



CDP Research Update -- November 13, 2014

What's Here:

- MILITARY AND VETERAN SUPPORT: DOD and VA Programs That Address the Effects of Combat and Transition to Civilian Life (GAO-15-24)
- Ready to Serve: Community-Based Provider Capacity to Deliver Culturally Competent, Quality Mental Health Care to Veterans and Their Families
- Qualitative feedback from a text messaging intervention for depression: benefits, drawbacks, and cultural differences.
- Military Veterans' Experiences with Suicidal Ideation: Implications for Intervention and Prevention.
- Understanding the elevated suicide risk of female soldiers during deployments.
- Stress management interventions for police officers and recruits: a meta-analysis.
- Structured approach therapy for PTSD in returning veterans and their partners: Pilot findings.
- Who Cares for the Carers? Literature Review of Compassion Fatigue and Burnout in Military Health Professionals.
- The Response of an Expert Panel to Nutritional Armor for the Warfighter: Can Omega-3 Fatty Acids Enhance Stress Resilience, Wellness, and Military Performance?
- The Potential for Military Diets to Reduce Depression, Suicide, and Impulsive Aggression: A Review of Current Evidence for Omega-3 and Omega-6 Fatty Acids.
- Considering a Relational Model for Depression in Navy Recruits.
- Treatments for Recidivism Risk Among Justice-Involved Veterans.
- Clinical Course of Alcohol Use in Veterans Following an AUDIT-C Positive Screen.
- Subjective deficits of attention, cognition and depression in patients with narcolepsy.
- Aggressive Behavior Among Military Veterans in Substance Use Disorder Treatment: The Roles of Posttraumatic Stress and Impulsivity.
- Characteristics Associated With Incidents of Family Maltreatment Among United States Air Force Families.

- Assessment of a Postdeployment Yellow Ribbon Reintegration Program for National Guard Members and Supporters.
- Access, Utilization, and Interest in mHealth Applications Among Veterans Receiving Outpatient Care for PTSD.
- Late Onset Stress Symptomatology, Subclinical PTSD or Mixed Etiologies in Previously Symptom Free Aging Combat Veterans.
- Transcranial magnetic stimulation: potential treatment for co-occurring alcohol, traumatic brain injury and posttraumatic stress disorders.
- Overcoming Barriers to Effective Pain Management: The Use of Professionally Directed Small Group Discussions.
- A Pilot Examination of the Use of Narrative Therapy With Individuals Diagnosed With PTSD.
- Supporting veterans with post-traumatic stress disorder.
- The use of automated assessments in internet-based CBT: The computer will be with you shortly.
- Comparison of Cognitive Behavioral Therapy and Supportive Psychotherapy for the Treatment of Depression Following Traumatic Brain Injury: A Randomized Controlled Trial.
- The Effects of Traumatic Brain Injury on Families
- Posttraumatic Stress Disorder and Risk of Spontaneous Preterm Birth.
- Tobacco Use Trajectories among a Large Cohort of Treated Smokers with Posttraumatic Stress Disorder.
- Healing Pathways: Longitudinal Effects of Religious Coping and Social support on PTSD Symptoms in African American Sexual Assault Survivors.
- Exploring the Longitudinal Trajectories of Posttraumatic Stress Disorder in Injured Trauma Survivors.
- Measuring Secondary Traumatic Stress Symptoms in Military Spouses With the Posttraumatic Stress Disorder Checklist Military Version.
- VHA Patient-Centered Medical Home Associated With Lower Rate of Hospitalizations and Specialty Care Among Veterans With Posttraumatic Stress Disorder.
- Does Guilt Mediate the Association Between Tonic Immobility and Posttraumatic Stress Disorder Symptoms in Female Trauma Survivors?
- A review of post-concussion syndrome and psychological factors associated with concussion.

- "Strength at Home" Intervention for Male Veterans Perpetrating Intimate Partner Aggression: Perceived Needs Survey of Therapists and Pilot Effectiveness Study.
- Cultural adaptations of prolonged exposure therapy for treatment and prevention of posttraumatic stress disorder in African Americans.
- Latino Veterans with PTSD: A Systematic Review.
- Ethnic Differences in Personality Disorder Patterns among Women Veterans Diagnosed with PTSD.
- Effectiveness of Group-Delivered Cognitive Therapy and Treatment Length in Women Veterans with PTSD.
- Links of Interest
- Resource of the Week: Sources for Finding Mandated Reports to Congress by U.S. Federal Agencies

<http://www.gao.gov/products/GAO-15-24>

MILITARY AND VETERAN SUPPORT: DOD and VA Programs That Address the Effects of Combat and Transition to Civilian Life (GAO-15-24)

Government Accountability Office
 Published: Nov 7, 2014.
 Publicly Released: Nov 7, 2014.

GAO identified 99 programs provided by the Department of Defense (DOD) to help address the effects of combat on post-9/11 servicemembers, their families, or both. These programs often offer multiple types of services. The services most common are mental health and substance abuse (50), information and referral (37), and case management or care coordination (15).

http://www.rand.org/pubs/research_reports/RR806.html

Ready to Serve: Community-Based Provider Capacity to Deliver Culturally Competent, Quality Mental Health Care to Veterans and Their Families

Terri Tanielian, Coreen Farris, Caroline Epley, Carrie M. Farmer, Eric Robinson, Charles C. Engel, Michael Robbins, Lisa H. Jaycox

RAND Corporation, 2014

Ensuring that military veterans and their families have access to high-quality mental health care is a national priority. Over the past several years, the Departments of Defense and Veterans Affairs have increased the number of mental health professionals working within their facilities and have rolled out training and quality improvement initiatives designed to promote the use of evidence-based treatments. Despite these important efforts, research continues to demonstrate that many veterans prefer to seek services outside the Department of Defense and/or the Department of Veterans Affairs. Thus, providers working in the civilian sector are an increasingly important part of the overall workforce addressing veterans' mental health needs. To better understand a key aspect of our nation's ability to provide veterans and their families with access to high-quality mental health care, RAND conducted a survey of civilian mental health providers to gather information about their competency with military and veteran culture and their training and experience treating posttraumatic stress disorder and depression. This report provides the results of that survey. The findings and recommendations from this study should be relevant to individuals, organizations, and policy officials concerned about the capacity of the civilian health care sector to deliver culturally competent, high-quality services to veterans and their families.

<http://www.ncbi.nlm.nih.gov/pubmed/25373390>

JMIR Mhealth Uhealth. 2014 Nov 5;2(4):e46. doi: 10.2196/mhealth.3660.

Qualitative feedback from a text messaging intervention for depression: benefits, drawbacks, and cultural differences.

Aguilera A, Berridge C

BACKGROUND:

Mobile health interventions are often standardized and assumed to work the same for all users; however, we may be missing cultural differences in the experiences of interventions that may impact how and if an intervention is effective.

OBJECTIVE:

The objective of the study was to assess qualitative feedback from participants to determine if there were differences between Spanish speakers and English speakers. Daily text messages were sent to patients as an adjunct to group Cognitive Behavioral Therapy (CBT) for depression.

METHODS:

Messages inquired about mood and about specific themes (thoughts, activities, social interactions) of a manualized group CBT intervention. There were thirty-nine patients who participated in the text messaging pilot study. The average age of the participants was 53 years (SD 10.4; range of 23-72).

RESULTS:

Qualitative feedback from Spanish speakers highlighted feelings of social support, whereas English speakers noted increased introspection and self-awareness of their mood state.

CONCLUSIONS:

These cultural differences should be explored further, as they may impact the effect of supportive mobile health interventions.

TRIAL REGISTRATION: Clinicaltrials.gov NCT01083628;

<http://clinicaltrials.gov/ct2/show/study/NCT01083628>

<http://onlinelibrary.wiley.com/doi/10.1111/sltb.12136/abstract>

Military Veterans' Experiences with Suicidal Ideation: Implications for Intervention and Prevention.

Denneson, L. M., Teo, A. R., Ganzini, L., Helmer, D. A., Bair, M. J. and Dobscha, S. K.

Suicide and Life-Threatening Behavior

Article first published online: 3 NOV 2014

DOI: 10.1111/sltb.12136

We sought to understand Operation Enduring Freedom and Operation Iraqi Freedom (OEF/OIF) veterans' experiences with suicidal ideation. Semi-structured interviews with 34 OEF/OIF veterans addressed circumstances leading up to disclosure of suicidal ideation during brief clinical assessments. We used an iterative, inductive and deductive thematic analysis approach. Results revealed three pervasive, persistent domains that reinforce the uniqueness of veteran suicidal thoughts: military culture, difficult deployment experiences, and postdeployment adjustment challenges. Within postdeployment, we identified four themes that serve as intervention targets: adjusting to civilian culture, changes to sense of self, feeling overwhelmed by stressors, and lacking life purpose or meaning.

<http://journals.cambridge.org/action/displayAbstract?fromPage=online&aid=9398477>

A. E. Street, S. E. Gilman, A. J. Rosellini, M. B. Stein, E. J. Bromet, K. L. Cox, L. J. Colpe, C. S. Fullerton, M. J. Gruber, S. G. Heeringa, L. Lewandowski-Romps, R. J. A. Little, J. A. Naifeh, M. K. Nock, N. A. Sampson, M. Schoenbaum, R. J. Ursano, A. M. Zaslavsky and R. C. Kessler

Understanding the elevated suicide risk of female soldiers during deployments.

Psychological Medicine

DOI: <http://dx.doi.org/10.1017/S003329171400258X>, 10 pages.

Published online: 31 October 2014

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 \times 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://link.springer.com/article/10.1007/s11292-014-9214-7>

Stress management interventions for police officers and recruits: a meta-analysis.

George T. Patterson, Irene W. Chung, Philip W. Swan

Objective

A systematic review was conducted to examine the effects of stress management interventions on outcomes among police officers and recruits.

Methods

The search methods included searching electronic databases, journals, books, conference proceedings, websites and contacting organizations and authors. Inclusion criteria were randomized controlled trials and quasi-experimental studies, and any type of stress management intervention given to police officers, recruits or civilian law enforcement personnel.

Results

The 12 primary studies included in the systematic review were published between 1984 and 2008 and included 8 published studies, 3 unpublished doctoral dissertations, and 1 unpublished report. The sample was comprised of 906 participants, with an average age of 34.48 years, and an average of 10.77 years of police experience. The average duration of the interventions was 10.95 h with a range of 30 min to 24 h. A total of 221 effects were examined in a metaanalysis. Effect sizes were calculated separately for physiological, psychological and behavioral outcomes. The overall mean effect for physiological outcomes was 0.196, 0.038 among psychological outcomes, and -0.176 among behavioral outcomes. These small effect sizes suggest that the interventions were not effective. Moderator analyses results did not show any meaningful differences across the studies.

Conclusions

Further research is needed to develop and implement effective stress management interventions intended for police officers and recruits that address specific field work, organizational and personal stressors, utilize randomized controlled trials, and indicate the primary, secondary or tertiary focus of the intervention.

<http://psycnet.apa.org/journals/tra/6/S1/S66/>

Structured approach therapy for PTSD in returning veterans and their partners: Pilot findings.

Sautter, Frederic J.; Glynn, Shirley M.; Arseneau, Julie R.; Cretu, Julia Becker; Yufik, Tomas

Psychological Trauma: Theory, Research, Practice, and Policy
Vol 6(Suppl 1), 2014, S66-S72.

<http://dx.doi.org/10.1037/a0036762>

Seven married couples, each consisting of a veteran who had been deployed to Operation Iraqi Freedom and a cohabiting female spouse, participated in an uncontrolled trial of structured approach therapy (SAT), a couple-based treatment for posttraumatic stress disorder (PTSD). After completing treatment, the group of 7 returning veterans showed significant reductions in both self- and clinician-related PTSD with posttreatment Hedge g effect size improvements of 2.51 and 3.54, indicating an extremely high magnitude of change in posttraumatic stress. Paired t tests also indicated significant decreases in spousal anxiety, with a trend toward a significant decrease in spousal depression. Analyses of reliable change on the individual level indicated that 4 of 5 veterans and 3 of 4 spouses with dyadic adjustment scores in the distressed range prior to treatment showed reliable decreases in distress over the course of SAT placing them in the nondistressed range at posttreatment. Five of 7 spouses showed reliable decreases in depression, and 4 of 7 spouses showed reliable decreases in anxiety over the course of treatment with SAT. These results support the hypothesis that participation in SAT reduces PTSD in returning veterans while reducing relationship problems and distress in their spouses. More extensive research is being conducted with a larger sample in a randomized clinical trial. (PsycINFO Database Record (c) 2014 APA, all rights reserved)

http://jmvh.org/wp-content/uploads/2014/11/JMVH-September_web.pdf#page=55

Who Cares for the Carers? Literature Review of Compassion Fatigue and Burnout in Military Health Professionals.

Lieutenant Colonel Kerry Clifford

The Dunt Review 1 into mental health services in the Australian Defence Force (ADF) enabled significant investment in programs and initiatives across the defence environment in Australia. The subsequent attention to long standing mental health issues for our veteran community is both timely and admirable, and has indeed begun to address mental health stigma, education and community support around this country. Arguably, the overwhelming focus of these programs has been on Post-Traumatic Stress Disorder as it relates to the physical and mental trauma of operational deployment. However, this paper will attempt to redirect at least some of this focus onto potential issues of compassion fatigue in uniformed health professionals arising from their care of traumatised (physical and/or psychological) clients. The paper will also highlight burnout as a similar possible consequence of stressful defence health work/life experience.

This literature review based paper identified myriad peer reviewed references relating to research and programs for international healthcare systems and overseas forces on these conditions. However, at least within the published domain, very little can be identified for the Australian military context or in the ADF's current mental health strategies to specifically address these mental health issues for our uniformed health professionals.

This paper introduces these relevant concerns for the broader military/veteran's health peer group, leadership and academic audience to consider as worthy of greater attention in Defence and Veteran's Affairs research and policy agendas.

<http://publications.amsus.org/doi/abs/10.7205/MILMED-D-14-00189>

The Response of an Expert Panel to Nutritional Armor for the Warfighter: Can Omega-3 Fatty Acids Enhance Stress Resilience, Wellness, and Military Performance?

Ian D. Coulter, PhD

Military Medicine

Volume 179 Issue 11S, November 2014, pp. 192-198

Background:

Recommendations of an Expert Panel on 5 central questions addressed during the workshop.

Methods:

The Panel reviewed available scientific literature, workshop presentations, and comments from workshop guests.

Results:

The Panel unanimously agreed that a military Daily Recommended Intake for long-chain omega-3 fatty acids (FAs) should be established within the context of lowering current intakes of omega-6 FAs. The Panelists also felt that there was sufficient evidence to support increasing omega-3 intake to receive cardiovascular, immunological, and surgical benefits. In addition, research indicates that preloading with omega-3 FAs before combat exposure may be beneficial. Evidence for reduction of depressive symptoms and suicide prevention was felt to be strong. Insufficient data were available to evaluate post-traumatic stress disorder and impulsive aggression. Benefits for traumatic brain injury were promising. Adverse side effects were deemed negligible.

Conclusion:

The Panel concluded that based on studies analyzing omega-3 and omega-6 FA balance, it would be unethical to not attempt elevating the omega-3 status among U.S. military personnel.

<http://publications.amsus.org/doi/abs/10.7205/MILMED-D-14-00153>

The Potential for Military Diets to Reduce Depression, Suicide, and Impulsive Aggression: A Review of Current Evidence for Omega-3 and Omega-6 Fatty Acids.

CAPT Joseph R. Hibbeln, MD, USPHS; Rachel V. Gow, PhD

Military Medicine

Volume 179 Issue 11S, November 2014, pp. 117-128

The current burden of psychological distress and illness poses as a significant barrier to optimal force efficacy. Here we assess nutrients in military diets, specifically highly unsaturated essential fatty acids, in the reduction of risk or treatment of psychiatric distress. Moderate to strong evidence from several meta-analyses of prospective cohort trials indicate that Mediterranean diet patterns reduce risk of clinical depressions. Specific nutrients and foods of biological interest in relation to mental health outcomes are then discussed and evaluated. Moderate evidence indicates that when fish consumption decreases and simultaneously omega-6 increases, the risk of clinical depressive symptoms are elevated. One meta-analysis examining tissue compositions provides moderate to strong evidence that higher levels of omega-3 highly unsaturated fatty acids (HUFAs) (eicosapentaenoic acid, docosapentaenoic acid, and docosahexaenoic acid) are associated with decreased risk of clinical depressions. Other meta-analytic reviews of randomized placebo-controlled trials provide moderate to strong evidence of significantly improving clinically depressive symptoms when the formulation given was >50% in eicosapentaenoic acid. Finally, a meta-analysis of omega-3 HUFAs provides modest evidence of clinical efficacy for attention-deficit hyperactivity disorder. This article recommends that a rebalancing of the essential fatty acid composition of U.S. military diets, achieve tissue compositions of HUFAs consistent with traditional Mediterranean diets, may help reduce military psychiatric distress and simultaneously increase force efficacy substantially.

<http://publications.amsus.org/doi/abs/10.7205/MILMED-D-14-00116>

Considering a Relational Model for Depression in Navy Recruits.

Julie A. Kruse, PhD, RN; Bonnie M. Hagerty, PhD, RN; CDR William S. Byers, NC USN; Gary Gatien, MA; CAPT Reg A. Williams, NC USNR (Ret.)

Objective:

Key variables that have influenced depression in previous research were examined in this study including adult attachment, perceived social support, sense of belonging, conflict in relationships, and loneliness for their relationships in a relational model for depression with U.S. Navy recruits in basic training.

Methods:

This theory-testing analysis study was part of a larger cross-sectional cohort study that examined the factors associated with depression in Navy recruits. The sample for this study

included 443 recruits. Structural equation modeling was used to test the fit of the theoretical model.

Results:

The proposed model explained 49% of the variance in depressive symptoms with loneliness and sense of belonging as the strongest indicators of depression.

Conclusions:

The Navy should consider interventions that increase sense of belonging in high risk for depression recruits to decrease loneliness and depression and circumvent recruits not completing basic training. The assumption that recruits are in close quarters and contact with other people and therefore are not lonely and receive adequate social support is not supported. This article contributes to advancing the science of mental health in relation to depression by considering predictors that are amenable to intervention.

<http://www.tandfonline.com/doi/abs/10.1080/10509674.2014.956964>

Treatments for Recidivism Risk Among Justice-Involved Veterans.

Christine Timko, Amanda M. Midboe, Natalya C. Maisel, Janet C. Blodgett, Steven M. Asch, Joel Rosenthal, Daniel M. Blonigen

Journal of Offender Rehabilitation
Vol. 53, Iss. 8, 2014

Recidivism among U.S. military veterans with criminal justice system involvement is of national concern. This article reviews evidence-based and promising treatments to reduce recidivism risk, and suggests treatment adaptations and research to ensure that treatments are effective for veterans. Interventions focus on the Risk-Need-Responsivity model, stating that treatments should target adults at high risk of recidivism, and account for individual characteristics. Promising are cognitive-behavioral treatments to change antisocial thinking, such as Moral Reconciliation Therapy, Reasoning and Rehabilitation, and Thinking For a Change. Treatments need evaluation within justice-involved veteran samples, and may require adaptation due to veterans' military training and experience, mental health concerns, and other characteristics. We present the Department of Veterans Affairs' efforts to reduce recidivism risk among the heterogeneous population of justice-involved veterans.

<http://publications.amsus.org/doi/abs/10.7205/MILMED-D-14-00071>

Clinical Course of Alcohol Use in Veterans Following an AUDIT-C Positive Screen.

Jennifer S. Funderburk, PhD; Stephen A. Maisto, PhD; Michael J. Wade, MS; Aileen Kenneson, PhD; Clare E. Campbell, BS

Military Medicine

Volume 179 Issue 11, November 2014, pp. 1198-1206

There is little known regarding the typical trajectory of alcohol use following a positive screen for hazardous alcohol use. This information would help primary care providers as they attempt to determine the best use of patient visits that might include brief alcohol interventions versus other competing medical demands. This longitudinal observational study included 98 Veterans who screened positive on the Alcohol Use Disorders Identification Test-Consumption (>3) and were asked to report on their alcohol use every 3 months for 1 year. Using latent class growth modeling, we identified the best fitting latent class structure for each outcome of high-risk and heavy drinking, respectively. There was a class of participants with increased probability of having a high-risk week or episode of heavy drinking as well as a group of participants who appeared to maintain their current drinking pattern. Although the latent class growth modeling suggested that none of the groups of participants reduced the likelihood of occurrence of heavy drinking days, two groups did significantly reduce the probability of having a hazardous alcohol use week. These results suggest that there are specific classes of patients who are less likely to change their alcohol use following a positive screen, especially those patients who report engaging in heavy drinking.

<http://www.sciencedirect.com/science/article/pii/S1389945714004353>

Subjective deficits of attention, cognition and depression in patients with narcolepsy.

Laura Zamarian, Birgit Högl, Margarete Delazer, Katharina Hingerl, David Gabelia, Thomas Mitterling, Elisabeth Brandauer, Birgit Frauscher

Sleep Medicine

Available online 6 November 2014

Objective

People with narcolepsy often complain about attention deficits in everyday situations. In comparison with these subjective complaints, deficits in objective testing are subtler. The present study assessed the relationships between subjective complaints, objectively measured cognitive performance, disease-related variables and mood.

Patients/Methods

A total of 51 patients with narcolepsy and 35 healthy controls responded to questionnaires regarding subjectively perceived attention deficits, sleepiness, anxiety and depression.

Moreover, they performed an extensive neuropsychological assessment tapping into attention, executive functions and memory.

Results

Patients rated their level of attention in everyday situations to be relatively poor. In an objective assessment of cognitive functioning, they showed only slight attention and executive function deficits. The subjective ratings of attention deficits significantly correlated with ratings of momentary sleepiness, anxiety, and depression, but not with objectively measured cognitive performance. Momentary sleepiness and depression predicted almost 39% of the variance in the ratings of subjectively perceived attention deficits.

Conclusion

The present study showed that sleepiness and depression, more than objective cognitive deficits, might play a role in the subjectively perceived attention deficits of patients with narcolepsy. The results suggested that when counselling and treating patients with narcolepsy, clinicians should pay attention to potential depression because subjective cognitive complaints may not relate to objective cognitive impairments.

<http://www.sciencedirect.com/science/article/pii/S0740547214002256>

Aggressive Behavior Among Military Veterans in Substance Use Disorder Treatment: The Roles of Posttraumatic Stress and Impulsivity.

Adrienne J. Heinz, Kerry Makin-Byrd, Daniel M. Blonigen, Patrick Reilly, Christine Timko

Journal of Substance Abuse Treatment
Available online 5 November 2014

This study examined posttraumatic stress disorder (PTSD) symptom severity and impulsivity as predictors of aggressive behavior among 133 male military Veterans entering substance abuse treatment who endorsed difficulty controlling anger in the past year. At treatment intake, participants completed measures assessing PTSD symptom severity, impulsivity and aggressive behavior. Perpetration of aggressive behavior was reassessed four months later. Results from multivariate models indicated that PTSD symptom severity and impulsivity explained unique variance in aggressive behavior at intake but not follow-up. Mediation models indicated that the association between PTSD symptom severity and aggressive behavior was accounted for by impulsivity. The identification of impulsivity as a key mediator between trauma symptoms and aggressive behavior has significant clinical and research implications. Based on these findings, clinicians are encouraged to consider a standard assessment of impulsivity and the selection of interventions that target impulsivity as a trans-diagnostic process among at-risk client populations.

<http://publications.amsus.org/doi/abs/10.7205/MILMED-D-13-00544>

Characteristics Associated With Incidents of Family Maltreatment Among United States Air Force Families.

Lt Col Wendy J. Travis, USAF; Pamela S. Collins, MSW; Randy J. McCarthy, PhD; Mandy M. Rabenhorst, PhD; Joel S. Milner, PhD

Military Medicine

Volume 179 Issue 11, November 2014, pp. 1244-1249

From 2002 until 2007, the United States Air Force (USAF) revised the process of determining whether incidents of suspected family maltreatment met the criteria for maltreatment. In this study, all reported child maltreatment and partner abuse incidents in the USAF from January 2008 to July 2011 were examined to determine the extent to which characteristics of victims, offenders, and incidents affected whether incidents were determined to have met criteria for maltreatment. For both child maltreatment and partner abuse, alleged incidents in which offenders used substances and more severe incidents were more likely to have met maltreatment criteria than alleged incidents that did not involve offender substance use and less severe incidents. However, characteristics of the persons involved (e.g., age, gender, military status) were generally unassociated with an incident meeting criteria. Consistent with the goals of the criteria revisions, these results suggest that the current USAF criteria are associated with incident characteristics and not with demographic characteristics of the persons involved in the incident.

<http://publications.amsus.org/doi/abs/10.7205/MILMED-D-14-00094>

Assessment of a Postdeployment Yellow Ribbon Reintegration Program for National Guard Members and Supporters.

Jeffrey F. Scherrer, PhD; Greg Widner, MSW; Manan Shroff, MD; Monica Matthieu, PhD; Sundari Balan, PhD; Carissa van den Berk-Clark, PhD; Rumi K. Price, PhD

Military Medicine

Volume 179 Issue 11, November 2014, pp. 1391-1397

The Yellow Ribbon Reintegration Program (YRRP) was created to meet the needs of National Guard members and their families throughout the deployment cycle. This study examined the perceived utility of the YRRP's delivery of information and assistance during the postdeployment reintegration period by National Guard members and accompanying supporters who were

mostly spouses. Over 22 months, from 10 YRRP events, 683 service members and 411 supporters completed questionnaires immediately after the YRRP. We analyzed questions on information and avenues for help, timeliness and concerns related to education, employment, legal, family, and health. Service members and supporters most often endorsed information delivery on education being met (76.8% and 78.2%, respectively) and were least likely to endorse legal information delivery (63.5% and 60%, respectively). Significantly more supporters than service members ($p < 0.0001$) reported that the YRRP was the first time they learned of available services across all domains. Service members were significantly more likely than supporters to report concerns about education, employment, and health, while supporters were significantly more likely to report concerns about family. Results suggest the YRRP fills gaps in supporter knowledge and provides needed information and resources to most National Guard families 2 to 4 months after a deployment.

<http://publications.amsus.org/doi/abs/10.7205/MILMED-D-14-00014>

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

Christopher R. Erbes, PhD; Rebecca Stinson, MEd; Eric Kuhn, PhD; Melissa Polusny, PhD; Jessica Urban, BA; Julia Hoffman, PhD; Josef I. Ruzek, PhD; Carl Stepnowsky, PhD; Steven R. Thorp, PhD

Military Medicine

Volume 179 Issue 11, November 2014, pp. 1218-1222

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.

<http://scitechnol.com/late-onset-stress-symptomatology-subclinical-ptsd-mixed-etiologicals-previously-symptom-free-aging-combat-veterans-LxHK.pdf>

Late Onset Stress Symptomatology, Subclinical PTSD or Mixed Etiologies in Previously Symptom Free Aging Combat Veterans.

Rajdip Barman and Mark B. Detweiler

Journal of Traumatic Stress Disorders & Treatment 2014, 3:4
<http://dx.doi.org/10.4172/2324-8947.1000132>

The reaction to combat stress is variable and complicated. When elderly combat veterans with no prior history of PTSD present to the Emergency Department (ED) with PTSD-like symptoms, the differential diagnosis can be perplexing. The case may be confounded by multiple medical problems and early neurocognitive degeneration problems. A new diagnostic phenomena is late-onset stress symptomatology (LOSS) needs to be considered in late onset first time presentation of PTSD-like symptoms. It is a clinical phenomenon reported in aging combat veterans who have experienced stressful combat events in their early adult years followed by a successful post-military life. It is considered a late life normative processing of the memories from the veteran's combat experiences, especially following retirement. It is prudent to understand complex interconnectedness of each veteran's biopsychosocial history to assist in establishing the proper diagnosis and the degree of acute and chronic combat stress response in the ED presentation. The case report illustrates some of the clinical diagnostic conundrums that our aging combat veterans present in EDs and outpatient clinics, particularly in the Veterans Affairs hospitals and community based outpatient clinic primary care and mental health services.

<http://www.nrronline.org/article.asp?issn=1673-5374;year=2014;volume=9;issue=19;spage=1712;epage=1730;aulast=Herrold>

Transcranial magnetic stimulation: potential treatment for co-occurring alcohol, traumatic brain injury and posttraumatic stress disorders.

Herrold Amy A, Kletzel Sandra L, Harton Brett C, Chambers R Andrew, Jordan Neil, Pape Theresa Louise-Bender

Neural Regeneration Research

Year : 2014 | Volume : 9 | Issue : 19 | Page : 1712-1730

Alcohol use disorder (AUD), mild traumatic brain injury (mTBI), and posttraumatic stress disorder (PTSD) commonly co-occur (AUD + mTBI + PTSD). These conditions have

overlapping symptoms which are, in part, reflective of overlapping neuropathology. These conditions become problematic because their co-occurrence can exacerbate symptoms. Therefore, treatments must be developed that are inclusive to all three conditions. Repetitive transcranial magnetic stimulation (rTMS) is non-invasive and may be an ideal treatment for co-occurring AUD + mTBI + PTSD. There is accumulating evidence on rTMS as a treatment for people with AUD, mTBI, and PTSD each alone. However, there are no published studies to date on rTMS as a treatment for co-occurring AUD + mTBI + PTSD. This review article advances the knowledge base for rTMS as a treatment for AUD + mTBI + PTSD. This review provides background information about these co-occurring conditions as well as rTMS. The existing literature on rTMS as a treatment for people with AUD, TBI, and PTSD each alone is reviewed. Finally, neurobiological findings in support of a theoretical model are discussed to inform TMS as a treatment for co-occurring AUD + mTBI + PTSD. The peer-reviewed literature was identified by targeted literature searches using PubMed and supplemented by cross-referencing the bibliographies of relevant review articles. The existing evidence on rTMS as a treatment for these conditions in isolation, coupled with the overlapping neuropathology and symptomology of these conditions, suggests that rTMS may be well suited for the treatment of these conditions together.

<http://www.sciencedirect.com/science/article/pii/S152490421400071X>

Overcoming Barriers to Effective Pain Management: The Use of Professionally Directed Small Group Discussions.

C. Preston Lewis, Donna J. Corley, Norma Lake, Dorothy Brockopp, Krista Moe

Pain Management Nursing

Available online 6 November 2014

Inadequate assessment and management of pain among critical care patients can lead to ineffective care delivery and an increased length of stay. Nurses' lack of knowledge regarding appropriate assessment and treatment, as well as negative biases toward specific patient populations, can lead to poor pain control. Our aim was to evaluate the effectiveness of professionally directed small group discussions on critical care nurses' knowledge and biases related to pain management. A quasi-experiment was conducted at a 383-bed Magnet® redesignated hospital in the southeastern United States. Critical care nurses (N = 32) participated in the study. A modified Brockopp and Warden Pain Knowledge Questionnaire was administered before and after the small group sessions. These sessions were 45 minutes in length, consisted of two to six nurses per group, and focused on effective pain management strategies. Results indicated that mean knowledge scores differed significantly and in a positive direction after intervention [preintervention mean = 18.28, standard deviation = 2.33; postintervention mean = 22.16, standard deviation = 1.70; $t(31) = -8.87$, $p < .001$]. Post-bias scores (amount of time and energy nurses would spend attending to patients' pain) were

significantly higher for 6 of 15 patient populations. The strongest bias against treating patients' pain was toward unconscious and mechanically ventilated individuals. After the implementation of professionally directed small group discussions with critical care nurses, knowledge levels related to pain management increased and biases toward specific patient populations decreased.

<http://onlinelibrary.wiley.com/doi/10.1002/jts.21966/abstract>

A Pilot Examination of the Use of Narrative Therapy With Individuals Diagnosed With PTSD.

Erbes, C. R., Stillman, J. R., Wieling, E., Bera, W. and Leskela, J.

Journal of Traumatic Stress

Article first published online: 10 NOV 2014

DOI: 10.1002/jts.21966

Narrative therapy is a postmodern, collaborative therapy approach based on the elaboration of personal narratives for lived experiences. Many aspects of narrative therapy suggest it may have great potential for helping people who are negatively affected by traumatic experiences, including those diagnosed with posttraumatic stress disorder (PTSD). The potential notwithstanding, narrative therapy is relatively untested in any population, and has yet to receive empirical support for treatment among survivors of trauma. A pilot investigation of the use of narrative therapy with 14 veterans with a diagnosis of PTSD (11 treatment completers) is described. Participants completed structured diagnostic interviews and self-report assessments of symptoms prior to and following 11 to 12 sessions of narrative therapy. After treatment, 3 of 11 treatment completers no longer met criteria for PTSD and 7 of 11 had clinically significant decreases in PTSD symptoms as measured by the Clinician Administered PTSD Scale. Pre- to posttreatment effect sizes on outcomes ranged from 0.57 to 0.88. These preliminary results, in conjunction with low rates of treatment dropout (21.4%) and a high level of reported satisfaction with the treatment, suggest that further study of narrative therapy is warranted as a potential alternative to existing treatments for PTSD.

<http://rcnpublishing.com/doi/abs/10.7748/mhp.18.3.14.e949>

Supporting veterans with post-traumatic stress disorder.

Michelle Louise Black and Elizabeth Collier

Mental Health Practice. 18, 3, 14-20.

<http://dx.doi.org/10.7748/mhp.18.3.14.e949>

The very nature of working in conflict zones makes former soldiers vulnerable to symptoms of post-traumatic stress disorder (PTSD). The culture of the military can also mean that personnel do not seek help and can endure symptoms for years.

The two main treatments recommended for veterans diagnosed with PTSD – group therapy and exposure to trauma – have been shown to reduce PTSD symptoms. Even though these are recommended, veterans are not receiving evidence-based treatments due to the lack of training and reduced numbers of healthcare staff. There are high dropout rates from treatment because of the stigma of mental illness and because veterans feel that healthcare professionals do not understand them. Also, in some cases, veterans cannot be treated if they are experiencing a comorbid mental health problem or addiction. It is recommended that more research is carried out with veterans who are diagnosed with PTSD.

The combination of treatments and treatment specific to the era in which the veteran served might further improve recovery from symptoms. It may also be beneficial to develop an intense educational programme for health professionals about the military and their needs.

<http://www.sciencedirect.com/science/article/pii/S221478291400030X>

The use of automated assessments in internet-based CBT: The computer will be with you shortly.

Elizabeth C. Mason, Gavin Andrews

Internet Interventions

Available online 5 November 2014

There is evidence from randomized control trials that internet-based cognitive behavioral therapy (iCBT) is efficacious in the treatment of anxiety and depression, and recent research demonstrates the effectiveness of iCBT in routine clinical care. The aims of this study were to implement and evaluate a new pathway by which patients could access online treatment by completing an automated assessment, rather than seeing a specialist health professional. We compared iCBT treatment outcomes in patients who received an automated pre-treatment questionnaire assessment with patients who were assessed by a specialist psychiatrist prior to treatment. Participants were treated as part of routine clinical care and were therefore not randomized. The results showed that symptoms of anxiety and depression decreased significantly with iCBT, and that the mode of assessment did not affect outcome. That is, a pre-treatment assessment by a psychiatrist conferred no additional treatment benefits over an automated assessment. These findings suggest that iCBT is effective in routine care and may be implemented with an automated assessment. By providing wider access to evidence-based

interventions and reducing waiting times, the use of iCBT within a stepped-care model is a cost-effective way to reduce the burden of disease caused by these common mental disorders.

http://journals.lww.com/headtraumarehab/Abstract/2014/11000/Comparison_of_Cognitive_Behavioral_Therapy_and.2.aspx

Comparison of Cognitive Behavioral Therapy and Supportive Psychotherapy for the Treatment of Depression Following Traumatic Brain Injury: A Randomized Controlled Trial.

Ashman, Teresa PhD; Cantor, Joshua B. PhD; Tsaousides, Theodore PhD; Spielman, Lisa PhD; Gordon, Wayne PhD

Journal of Head Trauma Rehabilitation:
November/December 2014 - Volume 29 - Issue 6 - p 467-478
doi: 10.1097/HTR.000000000000098

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://opensiuc.lib.siu.edu/gs_rp/552/

The Effects of Traumatic Brain Injury on Families

Annie M. DeBaillie

A Research Paper Submitted in Partial Fulfillment of the Requirements for the Master of Science Degree
Rehabilitation Institute in the Graduate School
Southern Illinois University Carbondale
August, 2014

For individuals who sustain a traumatic brain injury (TBI), the disabling effects can greatly impact their life. The effects of a TBI can include physical, emotional, and cognitive impairments that can impact their ability to function in their everyday lives. The recovery process following a TBI can be extensive and costly. Many times the burden of the care and cost falls on the family of the individual with a TBI. Caring for the family member with a TBI can cause a disruption in the function of the family. This disruption can cause stress, anxiety, and burden within the family caregivers.

This paper reviews literature related to TBI, the impact TBI has on family caregivers, and a theoretical family system model that addresses family and marital systems. Three areas will be addressed. Chapter one discusses TBI focusing on incidence, financial assistance, access to services, and the impact on families. Chapter two presents a literature review of current research regarding the effects of TBI on the family system, a review of the Circumplex Model of Marital and Family Systems and how it pertains to families with TBI, and how rehabilitation counselors can use this theoretical framework to work with families with TBI. Chapter three provides a discussion and recommendations for future research.

http://journals.lww.com/greenjournal/Abstract/publishahead/Posttraumatic_Stress_Disorder_and_Risk_of.99300.aspx

Posttraumatic Stress Disorder and Risk of Spontaneous Preterm Birth.

Shaw, Jonathan G. MD, MS; Asch, Steven M. MD, MPH; Kimerling, Rachel PhD; Frayne, Susan M. MD, MPH; Shaw, Kate A. MD, MS; Phibbs, Ciaran S. PhD

Obstetrics & Gynecology:

Post Author Corrections: November 5, 2014

doi: 10.1097/AOG.0000000000000542

OBJECTIVE:

To evaluate the association between antenatal posttraumatic stress disorder (PTSD) and spontaneous preterm delivery.

METHODS:

We identified antenatal PTSD status and spontaneous preterm delivery in a retrospective cohort of 16,334 deliveries covered by the Veterans Health Administration from 2000 to 2012. We divided mothers with PTSD into those with diagnoses present the year before delivery (active PTSD) and those only with earlier diagnoses (historical PTSD). We identified spontaneous preterm birth and potential confounders including age, race, military deployment, twins, hypertension, substance use, depression, and results of military sexual trauma screening and then performed multivariate regression to estimate adjusted odds ratio (OR) of spontaneous preterm delivery as a function of PTSD status.

RESULTS:

Of 16,334 births, 3,049 (19%) were to mothers with PTSD diagnoses, of whom 1,921 (12%) had active PTSD. Spontaneous preterm delivery was higher in those with active PTSD (9.2%, n=176) than those with historical (8.0%, n=90) or no PTSD (7.4%, n=982) before adjustment (P=.02). The association between PTSD and preterm birth persisted, when adjusting for covariates, only in those with active PTSD (adjusted OR 1.35, 95% confidence interval [CI] 1.14-1.61). Analyses adjusting for comorbid psychiatric and medical diagnoses revealed the association with active PTSD to be robust.

CONCLUSION:

In this cohort, containing an unprecedented number of PTSD-affected pregnancies, mothers with active PTSD were significantly more likely to suffer spontaneous preterm birth with an attributable two excess preterm births per 100 deliveries (95% CI 1-4). Posttraumatic stress disorder's health effects may extend, through birth outcomes, into the next generation.

LEVEL OF EVIDENCE: II

Tobacco Use Trajectories among a Large Cohort of Treated Smokers with Posttraumatic Stress Disorder.

Carol A. Malte, Paul A. Dennis, Andrew J. Saxon, Miles McFall, Timothy P. Carmody, William Unger, Jean C. Beckham

Addictive Behaviors

Available online 4 November 2014

Introduction

This study identified distinct tobacco use trajectories across 18 months in 943 veteran smokers with posttraumatic stress disorder (PTSD) in order to describe quit and relapse patterns, examine associations between trajectory groups on baseline characteristics and cessation service utilization, and explore group differences in mental health outcomes.

Methods

Veterans who participated in a multisite, randomized trial of integrated smoking cessation care were grouped using k-means clustering based on reported daily tobacco use between baseline and 18 months. Four trajectory clusters were identified: no reduction (62%), temporary reduction (11%), late sustained reduction (9%) and early sustained reduction (18%).

Results

Median quit times in the early, late, temporary, and no reduction groups were 451, 141.5, 97, and 2 days, respectively. Compared to the early reduction group, the temporary reduction group exhibited higher baseline depression ($p < 0.01$) and anxiety ($p < 0.01$), but did not differ in treatment received, with both groups attending significantly more cessation visits ($p < 0.001$) and more likely to receive recommended pharmacotherapy ($p < 0.001$) than the no reduction group between baseline and 6 months. The early reduction group exhibited lower depression relative to the no reduction ($p < 0.01$) and temporary reduction ($p < 0.01$) groups across all assessments between baseline and 18 months. Differences were not observed between groups in depressive or PTSD symptom change over time between baseline and 18 months.

Conclusions

Tobacco use trajectories among treated smokers with PTSD vary distinctly. Characteristics of identified subgroups may lead to targeted interventions among smokers with PTSD and potentially other psychiatric disorders.

<http://www.ncbi.nlm.nih.gov/pubmed/25387044>

J Trauma Dissociation. 2014 Nov 11. [Epub ahead of print]

Healing Pathways: Longitudinal Effects of Religious Coping and Social support on PTSD Symptoms in African American Sexual Assault Survivors.

Bryant-Davis T, Ullman S, Tsong Y, Anderson G, Counts P, Tillman S, Bhang C, Gray A

African American women are at slightly increased risk for sexual assault (Abbey, Jacques-Tiaura, & Parkhill, 2010). However, due to stigma, experiences of racism, and historical oppression, African American women are less likely to seek help from formal agencies when compared to White women (Ullman & Filipas, 2001; Lewis, Resnick, Smith, Best, & Saunders, 2005) and/or women of other ethnic backgrounds (Ahrens, Abeling, Ahmad, & Himman, 2010). Therefore, the provision of culturally appropriate services, such as the inclusion of religion and spiritual coping, may be necessary when working with African American women survivors of sexual assault. The current study, controlling for age and education, explores the impact of religious coping and social support over one year for 252 African American adult female sexual assault survivors recruited from the Chicago metropolitan area. Results from hierarchical linear regression analyses revealed high endorsement of religious coping and social support at Time 1 does not predict a reduction of PTSD symptoms at Time 2. However, high social support at Time 2 does predict lower PTSD at Time 2. Also it is significant to note, survivors with high PTSD at Time 1 and Time 2 endorse greater use of social support and religious coping. Clinical and research implications are explored.

<http://www.ncbi.nlm.nih.gov/pubmed/25386778>

Psychiatry. 2014 Winter;77(4):386-397.

Exploring the Longitudinal Trajectories of Posttraumatic Stress Disorder in Injured Trauma Survivors.

Osenbach JE, Lewis C, Rosenfeld B, Russo J, Ingraham LM, Peterson R, Wang J, Zatzick DF

Objective:

The goal of this study was to examine the longitudinal trajectories of posttraumatic stress disorder (PTSD) symptoms in a sample of acutely injured hospitalized civilian trauma survivors who participated in a randomized clinical trial. Prior longitudinal descriptive research has shown that there are distinct trajectories of PTSD symptoms over time in trauma survivors. Limited clinical trial research exists that describes the patterns of the trajectories as well as the risk factors that influence the trajectories for seriously injured trauma-exposed patients.

Method:

Semiparametric, group-based approach trajectory modeling was used to examine four group trajectories of a subset of data obtained from a previous longitudinal clinical trial. Trajectories examined included resilience, recovery, relapsing/remitting, and chronic symptom patterns. One hundred and ninety-four patients who participated in the randomized clinical trial were assessed at baseline in the days and weeks after injury and then randomized. The associations between previously identified PTSD risk factors and the four trajectories were examined.

Results:

The risk factors of ethnocultural minority status, psychiatric history, additional life stressors, and depressive symptoms, as well as intervention versus control group status, were found to significantly affect the probability of trajectory group membership for PTSD symptom severity.

Conclusions:

These findings suggest that there is a need for early PTSD interventions that anticipate differences in injured patients' PTSD trajectory profiles. Stepped care intervention procedures may optimally address the diverse PTSD trajectory patterns observed in injured trauma survivors through the tailoring of intervention timing and dosing.

<http://www.ncbi.nlm.nih.gov/pubmed/25386765>

J Nerv Ment Dis. 2014 Nov 10. [Epub ahead of print]

Measuring Secondary Traumatic Stress Symptoms in Military Spouses With the Posttraumatic Stress Disorder Checklist Military Version.

Bjornestad AG, Schweinle A, Elhai JD

Little research to date has examined secondary traumatic stress symptoms in spouses of military veterans. This study investigated the presence and severity of posttraumatic stress symptoms in a sample of 227 Army National Guard veterans and secondary traumatic stress symptoms among their spouses. The veterans completed the posttraumatic stress disorder (PTSD) Checklist Military Version (PCL-M) (Weathers et al., 1993) to determine the probable prevalence rate of posttraumatic stress symptoms. A modified version of the PCL-M was used to assess secondary traumatic stress symptoms in the spouses. A confirmatory factor analysis showed that the modified version of the PCL-M used to assess secondary traumatic stress symptoms in spouses fits using the same four-factor PTSD structure as the PCL-M for veterans. This study provides initial evidence on the underlying symptom structure of secondary traumatic stress symptoms among spouses of traumatic event victims.

<http://www.ncbi.nlm.nih.gov/pubmed/25385536>

J Healthc Qual. 2014 Nov 10. doi: 10.1111/jhq.12092. [Epub ahead of print]

VHA Patient-Centered Medical Home Associated With Lower Rate of Hospitalizations and Specialty Care Among Veterans With Posttraumatic Stress Disorder.

Randall I, Mohr DC, Maynard C

OBJECTIVE:

The Veterans Health Administration (VHA) implemented a patient-centered medical home (PCMH) model, termed Patient Aligned Care Teams (PACT), in 2010. We assessed the association between PACT and the use of health services among U.S. veterans with posttraumatic stress disorder (PTSD).

METHODS:

VHA clinical and administrative data were obtained for the pre-PACT period of April 1, 2009 to March 31, 2010 and post-PACT period of June 1, 2011 to May 31, 2012. Outcomes included hospitalizations, primary, specialty and mental health visits, and emergency department and urgent care visits. We utilized negative binomial regression and extended estimating equation models for the full sample. The analysis contained 696,379 unique veterans in both pre- and post-PACT periods. We estimated the linear incremental effect of PACT on utilization outcomes.

RESULTS:

PACT were associated with a decrease in hospitalizations (incremental effect [IE]: -0.02; 95% confidence interval [CI]: -0.03, -0.01), a decrease in specialty care visits (IE: -0.45; 95% CI: -0.07, -0.23), and an increase in primary care visits (IE: 0.96; 95% CI: 0.67, 1.25).

CONCLUSIONS:

The period following PACT implementation was associated with a lower rate of hospitalizations and specialty care visits, and a higher rate of primary care visits for veterans with PTSD, indicating enhanced access to primary care. © 2014 National Association for Healthcare Quality.

<http://www.ncbi.nlm.nih.gov/pubmed/25385521>

J Trauma Stress. 2014 Nov 10. doi: 10.1002/jts.21963. [Epub ahead of print]

Does Guilt Mediate the Association Between Tonic Immobility and Posttraumatic Stress Disorder Symptoms in Female Trauma Survivors?

Bovin MJ, Dodson TS, Smith BN, Gregor K, Marx BP, Pineles SL

Tonic immobility (TI) is an involuntary freezing response that can occur during a traumatic event. TI has been identified as a risk factor for posttraumatic stress disorder (PTSD), although the mechanism for this relationship remains unclear. This study evaluated a particular possible mechanism for the relationship between TI and PTSD symptoms: posttraumatic guilt. To examine this possibility, we assessed 63 female trauma survivors for TI, posttraumatic guilt, and PTSD symptom severity. As expected, the role of guilt in the association between TI and PTSD symptom severity was consistent with mediation ($B = 0.35$; $p < .05$). Thus, guilt may be an important mechanism by which trauma survivors who experience TI later develop PTSD symptoms. We discuss the clinical implications, including the importance of educating those who experienced TI during their trauma about the involuntary nature of this experience. Published 2014. This article is a US Government work and is in the public domain in the USA.

<http://www.ncbi.nlm.nih.gov/pubmed/25383595>

Brain Inj. 2014 Nov 10:1-10. [Epub ahead of print]

A review of post-concussion syndrome and psychological factors associated with concussion.

Broshek DK, De Marco AP, Freeman JR

Objective:

This study reviewed several topics related to post-concussion syndrome and psychological factors associated with concussion. Topics include neurobiological perspectives, psychological predictors of post-concussion syndrome including pre-morbid anxiety, anxiety sensitivity and cognitive biases and misattribution. In addition, the iatrogenic effects of excessive rest are reviewed and treatment options are discussed briefly.

Main results:

Animal models of concussion and mild traumatic brain injury suggest that a concussion can result in anxiety and fear reactions. The pathophysiology of depression following a concussion appears to be consistent with the cortico-limbic model of depression. Additionally, some individuals may be at risk for neurobiological depression and/or anxiety following a concussion. The literature also demonstrates that pre-morbid and concurrent anxiety increases the risk for prolonged concussion recovery. Cognitive biases and misattribution of symptoms contribute to lengthy recovery from concussion. In addition, medically prescribed excessive cognitive and physical rest may contribute to a protracted concussion recovery. Supervised and graduated physical activity, the introduction of anxiety reduction techniques and cognitive-behavioural therapy of cognitive biases and misattribution are effective means of shortening the length of post-concussion syndrome.

Conclusions:

Understanding, assessing and treating the psychological factors associated with concussion are effective means of preventing or shortening the length of post-concussion syndrome.

<http://www.ncbi.nlm.nih.gov/pubmed/25381270>

J Interpers Violence. 2014 Nov 6. pii: 0886260514552445. [Epub ahead of print]

"Strength at Home" Intervention for Male Veterans Perpetrating Intimate Partner Aggression: Perceived Needs Survey of Therapists and Pilot Effectiveness Study.

Love AR, Morland LA, Menez U, Taft C, MacDonald A, Mackintosh MA

Veteran and active duty populations evidence higher rates of intimate partner aggression (IPA) than comparable civilian groups, perhaps due in part to their unique service-related experiences. IPA offender treatment programs that take military background into consideration are not widely available, and it is unclear to what extent there is a perceived need for them among clinicians who serve service members and Veterans. Strength at Home (SAH) is a promising 12-session cognitive-behavioral group intervention designed to address IPA perpetration in military populations. While clinical support for SAH is emerging, the extent to which service members and Veterans find it appropriate and helpful is not yet known. Goals of the current study were threefold: (a) assess the perceived need for a military-specific IPA program among Veterans Administration and community domestic violence (DV) program providers; (b) conduct a pilot study to examine the feasibility and preliminary effectiveness of SAH in a sample drawn from a diverse, multicultural community; and (c) conduct focus groups to obtain participant feedback on the SAH protocol. Findings from the provider survey suggested a need for specialty programs to treat military personnel who perpetrate IPA of mild to moderate severity. Results of the SAH pilot study (n = 6) indicated decreased psychological aggression and increased anger control from baseline to 6-month follow-up. Focus group feedback indicated participants found the program to be helpful and appropriate across a wide variety of ethno-cultural variables. As more service members and Veterans of the Iraq/Afghanistan war era reintegrate into our communities, it will become increasingly important for providers in both private and public sectors of care to understand the unique needs of this treatment population, and to have access to effective IPA treatment programs. © The Author(s) 2014.

<http://www.ncbi.nlm.nih.gov/pubmed/25379272>

Behav Sci (Basel). 2014 May 14;4(2):102-24. doi: 10.3390/bs4020102. eCollection 2014.

Cultural adaptations of prolonged exposure therapy for treatment and prevention of posttraumatic stress disorder in African Americans.

Williams MT, Malcoun E, Sawyer BA, Davis DM, Bahojb Nouri L, Bruce SL

Posttraumatic stress disorder (PTSD) is a highly disabling disorder, afflicting African Americans at disproportionately higher rates than the general population. When receiving treatment, African Americans may feel differently towards a European American clinician due to cultural mistrust. Furthermore, racism and discrimination experienced before or during the traumatic event may compound posttrauma reactions, impacting the severity of symptoms. Failure to adapt treatment approaches to encompass cultural differences and racism-related traumas may decrease treatment success for African American clients. Cognitive behavioral treatment approaches are highly effective, and Prolonged Exposure (PE) in particular has the most empirical support for the treatment of PTSD. This article discusses culturally-informed adaptations of PE that incorporates race-related trauma themes specific to the Black experience. These include adding more sessions at the front end to better establish rapport, asking directly about race-related themes during the assessment process, and deliberately bringing to the forefront race-related experiences and discrimination during treatment when indicated. Guidelines for assessment and the development of appropriate exposures are provided. Case examples are presented demonstrating adaptation of PE for a survivor of race-related trauma and for a woman who developed internalized racism following a sexual assault. Both individuals experienced improvement in their posttrauma reactions using culturally-informed adaptations to PE.

<http://www.ncbi.nlm.nih.gov/pubmed/25379284>

Behav Sci (Basel). 2014 Sep 3;4(3):320-40. doi: 10.3390/bs4030320. eCollection 2014.

Latino Veterans with PTSD: A Systematic Review.

Pittman JO

Latinos have a long history of military service with recent service including combat conditions and multiple deployments, which are highly associated with posttraumatic stress disorder (PTSD). Clinical acumen underscores the importance of culture in assessment and treatment, but there has been little scientific literature that investigates the unique needs of veteran Latinos with PTSD. The primary goal of this systematic review was to analyze the existing literature on Latino veterans with PTSD and to critically evaluate attention to cultural issues. The Preferred

Reporting Items for Systematic Reviews and Meta-Analyses were used to guide this review. Peer-reviewed, research reports written in English on Latino Veterans with PTSD since 1980 were included; 20 were assessment related, and nine were treatment related. All studies were quantitative. Only 13 studies mentioned culture as part of the context for Latino veterans, and only seven included cultural factors as part of the study design. Present findings highlight a lack of research focused on understanding cultural factors related to the assessment and treatment of Latino veterans with PTSD. Culturally-informed research on Latino veterans from current wars, Latina veterans and Latino veteran treatment outcomes are necessary to provide culturally-appropriate care to this growing veteran subgroup.

<http://www.ncbi.nlm.nih.gov/pubmed/25379270>

Behav Sci (Basel). 2014 Mar 10;4(1):72-86. doi: 10.3390/bs4010072. eCollection 2014.

Ethnic Differences in Personality Disorder Patterns among Women Veterans Diagnosed with PTSD.

C'de Baca J, Castillo DT, Mackaronis JE, Qualls C

Personality Disorders (PDs) impair the ability to function socially and occupationally. PD prevalence rates among veterans who have also been diagnosed with posttraumatic stress disorder (PTSD) range from 45%-79%. This study examined ethnic differences in PDs assessed with the Millon Clinical Multiaxial Inventory-III in 260 non-Hispanic white (64%), Hispanic (27%), and African American (9%), mostly single, women veterans in treatment for PTSD. After adjusting for covariates including number and sexual-nature of trauma, findings revealed the adjusted odds ratio of having a cluster A PD was almost three times higher for African Americans ($p = 0.046$) than the other two ethnic groups, which may be driven by the paranoid PD scale and potentially reflects an adaptive response to racial discrimination. In cluster designation analysis, the odds were twice as high of having a cluster B PD with childhood trauma ($p = 0.046$), and a cluster C PD with sexual trauma ($p = 0.004$), demonstrating the significance of childhood and sexual trauma on long-term chronic personality patterns in women veterans. These results highlight the importance of using instruments with demonstrated diagnostic validity for minority populations.

<http://www.ncbi.nlm.nih.gov/pubmed/25379266>

Behav Sci (Basel). 2014 Jan 10;4(1):31-41. doi: 10.3390/bs4010031. eCollection 2014.

Effectiveness of Group-Delivered Cognitive Therapy and Treatment Length in Women Veterans with PTSD.

Castillo DT, Lacefield K, C'de Baca J, Blankenship A, Qualls C

The effectiveness and length of group-delivered cognitive treatment for Posttraumatic Stress Disorder (PTSD) was examined in a sample of women veterans. The sample included 271 primarily non-Hispanic white (61%) and Hispanic (25%) women veterans treated in 8-, 10-, or 12-group length sessions with manualized cognitive therapy for PTSD. Outcome was measured with the PTSD Symptom Checklist (PCL) in an intention-to-treat analysis (N = 271), in completer subjects (n = 172), and with group as the unit of analysis (n = 47 groups). Significant decreases in PTSD were found in the full sample (effect size [ES] range = 0.27 to 0.38), completers (ES range = 0.37 to 0.54), and group as the unit of analysis (ES range = 0.71 to 0.92), suggesting effectiveness of cognitive group treatment for PTSD. PCL scores significantly improved in the 8, 10, and 12 group lengths, with no differences between each. Clinical improvement showed a third decreasing 10 or more PCL points and 22% no longer meeting PTSD diagnostic criteria, with the best results in the 10-session group. The results suggest group-delivered cognitive therapy is an effective, efficient, time-limited treatment for PTSD.

Links of Interest

Novel Suicide-Prevention Treatment Targets Poor Sleep

<http://psychnews.psychiatryonline.org/doi/10.1176/appi.pn.2014.9b11>

Combining Insomnia, Depression Treatment May Improve Outcome

<http://psychnews.psychiatryonline.org/doi/10.1176/appi.pn.2013.8b20>

Five myths about military suicides

http://www.washingtonpost.com/opinions/five-myths-about-suicide-in-the-military/2014/11/07/61ceb0aa-637b-11e4-836c-83bc4f26eb67_print.html

Troops' sleep problem may be new disorder

<http://www.navytimes.com/article/20141030/BENEFITS06/310300047/Troops-sleep-problem-may-new-disorder>

Should the 'D' in PTSD Be Changed to an 'I'?

<http://psychnews.psychiatryonline.org/doi/full/10.1176/appi.pn.2013.10a17>

Bill Would Improve PTSD Services For Soldiers, Vets Exposed to Trauma

<http://psychnews.psychiatryonline.org/doi/10.1176/pn.40.9.00400025a>

APA Urges Congress to Extend Types, Length of Care for All Vets

<http://psychnews.psychiatryonline.org/doi/10.1176/pn.42.12.0004a>

CBT Outperforms Hypnotics In Sleep-Disorder Patients

<http://psychnews.psychiatryonline.org/doi/10.1176/pn.40.17.00400030a>

New survey of US workers reveals 2 in 5 survey participants missed work due to depression

http://www.eurekalert.org/pub_releases/2014-11/ghn-nso110314.php

UCF program uses exposure therapy to help veterans with PTSD

<http://www.orlandosentinel.com/health/os-ucf-ptsd-program-veterans-20141110-story.html>

Cuts in Military Mean Job Losses for Career Staff

<http://www.nytimes.com/2014/11/13/us/cuts-in-military-mean-job-losses-for-career-staff.html>

Sleep disorders found to be highly prevalent in firefighters

http://www.eurekalert.org/pub_releases/2014-11/bawh-sdf111014.php

Resource of the Week: [Sources for Finding Mandated Reports to Congress by U.S. Federal Agencies](#)

If you don't work with government documents on a regular basis, it sometimes can be tough to try and locate one when you need it -- particularly if it's a somewhat obscure Congressional report. The Law Librarians' Society of Washington, D.C. (LLSDC) offers some help, in the form of this comprehensive guide.

It's part of LLSDC's more extensive [Legislative Source Book](#), an internet-based resource that is regularly reviewed and updated.



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Sources for Finding Mandated Reports to Congress by U.S. Federal Agencies

Part of [LLSDC's Legislative Source Book](#)

By statute Congress requires Federal executive departments and independent agencies as well as the President and parts of the Legislative and Judicial Branches to produce and submit to it several thousand reports. These mandates are usually specific to a particular agency, but a few are general and apply to most agencies such as the Inspector General Act ([5 USC App.](#)), the Congressional Review Act ([5 USC § 801 et seq.](#)), the Government Performance and Results Act ([5 USC § 306](#)), the Buy American Act ([41 USC § 8302](#)), and the No FEAR Act ([5 USC § 2301 note](#)). Unless specified by statute, most of the reports are sent to the Speaker of the House and the President pro tempore of the Senate. Some reports are mandated annually or another specified length of time and some are one time reports or have other cessation time frames. Many recurring reports may be incorporated into an agency's annual report to Congress. The following sites and descriptions convey sources for finding information about these reports or for actually obtaining them. Proposed legislation, [S. 1411](#), introduced by Sen. Lieberman, I-CT, on July 25, 2011, and [H.R. 1974](#), introduced by Rep. Mike Quigley on May 24, 2011, would require the Public Printer to establish and maintain a public website that would make available electronic copies of congressionally mandated reports. See also [H.R. 6026](#), similar legislation, introduced in the 111th Congress on July 30, 2010, shortly after this site was first compiled and made public.

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