http://onlinelibrary.wiley.com/doi/10.1111/sltb.12127/abstract>

Trajectories of Suicide Ideation, Nonsuicidal Self-Injury, and Suicide Attempts in a Nonclinical Sample of Military Personnel and Veterans.

Bryan, C. J., Bryan, A. O., May, A. M. and Klonsky, E. D.

Suicide and Life-Threatening Behavior
Article first published online: 25 SEP 2014

Nonsuicidal self-injury (NSSI) is a risk factor for suicide attempts, but little is known about NSSI among military personnel and veterans, or about the temporal sequencing of NSSI relative to suicide ideation and attempts. This study evaluates trajectories of suicide ideation, NSSI, and suicide attempts in a sample of 422 military personnel and veterans. Of those with a history of NSSI, 77% also experienced suicide ideation. Suicide ideation emerged before NSSI (67%) more often than the reverse (17%). Of those with a history of suicide attempt, 41% also engaged in NSSI. NSSI emerged prior to the first suicide attempt (91%) more often than the reverse (9%). The length of time from suicide ideation to suicide attempt was longer for those who first engaged in NSSI (median = 3.5 years) compared with those who did not engage in NSSI (median = 0.0 years), Wald $\chi^2(1) = 11.985$, $p = .002$. Age of onset was earlier for participants reporting NSSI only compared with those reporting both NSSI and suicide attempts (16.71 vs. 22.08 years), $F(1, 45) = 4.149$, $p = .048$. NSSI may serve as a “stepping stone” from suicide ideation to attempts for 41% of those who attempt suicide.

<http://cor.sagepub.com/content/early/2014/09/23/2150137814550523.abstract>

Comparative Efficacy Between Self-Report and Clinician-Administered Assessments of Posttraumatic Stress Disorder Symptoms Across Seven Studies.

A. Stephen Lenz, Ryan T. Williams

Counseling Outcome Research and Evaluation
September 24, 2014

A meta-analysis of seven studies using self-report and clinician-administered assessments to evaluate the effectiveness of a cognitive processing therapy (CPT) intervention among 684 participants. A secondary moderation analysis was completed to investigate the effect of assessment type, type of comparison group, and publication date with effect size reporting in seven studies evaluating the effectiveness of CPT for treating posttraumatic stress disorder. Results indicated no significant differences and modest effect sizes for assessment format (self-report vs. clinician administered) and publication date. A medium effect size was detected for type of comparison group implemented within individual studies. Implications for counseling practice and future research are discussed.

<http://www.tandfonline.com/doi/abs/10.1080/15614263.2014.961455>

An exploration of attitudes and support needs of police officer negotiators involved in suicide negotiation.

William Spence, Jodi Millott

Police Practice and Research
Published online: 25 Sep 2014

This study explored the attitudes and support needs of police officer negotiators involved in suicide negotiation. A qualitative approach was adopted, applying principles of grounded theory research. Purposive sampling was used and 16 semi-structured interviews conducted. Strategies and processes taught during training for the role constituted an important support mechanism. The lack of formal processes to support participants' well-being was reported although effective peer support network amongst negotiators existed. Mental health awareness and suicide intervention training should be considered key for police officers, who are first responders. Robust procedures are needed to support the emotional well-being of police negotiators.

<http://www.learnovation.com/R2P-2014/PDFs/MWR2P-2014-Proceedings.pdf#page=73>

Veterans in Higher Education: An Ethnographic Study of Veterans' Higher Education Experience

Steven P. Dalcher, Ed.D

33rd Annual Research-to-Practice Conference (R2P) in Adult and Higher Education with Ball State University's 2nd Annual Adult, Higher, & Community Education Research Conference

September 19 & 20, 2014
Ball State University, Muncie, Indiana

This ethnographic study examined the higher education experience of six Global War on Terrorism combat Veterans, using two research questions: 1) How does a Global War on Terrorism (GWOT) Veteran student perceive his/her educational experiences at a four year university? 2) What are the educational, emotional, and psychological needs of the (GWOT) combat Veteran while pursuing higher education? The findings indicated that the Veterans interviewed experienced three major themes through their higher education process: 1) Transitions, all Veterans interviewed experienced a series of rapid transitions which forced them to shift their focus and daily routines from extremes of rigidity during military service to the non-directive life as student. 2) Alienation, all Veterans interviewed expressed a sense of isolation

and alienation as they transitioned from military life to the life of a student . 3) Disability, all Veterans interviewed discussed stereotypes of disability to include PTSD, not necessarily their own, but of other Veterans they knew.

<http://www.tandfonline.com/doi/abs/10.1080/00981389.2014.944249>

Intimate Partner Violence Among Female Service Members and Veterans: Information and Resources Available Through Military and Non-Military Websites.

Amy Brown, Manisha Joshi

Social Work in Health Care
Vol. 53, Iss. 8, 2014

With the expansion of women's roles in the military, the number of female service members and veterans has increased. Considerable knowledge about intimate partner violence (IPV) in civilian couples exists but little is known about IPV among female service members and veterans. Prevalence rates of IPV range from 17% to 39% for female service members, and 21.9% to 74% for veterans. Most service members and veterans indicated using the Internet at least occasionally and expressed willingness to seek information about services via the Internet. Informed by data, we conducted a systematic review of military (Army, Navy, Air Force, and Marine Corps) and non-military (Veterans Affairs and Google) websites to explore the availability and presentation of information and resources related to IPV. The websites search revealed a variety of resources and information available, and important differences between sites with regard to what and how information is presented. Implications for practice and further research are discussed.

<http://www.tandfonline.com/doi/abs/10.1080/15614263.2014.958488>

Post-traumatic effects in policing: perceptions, stigmas and help seeking behaviours.

Cole D.J. Heffren, Peter A. Hausdorf

Police Practice and Research

Published online: 26 Sep 2014

This study explored the relationships between perceptions, stigmas and support with help seeking amongst police officers. A total of 421 web surveys were completed by constables from a large municipal police force in Canada. The most significant finding was the relationship

between officers feeling comfortable disclosing distressing personal information and seeking help from others. Help was most commonly sought from respondents' friends (at work and outside) and family members. Respondents shared information with their direct supervisors only when there was a strong, reciprocal relationship between them. Implications for future research and practice for help seeking in police occupations are discussed.

<http://www.tandfonline.com/doi/abs/10.1080/15389588.2014.896994>

The Prevalence and Correlates of Risky Driving Behavior Among National Guard Soldiers.

Katherine J. Hoggatt, Marta R. Prescott, Emily Goldmann, Marijo Tamburrino, Joseph R. Calabrese, Israel Liberzon, Sandro Galea

Traffic Injury Prevention

Published online: 26 Sep 2014

Objective:

Previous studies have reported that risky driving is associated with deployment and combat exposure in military populations, but there is limited research on risky driving among soldiers in the National Guard and Reserves, a group increasingly deployed to active international conflicts. The goal of this analysis was to assess the prevalence of risky driving and its demographic, mental health, and deployment-related correlates among members of the Ohio Army National Guard (OHARNG).

Methods:

The study group comprised 2,616 eligible OHARNG soldiers enlisted as of June 2008, or who enlisted between June 2008 and February 2009. The main outcome of interest was the prevalence of risky driving behavior assessed using six questions: "How often do you use seat belts when you drive or ride in a car?"; "In the past 30 days, how many times have you driven when you've had perhaps too much to drink?"; "In the past year, have you ever become impatient with a slow driver in the fast lane and passed them on the right?"; "In the past year have you crossed an intersection knowing that the traffic lights have already changed from yellow to red?"; "In the past year have you disregarded speed limits late at night or early in the morning?"; and "In the past year have you underestimated the speed of an oncoming vehicle when attempting to pass a vehicle in your own lane?" We fit multiple logistic regression models and derived the adjusted prevalence of risky driving behavior for soldiers with mental health conditions, deployment experience, exposure to combat or trauma, and psychosocial stressors or supports.

Results:

The prevalence of risky driving was higher in soldiers with a history of mental health conditions, deployment to a conflict area, deployment-related traumatic events, and combat or post-combat stressors. In contrast, the prevalence of risky driving was lower for soldiers who reported high levels of psychosocial support.

Conclusions:

Efforts to mitigate risky driving in military populations may be more effective if they incorporate both targeted messages to remediate dangerous learned driving behaviors and psychosocial interventions to build resilience and address underlying stressors and mental health symptoms.

<http://www.sciencedirect.com/science/article/pii/S0740547214001950>

Trauma Symptoms for Men and Women in Substance Abuse Treatment: A Latent Transition Analysis.

Merith Cosden, Jessica L. Larsen, Megan T. Donahue, Karen Nylund-Gibson

Journal of Substance Abuse Treatment

Available online 26 September 2014

Differences in trauma symptoms among men and women in two court-involved substance abuse treatment programs were examined using latent transition analysis (LTA). It was hypothesized that women would be more likely to report clinical-level trauma symptoms than would men, but that both groups would show reductions in symptoms over time. Symptom classifications were determined by the LTA. Scores on the Trauma Symptom Inventory (TSI) were obtained on 381 program participants, 112 men and 269 women, at intake and after 6 months in treatment. Three ordered classes were obtained for men and women at each time point: Non-Clinical (no TSI scales elevated), Moderate Symptoms (1 or 2 scales elevated) and Severe Symptoms (all scales elevated). Men were more likely to be represented in the Non-Clinical class at intake, while women had higher representation in the Severe Symptoms classification. There was a reduction of trauma symptoms for most men and women, but some groupings had symptoms that remained the same or became worse over time. Using gender and trauma-symptoms to help determine interventions is discussed.

Links of Interest

Doc gives candid talk on women's issues in military

http://www.army.mil/article/134176/Doc_gives_candid_talk_on_women_s_issues_in_military/

Talk therapy -- not medication -- best for social anxiety disorder, large study finds
<http://www.sciencedaily.com/releases/2014/09/140925205629.htm>

Treatment of substance abuse can lessen risk of future violence in mentally ill
<http://www.sciencedaily.com/releases/2014/10/141001133127.htm>

How physical exercise protects the brain from stress-induced depression
<http://www.sciencedaily.com/releases/2014/09/140925131345.htm>

Scientists discover 'dimmer switch' for mood disorders
<http://www.sciencedaily.com/releases/2014/09/140918141153.htm>

How stress tears us apart: Enzyme attacks synaptic molecule, leading to cognitive impairment
<http://www.sciencedaily.com/releases/2014/09/140918091418.htm>

Neurobiological basis for key symptoms associated with post-traumatic stress disorder found by brain imaging research
<http://www.sciencedaily.com/releases/2014/09/140917172738.htm>

Soldier posts suicide attempt to Facebook
http://www.army.mil/article/134479/Soldier_posts_suicide_attempt_to_Facebook/

Screenings, response plans can prevent suicide
http://www.army.mil/article/134010/Screenings_response_plans_can_prevent_suicide/

Depression increasing across the country
http://www.eurekalert.org/pub_releases/2014-09/sdsu-dia093014.php

How to predict who will suffer the most from stress
http://www.eurekalert.org/pub_releases/2014-09/cu-htp093014.php

Sleep twitches light up the brain
http://www.eurekalert.org/pub_releases/2014-09/uoi-stl092914.php

Resource of the Week: New from the Congressional Research Service -- [Legislative Research for Congressional Staff: How to Find Documents and Other Resources](#)

Among the most coveted government documents, Congressional Research Service reports are timely, authoritative and impeccably sourced. The bad news: Since the [Congressional Research Service](#) “works exclusively for the United States Congress,” these high quality reports (that you pay for with your tax dollars) are not released directly to the public. The good news: Several academic institutions and nonprofits diligently collect many of these reports and make them

available on the open web.

The [collection](#) curated by the Federation of American Scientists' Project on Government Secrecy is extensive and up-to-date. The research guide mentioned above, released in late September, "is one of a series of reports on legislative process and research; it is intended to serve as a finding aid to sources of information, such as documents, news articles, analysis, contacts and services, used in legislative research."



Legislative Research for Congressional Staff: How to Find Documents and Other Resources

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