CDP Research Update -- October 23, 2014

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http://journals.lww.com/headtraumarehab/Abstract/publishahead/Combat_Acquired_Traumatic_Brain_Injury,.99742.aspx

Combat-Acquired Traumatic Brain Injury, Posttraumatic Stress Disorder, and Their Relative Associations With Postdeployment Binge Drinking.

Adams, Rachel Sayko PhD, MPH; Larson, Mary Jo PhD, MPA; Corrigan, John D. PhD; Ritter, Grant A. PhD; Horgan, Constance M. ScD; Bray, Robert M. PhD; Williams, Thomas V. PhD

Journal of Head Trauma Rehabilitation:
Post Author Corrections: October 13, 2014

Objective:
To examine whether experiencing a traumatic brain injury (TBI) on a recent combat deployment was associated with postdeployment binge drinking, independent of posttraumatic stress disorder (PTSD).

Methods:
Using the 2008 Department of Defense Survey of Health Related Behaviors among Active Duty Military Personnel, an anonymous survey completed by 28546 personnel, the study sample included 6824 personnel who had a combat deployment in the past year. Path analysis was used to examine whether PTSD accounted for the total association between TBI and binge drinking.

Main Measures:
The dependent variable, binge drinking days, was an ordinal measure capturing the number of times personnel drank 5+ drinks on one occasion (4+ for women) in the past month. Traumatic brain injury level captured the severity of TBI after a combat injury event exposure: TBI-AC (altered consciousness only), TBI-LOC of 20 or less (loss of consciousness up to 20 minutes), and TBI-LOC of more than 20 (loss of consciousness >20 minutes). A PTSD-positive screen relied on the standard diagnostic cutoff of 50+ on the PTSD Checklist-Civilian.

Results:
The final path model found that while the direct effect of TBI (0.097) on binge drinking was smaller than that of PTSD (0.156), both were significant. Almost 70% of the total effect of TBI on binge drinking was from the direct effect; only 30% represented the indirect effect through PTSD.

Conclusion:
Further research is needed to replicate these findings and to understand the underlying mechanisms that explain the relationship between TBI and increased postdeployment drinking.

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http://www.psychiatryonline.org/article.aspx?articleid=1917347

A Randomized Controlled Clinical Trial of a Patient Decision Aid for Posttraumatic Stress Disorder.

Bradley V. Watts, M.D., M.P.H.; Paula P. Schnurr, Ph.D.; Maha Zayed, Ph.D.; Yinong Young-Xu, M.S., Sc.D.; Patricia Stender; Hilary Llewellyn-Thomas, M.Sc., Ph.D.

Psychiatric Services 2014; doi: 10.1176/appi.ps.201400062

Objective
Patient decision aids have been used in many clinical situations to improve the patient centeredness of care. A patient decision aid for patients with posttraumatic stress disorder (PTSD) has not been developed or tested. The authors evaluated the effects of a patient decision aid on the patient centeredness of PTSD treatment.

Methods
The study was a randomized trial of a patient decision aid for PTSD versus treatment as usual (control group). The participants were 132 male and female veterans who presented to a single U.S. Department of Veterans Affairs hospital with a new diagnosis of PTSD. Patient centeredness was assessed by knowledge of PTSD and its treatment, level of decisional uncertainty, and ability to state a preferred treatment option. Secondary outcomes included treatments received and PTSD symptoms in the six months after study entry.

Results
Compared with the control group (N=65), participants who reviewed the patient decision aid (N=63) had higher scores for PTSD knowledge (p=.002) and less conflict about their choice of treatment (p=.003). In addition, participants who reviewed the patient decision aid were more likely to select and receive an evidence-based treatment for PTSD (p=.04) and had superior PTSD outcomes (p=.004) compared with the control group.

Conclusions
Use of a patient decision aid was associated with improvements in patient-centered PTSD treatment. The patient decision aid was also associated with greater use of evidence-based treatments and improvement of PTSD symptoms. This study suggests that clinics should consider using a patient decision aid for patients with PTSD.

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http://onlinelibrary.wiley.com/doi/10.1111/sltb.12131/abstract

Who Leaves Suicide Notes? A Six-Year Population-Based Study.

Cerel, J., Moore, M., Brown, M. M., van de Venne, J. and Brown, S. L.

Suicide and Life-Threatening Behavior
Article first published online: 13 OCT 2014

Popular culture insists on the significance of suicide notes, but research has yielded conflicting results about who leaves notes. Utilizing 6 years of suicides from a comprehensive statewide data surveillance system, differences were examined between cases with suicide notes and those without in terms of demographics, circumstances of the suicide, and precipitating circumstances. Of the 2,936 suicides, 18.25% included a note. Demographics and circumstances did not differ for cases with a note compared to cases with no note. Results have

implications for working with people bereaved by suicide in helping understand that the notes are uncommon and not systematic. However, it is also possible that for some individuals, the content of a note is meaningful and can help or hinder their course of bereavement.

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http://onlinelibrary.wiley.com/doi/10.1111/sltb.12135/abstract

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

Herbert Hendin MD

Suicide and Life-Threatening Behavior
Volume 44, Issue 5, pages 582–590, October 2014

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.

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http://sw.oxfordjournals.org/content/early/2014/10/13/sw.swu043.abstract

Caregivers of Veterans with “Invisible” Injuries: What We Know and Implications for Social Work Practice.

Bina R. Patel

Social Work (2014) doi: 10.1093/sw/swu043
First published online: October 14, 2014

Today, as a result of the longest volunteer-fought conflict in U.S. history, there are many wounded coming home not only with posttraumatic stress disorder (PTSD), but also with traumatic brain injury (TBI), which together have been called the “signature” or “invisible” injuries of the Iraq and Afghanistan wars. Caregivers are an important part of their recovery, yet little is known about them, as previous research on caregivers mostly focused on geriatric populations.

According to one estimate 275,000 to 1 million people are currently caring or have cared for loved ones who have returned from Iraq and Afghanistan. These caregivers are unique in that they are younger, some with children, and they are caring for a unique understudied population for longer periods of time. This article summarizes literature on caregivers of veterans who suffer from PTSD, TBI, or both; provides a theoretical framework; and discusses implications for social workers in assisting caregivers and their families.

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http://jtt.sagepub.com/content/early/2014/10/14/1357633X14555616.abstract

Mobile app self-care versus in-office care for stress reduction: a cost minimization analysis.

David D Luxton, Ryan N Hansen, and Katherine Stanfill

Published online before print October 14, 2014, doi: 10.1177/1357633X14555616

We calculated the cost of providing stress reduction care with a mobile phone app (Breathe2Relax) in comparison with normal in-person care, the standard method for managing stress in military and civilian populations. We conducted a cost-minimization analysis. The total cost to the military healthcare system of treating 1000 patients with the app was $106,397. Treating 1000 patients with in-office care cost $68,820. Treatment using the app became less expensive than in-office treatment at approximately 1600 users. From the perspective of the civilian healthcare system, treatment using the app became less expensive than in-office treatment at approximately 1500 users. An online tool was used to obtain data about the number of app downloads and usage sessions. A total of 47,000 users had accessed the app for 10–30 min sessions in the 2.5 years since the release of the app. Assuming that all 47,000 users were military beneficiaries, the savings to the military healthcare system would be $2.7 million; if the 47,000 users were civilian, the savings to the civilian healthcare system would be $2.9 million. Because of the large number of potential users, the total societal savings resulting from self-care using the app may be considerable.

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http://onlinelibrary.wiley.com/doi/10.1002/jts.21948/abstract

The Legislative Response to PTSD in the United States (1989–2009): A Content Analysis.

Jonathan Purtle

Journal of Traumatic Stress
Volume 27, Issue 5, pages 501–508, October 2014

Although knowledge about posttraumatic stress disorder (PTSD) has grown over the past 40 years, PTSD policy research is undeveloped. This gap in knowledge warrants attention because policy is among the most powerful tools to prevent and mitigate the effects of PTSD. This study provides a content analysis of all bills introduced in U.S. Congress that explicitly mentioned PTSD. All bills and bill sections mentioning PTSD were coded to create a legislative dataset. Bills that addressed traumatic stress, but did not mention PTSD, were also identified as a comparison group. One hundred sixty-one PTSD explicit bills containing 382 sections of legislative text were identified, as were 43 traumatic stress, non-PTSD bills containing 55 sections (the 2 categories were mutually exclusive). Compared to traumatic stress, non-PTSD sections, PTSD explicit sections were far more likely to target military populations (23.6% vs. 91.4%) and combat exposures (14.5% vs. 91.4%). PTSD, as a discrete diagnostic entity, has been largely defined as a problem unique to combat exposure and military populations in federal legislation. Research is needed to understand knowledge and perceptions of PTSD among policy makers and the public to inform science-based advocacy strategies that translate the full spectrum of PTSD research into policy.

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http://onlinelibrary.wiley.com/doi/10.1002/jts.21946/abstract

Impediments to Mental Health Treatment as Predictors of Mental Health Symptoms Following Combat.

Wright, K. M., Britt, T. W. and Moore, D.

Journal of Traumatic Stress
Volume 27, Issue 5, pages 535–541, October 2014

This longitudinal study examined whether impediments to mental health treatment would predict changes in mental health symptoms (posttraumatic stress disorder [PTSD] and depression) in the months following soldiers returning from combat. Three-hundred ten combat veterans completed measures of impediments to treatment and measures of PTSD and depression symptoms at 2, 3, and 4 months following a 15-month combat deployment. Structural equation modeling revealed that greater impediments (a latent variable indexed by stigma, practical barriers, and negative treatment attitudes) at 2 months predicted increased PTSD and depression symptoms from 2–3 months ($\beta = .14$) and greater impediments at 3 months predicted increased symptoms from 3–4 months ($\beta = .26$). In contrast, evidence was not obtained for the opposite causal direction of symptoms predicting higher levels of impediments at the different periods. Possible mechanisms for the predictive effects of impediments are discussed.

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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
Volume 27, Issue 5, pages 542–549, October 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.

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http://onlinelibrary.wiley.com/doi/10.1002/jts.21952/abstract

Social Anxiety Disorder Is Associated With PTSD Symptom Presentation: An Exploratory Study Within A Nationally Representative Sample.

McMillan, K. A., Sareen, J. and Asmundson, G. J. G.

Journal of Traumatic Stress
Volume 27, Issue 5, pages 602–609, October 2014

Posttraumatic stress disorder (PTSD) and social anxiety disorder (SAD) demonstrate a high degree of comorbidity (ranging from 14.8% to 46.0%); however, little is known about the nature of this association. Contemporary research has largely focused on treatment-seeking or veteran samples, and may not generalize to the population as a whole. Large-scale epidemiological studies are needed to fill existing gaps in the literature and to clarify this association for the general population. The current study examined whether the presence of comorbid SAD

influenced PTSD symptom presentation. The rate of individual PTSD symptoms was investigated among individuals with PTSD and SAD in comparison to those with PTSD alone. Data were obtained from Wave 2 of the National Epidemiological Survey of Alcohol and Related Conditions, a large, nationally representative survey of American adults (n = 34,653). Analyses revealed elevated rates of PTSD symptoms among those with comorbid PTSD and SAD across all symptom clusters, with significant odds ratios ranging from 1.5 to 4.87. Adjusting for depression and other Axis I disorders did not substantially alter study findings. Results suggest that the presence of SAD is associated with differences in the expression of PTSD symptoms.

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http://onlinelibrary.wiley.com/doi/10.1002/jts.21961/abstract

PTSD Diagnoses Among Iraq and Afghanistan Veterans: Comparison of Administrative Data to Chart Review.

McCarron, K. K., Reinhard, M. J., Bloeser, K. J., Mahan, C. M. and Kang, H. K.

Journal of Traumatic Stress
Volume 27, Issue 5, pages 626–629, October 2014

To guide budgetary and policy-level decisions, the U.S. Department of Veterans Affairs (VA) produces quarterly reports that count the number of Iraq and Afghanistan veterans with International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM) codes for posttraumatic stress disorder (PTSD; 309.81) in their electronic medical record administrative data. We explored the accuracy of VA administrative data (i.e., diagnostic codes used for billing purposes), by comparing it to chart review evidence of PTSD (i.e., medical progress notes and all other clinical documentation contained in the entire VA medical record). We reviewed VA electronic medical records for a nationwide sample of 1,000 Iraq and Afghanistan veterans with at least one ICD-9-CM code for PTSD in their VA administrative data. Among veterans sampled, 99.9% had 2 or more ICD-9-CM codes for PTSD. Reviewing all VA electronic medical record notes for these 1,000 veterans for the full course of their VA health care history revealed that PTSD was diagnosed by a mental health provider for 89.6%, refuted for 5.6%, and PTSD was never evaluated by a mental health provider for 4.8%. VA treatment notes for the 12 months preceding chart review showed that 661 veterans sampled received a VA PTSD diagnosis during that 12-month timeframe, and of these 555 were diagnosed by a mental health provider (83.9%). Thus, the presence of an ICD-9-CM code for PTSD approximated diagnoses by VA mental health providers across time points (89.6% for entire treatment history and 83.9% for 12 months prior to chart review). Administrative data offer large-scale means to track diagnoses and treatment utilization; however, their limitations are many, including the inability to detect false-negatives.

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http://www.la-press.com/administration-of-an-amino-acidbased-regimen-for-the-management-of-aut-article-a4419-abstract

Administration of an Amino Acid–Based Regimen for the Management of Autonomic Nervous System Dysfunction Related to Combat-Induced Illness.

William E. Shell, Marcus Charuvastra, Mira Breitstein, Stephanie L. Pavlik, Anthony Charuvastra, Lawrence May and David S. Silver

Journal of Central Nervous System Disease
Publication Date: 08 Oct 2014

The etiology and pathophysiology of posttraumatic stress disorder (PTSD) remains poorly understood. The nutritional deficiencies associated with the altered metabolic processes of PTSD have not previously been studied in detail. This pilot study measured the reduction in symptoms in 21 military veterans reporting moderate to severe symptoms associated with PTSD. Two amino acid–based medical foods specifically formulated with biogenic amines and other nutrients were administered to study subjects targeting specific neurotransmitter deficiencies resulting from altered metabolic activity associated with PTSD. This study included the Physician Checklist – Military (PCL-M), Short Form General Health Survey (SF-36), and Epworth Sleepiness Scale to measure the change in each subject's score after 30 days of administration. An average decrease of 17 points was seen in the PCL-M, indicating a reduction in PTSD symptoms ($P < 0.001$). The mental health component of the SF-36 showed an average 57% increase in the subjects' mental health rating ($P < 0.001$). The results of this initial study demonstrate that addressing the increased dietary requirements of PTSD can improve symptoms of the disease while eliminating significant side effects. A larger, double-blind, randomized, placebo-controlled trial is warranted.

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http://psycnet.apa.org/journals/pro/45/5/340/

Additional clinical benefits of home-based telemental health treatments.

Pruitt, Larry D.; Luxton, David D.; Shore, Peter

Professional Psychology: Research and Practice, Vol 45(5), Oct 2014, 340-346.
http://dx.doi.org/10.1037/a0035461

Home-based telemental health (HBTMH) has several important benefits for both patients and clinical practitioners including improved access to services, convenience, flexibility, and potential cost savings. HBTMH also has the potential to offer additional clinical benefits that are not realized with traditional in-office alternatives. Through a review of the empirical literature, this article presents and evaluates evidence of the clinical benefits and limitations of HBTMH.

Particular topics include treatment attendance and satisfaction, social support, access to contextual information, patient and practitioner safety, and concerns about privacy and stigma. By making use of commonly available communication technologies, HBTMH affords opportunities to bridge gaps in care to meet current and future mental health care needs.

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http://psycnet.apa.org/psycinfo/2014-42726-001/

Three-Generation Model: A Family Systems Framework for the Assessment and Treatment of Veterans With Posttraumatic Stress Disorder and Related Conditions.

Ohye, Bonnie Y.; Brendel, Rebecca W.; Fredman, Steffany J.; Bui, Eric; Rauch, Paula K.; Allard, Michael D.; Pentel, Kimberly Z.; Simon, Naomi M.

Professional Psychology: Research and Practice, Oct 13 , 2014

This article describes the three-generation family systems health care model developed at the Veteran and Family Clinic of the Home Base Program, a partnership between the Red Sox Foundation and Massachusetts General Hospital designed to improve treatment engagement of veterans with posttraumatic stress disorder (PTSD) and related conditions, and to provide care to the entire military-connected family. This clinical model was designed to address 3 interdependent facets of the PTSD-affected family system: (a) the multiple attachment relationships that are often strained; (b) the veteran's family roles, which may be impaired; and (c) the multiple pathways for treatment engagement and amelioration of the veteran's PTSD-related distress and behaviors within the family system. In addition, we describe the assessment system, designed to probe the interrelationships of individual veteran, couple, parenting, child, and family levels of functioning. Three cases illustrative of the three-generation model's clinical application, how it can address unmet needs, and its ability to overcome barriers to health care for military families are also discussed. (PsycINFO Database Record (c) 2014 APA, all rights reserved)

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http://onlinelibrary.wiley.com/doi/10.1002/jts.21947/abstract

Autonomic Arousal During Actigraphically Estimated Waking and Sleep in Male Veterans With PTSD.

Bertram, F., Jamison, A. L., Slightam, C., Kim, S., Roth, H. L. and Roth, W. T.

Journal of Traumatic Stress Volume 27, Issue 5, pages 610–617, October 2014

Physiological hyperarousal is manifested acutely by increased heart rate, decreased respiratory sinus arrhythmia, and increased skin conductance level and variability. Yet it is uncertain to what extent such activation occurs with the symptomatic hyperarousal of posttraumatic stress disorder (PTSD). We compared 56 male veterans with current PTSD to 54 males who never had PTSD. Subjects wore ambulatory devices that recorded electrocardiograms, finger skin conductance, and wrist movement while in their normal environments. Wrist movement was monitored to estimate sleep and waking periods. Heart rate, but not the other variables, was elevated in subjects with PTSD equally during waking and during actigraphic sleep (effect sizes, Cohen's d, ranged from 0.63 to 0.89). The length of the sleep periods and estimated sleep fragmentation did not differ between groups. Group heart rate differences could not be explained by differences in body activity, PTSD hyperarousal symptom scores, depression, physical fitness, or antidepressant use.

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http://www.smrv-journal.com/article/S1087-0792(14)00103-8/abstract

The insomnia and suicide link: Toward an enhanced understanding of this relationship.

Andrea A. Woznica, Colleen E. Carney, Janice R. Kuo, Taryn G. Moss

Sleep Medicine Reviews
Published Online: October 15, 2014
DOI: http://dx.doi.org/10.1016/j.smrv.2014.10.004

Despite current knowledge of risk factors for suicidal behaviors, suicide remains a leading cause of death worldwide. This suggests a strong need to identify and understand additional risk factors. A number of recent studies have identified insomnia as a modifiable, independent suicide-risk factor. Although a link between insomnia and suicide is emerging, further research is required in order to understand the nature of the relationship. Accordingly, this paper presents an overview of the insomnia and suicide literature to-date, and a discussion of two major limitations within this literature that hinder its progress. First, the classification and assessment of insomnia and suicide-related thoughts and behaviors are inconsistent across studies; and second, there is a lack of empirical studies focused on investigating mediators of the insomnia and suicide relationship. Suggestions are offered within this paper for future studies to address these issues and facilitate new developments in this important research area. Following these suggested lines of research will ultimately inform whether insomnia treatments, particularly cognitive-behavioral therapy for insomnia, can be used to target suicide-risk prevention and intervention.

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http://www.sciencedirect.com/science/article/pii/S1077722914001254

Motivational Interviewing for Means Restriction Counseling With Patients at Risk for Suicide.

Peter C. Britton, Craig J. Bryan, Marcia Valenstein

Cognitive and Behavioral Practice
Available online 16 October 2014

The restriction of potentially lethal means during periods of high risk has been identified as one of the more promising suicide prevention strategies. The purpose of this paper is to introduce clinicians to means restriction counseling and to describe a Motivational Interviewing (MI) based approach for use with ambivalent or challenging patients. This paper examines empirical support behind legislative efforts for means restriction along with the limitations. It explains the need for means restriction counseling with adults and requisite challenges. For patients who are reluctant, it describes an MI-based approach to means restriction counseling and provides a case example. By the end of the paper, readers should be aware of the potential importance of means restriction counseling and the possible use of an MI-based approach with challenging patients. Means restriction counseling is a promising clinical intervention for suicidal patients and research on MI-based and other approaches is sorely needed.

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http://www.emeraldinsight.com/doi/abs/10.1108/MHRJ-08-2014-0026

Pilot study using Neurolinguistic Programming(NLP) in post-combat PTSD.

Lisa Wake, Margaret Leighton

Mental Health Review Journal
Volume 19, Issue 4

Purpose
To determine if NLP tools and techniques were effective in alleviating the symptoms of PTSD in clients from the Military and Emergency Services.

Design/methodology/approach
This project ran at the ‘Healing the Wounds’ charity in Bridgend. All clients were opportunistic, having self-referred to a Charity specifically set up to support Veterans from the Armed Forces. 29 clients from an initial cohort of 106 clients provided pre and post data using DASS and the NLP Wheel of Life scale. Interventions included a range of NLP techniques, addressing self-reported symptoms.

Findings
Differences between DASS scores before and after treatment are very highly significant. T-test analysis infers that these results are indicative of the overall response from the clients in this study.

Research limitations/implications
Limitations of the study include: client group; significant levels of incomplete data for the total study group; therapist effect and therapist training; treatment methodology.

Originality/value
Data suggests that NLP has potential as a therapeutic tool in the treatment of symptoms of anxiety and depression associated with a self-report of PTSD. An observation is proposed that these candidates experience an improvement in their emotional state when NLP is used which is statistically significant ($p < 0.001$) both for overall DASS score averages and also for each of the three DASS categories (Depression, Anxiety and Stress). Stress was the highest scoring category prior to treatment for these clients; the reduction in their stress symptoms contributed most substantially to the overall reduction in average DASS score, indicating an improvement in their emotional state.

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http://sophia.stkate.edu/msw_papers/371/

Risk and Protective Factors: Suicide in the Military

Nicole Gauer Patnode Fisher

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

Suicide rates in the military are on the decline, yet on the rise in the National Guard and Reserve components. Training programs to educate and raise awareness about suicide have been implemented in all branches of the military. There is a lot of research about suicide risk and protective factors in the general population and Active Duty military population, but there is not research that identifies service members' perceptions on what those risk and protective factors may be. Nor is there research that explores the perceptions of stigma in the military regarding suicide. Knowing how service members perceive suicide risk and protective factors and stigma in the military may give some insight into how well the training programs are working. This study compared the perception of suicide risk and protective factors of new members to the service and veterans. The research showed that the two groups have similar perceptions regarding risk and protective factors, yet have fairly differing perceptions about stigma in the military. The veteran sample believes that service members are uncomfortable reporting mental health concerns to the military; the veterans also believe that the military discriminates against service members with mental health issues. The new service member

sample believes that it is safe to ask for help regarding suicide in the military; they also believe that the military wants to help those with mental health issues. The research also shows that unit cohesion and family support are strong protective factors for suicide. Based on the findings I recommend improving family involvement in the military. I also recommend creating more unity within Guard and Reserve units. The research also shows there is a lack of resources for Guard and Reserve members; I recommend further research studies identify where the greatest needs for resources are.

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http://onlinelibrary.wiley.com/doi/10.1111/pme.12571/abstract

A Brief Peer Support Intervention for Veterans with Chronic Musculoskeletal Pain: A Pilot Study of Feasibility and Effectiveness.

Matthias, M. S., McGuire, A. B., Kukla, M., Daggy, J., Myers, L. J. and Bair, M. J.

Pain Medicine
Article first published online: 14 OCT 2014

Objective
The aim of this study was to pilot test a peer support intervention, involving peer delivery of pain self-management strategies, for veterans with chronic musculoskeletal pain.

Design
Pretest/posttest with 4-month intervention period.

Methods
Ten peer coaches were each assigned 2 patients (N = 20 patients). All had chronic musculoskeletal pain. Guided by a study manual, peer coach–patient pairs were instructed to talk biweekly for 4 months. Pain was the primary outcome and was assessed with the PEG, a three-item version of the Brief Pain Inventory, and the PROMIS Pain Interference Questionnaire. Several secondary outcomes were also assessed. To assess change in outcomes, a linear mixed model with a random effect for peer coaches was applied.

Results
Nine peer coaches and 17 patients completed the study. All were male veterans. Patients' pain improved at 4 months compared with baseline but did not reach statistical significance (PEG: P = 0.33, ICC [intra-class correlation] = 0.28, Cohen's d = −0.25; PROMIS: P = 0.17, d = −0.35). Of secondary outcomes, self-efficacy (P = 0.16, ICC = 0.56, d = 0.60) and pain centrality (P = 0.06, ICC = 0.32, d = −0.62) showed greatest improvement, with moderate effect sizes.

Conclusions
This study suggests that peers can effectively deliver pain self-management strategies to other

veterans with pain. Although this was a pilot study with a relatively short intervention period, patients improved on several outcomes.

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http://cpx.sagepub.com/content/early/2014/10/13/2167702614547265.abstract

Do (Even) Depressed Individuals Believe That Life Gets Better and Better? The Link Between Depression and Subjective Trajectories for Life Satisfaction.

Michael A. Busseri and Emily Peck

Clinical Psychological Science October 17, 2014 2167702614547265

We investigated the widespread belief that life gets better and better over time—as revealed in individuals' "subjective trajectories" for life satisfaction (LS) derived from their ratings of recollected past, current, and anticipated future LS—among depressed (i.e., current major depressive disorder, fully remitted, partially remitted) and nondepressed groups using a two-wave longitudinal sample of American adults. Linear and inclining subjective trajectories (past LS < current LS < future LS) were normative among nondepressed individuals, as were nonlinear but inclining subjective trajectories (past LS ~ current LS < future LS) among depressed individuals. Furthermore, Wave 1 temporal-perspective LS ratings uniquely predicted risk of depression 10 years later (Wave 2), even after we controlled for baseline depression status. Thus, the use of a novel temporally expanded perspective revealed that even depressed individuals view their lives as improving over time and that such beliefs predict heightened (rather than less) risk of future depression.

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http://cpx.sagepub.com/content/early/2014/10/13/2167702614549800.abstract

Changing for Better or Worse? Posttraumatic Growth Reported by Soldiers Deployed to Iraq.

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Clinical Psychological Science October 17, 2014 2167702614549800

There has been increased interest in self-perceived posttraumatic growth, but few longitudinal studies have focused on its relationship with posttraumatic stress. Self-perceived growth is generally thought to facilitate adjustment, but some researchers have proposed that it reflects a dysfunctional coping strategy that impedes adjustment and leads to posttraumatic stress. In this prospective longitudinal study, we examined the relationship between self-perceived posttraumatic growth and stress. Participants were soldiers deployed to Iraq. They were tested

before their deployment (N = 479) and again 5 months (n = 382; 80%) and 15 months (n = 331; 69%) after returning home. Cross-lagged panel analysis indicated that more perceived growth 5 months postdeployment was associated with more posttraumatic stress 15 months postdeployment, even after we controlled for stressor severity, posttraumatic stress at 5 months, and potential predeployment confounders (extraversion, neuroticism, and cognitive ability). Findings suggest that it may be counterproductive to promote perceived growth to enhance adjustment after traumatic events.

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http://ps.psychiatryonline.org/article.aspx?articleid=1885756

Treatment of Veterans With PTSD at a VA Medical Center: Primary Care Versus Mental Health Specialty Care.

Dolores Vojvoda, M.D.; Elina Stefanovics, Ph.D.; Robert A. Rosenheck, M.D.

Psychiatric Services 2014; doi: 10.1176/appi.ps.201300204

Objective
Recent military conflicts have generated significantly more demand for treatment of posttraumatic stress disorder (PTSD) as well as concerns about the adverse effects of stigma associated with specialty mental health care. This study examined the extent to which veterans diagnosed as having PTSD received treatment exclusively in primary care settings.

Methods
Administrative data from the U.S. Department of Veterans Affairs (VA) Connecticut Healthcare System for fiscal year 2010 were used to compare the proportions and characteristics of veterans with PTSD (N=4,144) who were treated exclusively in a primary care setting or a mental health specialty clinic.

Results
Most (87%) veterans were treated in specialty mental health clinics, and 13% were treated exclusively in primary care. In contrast, 24% of veterans with any mental health diagnosis received treatment exclusively in primary care. Comorbid psychiatric diagnoses were much more prevalent among those treated in mental health specialty clinics than in primary care (86% versus 14%), and psychotropic medications were far more likely to be filled in mental health specialty clinics than in primary care (80% versus 36%). The percentage of veterans with service-connected disabilities did not differ between the two treatment settings.

Conclusions
Despite the VA's successful expansion of mental health services in primary care, the vast majority of patients with PTSD received treatment in mental health specialty clinics. Stigma

does not seem to keep veterans with PTSD from receiving care in specialty mental health settings in spite of the availability of services in primary care.

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http://www.ncbi.nlm.nih.gov/pubmed/25335933

Curr Treat Options Neurol. 2014 Dec;16(12):321. doi: 10.1007/s11940-014-0321-6.

Cognitive-behavioral therapy for chronic insomnia.

Hood HK, Rogojanski J, Moss TG.

OPINION STATEMENT: Psychological and behavioral therapies should be considered the first line treatment for chronic insomnia. Although cognitive behavioral therapy for insomnia (CBT-I) is considered the standard of care [1], several monotherapies, including sleep restriction therapy, stimulus control therapy, and relaxation training are also recommended in the treatment of chronic insomnia [2]. CBT-I is a multimodal intervention comprised of a combination of behavioral (eg, sleep restriction, stimulus control) and cognitive therapy strategies, and psychoeducation delivered in 4 to 10 weekly or biweekly sessions [3]. Given that insomnia is thought to be maintained by an interaction between unhelpful sleep-related beliefs and behaviors, the goal of CBT-I is to modify the maladaptive cognitions (eg, worry about the consequences of poor sleep), behaviors (eg, extended time in bed), and arousal (ie, physiological and mental hyperarousal) perpetuating the insomnia. CBT-I is efficacious when implemented alone or in combination with a pharmacologic agent. However, because of the potential for relapse upon discontinuation, CBT-I should be extended throughout drug tapering [4]. Although the treatment options should be guided by the available evidence supporting both psychological therapies and short-term hypnotic treatment, as well as treatment feasibility and availability, treatment selection should ultimately be guided by patient preference [5]. Despite its widespread use among treatment providers [6], the use of sleep hygiene education as a primary intervention for insomnia should be avoided. Sleep hygiene may be a necessary, but insufficient condition for promoting good sleep and should be considered an adjunct to another empirically supported treatment.

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http://www.ncbi.nlm.nih.gov/pubmed/25337851

J Am Coll Health. 2014 Oct 22:0. [Epub ahead of print]

Examining the Effects of Self-reported PTSD Symptoms and Positive Relations With Others on Self-regulated Learning for Student Service Members/Veterans.

Ness BM, Middleton MJ, Hildebrandt MJ

Objectives:
To examine the relationships between self-reported post-traumatic stress disorder (PTSD) symptoms, perceived positive relations with others, self-regulation strategy use, and academic motivation among student service members/veterans (SSM/V) enrolled in post-secondary education. Participants: SSM/V (N = 214), defined as veterans, active duty, or National Guard/Reservists of the U.S. military, enrolled at five different institutions in fall 2012.

Methods:
Data were collected using an online questionnaire that included standardized measures of PTSD symptoms, perceived quality of personal relations, academic self-regulation strategy use and motivation.

Results:
PTSD symptoms were associated with lower self-efficacy for learning and maladaptive academic goal orientation. Additionally, PTSD symptoms were associated with lower effort regulation (i.e., persistence) during academic work. Endorsement of more positive relations moderated the deleterious relationship between PTSD symptoms and maladaptive goal orientation.

Conclusion:
The results suggest post-secondary personnel adopt a social-cognitive framework to develop social, mental health and academic supports for SSM/V with PTSD.

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http://www.ncbi.nlm.nih.gov/pubmed/25337770

J Am Coll Health. 2014 Oct 22:0. [Epub ahead of print]

Student and Nonstudent National Guard Service Members/Veterans and Their Use of Services for Mental Health Symptoms.

Bonar EE, Bohnert KM, Walters HM, Ganoczy D, Valenstein M

Objective:
To compare mental health symptoms and service utilization among returning student and nonstudent Service Members/Veterans (SM/Vs).

Participants:
SM/Vs (N = 1439) were predominately white (83%) men (92%); half were over age 30 (48%) and 24% were students. Methods: SM/Vs completed surveys six months post-deployment (August 2010-July 2013).

Results:
Students and nonstudent SM/Vs did not differ in positive screens for depression, anxiety, hazardous drinking, or Post-traumatic Stress Disorder (PTSD). Students (n = 81) and nonstudents (n = 265) with mental health symptoms had low levels of mental health service use (e.g., VA, civilian, or military facilities), at 47% and 56% respectively. Fewer students used VA mental health services. Common barriers to treatment-seeking included not wanting treatment on military records and embarrassment.

Conclusions:
Like other returning SM/Vs, student SM/Vs have unmet mental health needs. The discrepancy between potential need and treatment-seeking suggests that colleges might be helpful in further facilitating mental health service use for student SM/Vs.

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http://www.ncbi.nlm.nih.gov/pubmed/25325592

J Clin Sleep Med. 2014 Oct 17. pii: jc-00451-13. [Epub ahead of print]

Comparative Meta-Analysis of Prazosin and Imagery Rehearsal Therapy for Nightmare Frequency, Sleep Quality, and Posttraumatic Stress.

Seda G, Sanchez-Ortuno MM, Welsh CH, Halbower AC, Edinger JD

STUDY OBJECTIVE:
In this meta-analysis, we compare the short-term efficacy of prazosin vs. IRT on nightmares, sleep quality, and posttraumatic stress symptoms (PTSS).

METHODS:
Reference databases were searched for randomized controlled trials using IRT or prazosin for nightmares, sleep disturbance, and/ or PTSS. Effect sizes were calculated by subtracting the mean posttest score in the control group from the mean posttest score in the treatment group, and dividing the result by the pooled standard deviation of both groups. Mixed effects models were performed to evaluate effects of treatment characteristics, as well as sample characteristics (veteran vs. civilian) on treatment efficacy.

RESULTS:
Four studies used prazosin, 10 used IRT alone or in combination with another psychological treatment, and 1 included a group receiving prazosin and another group receiving IRT. Overall effect sizes of both treatments were of moderate magnitude for nightmare frequency, sleep quality, and PTSS ($p < 0.01$). Effect size was not significantly different with type of treatment (psychological vs. pharmacological) on nightmare frequency ($p = 0.79$), sleep quality ($p = 0.65$), or PTSS, ($p = 0.52$). IRT combined with CBT for insomnia showed more improvement in sleep quality compared to prazosin ($p = 0.03$), IRT alone ($p = 0.03$), or IRT combined with another

psychological intervention, ($p < 0.01$).

CONCLUSION:
Although IRT interventions and prazosin yield comparable acute effects for the treatment of nightmares, adding CBT for insomnia to IRT seems to enhance treatment outcomes pertaining to sleep quality and PTSS. More randomized clinical trials with long-term follow-up are warranted.

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http://www.ncbi.nlm.nih.gov/pubmed/25325468

Sleep. 2014 Oct 17. pii: sp-00193-14. [Epub ahead of print]

The Nature of Stable Insomnia Phenotypes.

Pillai V, Roth T, Drake CL

STUDY OBJECTIVES:
We examined the 1-y stability of four insomnia symptom profiles: sleep onset insomnia; sleep maintenance insomnia; combined onset and maintenance insomnia; and neither criterion (i.e., insomnia cases that do not meet quantitative thresholds for onset or maintenance problems). Insomnia cases that exhibited the same symptom profile over a 1-y period were considered to be phenotypes, and were compared in terms of clinical and demographic characteristics.
DESIGN: Longitudinal.

SETTING:
Urban, community-based.

PARTICIPANTS:
Nine hundred fifty-four adults with Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition based current insomnia (46.6 ± 12.6 y; 69.4% female).

INTERVENTIONS:
None.

MEASUREMENTS AND RESULTS:
At baseline, participants were divided into four symptom profile groups based on quantitative criteria. Follow-up assessment 1 y later revealed that approximately 60% of participants retained the same symptom profile, and were hence judged to be phenotypes. Stability varied significantly by phenotype, such that sleep onset insomnia (SOI) was the least stable (42%), whereas combined insomnia (CI) was the most stable (69%). Baseline symptom groups (cross-sectionally defined) differed significantly across various clinical indices, including daytime impairment, depression, and anxiety. Importantly, however, a comparison of stable phenotypes

(longitudinally defined) did not reveal any differences in impairment or comorbid psychopathology. Another interesting finding was that whereas all other insomnia phenotypes showed evidence of an elevated wake drive both at night and during the day, the 'neither criterion' phenotype did not; this latter phenotype exhibited significantly higher daytime sleepiness despite subthreshold onset and maintenance difficulties.

CONCLUSIONS:
By adopting a stringent, stability-based definition, this study offers timely and important data on the longitudinal trajectory of specific insomnia phenotypes. With the exception of daytime sleepiness, few clinical differences are apparent across stable phenotypes.

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http://www.ncbi.nlm.nih.gov/pubmed/25325466

Sleep. 2014 Oct 17. pii: sp-00160-14. [Epub ahead of print]

Differential Sleep, Sleepiness, and Neurophysiology in the Insomnia Phenotypes of Shift Work Disorder.

Gumenyuk V, Belcher R, Drake CL, Roth T

STUDY OBJECTIVES:
To characterize and compare insomnia symptoms within two common phenotypes of Shift Work Disorder.

DESIGN:
Observational laboratory and field study.

SETTING:
Hospital sleep center.

PARTICIPANTS:
34 permanent night workers. Subjects were classified by Epworth Sleepiness Scale and Insomnia Severity Index into 3 subgroups: asymptomatic controls, alert insomniacs (AI), and sleepy insomniacs (SI).

MEASUREMENTS:
Sleep parameters were assessed by sleep diary. Circadian phase was evaluated by dim-light salivary melatonin onset (DLMO). Objective sleepiness was measured using the multiple sleep latency test (MSLT). Brain activity was measured using the N1 event-related potential (ERP). A tandem repeat in PER3 was genotyped from saliva DNA.

RESULTS:
(1) AI group showed normal MSLT scores but elevated N1 amplitudes indicating cortical hyperarousal. (2) SI group showed pathologically low MSLT scores but normal N1 amplitudes. (3) AI and SI groups were not significantly different from one another in circadian phase, while controls were significantly phase-delayed relative to both SWD groups. (4) AI showed significantly longer sleep latencies and lower sleep efficiency than controls during both nocturnal and diurnal sleep. SI significantly differed from controls in nocturnal sleep parameters, but differences during diurnal sleep periods were smaller and not statistically significant. (5) Genotype × phenotype $\chi 2$ analysis showed significant differences in the PER3 VNTR: 9 of 10 shift workers reporting sleepiness in a post hoc genetic substudy were found to carry the long tandem repeat on PER3, while 4 of 14 shift workers without excessive sleepiness carried the long allele.

CONCLUSIONS:
Our results suggest that the sleepy insomnia phenotype is comprehensively explained by circadian misalignment, while the alert insomnia phenotype resembles an insomnia disorder precipitated by shift work.

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http://www.ncbi.nlm.nih.gov/pubmed/25325453

Sleep. 2014 Oct 17. pii: sp-00077-14. [Epub ahead of print]

Cognitive Impairment in Individuals with Insomnia: Clinical Significance and Correlates.

Fortier-Brochu E, Morin CM

STUDY OBJECTIVES:
The aims of this study were to (1) investigate the nature of cognitive impairment in individuals with insomnia, (2) document their clinical significance, (3) examine their correlates, and (4) explore differences among individuals with insomnia with and without cognitive complaints.

DESIGN:
Participants underwent 3 consecutive nights of polysomnography. On the morning following the third night, they completed a battery of questionnaires and neuropsychological tests.

PARTICIPANTS:
The sample included 25 adults with primary insomnia (mean age: 44.4 ± 11.5 y, 56% women) and 16 controls (mean age: 42.8 ± 12.9 y, 50% women) matched for sex, age, and education.

INTERVENTION:
N/A.

MEASUREMENT AND RESULTS:
Participants completed neuropsychological tests covering attention, memory, working memory, and executive functions, as well as questionnaires assessing the subjective perception of performance, depression, anxiety, fatigue, sleepiness, and hyperarousal. There were significant group differences for the attention and episodic memory domains. Clinically significant deficits were more frequent in the insomnia group. Within the insomnia group, individuals with cognitive complaints exhibited significantly poorer performance on a larger number of neuropsychological variables. All impaired aspects of performance were significantly associated with either subjective or objective sleep continuity, and some were also independently related to sleep microstructure (i.e., relative power for alpha frequencies) or selected psychological variables (i.e., beliefs or arousal).

CONCLUSIONS:
These findings suggest clinically significant alterations in attention and episodic memory in individuals with insomnia. Objective deficits were more pronounced and involved more aspects of performance in a subgroup of individuals with cognitive complaints. These deficits appear associated with sleep continuity, and may also be related to sleep microstructure and dysfunctional beliefs.

Links of Interest

Who Has PTSD Now? New Definition Creates Challenges for Clinicians
http://www.usmedicine.com/agencies/department-of-defense-dod/who-has-ptsd-now-new-definition-creates-challenges-for-clinicians/

It's the VA's turn to wait for PTSD patients
http://www.pnj.com/story/news/military/2014/10/13/vas-turn-wait/17214911/

New App Measures Students' Moods and Mental Health
http://chronicle.com/blogs/wiredcampus/new-app-measures-students-moods-mental-health/54863

Army Surgeon General: Sleepy Soldiers as Impaired as Drunk Soldiers
http://www.military.com/daily-news/2014/10/15/army-surgeon-general-sleepy-soldiers-as-impaired-as-drunk.html

Virtual Reality Therapy Shows New Benefits
http://online.wsj.com/articles/virtual-reality-therapy-shows-new-benefits-1413841124

In 'Invisible Front,' military family's losses propel battle against mental health stigma
http://www.pbs.org/newshour/bb/invisible-front-military-familys-losses-propel-battle-mental-health-stigma/

Stressed? This Dog May Help
http://well.blogs.nytimes.com/2014/10/22/stressed-this-dog-may-help/

Upbeat Walking Style Might Lift Your Mood
http://www.nlm.nih.gov/medlineplus/news/fullstory_148980.html

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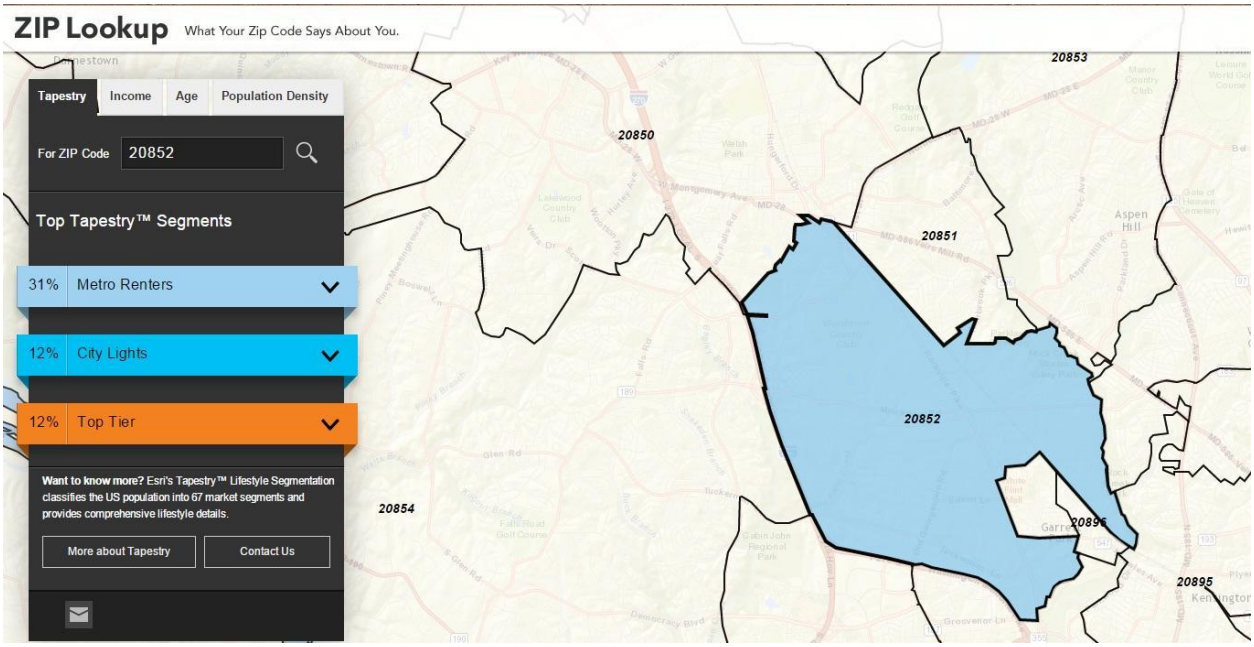
Resource of the Week: ESRI Zip Lookup

No, this isn't a site that you use to find out a specific ZIP code. This is a site that tells you "What Your ZIP code Says About You." As per the instructions, "Type in your ZIP Code to see demographic and lifestyle information about your neighborhood."

ESRI is a purveyor of Geographic Information System (GIS) software, systems, and consulting services. This site is a demonstration of ESRI's "Tapestry Segmentation methodology" that classifies neighborhoods in the U.S. into " 67 distinctive market segments."



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