



CDP Research Update -- November 6, 2014

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- Preliminary investigation of the roles of military background and posttraumatic stress symptoms in frequency and recidivism of intimate partner violence perpetration among court-referred men.
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- Access, Utilization, and Interest in mHealth Applications Among Veterans Receiving Outpatient Care for PTSD.
- Comparison of cognitive behavioral therapy and supportive psychotherapy for the treatment of depression following traumatic brain injury: a randomized controlled trial.
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- Resource of the Week: White House Joining Forces Wellness Week

<http://content.govdelivery.com/accounts/USVHA/bulletins/d94db0>

Race and Ethnocultural Factors: PTSD Monthly Update - October 2014

National Center for PTSD
U.S. Department of Veterans Affairs

Does a person's race or ethnicity influence their experience of trauma or PTSD?

Some studies with Veterans suggest that certain race/ethnic subgroups have a higher rate of PTSD than White Veterans.

This may be related to several factors:

- Non-White Servicemembers tend to have greater exposure to combat and other war zone stressors.
- PTSD may be more likely after race-related warzone stressors, such as being able to identify with the enemy or being thought of as resembling the enemy.
- Lower socioeconomic status and personal experiences of racial prejudice or discrimination are risk factors for PTSD.
- A person's ethnicity or culture can affect how they interpret and react to severe stressors.

Ethnocultural norms may also impact how willing an individual is to report a trauma or seek

mental health treatment. Individuals from diverse racial or ethnic backgrounds need to know that evidence-based psychotherapies for PTSD can work for them.

http://www.afhsc.mil/documents/pubs/msmrs/2014/v21_n10.pdf#Page=2

Suicides and Suicide Attempts Among Active Component Members of the U.S. Armed Forces, 2010–2012: Methods of Self-Harm Vary by Major Geographic Region of Assignment.

William P. Corr, III, MD, MPH (COL, USA)

Medical Surveillance Monthly Report
Armed Forces Health Surveillance Center
October 2014, Vol. 21, No. 10

This report analyzed data from the Department of Defense Suicide Event Report program about suicide events (suicide attempts and suicides) among active component service members during 2010–2012. Most attempts (85.2%) and suicides (83.5%) occurred among service members stationed in the U.S. Drugs were identified as the method of self-harm in 54.8% of attempts but in only 3.6% of suicides. Firearms were the leading method of suicide in both the U.S. and combat zones (61.1% and 97.2%, respectively) but accounted for only 5.4% of suicides in those stationed in Europe/Asia. Hanging/asphyxiation (22.9% overall) was the second most common method in suicides. For suicides using firearms, the rates of suicide and the types of firearm used varied according to service members' geographically related access to firearms. Challenges to reducing the frequency of service member suicides by firearms are discussed.

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

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

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

RAND Corporation, 2014

In response to the elevated rate of suicide among U.S. service members, a congressionally

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

http://link.springer.com/chapter/10.1007/978-1-4939-1314-5_10

Borderline Personality Disorder and Mood Disorders: Longitudinal Course and Interaction.

Andrew E. Skodol MD

Borderline Personality and Mood Disorders
2015, pp 175-187

Borderline personality disorder (BPD) is often misdiagnosed as a mood disorder, especially bipolar disorder. Mood disorder diagnostic variants that broaden the definitions of disorders often lead in clinical practice to the inappropriate use of medications, to a proliferation of medication changes, and sometimes to extensive and harmful polypharmacy aimed at addressing clinical problems that may well be the result of BPD, occurring either alone or as a comorbid condition. Examining the longitudinal course of BPD and comorbid mood disorders and their interactions over time may shed light not only on the disorder of primary importance but also, as a result, on the need to recognize and treat BPD with psychotherapy in order to achieve optimal outcomes in such cases. Results of four large-scale studies of the naturalistic,

interactive course of personality disorders and mood disorders are reviewed in this chapter. The results indicate a strong interaction between BPD and major depressive disorder (MDD), suggesting overlapping psychopathologies and etiologies and weaker evidence for relationships between BPD and bipolar disorder. Research and clinical implications of these findings are discussed.

<http://onlinelibrary.wiley.com/doi/10.1111/sltb.12134/abstract>

Patterns of Presentation for Attempted Suicide: Analysis of a Cohort of Individuals Who Subsequently Died by Suicide.

Mallon, S., Rosato, M., Galway, K., Hughes, L., Rondon-Sulbaran, J., McConkey, S. and Leavey, G.

Suicide and Life-Threatening Behavior
Article first published online: 24 OCT 2014
DOI: 10.1111/sltb.12134

All suicides and related prior attempts occurring in Northern Ireland over two years were analyzed, focusing on number and timing of attempts, method, and mental health diagnoses. Cases were derived from coroner's records, with 90% subsequently linked to associated general practice records. Of those included, 45% recorded at least one prior attempt (with 59% switching from less to more lethal methods between attempt and suicide). Compared with those recording one attempt, those with 2+ attempts were more likely to have used less lethal methods at the suicide (OR = 2.77: 95% CI = 1.06, 7.23); and those using less lethal methods at the attempts were more likely to persist with these into the suicide (OR = 3.21: 0.79, 13.07). Finally, those with preexisting mental problems were more likely to use less lethal methods in the suicide: severe mental illness (OR = 7.88: 1.58, 39.43); common mental problems (OR = 3.68: 0.83, 16.30); and alcohol/drugs related (OR = 2.02: 0.41, 9.95). This analysis uses readily available data to highlight the persisting use of less lethal methods by visible and vulnerable attempters who eventually complete their suicide. Further analysis of such conditions could allow more effective prevention strategies to be developed.

<http://www.sciencedirect.com/science/article/pii/S0747563214004683>

The future of online therapy.

Yair Amichai-Hamburger, Anat Brunstein Klomek, Doron Friedman, Oren Zuckerman, Tal Shani-Sherman

The digital world, and the Internet in particular, have a significant impact on almost all aspects of our lives. The realm of psychotherapy is an area in which the influence of the Internet is growing rapidly. This paper suggests a model for comprehensive online therapy with a therapist at its center. We start by explaining the main components of both traditional therapy and online therapy. We discuss the principal criticisms leveled against online therapy and assess the efficacy of various responses. The paper moves on to explain the advantages of online therapy, focusing on the unique aspects of this approach. The paper proposes that online therapy should exploit other online resources, including online techniques for information gathering. This is true both in the therapeutic session and outside of it. In addition, the paper suggests that therapists incorporate online role play, online CBT and intervention techniques using the smartphone. All of these tools are suggested as important components in a process of comprehensive therapy run by a therapist working online.

http://link.springer.com/chapter/10.1007/978-1-4939-1314-5_12

Cognitive Behavioral Therapy-Based Interventions for Borderline Personality Disorder and Mood Disorders.

Karen L. Jacob MA PhD, Ana M. Rodriguez-Villa BA

Borderline Personality and Mood Disorders
2015, pp 207-222

Cognitive Behavioral Therapy (CBT) is a well-established treatment approach for treating patients suffering from a range of emotional problems including a number of mood and anxiety disorders. The basic treatment approach highlights the importance of increasing patients' structured self-awareness in order to help them identify maladaptive cognitive processes and behavioral patterns that influence emotional distress. CBT promotes patients use of skills-based interventions that challenge thoughts and support intentional shifts in behavior in order to decrease distress. Given CBT's effectiveness in treating a range of emotional disorders, it has been applied to the treatment of more complicated clinical profiles, such as patients suffering from characterological disorders like borderline personality disorder (BPD). Both Schema-Focused Therapy (SFT) as well as Dialectical Behavioral Therapy (DBT) are evidence-based intensive psychotherapeutic treatments derived from CBT but adapted to treat patients with BPD. Less intensive applications of CBT for BPD have proven to be effective and are more practical in generalist clinical settings. We will outline the limitations associated with more specialized forms of treatment and further propose a return to the basics of CBT using the Flexible CBT model in order to treat patients with complicated clinical profiles seeking treatment in a typical clinical setting.

http://link.springer.com/chapter/10.1007/978-1-4939-1314-5_7

Hyperbolic Temperament as a Distinguishing Feature Between Borderline Personality Disorder and Mood Dysregulation.

Matthew M. Yalch MA, Christopher J. Hopwood PhD, Mary C. Zanarini EdD

Borderline Personality and Mood Disorders
2015, pp 119-132

Borderline personality disorder (BPD) commonly co-occurs with mood disorders. This co-occurrence, which can be explained by a shared disposition for negative emotions, raises practical concerns about differential diagnosis. In this chapter, we review research on the co-occurrence of BPD and mood disorders and describe several features that distinguish these forms of psychopathology. We further review a hyperbolic model of the essential features of BPD that integrates these various features. We demonstrate empirically that hyperbolic features (a) interact as predicted with childhood experiences in promoting BPD symptoms, (b) distinguish BPD from mood disorders, and (c) represent the temperamental features of BPD. We describe how this model provides a clinically useful framework for the differential diagnosis of borderline psychopathology.

<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.

Mysliwiec V, O'Reilly B, Polchinski J, Kwon HP, Germain A, Roth BJ

J Clin Sleep Med 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.sciencedirect.com/science/article/pii/S1389945714004122>

Melatonin therapy for REM sleep behavior disorder: a critical review of evidence.

Ian R. McGrane, Jonathan G. Leung, Erik K. St. Louis, Bradley F. Boeve

Sleep Medicine

Available online 13 October 2014

REM sleep behavior disorder (RBD) is a parasomnia associated with dream enactment often involving violent or potentially injurious behaviors during REM sleep that is strongly associated with synucleinopathy neurodegeneration. Clonazepam has long been suggested as the first-line treatment option for RBD. However, evidence supporting melatonin therapy is expanding. Melatonin appears to be beneficial for the management of RBD with reductions in clinical behavioral outcomes and decrease in muscle tonicity during REM sleep. Melatonin also has a favorable safety and tolerability profile over clonazepam with limited potential for drug-drug interactions, an important consideration especially in elderly individuals with RBD receiving polypharmacy. Prospective clinical trials are necessary to establish evidence-basis for melatonin and clonazepam as RBD therapies.

<http://www.sciencedirect.com/science/article/pii/S1389945714003402>

Association between lunar phase and sleep characteristics.

Csilla Zita Turányi, Katalin Zsuzsanna Rónai, Rezső Zoller, Orsolya Véber, Mária Eszter Czira, Ákos Újszászi, Gergely László, András Szentkirályi, Andrea Dunai, Anett Lindner, Julianna Luca

Szócs, Ádám Becze, Andrea Kelemen, Zsófia Lendvai, Miklos Z. Molnar, István Mucsi, Márta Novák

Sleep Medicine

Volume 15, Issue 11, November 2014, Pages 1411–1416

Objectives

Popular belief holds that the lunar cycle affects human physiology, behavior, and health, including sleep. To date, only a few and conflicting analyses have been published about the association between lunar phases and sleep. Our aim was to analyze the relationship between lunar phases and sleep characteristics.

Methods

In this retrospective, cross-sectional analysis, data from 319 patients who had been referred for sleep study were included. Individuals with apnea–hypopnea index $\geq 15/h$ were excluded. Socio-demographic parameters were recorded. All participants underwent one-night standard polysomnography. Associations between lunar cycle (new moon, full moon and alternate moon) and sleep parameters were examined in unadjusted and adjusted models.

Results

Fifty-seven percent of patients were males. Mean age for men was 45 ± 14 years and 51 ± 12 years for women. In total, 224 persons had their sleep study done during alternate moon, 47 during full moon, and 48 during new moon. Full moon was associated with lower sleep efficiency [median (%) (IQR): new moon 82 (18), full moon 74 (19), alternate moon 82 (15); $P < 0.001$], less deep sleep [median (%) (IQR): new moon 9 (9), full moon 6 (4), alternate moon 11 (9); $P < 0.001$], and increased REM latency [median (min) (IQR): new moon 98 (74), full moon 137 (152), alternate moon 97 (76); $P < 0.001$], even after adjustment for several covariables.

Conclusion

The results are consistent with a recent report and the widely held belief that sleep characteristics may be associated with the full moon.

<http://www.journalsleep.org/ViewAbstract.aspx?pid=29737>

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

Émilie Fortier-Brochu, MPs; Charles M. Morin, PhD

SLEEP 2014;37(11):1787-1798

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.

<http://www.tandfonline.com/doi/abs/10.1080/10911359.2014.953415>

Female Military Veterans: Crime and Psychosocial Problems.

Bradley J. Schaffer

Journal of Human Behavior in the Social Environment

The Global War on Terror (GWOT) has changed the face of America's military service person. Traditionally, women have served in all capacities short of a direct combat role. The GWOT has taken a dramatic toll on our military men, women, and families. This descriptive sample examines 91 female veterans in U.S. correctional settings. Female veterans are examined as a unique subgroup of the general corrections population based upon veteran's status, gender, military experiences, and service-related injuries coupled by penal treatment needs, pre-release planning, and services. The findings suggest that solutions to female veteran offenders need to address multiple psychosocial problems and risk factors. Preventative measures, like outreach, promote pro-social behavior, reduce recidivism, increase service utilization, and enhance community reintegration.

<http://www.ncbi.nlm.nih.gov/pubmed/25359554>

Psychol Med. 2014 Oct 31:1-10. [Epub ahead of print]

Understanding the elevated suicide risk of female soldiers during deployments.

Street AE, Gilman SE, Rosellini AJ, Stein MB, Bromet EJ, Cox KL, Colpe LJ, Fullerton CS, Gruber MJ, Heeringa SG, Lewandowski-Romps L, Little RJ, Naifeh JA, Nock MK, Sampson NA3, Schoenbaum M, Ursano RJ, Zaslavsky AM, Kessler RC

BACKGROUND:

The Army Study to Assess Risk and Resilience in Servicemembers (Army STARRS) has found that the proportional elevation in the US Army enlisted soldier suicide rate during deployment (compared with the never-deployed or previously deployed) is significantly higher among women than men, raising the possibility of gender differences in the adverse psychological effects of deployment.

METHOD:

Person-month survival models based on a consolidated administrative database for active duty enlisted Regular Army soldiers in 2004-2009 (n = 975 057) were used to characterize the gender × deployment interaction predicting suicide. Four explanatory hypotheses were explored involving the proportion of females in each soldier's occupation, the proportion of same-gender soldiers in each soldier's unit, whether the soldier reported sexual assault victimization in the previous 12 months, and the soldier's pre-deployment history of treated mental/behavioral disorders.

RESULTS:

The suicide rate of currently deployed women (14.0/100 000 person-years) was 3.1-3.5 times

the rates of other (i.e. never-deployed/previously deployed) women. The suicide rate of currently deployed men (22.6/100 000 person-years) was 0.9-1.2 times the rates of other men. The adjusted (for time trends, sociodemographics, and Army career variables) female:male odds ratio comparing the suicide rates of currently deployed v. other women v. men was 2.8 (95% confidence interval 1.1-6.8), became 2.4 after excluding soldiers with Direct Combat Arms occupations, and remained elevated (in the range 1.9-2.8) after adjusting for the hypothesized explanatory variables.

CONCLUSIONS:

These results are valuable in excluding otherwise plausible hypotheses for the elevated suicide rate of deployed women and point to the importance of expanding future research on the psychological challenges of deployment for women.

<http://www.ncbi.nlm.nih.gov/pubmed/24231941>

Trauma Violence Abuse. 2014 Apr;15(2):94-101. doi: 10.1177/1524838013511540. Epub 2013 Nov 13.

Unseen battles: the recognition, assessment, and treatment issues of men with military sexual trauma (MST).

Morris EE, Smith JC, Farooqui SY, Surís AM

While there is increasing attention on sexual violence in the military, the focus has been primarily on women. There is very little information regarding the effects of and treatment for men who experience military sexual trauma (MST). The aim of this article is to consolidate the known information about men with MST including prevalence rates, factors that affect those rates, gender differences, medical and psychiatric sequelae, and finally a review of two experimental studies. Implications for future research, practice, and policy are also discussed.

<http://onlinelibrary.wiley.com/doi/10.1111/acer.12552/abstract>

Effects of Cigarette Smoking History on Neurocognitive Recovery Over 8 Months of Abstinence in Alcohol-Dependent Individuals.

Durazzo, T. C., Pennington, D. L., Schmidt, T. P. and Meyerhoff, D. J.

Alcoholism: Clinical and Experimental Research

Article first published online: 21 OCT 2014

DOI: 10.1111/acer.12552

Background

This study compared the rate and extent of recovery on measures of learning and memory, processing speed, and working memory in treatment-seeking alcohol-dependent individuals (ALC) who were never smokers (nvsALC), former smokers (fsALC), and active smokers (asALC) over the first 8 months of sustained abstinence from alcohol. Assessments after 1 week, 1 month, and 8 months of abstinence in ALC enabled a comparison of the rates of neurocognitive changes from 1 week to 1 month versus 1 to 8 months of abstinence.

Methods

ALC and never-smoking controls were administered standardized measures of auditory-verbal and visuospatial learning and memory, processing speed, and working memory. Controls completed a baseline assessment and a follow-up approximately 9 months later.

Results

Over 8 months of abstinence, asALC showed poorer recovery than nvsALC on visuospatial learning, and both fsALC and asALC recovered less than nvsALC on processing speed measures. The corresponding recovery rates for the ALC group, as a whole, were greater from 1 week to 1 month than from 1 to 8 months of abstinence; these findings were largely driven by improvements in nvsALC. The recovery levels for fsALC on most measures were similar to those in asALC. Additionally, over 8 months, asALC showed significantly less improvement with increasing age than nvsALC on measures of processing speed and learning and memory. At 8 months of abstinence, asALC were inferior to controls and nvsALC on multiple measures, fsALC performed worse than nvsALC on several tests, but nvsALC were not different from controls on any measure.

Conclusions

Overall, ALC showed rapid improvement on measures of visuospatial learning and processing speed during the first month of abstinence from alcohol. Results also provide robust evidence that smoking status influenced the rate and level of neurocognitive recovery over 8 months of abstinence in this ALC cohort.

<http://www.ncbi.nlm.nih.gov/pubmed/25354926>

Int J Psychiatry Med. 2014;48(1):57-67. doi: 10.2190/PM.48.1.e.

Examination of Prior Experience with Telehealth and Comfort with Telehealth Technology as a Moderator of Treatment Response for PTSD and Depression in Veterans.

Price M, Gros DF

OBJECTIVE:

Telehealth is a method to expand the reach of clinical care for PTSD treatment. However, those with limited prior exposure to telehealth or limited confidence using telehealth may have poorer treatment response. The present study examined familiarity with telehealth as a moderator of treatment response for a behavioral treatment delivered via telehealth.

METHOD:

Fifty-nine combat veterans completed eight sessions of exposure-based treatment via telehealth. Familiarity with telehealth and confidence in the technology were assessed at baseline.

RESULTS:

PTSD and depression symptoms decreased as a result of treatment administered via telehealth. Familiarity with the technology and confidence in the technology were unrelated to symptom change. The lack of a significant relation was maintained after controlling for age.

CONCLUSIONS:

Perceptions of telehealth are unrelated to outcomes for mental health treatment. Clinicians should be confident in using this approach with patients, regardless of their familiarity or comfort with the technology.

<http://www.ncbi.nlm.nih.gov/pubmed/25354925>

Int J Psychiatry Med. 2014;48(1):33-55. doi: 10.2190/PM.48.1.d.

Early Treatment Withdrawal from Evidence-Based Psychotherapy for PTSD: Telemedicine and In-Person Parameters.

Hernandez-Tejada MA, Zoller JS, Ruggiero KJ, Kazley AS, Acierno R

OBJECTIVE:

To determine differences in reported barriers to treatment completion associated with telemedicine vs. in-person delivery of evidence-based treatment for PTSD in combat veterans.

METHOD:

The present study was derived from two ongoing randomized controlled trials (RCTs) comparing in-person vs. telemedicine delivery of exposure therapy for PTSD. A one-time telephone assessment of participants who dropped out from the treatment phase of these two studies was conducted, with measures focusing on reported reasons for dropout, and perceived comfort and efficacy of the treatment modality. Dichotomous data were analyzed via chi-square and logistic regression; continuous data via ANOVA.

RESULTS:

Forty-seven of 69 total dropouts participated. There was no difference in rate of dropout between modalities. A greater proportion of participants receiving in-person exposure therapy reported difficulties with logistical aspects of care (e.g., parking), whereas a greater proportion of participants receiving telemedicine therapy reported difficulty tolerating certain stressful aspects of treatment; however, those receiving telemedicine delivered treatment completed more sessions before dropping out. Participants in both conditions reported that they liked and were confident in their therapist

CONCLUSIONS:

Dropout reasons varied according to type of treatment delivery. Recommendations for future research are given in terms of modification of treatment protocol according to delivery modality.

<http://www.ncbi.nlm.nih.gov/pubmed/25357139>

MSMR. 2014 Oct;21(10):6-13.

Risk of type II diabetes and hypertension associated with chronic insomnia among active component, U.S. Armed Forces, 1998-2013.

Lewis PE, Emasealu OV, Rohrbeck P, Hu Z

Chronic insomnia is a common clinical complaint and its incidence in both U.S. military and civilian populations has increased. Several studies have evaluated the association between chronic insomnia and the development of other chronic diseases. This study estimates the incidence of chronic insomnia. In addition, this report examines the association between both hypertension and type II diabetes and chronic insomnia in active component military members. The Defense Medical Surveillance System was used to identify a cohort of individuals with chronic insomnia between 1998 and 2013 and to match them by age and gender with a cohort without insomnia. During 1998-2013, there were 205,740 incident cases of chronic insomnia among active component service members with an overall rate of 90.3 per 10,000 person-years. Individuals in the chronic insomnia cohort were at higher risk for type II diabetes (adjusted hazard ratio [HR], 2.17 [95% CI, 1.75-2.69]) and hypertension (adjusted HR, 2.00 [95% CI, 1.85-2.16]). Sleep hygiene education along with evaluation and treatment of persistent symptoms are of public health importance in active duty service members.

<http://store.samhsa.gov/product/SMA14-4859>

Treating Sleep Problems of People in Recovery From Substance Use Disorders: In Brief

Substance Abuse and Mental Health Services Administration
Publication Date: 11/2014

Discusses the relationship between sleep disturbances and substance use disorders and provides guidance on how to assess for and treat sleep problems for people in recovery. Reviews non-pharmacological as well as over-the-counter and prescription medications.

<http://www.tandfonline.com/doi/abs/10.1080/21635781.2014.963765>

Destructive and Supportive Leadership in Extremis: Relationships With Post-Traumatic Stress During Combat Deployments.

Dennis McGurk, Robert R. Sinclair, Jeffrey L. Thomas, Julie C. Merrill, Paul D. Bliese, Carl A. Castro

Military Behavioral Health
Vol. 2, Iss. 3, 2014

Few studies have investigated leadership in extremis: dangerous contexts such as those encountered by deployed military personnel. This study investigated whether supportive and destructive leadership by deployed U.S. Army noncommissioned officers predicted reports of post-traumatic stress disorder (PTSD) by 773 junior enlisted soldiers. Both forms of leadership interacted with unit-level combat exposure such that destructive leadership predicted PTSD in units with high or low exposure and supportive leadership only predicted PTSD in units with high exposure. Although leadership is often assumed more important in extremis, this may be true only for supportive leadership; destructive leadership appears detrimental regardless of context.

<http://www.tandfonline.com/doi/abs/10.1080/21635781.2014.963757>

A Scoping Review of Psychological Interventions for PTSD in Military Personnel and Veterans.

Stephen Rose, Alice Aiken, Mary Ann McColl

Military Behavioral Health
Vol. 2, Iss. 3, 2014

Post-traumatic stress disorder (PTSD) has emerged as a key concern for military and veteran populations. This article describes what is being done programmatically and therapeutically to treat PTSD in military personnel and veterans returning from deployment. This scoping review

demonstrates that (1) research published in this area has been rapidly increasing since its inception in the 1980s; (2) the vast majority of articles focus on cognitive-behavioral approaches to treatment, and this area of the literature presents strong evidence for these approaches; and (3) there is a lack of randomized controlled trials for treatments, such as art therapies and group therapies.

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

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

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

Military Behavioral Health

Vol. 2, Iss. 3, 2014

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

<http://www.ncbi.nlm.nih.gov/pubmed/25365778>

J Consult Clin Psychol. 2014 Nov 3. [Epub ahead of print]

Mindfulness and Cognitive-Behavioral Interventions for Chronic Pain: Differential Effects on Daily Pain Reactivity and Stress Reactivity.

Davis MC, Zautra AJ, Wolf LD, Tennen H, Yeung EW

Objective:

This study compared the impact of cognitive-behavioral therapy for pain (CBT-P), mindful awareness and acceptance treatment (M), and arthritis education (E) on day-to-day pain- and stress-related changes in cognitions, symptoms, and affect among adults with rheumatoid arthritis (RA).

Method:

One hundred forty-three RA patients were randomized to 1 of the 3 treatment conditions. CBT-P targeted pain-coping skills; M targeted awareness and acceptance of current experience to enhance coping with a range of aversive experiences; E provided information regarding RA pain and its management. At pre- and posttreatment, participants completed 30 consecutive evening diaries assessing that day's pain, fatigue, pain-related catastrophizing and perceived control, morning disability, and serene and anxious affects.

Results:

Multilevel models compared groups in the magnitude of within-person change in daily pain and stress reactivity from pre- to posttreatment. M yielded greater reductions than did CBT-P and E in daily pain-related catastrophizing, morning disability, and fatigue and greater reductions in daily stress-related anxious affect. CBT-P yielded less pronounced declines in daily pain-related perceived control than did M and E.

Conclusions:

For individuals with RA, M produces the broadest improvements in daily pain and stress reactivity relative to CBT-P and E. These findings also highlight the utility of a diary-based approach to evaluating the treatment-related changes in responses to daily life. (PsycINFO Database Record (c) 2014 APA, all rights reserved).

<http://www.ncbi.nlm.nih.gov/pubmed/25365155>

Psychotherapy (Chic). 2014 Nov 3. [Epub ahead of print]

Religiously Integrated Cognitive Behavioral Therapy: A New Method of Treatment for Major Depression in Patients With Chronic Medical Illness.

Pearce MJ, Koenig HG, Robins CJ, Nelson B, Shaw SF, Cohen HJ, King MB

Intervention studies have found that psychotherapeutic interventions that explicitly integrate clients' spiritual and religious beliefs in therapy are as effective, if not more so, in reducing depression than those that do not for religious clients. However, few empirical studies have examined the effectiveness of religiously (vs. spiritually) integrated psychotherapy, and no manualized mental health intervention had been developed for the medically ill with religious beliefs. To address this gap, we developed and implemented a novel religiously integrated adaptation of cognitive-behavioral therapy (CBT) for the treatment of depression in individuals with chronic medical illness. This article describes the development and implementation of the intervention. First, we provide a brief overview of CBT. Next, we describe how religious beliefs and behaviors can be integrated into a CBT framework. Finally, we describe Religiously Integrated Cognitive Behavioral Therapy (RCBT), a manualized therapeutic approach designed

to assist depressed individuals to develop depression-reducing thoughts and behaviors informed by their own religious beliefs, practices, and resources. This treatment approach has been developed for 5 major world religions (Christianity, Judaism, Islam, Buddhism, and Hinduism), increasing its potential to aid the depressed medically ill from a variety of religious backgrounds. (PsycINFO Database Record (c) 2014 APA, all rights reserved).

<http://www.ncbi.nlm.nih.gov/pubmed/25367475>

Chest. 2014 Nov 1;146(5):1387-94. doi: 10.1378/chest.14-0970

International classification of sleep disorders-third edition: highlights and modifications.

Sateia MJ

The recently released third edition of the International Classification of Sleep Disorders (ICSD) is a fully revised version of the American Academy of Sleep Medicine's manual of sleep disorders nosology, published in cooperation with international sleep societies. It is the key reference work for the diagnosis of sleep disorders. The ICSD-3 is built on the same basic outline as the ICSD-2, identifying seven major categories that include insomnia disorders, sleep-related breathing disorders, central disorders of hypersomnolence, circadian rhythm sleep-wake disorders, sleep-related movement disorders, parasomnias, and other sleep disorders. Significant modifications have been made to the nosology of insomnia, narcolepsy, and parasomnias. Major features and changes of the manual are reviewed in this article. The rationales for these changes are also discussed.

<http://www.ncbi.nlm.nih.gov/pubmed/25367048>

J Neurotrauma. 2014 Nov 4. [Epub ahead of print]

No Significant Acute and Subacute Differences between Blast and Blunt Concussions across Multiple Neurocognitive Measures and Symptoms in Deployed Soldiers.

Dretsch M, Kelly M, Coldren R, Parish R, Russell M

Seventy-one deployed U.S. Army Soldiers presenting for concussion care due to either blast or blunt mechanisms within 72 hours of injury were assessed using the Military Acute Concussion Evaluation (MACE), Automated Neuropsychological Assessment Metrics (ANAM), traditional neuropsychological tests, and health status questionnaires. Follow-up ANAM testing was performed 10 days after initial testing +/- 5 days. Twenty-one Soldiers were excluded: two for poor effort and 19 with combined blast/blunt injuries. Of the remaining 50 male participants, 34

had blast injuries and 16 had blunt injuries. There were no statistically significant differences between blast injury and blunt injury participants in demographic, physical or psychological health factors, concussive symptoms, or automated and traditional neurocognitive testing scores within 72 hours post-injury. In addition, follow-up ANAM scores up to 15 days post-injury were also not significantly different (available on 21 blast-injured and 13 blunt-injured subjects). Pre-injury baseline ANAM scores were compared where available, and revealed no statistically significant differences between 22 blast and 8 blunt participants. These findings suggest there are no significant differences between mechanisms of injury during both the acute and subacute periods in neurobehavioral concussion sequelae while deployed in a combat environment. The current study supports the use of sports/mechanical-concussion models for early concussion management in the deployed setting and exploration of variability in potential long-term outcomes.

<http://www.ncbi.nlm.nih.gov/pubmed/25366378>

Hum Brain Mapp. 2014 Nov 4. doi: 10.1002/hbm.22675. [Epub ahead of print]

Close-range blast exposure is associated with altered functional connectivity in Veterans independent of concussion symptoms at time of exposure.

Robinson ME, Lindemer ER, Fonda JR, Milberg WP, McGlinchey RE, Salat DH

Although there is emerging data on the effects of blast-related concussion (or mTBI) on cognition, the effects of blast exposure itself on the brain have only recently been explored. Toward this end, we examine functional connectivity to the posterior cingulate cortex, a primary region within the default mode network (DMN), in a cohort of 134 Iraq and Afghanistan Veterans characterized for a range of common military-associated comorbidities. Exposure to a blast at close range (<10 meters) was associated with decreased connectivity of bilateral primary somatosensory and motor cortices, and these changes were not different from those seen in participants with blast-related mTBI. These results remained significant when clinical factors such as sleep quality, chronic pain, or post traumatic stress disorder were included in the statistical model. In contrast, differences in functional connectivity based on concussion history and blast exposures at greater distances were not apparent. Despite the limitations of a study of this nature (e.g., assessments long removed from injury, self-reported blast history), these data demonstrate that blast exposure per se, which is prevalent among those who served in Iraq and Afghanistan, may be an important consideration in Veterans' health. It further offers a clinical guideline for determining which blasts (namely, those within 10 meters) are likely to lead to long-term health concerns and may be more accurate than using concussion symptoms alone. Hum Brain Mapp, 2014. © Published 2014. This article is a U.S. Government work and is in the public domain in the USA.

<http://www.ncbi.nlm.nih.gov/pubmed/24364372>

Health Psychol. 2014 Sep;33(9):958-67. doi: 10.1037/hea0000040. Epub 2013 Dec 23

The contribution of posttraumatic stress symptoms to chronic pain adjustment.

Ruiz-Párraga GT, López-Martínez AE

OBJECTIVES:

To examine whether there are differences between non-trauma-exposed, trauma-exposed without posttraumatic stress symptoms (PSS), and trauma-exposed with PSS chronic musculoskeletal pain patients in vulnerability, protective, and pain-adjustment variables; to test the interactive relationship between PSS and the vulnerability and protective psychological variables across pain adjustment in the group of trauma-exposed-patients.

METHOD:

Seven hundred and fourteen patients with chronic musculoskeletal pain were assessed. Of these, 346 patients (244 women and 102 men) completed the study (117 non-trauma-exposed, 119 trauma-exposed without PSS, and 110 trauma-exposed with PSS). The instruments used were the Stressful Life Event Screening Questionnaire Revised, Davidson Trauma Scale, Anxiety Sensitivity Index, Acceptance and Action Questionnaire, Pain Catastrophizing Scale, Fear-Avoidance Beliefs Questionnaire, Pain Anxiety Symptoms Scale, Pain Vigilance and Awareness Questionnaire, Resilience Scale, Chronic Pain Acceptance Questionnaire, Pain Numerical Rating Scale, Roland Morris Disability Questionnaire, and Hospital Anxiety and Depression Scale.

RESULTS:

Eight ANCOVAs showed that there were statistically significant differences in vulnerability, protection, and pain adjustment variables between the trauma-exposed with PSS patients and the other 2 groups. The moderated multiple regression analyses showed that PSS added a significantly incremental variance to pain intensity, emotional distress, and disability when interacting with vulnerability and protection variables.

CONCLUSION:

The current study supports the models of posttraumatic stress and chronic pain, such as the mutual maintenance and the shared vulnerability theories, providing an initial comprehensive framework for understanding the comorbidity of both disorders. (PsycINFO Database Record (c) 2014 APA, all rights reserved).

<http://www.ncbi.nlm.nih.gov/pubmed/24212979>

J Interpers Violence. 2014 Apr;29(6):1094-110. doi: 10.1177/0886260513506058. Epub 2013 Nov 7

Preliminary investigation of the roles of military background and posttraumatic stress symptoms in frequency and recidivism of intimate partner violence perpetration among court-referred men.

Hoyt T, Wray AM, Rielage JK

Significant rates of intimate partner violence (IPV) perpetration have been identified among men with military backgrounds. Research indicates posttraumatic stress symptoms place military men at increased risk for IPV perpetration, but may be negatively associated with IPV among nonmilitary samples. However, no previous studies have directly compared court-referred IPV offenders with and without military experience, which may have clinical implications if posttraumatic stress symptoms are differentially associated with IPV perpetration across these two samples. Twenty court-referred IPV offenders with military background were demographically matched with 40 court-referred IPV offenders without military background. As anticipated, self- and partner-report of physically assaultive acts and injurious acts during baseline assessment showed significantly greater physical assault and injury perpetrated by offenders with military background. However, 1-year follow-up data on convictions indicated a significantly lower rate of recidivism among offenders with military background than among nonmilitary offenders. As hypothesized, symptoms of posttraumatic stress at intake showed a significant positive correlation with IPV perpetration among offenders with military background; however, this relationship showed a negative correlation among offenders without military background. Clinical implications are discussed including treatment avenues, such as Veterans Courts and other incarceration diversion programs, which may be particularly appropriate for offenders with military backgrounds.

<http://onlinelibrary.wiley.com/doi/10.1111/sltb.12130/abstract>

State of Innovation in Suicide Intervention Research with Military Populations.

Conner, K. R. and Simons, K.

Suicide and Life-Threatening Behavior

Article first published online: 28 OCT 2014

DOI: 10.1111/sltb.12130

A systematic search was performed to identify active, externally funded randomized controlled trials (RCTs) that target suicidal ideation or behavior as a primary or secondary outcome among

U.S. military service members, guard–reservists, and veterans. Twenty-three studies were identified, most funded by the U.S. Department of Defense or U.S. Department of Veterans Affairs. Several innovations were identified based on departures from or modernizations of usual practices and included the targeting of suicide deaths or attempts as primary outcome, delivery of interventions through technology and/or outside clinical settings, and examinations of rarely studied treatments.

<http://link.springer.com/article/10.1007/s11606-014-3032-5>

Collaborating Across the Departments of Veterans Affairs and Defense to Integrate Mental Health and Chaplaincy Services.

Jason A. Nieuwsma Ph.D., George L. Jackson Ph.D. MHA, Mark B. DeKraai JD Ph.D., Denise J. Bulling Ph.D., William C. Cantrell MDiv, Jeffrey E. Rhodes DMin, Mark J. Bates Ph.D., Keith Ethridge ,MDiv, Marian E. Lane Ph.D., Wendy N. Tenhula Ph.D., Sonja V. Batten Ph.D., Keith G. Meador MD ThM MPH

Journal of General Internal Medicine
October 2014

BACKGROUND

Recognizing that clergy and spiritual care providers are a key part of mental health care systems, the Department of Veterans Affairs (VA) and Department of Defense (DoD) jointly examined chaplains' current and potential roles in caring for veterans and service members with mental health needs.

OBJECTIVE

Our aim was to evaluate the intersection of chaplain and mental health care practices in VA and DoD in order to determine if improvement is needed, and if so, to develop actionable recommendations as indicated by evaluation findings.

DESIGN

A 38-member multidisciplinary task group partnered with researchers in designing, implementing, and interpreting a mixed methods study that included: 1) a quantitative survey of VA and DoD chaplains; and 2) qualitative interviews with mental health providers and chaplains.

PARTICIPANTS

Quantitative: the survey included all full-time VA chaplains and all active duty military chaplains (n = 2,163 completed of 3,464 invited; 62 % response rate). Qualitative: a total of 291 interviews were conducted with mental health providers and chaplains during site visits to 33 VA and DoD facilities.

MAIN MEASURES

Quantitative: the online survey assessed intersections between chaplaincy and mental health care and took an average of 37 min to complete. Qualitative: the interviews assessed current integration of mental health and chaplain services and took an average of 1 h to complete.

KEY RESULTS

When included on interdisciplinary mental health care teams, chaplains feel understood and valued (82.8–100 % of chaplains indicated this, depending on the team). However, findings from the survey and site visits suggest that integration of services is often lacking and can be improved.

CONCLUSIONS

Closely coordinating with a multidisciplinary task group in conducting a mixed method evaluation of chaplain-mental health integration in VA and DoD helped to ensure that researchers assessed relevant domains and that findings could be rapidly translated into actionable recommendations.

Journal of General Internal Medicine Journal of General Internal Medicine Look Inside

<http://www.scirp.org/journal/PaperInformation.aspx?paperID=51093>

The Role of an Animal-Mascot in the Psychological Adjustment of Soldiers Exposed to Combat Stress.

Trousselard, M. , Jean, A. , Beiger, F. , Marchandot, F. , Davoust, B. & Canini, F.

Psychology

Vol.5 No.15, October 2014

For many soldiers confronted with exposure to stressful situations, an animal-mascot bond is considered effective help for dealing with the stress. While most studies carried out on animals' needs concentrate on the care of civilian individuals, our focus was on determining the reliability of an instrument to measure emotional, rational and psychosocial needs of the military engaged in numerous conflicts around the world, and to analyze its external validation. Methods: In an anonymous cross-sectional retrospective survey, we applied the animal-mascot bond questionnaire (AMBS) associated with Coping Inventory Stressful Scale (CISS), Post-Traumatic Stress Disorder (PTSD) and Check List Scale (PCL-S) assessments to 168 soldiers after their deployment in theatre. Results: Factor analyses of the 23-item construct (Cronbach's alpha = 0.962) pointed to a 3-factor solution, which revealed 77.03% of variance: 1) Animal-group bond, 2) Individual-animal emotional bond, and 3) Individual-animal rational bond. All these factors were positively correlated with the emotional-centred coping style. Human-animal bonds were greater for soldiers with the provisional diagnosis of PTSD. Limited responsibility was the

strongest predictor for animal mascot bonds. Both individual animal bonds were also predicted by the PTSD status and emotional coping. Conclusions: The evaluation of the AMBS revealed that the instrument had good psychometric properties. Soldiers with less responsibility, PTSD and emotional-coping scored the highest on the AMBS suggesting that they expressed the highest needs for a bond with an animal mascot. One may assume that the animal-mascot bonds will trend to a therapeutic coping process for mitigating distress for soldiers.

<http://www.sciencedirect.com/science/article/pii/S0887618514001534>

Sex differences in coping strategies in military survival school.

Emily A. Schmied, Genie Leah A. Padilla, Cindy Thomsen, Melissa D. Hiller Lauby, Erica Harris, Marcus K. Taylor

Journal of Anxiety Disorders
Available online 30 October 2014

A wealth of research has examined psychological responses to trauma among male military service members, but few studies have examined sex differences in response to trauma, such as coping strategies. This study assessed coping strategies used by male and female U.S. service members completing an intensely stressful mock-captivity exercise, compared strategies by sex, and assessed the relationship between coping and posttraumatic stress symptoms (PTSS). Two hundred service members (78% male) completed self-report surveys before and after mock captivity. Surveys assessed demographics, service characteristics, PTSS, and coping strategies used during mock captivity. Participants used seven coping strategies: denial, self-blame, religion, self-distraction, behavioral disengagement, positive reframing, and planning. Women used denial ($p \leq .05$), self-blame ($p \leq .05$), and positive reinterpretation ($p \leq .05$) strategies more frequently than men, and they had higher PTSS levels following the exercise. Structural equation modeling showed that the relationship between sex and PTSS was fully mediated by coping strategies. The results of this study suggest that reducing the use of maladaptive coping strategies may mitigate PTSS among females. Future efforts should target improving coping during highly stressful and traumatic experiences.

<http://www.ncbi.nlm.nih.gov/pubmed/25352334>

Res Nurs Health. 2014 Oct 28. doi: 10.1002/nur.21630. [Epub ahead of print]

Strong Army Couples: A Case Study of Rekindling Marriage After Combat Deployment.

Melvin KC, Wenzel J, Jennings BM.

Post-traumatic stress symptoms (PTSS), occurring in 15% of combat-exposed military personnel, are associated with a decrease in couples' relationship quality. The purpose of this analysis was to describe reintegration in Army couples with high couple functioning, despite PTSS in one or both partners. Reintegration refers to readjustment after deployment; returning to previous role(s). In a mixed-methods case study of Army couples with a history of combat deployment, we used existing quantitative data to define sampling boundaries, select cases, and guide interviews. Couples scoring high on couple functioning, resilience, and couple satisfaction were interviewed (N = 5 couples, 10 participants). "Rekindling marriage" required strategies to overcome challenges during couple reintegration. For participants as individuals, those strategies were allowing negative emotions, giving each other time and space to do the work of rediscovery and accepting a changed reality, and recognizing and addressing individual needs of the other. As couples, strategies were to go with the flow, open your heart, become best friends, maintain trust, and communicate effectively. As families, strategies were to normalize schedules and protect family time. Findings offer a preliminary basis for interventions to promote strong relationships for military couples with PTSS. © 2014 Wiley Periodicals, Inc.

<http://www.ncbi.nlm.nih.gov/pubmed/25373068>

Mil Med. 2014 Nov;179(11):1368-1373.

Veterans' Service Utilization and Associated Costs Following Participation in Dialectical Behavior Therapy: A Preliminary Investigation.

Meyers LL, Landes SJ, Thuras P

CONTEXT:

Dialectical Behavior Therapy (DBT) is an evidence-based therapy developed for the treatment of suicidal behaviors and disorders characterized by emotional and behavioral dyscontrol that is effective in veteran populations. The impact of DBT on veterans' Veterans Affairs (VA) service utilization and cost is unknown.

EVIDENCE ACQUISITION:

This study evaluated the impact of DBT in a VA outpatient mental health setting on VA service utilization and cost of services. Veterans treated for symptoms of Borderline Personality Disorder, who had completed at least 6 months of the DBT program were sampled (N = 41). Use of physical and mental health services during the years prior and following DBT was assessed using medical record information.

RESULTS:

There was a significant decrease in mental health service utilization. Psychiatric hospitalization dropped in half, and for those with a hospitalization, length of stay decreased significantly.

Direct costs associated with all health care were significantly reduced.

CONCLUSION:

Changes in service utilization resulted in a significant reduction in direct costs of providing care to veterans with symptoms of Borderline Personality Disorder. Additional research is needed to compare the reduction in overall costs to the cost of implementing DBT and to compare these changes to a control group. Reprint & Copyright © 2014 Association of Military Surgeons of the U.S.

<http://www.ncbi.nlm.nih.gov/pubmed/25373044>

Mil Med. 2014 Nov;179(11):1218-1222.

Access, Utilization, and Interest in mHealth Applications Among Veterans Receiving Outpatient Care for PTSD.

Erbes CR, Stinson R, Kuhn E, Polusny M, Urban J, Hoffman J, Ruzek JI, Stepnowsky C, Thorp SR

Mobile health (mHealth) refers to the use of mobile technology (e.g., smartphones) and software (i.e., applications) to facilitate or enhance health care. Several mHealth programs act as either stand-alone aids for Veterans with post-traumatic stress disorder (PTSD) or adjuncts to conventional psychotherapy approaches. Veterans enrolled in a Veterans Affairs outpatient treatment program for PTSD (N = 188) completed anonymous questionnaires that assessed Veterans' access to mHealth-capable devices and their utilization of and interest in mHealth programs for PTSD. The majority of respondents (n = 142, 76%) reported having access to a cell phone or tablet capable of running applications, but only a small group (n = 18) reported use of existing mHealth programs for PTSD. Age significantly predicted ownership of mHealth devices, but not utilization or interest in mHealth applications among device owners. Around 56% to 76% of respondents with access indicated that they were interested in trying mHealth programs for such issues as anger management, sleep hygiene, and management of anxiety symptoms. Findings from this sample suggest that Veterans have adequate access to, and interest in, using mHealth applications to warrant continued development and evaluation of mobile applications for the treatment of PTSD and other mental health conditions. Reprint & Copyright © 2014 Association of Military Surgeons of the U.S.

<http://www.ncbi.nlm.nih.gov/pubmed/25370439>

J Head Trauma Rehabil. 2014 Nov-Dec;29(6):467-78. doi: 10.1097/HTR.0000000000000098.

Comparison of cognitive behavioral therapy and supportive psychotherapy for the treatment of depression following traumatic brain injury: a randomized controlled trial.

Ashman T, Cantor JB, Tsaousides T, Spielman L, Gordon W

OBJECTIVE:

To determine the efficacy of 2 different interventions (cognitive behavioral therapy [CBT] and supportive psychotherapy [SPT]) to treat post-traumatic brain injury (TBI) depression.

PARTICIPANTS:

A sample of 77 community-dwelling individuals with a TBI, and a diagnosis of depression. Participants were randomized into treatment conditions either CBT or SPT and received up to 16 sessions of individual psychotherapy.

MEASURES:

Participants completed the Structured Clinical Interview for DSM-IV and self-report measures of depression (Beck Depression Inventory-Second Edition), anxiety (State-Trait Anxiety Inventory), perceived social support (Interpersonal Support Evaluation List), stressful life events (Life Experiences Survey), and quality of life (QOL) before beginning and immediately following treatment.

RESULTS:

No significant differences were found at baseline between CBT and SPT groups on demographic factors (sex, age, education, race, and time since injury) or baseline measures of depression, anxiety, participation, perceived social support, stressful life events, or QOL. Analyses of variance revealed significant time effects for the Beck Depression Inventory-Second Edition, State-Trait Anxiety Inventory, and QOL outcome measures but no group effects. Intention-to-treat mixed effects analyses did not find any significant difference in patterns of scores of the outcome measures between the CBT and SPT intervention groups.

CONCLUSIONS:

Both forms of psychotherapy were efficacious in improving diagnoses of depression and anxiety and reducing depressive symptoms. These findings suggest that in this sample of individuals with TBI, CBT was not more effective in treating depression than SPT, though further research is needed with larger sample sizes to identify different components of these interventions that may be effective with different TBI populations. ClinicalTrials.gov Identifier: NCT00211835.

<http://www.ncbi.nlm.nih.gov/pubmed/25369938>

J Addict Med. 2014 Nov-Dec;8(6):389-94. doi: 10.1097/ADM.0000000000000052.

An evidence-based review of insomnia treatment in early recovery.

Kaplan KA, McQuaid J, Primich C, Rosenlicht N

Accruing evidence indicates that insomnia is prevalent and persistent in early recovery from substance use disorders and may predict relapse. As such, insomnia treatment after abstinence represents an important area for intervention. This article reviews the literature on insomnia predicting new-onset alcohol and substance use disorders, along with evidence for insomnia predicting relapse in recovering populations. Pharmacological and psychological treatment options are presented, and cognitive-behavioral therapy for insomnia applied to recovering populations is described in detail.

<http://www.ncbi.nlm.nih.gov/pubmed/25369720>

Health Soc Work. 2014 Nov;39(4):200-10.

Using spiritually modified cognitive-behavioral therapy in substance dependence treatment: therapists' and clients' perceptions of the presumed benefits and limitations.

Hodge DR, Lietz CA

Cognitive-behavioral therapy (CBT) that has been modified to incorporate clients' spiritual beliefs and practices has been used to treat a variety of problems. This study examines the utility of this modality with the treatment of alcohol dependence and other forms of substance abuse. Toward this end, six focus groups (three therapist groups and three client groups) were conducted to identify the presumed benefits and limitations of using spiritually modified CBT in substance dependence treatment. In terms of benefits, spiritually modified CBT was perceived to enhance outcomes through operationalizing horizontal and vertical sources of social support, divine coping resources, and spiritual motivation. Potential challenges include the risk of therapists inadvertently imposing their own beliefs during the modification process and the possibility of offending clients when conflicts in belief systems emerge, particularly in group setting. The article concludes by providing suggestions for incorporating spiritually modified CBT into treatment and develops a number of illustrative examples of spiritually modified CBT self-statements.

Links of Interest

Health Events That Trigger PTSD

<http://www.everydayhealth.com/news/health-events-that-trigger-ptsd/>

A Look Into How Americans Perceive Post-9/11 Veterans (survey)

<http://www.gotyour6.org/how-americans-perceive-post-911-veterans/>

Does the VA Have a Women Veterans Problem?

<http://www.nationaljournal.com/defense/does-the-va-have-a-women-veterans-problem-20141026>

Sadness lasts longer than other emotions

<http://www.sciencedaily.com/releases/2014/10/141030133119.htm>

Veterans reflect on the military and beyond

<http://www.gazette.net/article/20141103/NEWS/141109963/1007&source=RSS&template=gazette>

New sleep disorder discovered impacting combat Soldiers

http://www.army.mil/article/137238/New_sleep_disorder_discovered_impacting_combat_Soldiers/

WMU psychology researchers create online therapy tool - BAML -to treat depression

http://www.mlive.com/news/kalamazoo/index.ssf/2014/11/wmu_psychology_researchers_cre.html

High rate of insomnia during early recovery from addiction

<http://medicalxpress.com/news/2014-11-high-insomnia-early-recovery-addiction.html>

Talk to a therapist ... in public and in the middle of Fifth Avenue

<http://mashable.com/2014/11/05/talkspace-mental-health-stigma/>

Resource of the Week: [White House Joining Forces Wellness Week](#)

USU's Center for Deployment Psychology (CDP) will be hosting the Association of American Medical College's (AAMC) third annual [White House Joining Forces](#) Wellness Week the week of Veterans Day, 10-14 November 2014.

The Wellness Week is a seminar series of five moderated webinar presentations focused on issues affecting Service members, Veterans and their families. The seminars run from 1200-1300 ET each day with the format of 45-minute presentations and 15 minutes of Q&A.

Speakers are from a variety of disciplines and organizations and each day is "sponsored" by an organization like the American Psychiatric Association, AAMC and the American Nurses Association..

CDP will host each day, supplying the Adobe Connect webinar capability. CDP deputy director, [Dr. William Brim](#) will serve as the moderator of each day introducing the speakers and moderating the Q&A. In addition, [Dr. Paula Domenici](#), CDP's director of Training Programs, will be among the speakers, which also include former USU faculty members, Dr. Evelyn (Lewis) Clark, and ret. Navy Cmdr. Sean Convoy.

The target audience for the White House Joining Forces Wellness Week is primarily physicians, medical students, nurses, PAs and behavioral health providers, but others are welcome to participate. Second Lady Dr. Jill Biden will provide a brief introduction video for the week.



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Home > Take Action > Find a Training > Joining Forces Wellness Week 2014

Joining Forces Wellness Week 2014

| | |
|---------------------|---|
| Cost: | |
| Training Type: | Public |
| Date: | Nov 10, 2014 12:00 pm (EST) to Nov 14, 2014 01:00 pm (EST) |
| Course Type: | Webinar |
| State: | |
| CE Credit Eligible: | Yes |
| Program Brochure: | Yes |
| Limited Seating: | |
| Registration Info: | |

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Course Description

Joining Forces Wellness Week
November 10 – 14, 2014
<http://www.whitehouse.gov/joiningforces>

Registration for this series of hour-long webinars will open on Monday, 3 November. For the specific topics, see below. More detailed descriptions and additional information will be added soon.



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