



CDP Research Update -- October 16, 2014

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- Stress in Service Members.
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- Links of Interest
- Resource of the Week: JournalTOCs (current awareness tool)

<http://www.ncbi.nlm.nih.gov/pubmed/25299617>

J Addict Dis. 2014 Oct 9:0. [Epub ahead of print]

Trauma Exposure and Cigarette Smoking: The Impact of Negative Affect and Affect-Regulatory Smoking Motives.

Farris SG, Zvolensky MJ, Beckham JC, Vujanovic AA, Schmidt NB

Cognitive-affective mechanisms related to the maintenance of smoking among trauma-exposed individuals are largely unknown. Cross-sectional data from trauma-exposed treatment-seeking smokers (n = 283) were utilized to test a series of multiple mediator models of trauma exposure and smoking, as mediated by the sequential effects of negative affect and affect-modulation smoking motives. The sequential effects of both mediators indirectly predicted the effect of greater trauma exposure types on nicotine dependence, a biochemical index of smoking, perceived barriers to smoking cessation, and greater withdrawal-related problems during past quit attempts. Negative affect and affect-modulation motives for smoking may contribute to the trauma-smoking association.

<http://www.ncbi.nlm.nih.gov/pubmed/25299460>

Addict Behav. 2014 Sep 28;41C:41-45. doi: 10.1016/j.addbeh.2014.09.022. [Epub ahead of print]

PTSD-related alcohol expectancies and impulsivity interact to predict alcohol use severity in a substance dependent sample with PTSD.

Schaumberg K, Vinci C1, Raiker JS, Mota N, Jackson M, Whalen 1, Schumacher JA, Coffey SF

INTRODUCTION:

Problematic alcohol use is highly comorbid with posttraumatic stress disorder (PTSD), and prior work has demonstrated that individuals with PTSD may self-medicate with alcohol in an effort to reduce their symptoms. The combination of impulsivity and alcohol-related expectancies influences the development of problematic drinking patterns. When examining individuals diagnosed with PTSD, PTSD-related alcohol expectancies may be particularly relevant to the etiology of problematic drinking. To date, no studies have specifically examined PTSD-specific alcohol expectancies as they relate to alcohol use severity in a clinical sample.

METHODS:

The current study examined the relationship between impulsivity, PTSD-related alcohol expectancies, and severity of alcohol use in a sample of 63 individuals diagnosed with comorbid

PTSD and substance use disorders who were receiving treatment in a residential substance use treatment program.

RESULTS:

Results indicated that PTSD-related alcohol expectancies moderated the relationship between impulsivity and alcohol use severity. Specifically, at low to moderate levels of positive PTSD-related alcohol expectancies, impulsivity significantly predicted alcohol use severity, while impulsivity had no impact on the prediction of alcohol use severity when such expectancies were high. Additionally, the relationship between impulsivity, expectancies, and alcohol use severity was significant for positive, but not negative, PTSD-related alcohol expectancies.

CONCLUSIONS:

Overall, these results suggest that impulsivity and PTSD-related alcohol expectancies interact to predict alcohol use severity in a comorbid PTSD and substance dependent sample. Copyright © 2014. Published by Elsevier Ltd.

<http://www.ncbi.nlm.nih.gov/pubmed/25295652>

Postgrad Med. 2014 Sep;126(5):82-101. doi: 10.3810/pgm.2014.09.2802.

Integrating modern concepts of insomnia and its contemporary treatment into primary care.

Doghramji PP. Author information Abstract Insomnia affects one-third of the adult population. Ten percent of adults surveyed in America consider it a serious problem. Chronic insomnia is associated with poor quality of life and the potential for various psychiatric and medical conditions, notably depression and cardiovascular disease. Since most patients with insomnia are unlikely to disclose obvious sleeping difficulties, the first step in diagnosing and managing patients is having a high index of suspicion in patients with specific complaints, comorbidities, and risk factors. This is followed by a complete evaluation of the patient's medical and physical history to determine if the insomnia is primary or comorbid with another disease. The management of insomnia should consider the extent of impairment associated with the disorder, as well as duration, causes, and comorbidities. In some cases, referral to a specialist is warranted. Recently, there have been new definitions of insomnia proposed; elucidation of the role of orexin-mediated hyperarousal brain neural pathway in the sleep-wake cycle; and new drugs available that target this system. Thus, a review and update for today's primary care physician is warranted.

<http://www.ncbi.nlm.nih.gov/pubmed/25295434>

J Clin Psychiatry. 2014 Sep;75(9):e916-23. doi: 10.4088/JCP.13m08855.

Personality modulates the efficacy of treatment in patients with major depressive disorder.

Wardenaar KJ, Conradi HJ, Bos EH, de Jonge P

OBJECTIVE:

Effects of depression treatment are obscured by heterogeneity among patients. Personality types could be one source of heterogeneity that explains variability in treatment response. Clinically meaningful variations in personality patterns could be captured with data-driven subgroups. The aim of this study was to identify such personality types and to explore their predictive value for treatment efficacy.

METHOD:

Participants (N = 146) in the current exploratory study came from a randomized controlled trial in primary care depressed patients, conducted between January 1998 and June 2003, comparing different treatments. All participants were diagnosed with a major depressive disorder (MDD) according to the DSM-IV. Primary (care as usual [CAU] or CAU plus a psychoeducational prevention program [PEP]) and specialized (CAU + PEP + psychiatric consultation or cognitive-behavioral therapy) treatment were compared. Personality was assessed with the Neuroticism-Extraversion-Openness Five-Factor Inventory (NEO-FFI). Personality classes were identified with latent profile analysis (LPA). During 1 year, weekly depression ratings were obtained by trimonthly assessment with the Composite International Diagnostic Interview. Mixed models were used to analyze the effects of personality on treatment efficacy.

RESULTS:

A 2-class LPA solution fit best to the NEO-FFI data: Class 1 (vulnerable, n = 94) was characterized by high neuroticism, low extraversion, and low conscientiousness, and Class 2 (resilient, n = 52) by medium neuroticism and extraversion and higher agreeableness and conscientiousness. Recovery was quicker in the resilient class (class × time: $P < .001$). Importantly, specialized treatment had added value only in the vulnerable class, in which it was associated with quicker recovery than primary treatment (class × time × treatment: $P < .001$).

CONCLUSIONS:

Personality profile may predict whether specialized clinical efforts have added value, showing potential implications for planning of treatments. © Copyright 2014 Physicians Postgraduate Press, Inc.

<http://www.ncbi.nlm.nih.gov/pubmed/25288884>

Subst Abuse. 2014 Sep 16;8:55-62. doi: 10.4137/SART.S18446. eCollection 2014

Sleep Disturbances in Individuals with Alcohol-Related Disorders: A Review of Cognitive-Behavioral Therapy for Insomnia (CBT-I) and Associated Non-Pharmacological Therapies.

Brooks AT, Wallen GR

Sleep disturbances are common among alcohol-dependent individuals and are often associated with relapse. The utility of behavioral therapies for sleep disturbances, including cognitive-behavioral therapy for insomnia (CBT-I), among those with alcohol-related disorders is not well understood. This review systematically evaluates the evidence of CBT-I and related behavioral therapies applied to those with alcohol-related disorders and accompanying sleep disturbances. A search of four research databases (PubMed, PsycINFO, Embase, and CINAHL Plus) yielded six studies that met selection criteria. Articles were reviewed using Cochrane's Grades of Recommendation, Assessment, Development, and Evaluation (GRADE) scoring system. A majority of the studies demonstrated significant improvements in sleep efficiency among behavioral therapy treatment group(s), including but not limited to CBT-I. While behavioral sleep interventions have been successful in varied populations, they may not be utilized to their full potential among those with alcohol-related disorders as evidenced by the low number of studies found. These findings suggest a need for mixed-methods research on individuals' sleep experience to inform interventions that are acceptable to the target population.

<http://www.ncbi.nlm.nih.gov/pubmed/25290658>

Subst Use Misuse. 2014 Oct 7. [Epub ahead of print]

Chronic Physical Health Problems Moderate Changes in Depression and Substance Use Among Dual Diagnosed Individuals During and After Treatment.

Cui R, Tate SR, Cummins K, Skidmore JR, Brown SA

Background:

Physical illnesses frequently co-occur with depression and substance use disorders and may impact their improvement. Physical illness symptoms may overlap with or exacerbate somatic symptoms of depression. Individuals may use substances to cope with symptoms of physical illness.

Objectives:

We examined whether chronic physical health problems moderated changes in depression and

substance use among dual diagnosed individuals during and in the year following treatment.

Methods:

Participants were recruited from a Veterans Affairs dual diagnosis outpatient program between March 2000 and November 2007 and were randomized to either Integrated Cognitive-Behavioral Therapy or Twelve-Step Facilitation Therapy. A total of 214 veterans with assessment data for the variables of interest were included in analyses. Participants completed quarterly depression, substance use, and health assessments over an 18 month period. We used linear-mixed effects models to analyze patterns of change for depression and substance use.

Results:

Individuals with severe chronic health problems and higher intake depression showed slower improvements in both nonsomatic and somatic depression symptoms. Individuals with severe chronic health problems and higher midtreatment substance use showed less improvement in substance use.

Conclusions:

Assessing and addressing physical health issues during depression and substance use disorder treatment may improve outcomes.

<http://www.ncbi.nlm.nih.gov/pubmed/25285527>

Cultur Divers Ethnic Minor Psychol. 2014 Oct 6. [Epub ahead of print]

Cognitive Behavioral Therapy: A Meta-Analysis of Race and Substance Use Outcomes.

Windsor LC, Jemal A, Alessi EJ

Cognitive behavioral therapy (CBT) is an effective intervention for reducing substance use. However, because CBT trials have included predominantly White samples caution must be used when generalizing these effects to Blacks and Hispanics. This meta-analysis compared the impact of CBT in reducing substance use between studies with a predominantly non-Hispanic White sample (hereafter NHW studies) and studies with a predominantly Black and/or Hispanic sample (hereafter BH studies). From 322 manuscripts identified in the literature, 16 met criteria for inclusion. Effect sizes between CBT and comparison group at posttest had similar effects on substance abuse across NHW and BH studies. However, when comparing pre-posttest effect sizes from groups receiving CBT between NHW and BH studies, CBT's impact was significantly stronger in NHW studies. T-test comparisons indicated reduced retention/engagement in BH studies, albeit failing to reach statistical significance. Results highlight the need for further research testing CBT's impact on substance use among Blacks and Hispanics. (PsycINFO Database Record (c) 2014 APA, all rights reserved).

<http://www.ncbi.nlm.nih.gov/pubmed/25286373>

J Abnorm Psychol. 2014 Oct 6. [Epub ahead of print]

The Temporal Relationship Between Posttraumatic Stress Disorder and Problem Alcohol Use Following Traumatic Injury.

Nickerson A, Barnes JB, Creamer M, Forbes D, McFarlane AC, O'Donnell M, Silove D, Steel Z, Bryant RA

Chronic alcohol abuse is a major public health concern following trauma exposure; however, little is known about the temporal association between posttraumatic stress disorder (PTSD) symptoms and problem alcohol use. The current study examined the temporal relationship between PTSD symptom clusters (re-experiencing, effortful avoidance, emotional numbing, and hyperarousal) and problem alcohol use following trauma exposure. This study was a longitudinal survey of randomly selected traumatic injury patients interviewed at baseline, 3 months, 12 months, and 24 months following injury. Participants were 1,139 injury patients recruited upon admission from 4 Level 1 trauma centers across Australia. Participants were assessed using the Clinician Administered PTSD Scale and Alcohol Use Disorders Identification Test. Results indicated that high levels of re-experiencing, effortful avoidance, and hyperarousal symptoms at 12 months were associated with greater increases (or smaller decreases) in problem alcohol use between 12 and 24 months. Findings also suggested that high levels of problem alcohol use at 12 months were associated with greater increases (or smaller decreases) in emotional numbing symptoms between 12 and 24 months. These findings highlight the critical importance of the chronic period following trauma exposure in the relationship between PTSD symptoms and problem alcohol use. (PsycINFO Database Record (c) 2014 APA, all rights reserved).

<http://www.ncbi.nlm.nih.gov/pubmed/25279111>

Eur J Psychotraumatol. 2014 Sep 15;5. doi: 10.3402/ejpt.v5.25097. eCollection 2014.

Distinguishing PTSD, Complex PTSD, and Borderline Personality Disorder: A latent class analysis.

Cloitre M, Garvert DW, Weiss B, Carlson EB, Bryant RA

BACKGROUND:

There has been debate regarding whether Complex Posttraumatic Stress Disorder (Complex

PTSD) is distinct from Borderline Personality Disorder (BPD) when the latter is comorbid with PTSD.

OBJECTIVE:

To determine whether the patterns of symptoms endorsed by women seeking treatment for childhood abuse form classes that are consistent with diagnostic criteria for PTSD, Complex PTSD, and BPD.

METHOD:

A latent class analysis (LCA) was conducted on an archival dataset of 280 women with histories of childhood abuse assessed for enrollment in a clinical trial for PTSD.

RESULTS:

THE LCA REVEALED FOUR DISTINCT CLASSES OF INDIVIDUALS: a Low Symptom class characterized by low endorsements on all symptoms; a PTSD class characterized by elevated symptoms of PTSD but low endorsement of symptoms that define the Complex PTSD and BPD diagnoses; a Complex PTSD class characterized by elevated symptoms of PTSD and self-organization symptoms that defined the Complex PTSD diagnosis but low on the symptoms of BPD; and a BPD class characterized by symptoms of BPD. Four BPD symptoms were found to greatly increase the odds of being in the BPD compared to the Complex PTSD class: frantic efforts to avoid abandonment, unstable sense of self, unstable and intense interpersonal relationships, and impulsiveness.

CONCLUSIONS:

Findings supported the construct validity of Complex PTSD as distinguishable from BPD. Key symptoms that distinguished between the disorders were identified, which may aid in differential diagnosis and treatment planning.

<http://fampra.oxfordjournals.org/content/early/2014/09/22/fampra.cmu060.abstract>

Effectiveness of cognitive behavioural therapy for anxiety and depression in primary care: a meta-analysis.

Conal Twomey, Gary O'Reilly, and Michael Byrne

Family Practice (2014) doi: 10.1093/fampra/cmu060

First published online: September 22, 2014

Background.

Cognitive behavioural therapy (CBT) is increasingly being delivered in primary care, in a variety of delivery formats such as guided self-help CBT, telephone-based CBT, computerized CBT and standard, one-to-one CBT. However, the vast majority of research has focused on CBT in

specialized services, and no previous meta-analysis has examined CBT's effectiveness across delivery formats in primary care.

Objective.

To determine the effectiveness of multi-modal CBT (i.e. CBT across delivery formats) for symptoms of anxiety and depression, in primary care. **Methods.** A meta-analysis of CBT-focused RCTs, for symptoms of anxiety or depression, in primary care. The authors searched four databases. To be included, RCTs had to be set in primary care or have primary care participants.

Results.

Twenty-nine RCTs were included in three separate meta-analyses. Results showed multi-modal CBT was more effective than no primary care treatment ($d = 0.59$), and primary care treatment-as-usual (TAU) ($d = 0.48$) for anxiety and depression symptoms. Moreover, multi-modal CBT in addition to primary care TAU was shown to be more effective than primary care TAU for depression symptoms (no comparisons of this kind were available for anxiety) ($d = 0.37$).

Conclusions.

The results from conducted meta-analyses indicate that multi-modal CBT is effective for anxiety and depression symptoms in primary care. Furthermore, based on CBT's economic viability, increasing the provision of CBT in primary care seems justified. Future research should examine if varying levels of qualification among primary care CBT practitioners impacts on the effectiveness of CBT in this setting.

<http://onlinelibrary.wiley.com/doi/10.1111/nure.12139/abstract>

Energy drink and energy shot use in the military.

Stephens, M. B., Attipoe, S., Jones, D., Ledford, C. J. and Deuster, P. A.

Nutrition Reviews Special Issue: The Use and Biology of Energy Drinks: Current Knowledge and Critical Gaps

Volume 72, Issue Supplement S1, pages 72–77, October 2014

Use of energy drinks and energy shots among military personnel is controversial. High amounts of caffeine (the primary active ingredient in these products) may impact performance of military duties. The impact of caffeine overconsumption and potential subsequent side effects that might be experienced by service members with unique roles and responsibilities is a concern. Reported here are the prevalence of use, reasons for use, and side effects associated with consumption of energy drinks and energy shots among several populations of active duty personnel in the US military. A snowball survey was sent to over 10,000 active duty personnel. A total of 586 (□6% response rate) individuals completed a 30-item electronic survey. Over half

of respondents (53%) reported consuming an energy drink at least once in the past 30 days. One in five (19%) reported energy shot consumption in the prior 30 days. One in five (19%) also reported consuming an energy drink in combination with an alcoholic beverage. Age and gender were significantly associated with energy drink consumption. Young male respondents (18–29 years) reported the highest use of both energy drinks and energy shots. Among those reporting energy drink and energy shot use, the most common reasons for consumption were to improve mental alertness (61%) and to improve mental (29%) and physical (20%) endurance. Nearly two-thirds (65%) of users self-reported at least one side effect. The most commonly reported side effects included increased pulse rate/palpitations, restlessness, and difficulty sleeping. Use of energy products among military personnel is common and has the potential to impact warrior health and military readiness.

http://sophia.stkate.edu/msw_papers/339/

Deployment Issues for Women Veterans and their Children

Alea J. Johnson

Master of Social Work Clinical Research Papers
St. Catherine University, 5-2014

Deployment creates unique experiences and issues for women veterans and their children. Although each family has their own understanding of deployment, examining common issues throughout families may inform future practice with military families. For this research the deployment issues that are present for women veterans and their children were examined. A secondary data analysis analyzed eight participants (n=8) and their children who had discussions regarding non-deployment and deployment issues in addition to completing problem solving tasks. This study found that deployment issues for these families were sadness about the deployed parent being gone, talking about deployment, communicating during deployment, missing birthdays during deployment, the concern of a parent being injured or killed during deployment and the parent needing space upon returning from deployment. A theme found was the presence of emotions surrounding deployment despite the unique issues that were encountered for each family. This information can allow social workers to provide better informed treatment for military families and promote increased development of mental health services for veterans and their children.

http://sophia.stkate.edu/msw_papers/316/

The Metaphors They Carry: Exploring How Veterans Use Metaphor to Describe Experiences of PTSD and the Implications for Social Work Practice

Patrick S. Foley

Master of Social Work Clinical Research Papers
St. Catherine University, 5-2014

Working with military veterans poses significant challenges for social work practitioners. Among the most notable are learning to appreciate military culture, understanding military jargon, and engaging veterans who have experienced Post-Traumatic Stress Disorder (PTSD). The purpose of this project was to explore veterans' use of metaphor in describing experiences of PTSD and to consider the therapeutic value of metaphor for social work practitioners. Using a secondary data analysis design, 359 online video interview segments of 56 veterans were reviewed with respect to the way that metaphor was used to describe experiences of PTSD. The metaphors identified in the secondary data were analyzed inductively and deductively by deriving themes from the metaphors that veterans used and associating them to conceptual themes identified in the literature on military culture. The findings indicate that veterans make use of metaphor to describe how PTSD once dominated their life, how they came to manage their PTSD symptoms, and how they used their experience of PTSD to promote a survivor's mission. The findings also suggest that the metaphors that veterans use can also be associated with the conceptual themes identified by the research. These findings underscore the value of using metaphor in therapy with veterans who have PTSD as metaphor has been shown to facilitate cultural accommodation, symptom mitigation, and narrative integration.

http://sophia.stkate.edu/msw_papers/289/

How is Social Media Used by Military Families to Communicate During Deployment?

Lisa Bittner

Master of Social Work Clinical Research Papers
St. Catherine University, 5-2014

As the construct of today's military has progressed and changed over time to include a more diverse representation of the United States culture, so have families progressed in how to maintain connectedness during periods of absence. The challenge of maintaining communication despite distance and extensive time differentials is often subsidized today through the utilization of social media or electronic forms of communication. This form of communication often serves as a supplement to traditional mediums of communication such as letters, care packages, and telephone calls, offering a more immediate and interactive communicative process to occur between deployed service members and their families.

This research examines how social media and electronic forms of communication are currently being utilized by service members, veterans and their spouses, partners, significant others, or adult children to maintain communication during deployment periods (= 28). The focus in this research is on the Post 9-11 conflict period (Operation Enduring Freedom, Operation Iraqi Freedom, Operation New Dawn), identifying which communicative devices or mediums of preference are currently being utilized and at what frequency. Additionally, examination of conflict resolution and the engagement and resolution of difficult topics through the utilization of social media is explored.

Results indicate a high level of accessibility, satisfaction, and frequency of utilization of social media for communication between service members and their family members during deployment. Social workers are presented with the challenge of meeting the needs for facilitation of supporting these communicative efforts, as well as examining how social media as a communicative medium effects the reintegration process.

<http://informahealthcare.com/doi/abs/10.3109/10826084.2014.962052>

Chronic Physical Health Problems Moderate Changes in Depression and Substance Use Among Dual Diagnosed Individuals During and After Treatment.

Ruifeng Cui, Susan R. Tate, Kevin Cummins, Jessica R. Skidmore, and Sandra A. Brown

Substance Use & Misuse

Posted online on October 7, 2014. (doi:10.3109/10826084.2014.962052)

Background:

Physical illnesses frequently co-occur with depression and substance use disorders and may impact their improvement. Physical illness symptoms may overlap with or exacerbate somatic symptoms of depression. Individuals may use substances to cope with symptoms of physical illness.

Objectives:

We examined whether chronic physical health problems moderated changes in depression and substance use among dual diagnosed individuals during and in the year following treatment.

Methods:

Participants were recruited from a Veterans Affairs dual diagnosis outpatient program between March 2000 and November 2007 and were randomized to either Integrated Cognitive-Behavioral Therapy or Twelve-Step Facilitation Therapy. A total of 214 veterans with assessment data for the variables of interest were included in analyses. Participants completed quarterly depression, substance use, and health assessments over an 18 month period. We

used linear-mixed effects models to analyze patterns of change for depression and substance use.

Results:

Individuals with severe chronic health problems and higher intake depression showed slower improvements in both nonsomatic and somatic depression symptoms. Individuals with severe chronic health problems and higher midtreatment substance use showed less improvement in substance use.

Conclusions:

Assessing and addressing physical health issues during depression and substance use disorder treatment may improve outcomes.

<http://ir.uiowa.edu/etd/1315/>

The impact of therapy : a qualitative analysis of clinicians working with combat veterans diagnosed with post-traumatic stress disorder

Kari Luan Finnegan

PhD Thesis, Department of Psychological and Quantitative Foundations
University of Iowa, 2014

For some people, exposure to trauma results in the development of psychological maladjustment in the form of posttraumatic stress disorder. Veterans returning from combat zones tend to meet criteria for PTSD at rates significantly higher than what is observed in the general population. Mental health professionals, particularly those working with U.S. Department of Veterans Affairs, play an important role in the recovery of these Veterans. Research suggests that facilitating trauma therapy and/or being exposed second-hand to traumatic material can have negative consequences for the therapist. The current study focuses on the impact of trauma therapy on therapists who work with combat veterans through the VA. The study includes seven psychologists in the state of Iowa employed by VA. Findings support previous research by highlighting the impact therapy has on the clinician providing it. The impact of facilitating trauma therapy or working with traumatized populations is not wholly positive or negative, but often both. The current study suggests that what clinicians do in response to hearing trauma narratives that is of key importance.

<http://link.springer.com/article/10.1007/s10567-014-0176-0>

Parental Incarceration, Transnational Migration, and Military Deployment: Family Process Mechanisms of Youth Adjustment to Temporary Parent Absence.

Aubrey J. Rodriguez, Gayla Margolin

Clinical Child and Family Psychology Review
October 2014

The temporary absence of a parent (e.g., due to incarceration, migration, or military deployment) is experienced by many youth and can have profound effects. Available research within these disparate literatures primarily has catalogued contextual and individual variables that influence youth adaptation, which are integrated and summarized here. In addition, we present a systematic review of proximal family process mechanisms by which youth and their family members adapt to periods of temporary parent absence. This systematic review across the different types of parent absence produced four themes: communication among family members, parenting characteristics during absence, negotiation of decision-making power and authority, and shifts in family roles. By juxtaposing the three types of temporary parent absence, we aim to bridge the separate research silos of parent absence due to incarceration, deployment, and migration, and to bring wide-ranging characteristics and processes of temporary parent-absent families into sharper focus. The review highlights possibilities for fuller integration of these literatures, and emphasizes the clinical value of considering these types of experiences from a family and relational perspective, rather than an individual coping perspective.

<http://sgo.sagepub.com/content/4/4/2158244014553589.abstract>

Understanding the Role of Chaplains in Veteran Suicide Prevention Efforts: A Discussion Paper.

Marek S. Kopacz, Laurie M. O'Reilly, Chris C. Van Inwagen, Theodore L. Bleck-Doran, William D. Smith, Nancy Cornell

DOI: 10.1177/2158244014553589
Published 9 October 2014

In recent years, identifying ways to mitigate the risk of suicidal behavior in Veteran populations has become a major public health challenge of special significance. This has included identifying support options that can be used by Veterans in times of distress or crisis. For example, Veterans at increased risk of suicide will sometimes voice complaints indicative of a need for spiritual and pastoral care support. At U.S. Department of Veterans Affairs Medical

Centers, such support is provided to Veterans by clinical chaplains. This discussion paper aims to present the contextual framework in which chaplaincy services are provided to Veterans at increased risk of suicide, better conceptualize the spiritual and pastoral care needs of at-risk Veterans who request chaplaincy services, and offer practical suggestions for framing the provision of spiritual and pastoral care services.

<http://psycnet.apa.org/psycinfo/2014-41511-001/>

Posttraumatic Stress Predicting Depression and Social Support Among College Students: Moderating Effects of Race and Gender.

Boyraz, Güler; Horne, Sharon G.; Armstrong, Aisha P.; Owens, Archandria C.

Psychological Trauma: Theory, Research, Practice, and Policy

Oct 6 , 2014

More than half of the students entering college report a history of potentially traumatic events; however, little is known about the relationship of trauma exposure and posttraumatic stress disorder (PTSD) symptomatology to college students' mental health and access to social support or whether these relationships may show variations as a function of race and gender. The purpose of this study was to explore whether the relationships between PTSD symptoms and both depression and social support were moderated by gender and race. Data were collected from 631 African American (AA) and 299 European American (EA) freshmen students attending 2 universities in the Southeast. The majority of the students (74.3% of the AA and 68.2% of the EA sample) reported lifetime exposure to at least 1 traumatic event. PTSD symptomatology was significantly and positively associated with depression symptoms for all groups (i.e., AA and EA males and females); however, the relationship between these 2 variables was strongest for EA men. Similarly, the relationship between PTSD symptoms on the avoidance cluster and social support was stronger for EA males than other groups; avoidance symptoms did not significantly predict social support for AA men. (PsycINFO Database Record (c) 2014 APA, all rights reserved)

<http://www.tandfonline.com/doi/abs/10.1080/10550887.2014.969621>

Care Utilization and Patient Characteristics of Veterans who Misuse Alcohol.

Max A. Halvorson, Sharfun Ghaus, Michael A. Cucciare

Journal of Addictive Diseases

Accepted author version posted online: 09 Oct 2014

We examined substance abuse treatment utilization and patient characteristics of Veterans (N = 167) drinking alcohol at risky levels at a Department of Veterans Affairs hospital. Rates of brief intervention and specialty care were higher than those found in national samples in 2010, but fall short of recommended guidelines. Veterans receiving more care were older, lower-income, and less likely to be in a relationship. Care-receiving Veterans had higher rates of mental health comorbidities and mental health treatment in the prior year for an issue other than substance use. Understanding patients' recent care history may help primary care providers to deliver care effectively.

<http://www.psyneuen-journal.com/article/S0306-4530%2814%2900378-3/abstract>

Conditioned Fear and Extinction Learning Performance and its Association with Psychiatric Symptoms in Active Duty Marines.

D.T. Acheson, M.A. Geyer, D.G. Baker, C.M. Nievergelt, K. Yurgil, V.B. Risbrough, MRS-II Team

BACKGROUND

Posttraumatic Stress Disorder (PTSD) is a major public health concern, especially given the recent wars in Iraq and Afghanistan. Nevertheless, despite a sharp increase in the incidence of psychiatric disorders in returning veterans, empirically based prevention strategies are still lacking. To develop effective prevention and treatment strategies, it is necessary to understand the underlying biological mechanisms contributing to PTSD and other trauma related symptoms.

METHODS

The "Marine Resiliency Study II" (MRS-II; Oct 2011-Oct 2013) Neurocognition project is an investigation of neurocognitive performance in Marines about to be deployed to Afghanistan. As part of this investigation, 1,195 Marines and Navy corpsmen underwent a fear conditioning and extinction paradigm and psychiatric symptom assessment prior to deployment. The current study assesses 1) the effectiveness of the fear potentiated startle paradigm in producing fear learning and extinction, and 2) the association of performance in the paradigm with baseline psychiatric symptom classes (Healthy; n = 923, PTSD symptoms; n = 42, Anxiety symptoms; n = 37, and Depression symptoms; n = 12).

RESULTS

Results suggest that the task was effective in producing differential fear learning and fear extinction in this cohort. Further, distinct patterns emerged differentiating the PTSD and Anxiety symptom classes from both Healthy and Depression classes. During fear acquisition, the PTSD symptom group was the only group to show deficient discrimination between the conditioned stimulus (CS +) and safety cue (CS-), exhibiting larger startle responses during the safety cue compared to the healthy group. During extinction learning, the PTSD symptom group showed

significantly less reduction in their CS+ responding over time compared to the healthy group, as well as reduced extinction of self-reported anxiety to the CS+ by the end of the extinction session. Conversely, the Anxiety symptom group showed normal safety signal discrimination and extinction of conditioned fear, but exhibited increased baseline startle reactivity and potentiated startle to CS+, as well as higher self reported anxiety to both cues. The Depression symptom group showed similar physiological and self-report measures as the healthy group.

DISCUSSION

These data are consistent with the idea that safety signal discrimination is a relatively specific marker of PTSD symptoms compared to general anxiety and depression symptoms. Further research is needed to determine if deficits in fear inhibition vs. exaggerated fear responding are separate biological “domains” across anxiety disorders that may predict differential biological mechanisms and possibly treatment needs. Future longitudinal analyses will examine whether poor learning of safety signals provides a marker of vulnerability to develop PTSD or is specific to symptom state.

<http://www.aasmnet.org/jcsm/ViewAbstract.aspx?pid=29711>

Trauma Associated Sleep Disorder: A Proposed Parasomnia Encompassing Disruptive Nocturnal Behaviors, Nightmares, and REM without Atonia in Trauma Survivors.

Vincent Mysliwec, M.D., F.A.A.S.M.; Brian O'Reilly, D.O.; Jason Polchinski, M.D.; Herbert P. Kwon, M.D.; Anne Germain, Ph.D.; Bernard J. Roth, M.D.

Journal of Clinical Sleep Medicine
2014;10(10):1143-1148

Study Objectives:

To characterize the clinical, polysomnographic and treatment responses of patients with disruptive nocturnal behaviors (DNB) and nightmares following traumatic experiences.

Methods:

A case series of four young male, active duty U.S. Army Soldiers who presented with DNB and trauma related nightmares. Patients underwent a clinical evaluation in a sleep medicine clinic, attended overnight polysomnogram (PSG) and received treatment. We report pertinent clinical and PSG findings from our patients and review prior literature on sleep disturbances in trauma survivors.

Results:

DNB ranged from vocalizations, somnambulism to combative behaviors that injured bed partners. Nightmares were replays of the patient's traumatic experiences. All patients had REM

without atonia during polysomnography; one patient had DNB and a nightmare captured during REM sleep. Prazosin improved DNB and nightmares in all patients.

Conclusions:

We propose Trauma associated Sleep Disorder (TSD) as a unique sleep disorder encompassing the clinical features, PSG findings, and treatment responses of patients with DNB, nightmares, and REM without atonia after trauma.

<http://www.ncbi.nlm.nih.gov/pubmed/25311952>

J Clin Psychol. 2014 Oct 13. doi: 10.1002/jclp.22132. [Epub ahead of print]

The Effect of Rumination and Reappraisal on Social Anxiety Symptoms During Cognitive-Behavioral Therapy for Social Anxiety Disorder.

Brozovich FA, Goldin P, Lee I, Jazaieri H, Heimberg RG, Gross JJ

OBJECTIVE:

There is growing interest in the role of transdiagnostic processes in the onset, maintenance, and treatment of mental disorders (Nolen-Hoeksema & Watkins, 2011). Two such transdiagnostic processes-rumination and reappraisal-are the focus of the present study. The main objective was to examine the roles of rumination (thought to be harmful) and reappraisal (thought to be helpful) in adults with social anxiety disorder (SAD).

METHOD:

We conducted a randomized controlled trial of cognitive-behavioral therapy (CBT) with 75 adults with SAD and examined pre- to post-CBT changes as well as weekly fluctuations in rumination, reappraisal, and social anxiety symptoms.

RESULTS:

Socially anxious individuals' baseline rumination (brooding) scores predicted weekly levels of social anxiety, rumination, and reappraisal, whereas baseline reappraisal scores did not. Greater weekly rumination was associated with greater weekly social anxiety, but reappraisal was not related to social anxiety.

CONCLUSION:

These findings suggest that rumination may have a more significant role than reappraisal in understanding fluctuations in social anxiety during CBT for SAD. © 2014 Wiley Periodicals, Inc.

<http://www.ncbi.nlm.nih.gov/pubmed/25314020>

Anxiety Stress Coping. 2014 Oct 14:1-24. [Epub ahead of print]

Effect of the 5-HTTLPR polymorphism on posttraumatic stress disorder, depression, anxiety, and quality of life among Iraq and Afghanistan veterans.

Kimbrel NA, Morissette SB, Meyer EC, Chrestman R, Jamroz R, Silvia PJ, Beckham JC, Young KA

Background:

Posttraumatic stress disorder (PTSD), depression, anxiety, and stress are significant problems among returning veterans and are associated with reduced quality of life.

Design:

A correlational design was used to examine the impact of a polymorphism (5-HTTLPR) in the serotonin transporter promoter gene on post-deployment adjustment among returning veterans. **Methods:** A total of 186 returning Iraq and Afghanistan veterans were genotyped for the 5-HTTLPR polymorphism. Symptoms of PTSD, depression, general stress, and anxiety were assessed along with quality of life.

Results:

After controlling for combat exposure, age, sex of the participant, and race, 5-HTTLPR had a significant multivariate effect on post-deployment adjustment, such that S' carriers reported more post-deployment adjustment problems and worse quality of life than veterans homozygous for the L' allele. This effect was larger when the analyses were restricted to veterans of European ancestry.

Conclusions:

Our findings suggest that veterans who carry the S' allele of the 5-HTTLPR polymorphism may be at increased risk for adjustment problems and reduced quality of life following deployments to war zones.

<http://www.ncbi.nlm.nih.gov/pubmed/25311446>

Contemp Clin Trials. 2014 Oct 10. pii: S1551-7144(14)00148-7. doi: 10.1016/j.cct.2014.10.002. [Epub ahead of print]

Implementing collaborative primary care for depression and posttraumatic stress disorder: Design and sample for a randomized trial in the U.S. military health system.

Engel CC, Bray RM, Jaycox L, Freed MC, Zatzick D, Lane ME, Brambilla D, Olmsted KR,

Vandermaas-Peeler R, Litz B, Tanielian T, Belsher BE, Evatt DP, Novak LA, Unützer J, Katon WJ5

BACKGROUND:

War-related trauma, posttraumatic stress disorder (PTSD), depression and suicide are common in US military members. Often, those affected do not seek treatment due to stigma and barriers to care. When care is sought, it often fails to meet quality standards. A randomized trial is assessing whether collaborative primary care improves quality and outcomes of PTSD and depression care in the US military health system.

OBJECTIVE:

Describe the design and sample for a randomized effectiveness trial of collaborative care for PTSD and depression in military members attending primary care.

METHODS:

The STEPS-UP Trial (Stepped Enhancement of PTSD Services Using Primary Care) is a 6 installation (18 clinic) randomized effectiveness trial in the US military health system. Study rationale, design, enrollment and sample characteristics are summarized.

FINDINGS

Military members attending primary care were referred to care management with suspected PTSD, depression or both were recruited for the trial (2,592) and 1,041 gave permission to contact for research participation. Of those, 666 (64%) met eligibility criteria, completed baseline assessments, and were randomized to 12 months of usual collaborative primary care versus STEPS-UP collaborative care. Implementation was locally managed for usual collaborative care and centrally managed for STEPS-UP. Research reassessments occurred at 3-, 6-, and 12-months. Baseline characteristics were similar across the two intervention groups.

CONCLUSIONS:

STEPS-UP will be the first large scale randomized effectiveness trial completed in the US military health system, assessing how an implementation model affects collaborative care impact on mental health outcomes. It promises lessons for health system change. Copyright © 2014 Elsevier Inc. All rights reserved.

<http://www.ncbi.nlm.nih.gov/pubmed/25309832>

Clin Psychol Sci. 2014 Mar 1;2(2):174-186.

Involuntary Memories and Dissociative Amnesia: Assessing Key Assumptions in PTSD Research.

Berntsen D, Rubin DC

Autobiographical memories of trauma victims are often described as disturbed in two ways. First, the trauma is frequently re-experienced in the form of involuntary, intrusive recollections. Second, the trauma is difficult to recall voluntarily (strategically); important parts may be totally or partially inaccessible—a feature known as dissociative amnesia. These characteristics are often mentioned by PTSD researchers and are included as PTSD symptoms in the DSM-IV-TR (American Psychiatric Association, 2000). In contrast, we show that both involuntary and voluntary recall are enhanced by emotional stress during encoding. We also show that the PTSD symptom in the diagnosis addressing dissociative amnesia, trouble remembering important aspects of the trauma is less well correlated with the remaining PTSD symptoms than the conceptual reversal of having trouble forgetting important aspects of the trauma. Our findings contradict key assumptions that have shaped PTSD research over the last 40 years.

<http://www.ncbi.nlm.nih.gov/pubmed/25309031>

Prof Psychol Res Pr. 2014 Apr 1;45(2):136-142.

VA Residential Provider Perceptions of Dissuading Factors to the Use of Two Evidence-Based PTSD Treatments.

Cook JM, Dinnen S, Simiola V, Thompson R, Schnurr PP

Providers (N = 198) from 38 Department of Veterans Affairs residential posttraumatic stress disorder treatment programs across the United States completed qualitative interviews regarding implementation of 2 evidence-based treatments: prolonged exposure and cognitive processing therapy. As part of this investigation, providers were asked how they decide which patients are appropriate for these treatments. Many indicated that they did not perceive any patient factors that dissuade their use of either evidence-based treatment. However, 3 broad categories emerged surrounding reasons that patients were perceived to be less suitable candidates for the treatments: the presence of psychiatric comorbidities, cognitive limitations, and low levels of patient motivation. Interestingly, providers' perceived reasons for limited or nonuse of a treatment did not correspond entirely to those espoused by treatment developers. Possible solutions to address provider concerns, including educational and motivational interventions, are noted.

<http://www.ncbi.nlm.nih.gov/pubmed/25306917>

Suicide Life Threat Behav. 2014 Oct 13. doi: 10.1111/sltb.12135. [Epub ahead of print]

An Innovative Approach to Treating Combat Veterans with PTSD at Risk for Suicide.

Hendin H.

Suicide rates among military personnel had a significant drop in 2013, but there is no evidence of a drop among veterans. The problem of suicide among combat veterans with posttraumatic stress disorder (PTSD) remains a source of concern. The Department of Defense and the Department of Veterans Affairs are now calling for innovative treatment approaches to the problem. A short-term psychodynamic therapy presented here may be able to fill that need by dissipating the guilt from veterans' combat-related actions that leads to suicidal behavior. The treatment showed promise of success with veterans of the war in Vietnam. Preliminary work with combat veterans of the wars in Iraq and Afghanistan indicates that it may be equally successful in treating them. Basic aspects of the psychodynamic approach could be incorporated into current therapies and should improve their ability to treat veterans with PTSD at risk for suicide. © 2014 The American Association of Suicidology.

<http://www.sciencedirect.com/science/article/pii/S0193953X14000793>

Stress in Service Members.

R. Gregory Lande, DO

Psychiatric Clinics of North America
Available online 11 October 2014

Key Points

- Understand the unique attributes of military life.
- Understand the common military stresses.
- Most service members adapt without difficulty.
- Stress is cumulative.
- Trauma exposure is common.
- Screen for posttraumatic stress.
- Screen for alcohol use disorders.
- Early intervention should emphasize nonpharmacologic management.

<http://www.ingentaconnect.com/content/springer/vav/2014/00000029/00000005/art00002>

The Role of Borderline Personality Disorder and Depression in the Relationship Between Sexual Assault and Body Mass Index Among Women Veterans.

Cheney, Ann M.; Booth, Brenda M.; Davis, Teri D.; Mengeling, Michelle A.; Torner, James C.; Sadler, Anne G.

Violence and Victims

Volume 29, Number 5, 2014, pp. 742-756(15)

This article examines lifetime sexual assault (LSA) and mental health history as risk factors associated with body mass index (BMI) in a population of women veterans. This cross-sectional study of a retrospective cohort of 948 Veterans Affairs (VA)-enrolled midwestern enlisted rank women veterans included computer-assisted telephone interviews. Findings show that 33.4% of the participants had a BMI of 30.0 or more meeting the criteria for obesity and 62.5% reported lifetime attempted or completed sexual assault. Greater BMI was positively associated with older age, less education, LSA, depression, and borderline personality disorder (BPD) and negatively associated with current substance use disorder in multivariate models. Mediation analysis found that the relationship between sexual assault and BMI was completely mediated by BPD and depression. Interventions should combine physical and mental health care in gender-specific services for overweight women veterans with trauma histories and mental health conditions.

Links of Interest

At VA, exploring alternative therapies for chronic pain and other ailments

http://www.washingtonpost.com/politics/at-va-exploring-alternative-therapies-for-chronic-pain-and-other-ailments/2014/10/15/78dc33d4-4fc2-11e4-babe-e91da079cb8a_story.html

Exploring Nondrug Approaches to Managing Pain and Related Conditions in the Military

<http://nccam.nih.gov/about/offices/od/managing-pain-in-military>

Study identifies risk factors for sexual assault, including age and alcohol consumption

http://www.eurekalert.org/pub_releases/2014-10/w-sir101414.php

Current models for predicting outcomes after mild traumatic brain injury perform poorly

http://www.eurekalert.org/pub_releases/2014-10/mali-cmf101414.php

What 20 years of research on cannabis use has taught us

<http://www.sciencedaily.com/releases/2014/10/141007092449.htm>

Soldier posts suicide attempt to Facebook

http://www.army.mil/article/134479/Soldier_posts_suicide_attempt_to_Facebook/

Veterans Job Retention Survey

<http://vets.syr.edu/research/research-highlights/veterans-job-retention-survey/>

Resource of the Week: [JournalTOCs](#) (current awareness tool)

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