



CDP Research Update -- November 20, 2014

What's Here:

- Clinician's Trauma Update (National Center for PTSD)
- Predicting Suicides After Psychiatric Hospitalization in US Army Soldiers The Army Study to Assess Risk and Resilience in Servicemembers (Army STARRS).
- White matter abnormalities associated with military PTSD in the context of blast TBI.
- Applying behavior change theory to technology promoting veteran mental health care seeking.
- Acquired Capability and Masculine Gender Norm Adherence: Potential Pathways to Higher Rates of Male Suicide.
- U.S. Military Discharges and Pre-existing Personality Disorders: A Health Policy Review.
- Exploring the Longitudinal Trajectories of Posttraumatic Stress Disorder in Injured Trauma Survivors.
- Mental health consequences of overstretch in the UK Armed Forces, 2007—09: a population-based cohort study.
- Armodafinil for the Treatment of Excessive Sleepiness Associated with Mild or Moderate Closed Traumatic Brain Injury: A 12-Week, Randomized, Double-Blind Study followed by a 12-Month Open-Label Extension.
- Hopelessness Mediates the Relation between Insomnia and Suicidal Ideation.
- Nocturnal Autonomic Balance and Sleep in PTSD and Resilience.
- Association of Weekly Suicide Rates with Temperature Anomalies in Two Different Climate Types.
- Belongingness and Suicidal Ideation in College Students.
- Reintegration Stress and Family Mental Health: Implications for Therapists Working with Reintegrating Military Families.
- Alexithymia, Coping Styles and Traumatic Stress Symptoms in a Sample of Veterans Who Experienced Military Sexual Trauma.

- Measuring Secondary Traumatic Stress Symptoms in Military Spouses With the Posttraumatic Stress Disorder Checklist Military Version.
- Sleep quality, problematic cannabis use and posttraumatic stress symptoms among medical cannabis users.
- Evaluations of Supportive and Unsupportive Responses during Spousal Deployment.
- Predicting Risk Factors for Intimate Partner Violence Among Post-9/11 College Student Veterans.
- The Specificity of the Interpersonal-Psychological Theory of Suicidal Behavior for Identifying Suicidal Ideation in an Online Sample.
- Mental Health Symptoms Among Student Service Members/Veterans and Civilian College Students.
- Medical Care; Supplement 5, Building the Evidence Base for Complementary and Integrative Medicine Use among Veterans and Military Personnel
- Clinical and neuropsychological predictors of posttraumatic stress disorder.
- Disgust as a unique affective predictor of mental contamination following sexual trauma.
- PTSD - an update for general practitioners.
- Extending Findings of a Relation between Posttraumatic Stress Disorder and Emotion Dysregulation among African American Individuals: A Preliminary Examination of the Moderating Role of Gender.
- Alcohol disrupts sleep homeostasis.
- Applying behavior change theory to technology promoting veteran mental health care seeking.
- Supporting the Returning Veteran: Building Linkages Between Clergy and Health Professionals.
- A Pilot Trial of Telephone-Based Collaborative Care Management for PTSD Among Iraq/Afghanistan War Veterans.
- Trauma Informed Guilt Reduction Therapy With Combat Veterans.
- Links of Interest
- Resource of the Week -- CDP Summer Institute: Preparing for a Military-Focused Internship

http://www.ptsd.va.gov/professional/newsletters/ctu-online/ctu_v8n5.pdf

Clinician's Trauma Update

National Center for PTSD

ISSUE 8(5), October 2014

CTU - Online contains summaries of clinically relevant research articles. Articles authored by staff of the National Center for PTSD are available in full text; just click the link. For other articles we provide a link to where you might be able to view or download the full text and a PILOTS ID for easy access.

<http://archpsyc.jamanetwork.com/article.aspx?articleid=1935484>

Predicting Suicides After Psychiatric Hospitalization in US Army Soldiers The Army Study to Assess Risk and Resilience in Servicemembers (Army STARRS).

Kessler RC, Warner CH, Ivany C, et al.

JAMA Psychiatry. Published online November 12, 2014. doi:10.1001/jamapsychiatry.2014.1754.

Importance

The US Army experienced a sharp increase in soldier suicides beginning in 2004. Administrative data reveal that among those at highest risk are soldiers in the 12 months after inpatient treatment of a psychiatric disorder.

Objective

To develop an actuarial risk algorithm predicting suicide in the 12 months after US Army soldier inpatient treatment of a psychiatric disorder to target expanded posthospitalization care.

Design, Setting, and Participants

There were 53 769 hospitalizations of active duty soldiers from January 1, 2004, through December 31, 2009, with International Classification of Diseases, Ninth Revision, Clinical Modification psychiatric admission diagnoses. Administrative data available before hospital discharge abstracted from a wide range of data systems (sociodemographic, US Army career, criminal justice, and medical or pharmacy) were used to predict suicides in the subsequent 12 months using machine learning methods (regression trees and penalized regressions) designed to evaluate cross-validated linear, nonlinear, and interactive predictive associations. Main

Outcomes and Measures

Suicides of soldiers hospitalized with psychiatric disorders in the 12 months after hospital

discharge.

Results

Sixty-eight soldiers died by suicide within 12 months of hospital discharge (12.0% of all US Army suicides), equivalent to 263.9 suicides per 100 000 person-years compared with 18.5 suicides per 100 000 person-years in the total US Army. The strongest predictors included sociodemographics (male sex [odds ratio (OR), 7.9; 95% CI, 1.9-32.6] and late age of enlistment [OR, 1.9; 95% CI, 1.0-3.5]), criminal offenses (verbal violence [OR, 2.2; 95% CI, 1.2-4.0] and weapons possession [OR, 5.6; 95% CI, 1.7-18.3]), prior suicidality [OR, 2.9; 95% CI, 1.7-4.9], aspects of prior psychiatric inpatient and outpatient treatment (eg, number of antidepressant prescriptions filled in the past 12 months [OR, 1.3; 95% CI, 1.1-1.7]), and disorders diagnosed during the focal hospitalizations (eg, nonaffective psychosis [OR, 2.9; 95% CI, 1.2-7.0]). A total of 52.9% of posthospitalization suicides occurred after the 5% of hospitalizations with highest predicted suicide risk (3824.1 suicides per 100 000 person-years). These highest-risk hospitalizations also accounted for significantly elevated proportions of several other adverse posthospitalization outcomes (unintentional injury deaths, suicide attempts, and subsequent hospitalizations).

Conclusions and Relevance

The high concentration of risk of suicide and other adverse outcomes might justify targeting expanded posthospitalization interventions to soldiers classified as having highest posthospitalization suicide risk, although final determination requires careful consideration of intervention costs, comparative effectiveness, and possible adverse effects.

<http://onlinelibrary.wiley.com/doi/10.1002/hbm.22685/abstract>

White matter abnormalities associated with military PTSD in the context of blast TBI.

Davenport, N. D., Lim, K. O. and Sponheim, S. R.

Human Brain Mapping

Article first published online: 12 NOV 2014

Mild traumatic brain injury (mTBI) and post-traumatic stress disorder (PTSD) are common among recent military veterans and involve substantial symptom overlap, making clinical distinction and effective intervention difficult. Emerging evidence of cerebral white matter abnormalities associated with mTBI may provide a biological measure to inform diagnosis and treatment, but the potentially confounding effects between PTSD and mTBI have largely gone unexamined. We collected diffusion imaging data from 133 recently-deployed American service members who developed PTSD and/or sustained mTBI, or had neither condition. Effects of PTSD and mTBI on traditional tensor-based measures of cerebral white matter integrity (fractional anisotropy [FA] and mean diffusivity [MD]) were compared in anatomical regions of

interest and individual voxels throughout the brain. Generalized FA (GFA), which allows for multiple fiber orientations per voxel, was also included to improve sensitivity in white matter areas containing crossing or diverging axon bundles. PTSD was consistently associated with high GFA in select brain regions, greater likelihood of regions and voxels with abnormally low MD, and a greater number of voxels with abnormally high FA, while mTBI was associated with fewer high MD regions. Overall, PTSD was associated with more restricted diffusion (low MD) and greater anisotropy (high GFA) in regions of crossing/diverging fibers poorly characterized by a single tensor (FA), suggesting that interstitial fibers may be involved. Contrary to earlier results in a sample without PTSD, mTBI was not associated with anisotropy abnormalities, perhaps indicating the cooccurrence of PTSD and mTBI requires special consideration with regard to structural brain connectivity. Hum Brain Mapp, 2014. © 2014 Wiley Periodicals, Inc.

<http://psycnet.apa.org/journals/ser/11/4/486/>

Applying behavior change theory to technology promoting veteran mental health care seeking.

Whealin, Julia M.; Kuhn, Eric; Pietrzak, Robert H.

Psychological Services, Vol 11(4), Nov 2014, 486-494.
<http://dx.doi.org/10.1037/a0037232>

Despite the availability of effective mental health interventions, the vast majority of veterans with a mental disorder underutilize psychological services. Contemporary research has revealed that several factors such as low education, stigma, stoicism, lack of knowledge, and negative beliefs about mental health services are associated with veterans' underutilization of services. In this article, the authors provide an overview of factors that affect symptomatic veterans' decisions about whether to seek mental health services. Second, they describe the theory of planned behavior (Ajzen & Fishbein, 1980), a useful model for understanding mental health care seeking that can inform the development of technology-based interventions designed to increase veterans' willingness to seek psychological services. Third, the authors describe the development of Considering Professional Help, a personalized web-based tool developed by the Department of Veterans Affairs, which has been designed to promote mental health care seeking in veterans with mental health problems. (PsycINFO Database Record (c) 2014 APA, all rights reserved)

<http://psycnet.apa.org/psycinfo/2014-45104-001/>

Acquired Capability and Masculine Gender Norm Adherence: Potential Pathways to Higher Rates of Male Suicide.

Granato, Stephani L.; Smith, Phillip N.; Selwyn, Candice N.

Psychology of Men & Masculinity, Nov 3 , 2014, No Pagination Specified.
<http://dx.doi.org/10.1037/a0038181>

The interpersonal theory posits that to die by suicide a person must be fearless of death and able to tolerate the physical pain involved in suicide. This capability for suicide is acquired via repeated exposure to painful and provocative life events and has been proposed as a potential mechanism by which men come to be at higher risk for death by suicide compared with women. The current study examined the degree to which masculine gender norms might encourage men to engage in painful and provocative life events and, therefore, experience greater acquired capability. A sample of 583 male and female university students completed self-report surveys of masculine gender norm adherence, history of exposure to painful and provocative life events, and the acquired capability for suicide. Results indicated that masculine gender norms of success, power, and competition; restrictive emotionality; and work and family conflict indirectly influenced acquired capability via their relationship with painful and provocative life events. Although men reported greater acquired capability and past exposure to painful and provocative life events, the indirect effect of gender norm adherence on acquired capability was not moderated by sex. Findings support that men may be at greater risk for death by suicide because they are socialized to adhere to masculine gender norms that encourage them to engage in painful and provocative life events and, as a result, experience greater acquired capability. (PsycINFO Database Record (c) 2014 APA, all rights reserved)

<http://link.springer.com/article/10.1007/s10488-014-0611-z>

U.S. Military Discharges and Pre-existing Personality Disorders: A Health Policy Review.

Todd C. Leroux

Administration and Policy in Mental Health and Mental Health Services Research

November 2014

The Department of Defense (DoD) is facing allegations service members were wrongfully discharged for pre-existing personality disorders. From 2001 to 2007, 26,000 enlisted service members were discharged for a pre-existing personality disorder (2.6 % of total discharges). With national media attention of the issue, personality disorder discharges were reduced by 31 % in 2008 with new discharge procedures issued by the DoD. Even with the reduction, a government review found the DoD did not adhere to its discharge protocols. The objective of this paper is to explore personality disorders in the military, analyze various costs to stakeholders, and identify potential policy alternatives.

<http://guilfordjournals.com/doi/abs/10.1521/psyc.2014.77.4.386>

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

Janyce E. Osenbach, Charles Lewis, Barry Rosenfeld, Joan Russo, Leah M. Ingraham, Roselyn Peterson, Jin Wang, and Douglas F. Zatzick

Psychiatry: Interpersonal and Biological Processes: Vol. 77, No. 4, pp. 386-397.

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.

Mental health consequences of overstretch in the UK Armed Forces, 2007—09: a population-based cohort study.

Prof Roberto J Rona FFPH, Margaret Jones BA, Mary Keeling PhD, Lisa Hull MSc, Prof Simon Wessely

The Lancet Psychiatry
Early Online Publication, 11 November 2014
doi:10.1016/S2215-0366(14)00062-5

Background

Concerns have been raised about the effect of tour length on the mental health of the UK armed forces. In 2007, we reported that cumulative length of deployment was associated with mental illness in military personnel. Our findings provided empirical evidence to support the UK advisory policy for tour length, known as the Harmony Guidelines. If fully implemented, these guidelines could aid prevention of mental illnesses. We aimed to reassess the association between cumulative length of deployment and number of deployments with mental illness in the UK forces.

Methods

Our analysis was based on data from a representative study of the military for UK regular personnel who had completed a questionnaire between Nov 2, 2007, and Sept 24, 2009, and were deployed in the 3 years before questionnaire completion. Study outcomes were presence of possible post-traumatic stress disorder (PTSD), psychological distress, multiple physical symptoms, alcohol misuse, problems at home during and after deployment, and relationship or family problems. The key independent factors were deployment for 13 months or more, and months and number of deployments in the past 3 years.

Findings

8278 regulars responded to the questionnaire, of whom 3982 (48%) had been deployed in the 3 years before questionnaire completion. Deployment for 13 months or more decreased from 22% in March, 2005, (median March 8, 2005 [IQR Oct 10, 2004 to April 28, 2005]), to 12% in May, 2008, (May 17, 2008, [Feb 14, 2008, to Dec 5, 2008]). We noted an association between cumulative time deployed as a continuous variable and a score of 40 or more on the PTSD checklist ($p=0.002$), presence of psychological distress ($p=0.018$), and multiple physical symptoms ($p=0.030$; table 2). Furthermore, 13 months or more of deployment was associated with multiple physical symptoms (adjusted odds ratio [OR] 2.15, 95% CI 1.39—3.32), a PTSD checklist score of 40 or more (2.02, 1.31—3.12), and problems at home, but not a PTSD checklist score of 50 or more (1.50, 0.82—2.75), psychological distress 1.34, 0.98—1.85), or alcohol misuse (1.32, 0.97—1.80). Number of deployments was not associated with worse mental illness status or problems at home.

Interpretation

The Harmony Guidelines can prevent mental illness in the UK Armed Forces and, since 2006, their introduction has prevented personnel from being deployed for a longer period than recommended in the guidelines. Monitoring of cumulative length of deployment might reduce mental illness in the UK military.

Funding

The UK Ministry of Defence.

<http://www.aasmnet.org/jcsm/ViewAbstract.aspx?pid=29748>

Armodafinil for the Treatment of Excessive Sleepiness Associated with Mild or Moderate Closed Traumatic Brain Injury: A 12-Week, Randomized, Double-Blind Study followed by a 12-Month Open-Label Extension.

Menn SJ, Yang R, Lankford A.

Journal of Clinical Sleep Medicine

Volume: 10 Number: 11

Objective

To evaluate the efficacy and tolerability of armodafinil in patients with excessive sleepiness following mild or moderate closed traumatic brain injury (TBI).

Design

Randomized, placebo-controlled, double-blind trial followed by open-label extension.

Setting

40 US centers.

Patients

Adults with closed TBI (N = 117), Glasgow Coma Scale score > 8 at time of injury; baseline Epworth Sleepiness Scale (ESS) \geq 10; sleep latency < 8 minutes on multiple sleep latency test (MSLT); and Clinical Global Impression-Severity of Illness (CGI-S) score \geq 4 for excessive sleepiness.

Intervention

Patients received armodafinil (50, 150, or 250 mg/day) or placebo for 12 weeks followed by an optional 12-month open-label extension.

Measurements and Results

Outcomes included MSLT, ESS, Clinical Global Impression-Change (CGI-C), TBI-Work

Instability Scale (TBI-WIS), CGI-S, and tolerability. The study was terminated early due to low enrollment. Patients receiving 250 mg armodafinil showed significant improvement in sleep latency from baseline to final visit versus placebo (+7.2 minutes vs. +2.4 minutes; $p = 0.0010$). CGI-C ratings were much/very much improved in approximately 50% of patients receiving 150 and 250 mg armodafinil, compared to 38% on placebo. ESS and TBI-WIS scores were not significantly different between groups. In the open-label extension ($N = 49$), patients demonstrated gradual improvement in ESS, TBI-WIS, and CGI-S scores up to 48 weeks post-baseline. Armodafinil was generally well tolerated, with headache the most common adverse event in both double-blind and open-label portions.

Conclusions

Armodafinil 250 mg significantly improved sleep latency in patients with excessive sleepiness associated with mild or moderate TBI. Efficacy and tolerability of armodafinil were sustained throughout the open-label extension.

Trial Registration

NCT00893789, NCT00983437

<http://www.aasmnet.org/jcsm/ViewAbstract.aspx?pid=29754>

Hopelessness Mediates the Relation between Insomnia and Suicidal Ideation.

Woosley JA, Lichstein KL, Taylor DJ, Riedel BW, Bush AJ.

Journal of Clinical Sleep Medicine

Volume: 10 Number: 11

Introduction

A growing body of literature indicates that insomnia is related to suicidality. However, the mechanism through which insomnia correlates with suicide risk is unclear. The goal of the present research was to determine whether hopelessness, a robust predictor of suicidality, mediates the relation between insomnia and suicidal ideation (SI).

Methods

The present study used archival data from community-dwelling adults. Participants ($n = 766$) completed a Health Survey, two weeks of daily sleep diaries, and five measures of daytime functioning, including the Beck Depression Inventory (BDI). BDI item 2 was used to assess hopelessness, and BDI item 9 was used to assess SI. Criteria from the DSM-5 as well as quantitative criteria were used to identify participants with insomnia ($n = 135$).

Results

The analyses revealed that hopelessness is a significant mediator of the relation between

insomnia and SI. After adding depression as an additional mediator, hopelessness remained a significant predictor of SI.

Conclusion

The present research suggests the need for clinicians to routinely screen clients who have insomnia for hopelessness and SI, and to treat hopelessness when it is present. Further research should address the limitations in this sample and should also consider other potential mediators of the insomnia-SI link.

<http://onlinelibrary.wiley.com/doi/10.1002/jts.21973/abstract>

Nocturnal Autonomic Balance and Sleep in PTSD and Resilience.

Kobayashi, I., Lavela, J. and Mellman, T. A.

Journal of Traumatic Stress

Article first published online: 17 NOV 2014

DOI: 10.1002/jts.21973

Posttraumatic stress disorder (PTSD) has been associated with heightened nocturnal autonomic nervous system (ANS) arousal and sleep disturbances. It has been suggested that relationships between sleep and nocturnal ANS activity are influenced by insomnia; however, investigation of this relationship has been limited in PTSD. This study examined nocturnal ANS activity and its relationship to sleep in PTSD and resilience. Physically healthy young adult African Americans with current PTSD ($n = 20$) or who had never had PTSD despite exposure to a high-impact traumatic event (resilient, $n = 18$) were monitored with ambulatory electrocardiograms and actigraphy for 24-hr periods. Frequency-domain heart-rate variability measures, that is, low-frequency to high-frequency ratios (LF/HF), which index sympathetic nervous system activity, and normalized HF (nHF), which indexes parasympathetic nervous system activity were examined. Normalized HF during the time-in-bed period was lower for those with PTSD than those with resilience ($p = .041$). Total sleep time was strongly correlated with time-in-bed LF/HF ($r = -.72$) and nHF ($r = .75$) in the resilient group, but these were not correlated in the PTSD group. The results suggest elevated nocturnal ANS arousal and dissociation between ANS activity and total sleep time in PTSD.

<http://www.mdpi.com/1660-4601/11/11/11627/htm>

Association of Weekly Suicide Rates with Temperature Anomalies in Two Different Climate Types.

P. Grady Dixon, Mark Sinyor , Ayal Schaffer , Anthony Levitt , Christa R. Haney , Kelsey N. Ellis and Scott C. Sheridan

International Journal of Environmental Research and Public Health
2014, 11(11), 11627-11644; doi:10.3390/ijerph111111627

Annual suicide deaths outnumber the total deaths from homicide and war combined. Suicide is a complex behavioral endpoint, and a simple cause-and-effect model seems highly unlikely, but relationships with weather could yield important insight into the biopsychosocial mechanisms involved in suicide deaths. This study has been designed to test for a relationship between air temperature and suicide frequency that is consistent enough to offer some predictive abilities. Weekly suicide death totals and anomalies from Toronto, Ontario, Canada (1986–2009) and Jackson, Mississippi, USA (1980–2006) are analyzed for relationships by using temperature anomaly data and a distributed lag nonlinear model. For both analysis methods, anomalously cool weeks show low probabilities of experiencing high-end suicide totals while warmer weeks are more likely to experience high-end suicide totals. This result is consistent for Toronto and Jackson. Weekly suicide totals demonstrate a sufficient association with temperature anomalies to allow some prediction of weeks with or without increased suicide frequency. While this finding alone is unlikely to have immediate clinical implications, these results are an important step toward clarifying the biopsychosocial mechanisms of suicidal behavior through a more nuanced understanding of the relationship between temperature and suicide.

<http://www.tandfonline.com/doi/abs/10.1080/07448481.2014.983928>

Belongingness and Suicidal Ideation in College Students.

Rachel A. Ploskonka MS & Heather L. Servaty-Seib PhD

Journal of American College Health

Accepted author version posted online: 14 Nov 2014

Objective:

In this study, the relationships between three specific domains of belongingness (i.e., family, peers, and academic institution) were examined with respect to suicidal ideation.

Participants:

A sample (N = 249) of undergraduate students was recruited from a large, Midwestern university during the Spring 2013 semester. Methods: Multiple regression analysis examined whether the three specific domains of belongingness (i.e., family, peers, and academic institution) significantly contributed to explaining variance in suicidal ideation.

Results:

Findings indicated that the three domains of belongingness accounted for 9.4% of the variance for suicidal ideation. Family belongingness was the only domain of belongingness that made a significant, unique, and negative contribution to suicidal ideation.

Conclusions:

Students' family belongingness seems to have a significant role in their manifestation of suicidal ideation.

<http://link.springer.com/article/10.1007/s10591-014-9316-4>

Reintegration Stress and Family Mental Health: Implications for Therapists Working with Reintegrating Military Families.

Lydia I. Marek, Carissa D'Aniello

Contemporary Family Therapy
November 2014

Military families respond and adjust differently to reintegration stressors with some families coping well with these changes while other families do not. It is important to understand factors that contribute to reintegration stress since reintegration stress can affect their own and their family's emotional health and well-being for months if not years into the future. This study addresses the factors that contribute to more positive outcomes and reduced reintegration stress, for reintegrating military families. Service members and partners who report the presence of PTSD related symptoms and report their own and their partner's mental health as low, are more likely to experience more reintegration stress. The results indicate that this model is able to significantly predict variance (32 and 37 %, respectively) in reintegration stress levels. It is important for mental health providers to understand the variation in reintegrating families' stress levels and coping skills. Employing a systemic approach uniquely positions therapists to more effectively address these issues to help military families develop healthy cohesive family systems.

<http://onlinelibrary.wiley.com/doi/10.1002/smi.2578/abstract>

Alexithymia, Coping Styles and Traumatic Stress Symptoms in a Sample of Veterans Who Experienced Military Sexual Trauma.

Gaher R. M., O'Brien C., Smiley P. and Hahn A. M.

Stress and Health

Article first published online: 13 NOV 2014

The current study examined the association between alexithymia and coping styles (planning, positive reinterpretation and growth, social-emotion coping, and denial), and trauma symptoms in a clinical sample of 170 male and female veterans who experienced sexual trauma during military service. Denial was the only coping style positively associated with trauma symptoms, and it mediated the relationship between alexithymia and trauma symptoms. Alexithymia was negatively associated with planning. Likewise, alexithymia was negatively associated with social-emotional coping and with positive reinterpretation and growth. The results speak to the significant role that alexithymia has in predicting individual coping styles. Copyright © 2014 John Wiley & Sons, Ltd.

http://journals.lww.com/jonmd/Abstract/publishahead/Measuring_Secondary_Traumatic_Stress_Symptoms_in.99848.aspx

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

Bjornestad, Andrea G. PhD; Schweinle, Amy PhD; Elhai, Jon D. PhD

Journal of Nervous & Mental Disease:

Post Author Corrections: November 10, 2014

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://informahealthcare.com/doi/abs/10.3109/16066359.2014.981259>

Sleep quality, problematic cannabis use and posttraumatic stress symptoms among medical cannabis users.

Nicole A. Short, Kimberly A. Babson, Matthew Tyler Boden, and Marcel O. Bonn-Miller

Addiction Research & Theory

Posted online on November 13, 2014. (doi:10.3109/16066359.2014.981259)

This study aimed to investigate the interactive influence of problematic cannabis use on the relation between sleep quality and posttraumatic stress symptoms (PTSS). Hypotheses were tested cross-sectionally among 151 medical cannabis users with PTSS. Consistent with hypotheses, we found sleep quality to be associated with PTSS severity. In addition, results indicated a significant interaction such that individuals with poor sleep quality and problematic cannabis use had the highest PTSS severity (particularly hyperarousal symptoms). Results suggest that medical cannabis users with the greatest risk of severe PTSS may be those with a combination of poor sleep quality and problematic cannabis use.

<http://www.tandfonline.com/doi/abs/10.1080/03637751.2014.978344>

Evaluations of Supportive and Unsupportive Responses during Spousal Deployment.

Kelly Renee Rossetto

Communication Monographs

Published online: 13 Nov 2014

DOI: 10.1080/03637751.2014.978344

This study investigates helpful/unhelpful support, and reasons why responses from others are evaluated as helpful/unhelpful in terms of how they affect the ability to cope with deployment. Interviews were conducted with 26 military partners during deployment. The results offer a typology of (un)helpful responses and attributions of these responses. Furthermore, the results indicate that similar responses can be evaluated as both helpful and unhelpful, creating a support paradox. Three prominent dimensions affecting the variability in response evaluations, based in validation, understanding, and control, are discussed: in-group versus out-group, identity-confirming versus identity-disconfirming, and burden-reducing versus burden-inducing. These dimensions deepen our understanding of how support is unique within the context of deployment, specifically in terms of the paradox it can create.

<http://jiv.sagepub.com/content/early/2014/11/11/0886260514556102>

Predicting Risk Factors for Intimate Partner Violence Among Post-9/11 College Student Veterans.

Elena L. Klaw, Anne L. Demers, Nancy Da Silva

Journal of Interpersonal Violence

Published online before print November 10, 2014, doi: 10.1177/0886260514556102

The current conflicts in Afghanistan and Iraq present unique risk factors for military personnel that increase the likelihood of psychological distress and concomitant consequences related to trauma. Several studies have found that the stress brought about by financial difficulties, unemployment, and the need to renegotiate roles and responsibilities with spouses following discharge increases the likelihood of relationship strain and even intimate partner violence in the veteran population. This study was undertaken to determine the challenges related to maintaining healthy relationships for college student veterans who have served in the armed forces since September 11, 2001. Psychological distress, substance use, and hypermasculine attitudes were explored as risk factors for intimate violence. Social support was found to be a protective buffer against psychological aggression. However, approximately a third of college student veterans reported low social support along with symptoms of distress, placing them at elevated risk of partner abuse. The current article explores models for predicting risk of perpetrating aggression in college student

<http://onlinelibrary.wiley.com/doi/10.1111/sltb.12140/abstract>

The Specificity of the Interpersonal-Psychological Theory of Suicidal Behavior for Identifying Suicidal Ideation in an Online Sample.

Suicide and Life-Threatening Behavior

Article first published online: 12 NOV 2014

DOI: 10.1111/sltb.12140

The interpersonal-psychological theory of suicidal behavior suggests that the combination of perceived burdensomeness and thwarted belongingness predicts suicidal ideation. However, the specificity of this prediction to suicidal ideation has not been tested. This study examined whether these constructs were consistently associated with different characteristics of suicidal ideation, and whether they were associated with mental health problems more broadly, in an online sample of 1,352 Australian adults. Findings indicated that the interaction between perceived burdensomeness and thwarted belongingness was associated only with suicidal ideation and consistent across multiple characteristics of ideation. The study broadly supported the specificity of the IPTS.

<http://www.tandfonline.com/doi/abs/10.1080/07448481.2014.983925>

Mental Health Symptoms Among Student Service Members/Veterans and Civilian College Students.

Journal of American College Health

Accepted author version posted online: 14 Nov 2014

DOI: 10.1080/07448481.2014.983925

Objective:

The aim of this study was to investigate if and to what extent student service members/veterans differ from civilian college students in the prevalence of self-reported symptoms of poor mental health.

Participants:

The Fall 2011 implementation of the American College Health Association-National College Health Assessment included 27,774 respondents from 44 colleges and universities. Methods: Participants were matched using propensity scores and the prevalence of symptoms was compared using logistic regression and zero-inflated negative binomial regression models.

Results:

The odds of feeling overwhelmed in the last 12 months were significantly lower among student service members/veterans with a history of hazardous duty (OR = 0.46, adjusted p-value <0.05) compared to civilian students. Military service, with and without hazardous duty deployment, was not a significant predictor of the total number of symptoms of poor mental health.

Conclusions:

Current student service members/veterans may not be disproportionately affected by poor psychological functioning.

<http://journals.lww.com/lww-medicalcare/toc/2014/12001>

Medical Care; Supplement 5, Building the Evidence Base for Complementary and Integrative Medicine Use among Veterans and Military Personnel

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Complementary and Alternative Medicine for US Veterans and Active Duty Military Personnel:
Promising Steps to Improve Their Health

Taylor, Stephanie L.; Elwy, A. Rani

Whole Health: The Vision and Implementation of Personalized, Proactive, Patient-driven Health

Care for Veterans

Krejci, Laura P.; Carter, Kennita; Gaudet, Tracy

CAM in the United States Military: Too Little of a Good Thing?

Jonas, Wayne B.; Welton, Richard C.; Delgado, Roxana E.

Mindful Attention Increases and Mediates Psychological Outcomes Following Mantram Repetition Practice in Veterans With Posttraumatic Stress Disorder

Bormann, Jill E.; Oman, Doug; Walter, Kristen H.

Physical Health, Mental Health, and Utilization of Complementary and Alternative Medicine Services Among Gulf War Veterans

Holliday, Stephanie Brooks; Hull, Amanda; Lockwood, Courtney

Perceptions of Providers and Administrators in the Veterans Health Administration Regarding Complementary and Alternative Medicine

Fletcher, Carol E.; Mitchinson, Allison R.; Trumble, Erika L.

Mindfulness-based Stress Reduction (MBSR) Reduces Anxiety, Depression, and Suicidal Ideation in Veterans

Serpa, J. Greg; Taylor, Stephanie L.; Tillisch, Kirsten

Reductions in Cortisol Associated With Primary Care Brief Mindfulness Program for Veterans With PTSD

Bergen-Cico, Dessa; Possemato, Kyle; Pigeon, Wilfred

Loving-Kindness Meditation and the Broaden-and-Build Theory of Positive Emotions Among Veterans With Posttraumatic Stress Disorder

Kearney, David J.; McManus, Carolyn; Malte, Carol A.

CAM Utilization Among OEF/OIF Veterans: Findings From the National Health Study for a New Generation of US Veterans

Reinhard, Matthew J.; Nassif, Thomas H.; Bloeser, Katharine

A Factor Analysis and Exploration of Attitudes and Beliefs Toward Complementary and Conventional Medicine in Veterans

Bethhauser, Lisa M.; Brenner, Lisa A.; Forster, Jeri E.

Randomized Effectiveness Trial of a Brief Course of Acupuncture for Posttraumatic Stress Disorder

Engel, Charles C.; Cordova, Elizabeth H.; Benedek, David M.

US Veterans Use Vitamins and Supplements as Substitutes for Prescription Medication

Goldstein, Jennifer N.; Long, Judith A.; Arevalo, Doris

A Systematic Scoping Review of Complementary and Alternative Medicine Mind and Body Practices to Improve the Health of Veterans and Military Personnel
Rani Elwy, A.; Johnston, Jennifer M.; Bormann, Jill E.

Complementary and Alternative Medicine Among Veterans and Military Personnel: A Synthesis of Population Surveys
Davis, Margot T.; Mulvaney-Day, Norah; Larson, Mary Jo

Variations in the Implementation and Characteristics of Chiropractic Services in VA Lisi, Anthony J.; Khorsan, Raheleh; Smith, Monica M.

<http://www.ncbi.nlm.nih.gov/pubmed/25396328>

Medicine (Baltimore). 2014 Nov;93(22):e1113. doi: 10.1097/MD.000000000000113.

Clinical and neuropsychological predictors of posttraumatic stress disorder.

Suliman S, Stein DJ, Seedat S

Although acute responses to traumatic stress generally resolve within a few weeks, some individuals experience severe and persistent problems, such as posttraumatic stress disorder (PTSD). While studies have identified a variety of predictors of PTSD, not all data are consistent. This longitudinal study examined the predictive power of neurocognitive deficits with regard to PTSD severity. One hundred thirty one road traffic collision (RTC) survivors were included within 2 weeks of the RTC and followed up 3 and 6 months later to determine severity of PTSD. Impairment on tests of information processing, executive functioning, verbal learning, and motor speed predicted PTSD severity when neuropsychological, clinical, and sociodemographic factors were all taken into account. Clinical variables (initial symptoms, psychiatric diagnoses, disability, trait anxiety, perceived stress, negative cognitions, and sleep) were associated with 3 and 6-month PTSD severity, but only trait anxiety was predictive of PTSD severity. Ethnicity and education were also found to be predictive. These findings suggest implementation of a holistic approach to screening for PTSD and support a need for interventions that target neurocognitive, clinical, and social variables. Early targeted profiling of this group of trauma survivors can inform early clinical interventions and policy.

<http://www.ncbi.nlm.nih.gov/pubmed/25129888>

J Anxiety Disord. 2014 Oct;28(7):704-11. doi: 10.1016/j.janxdis.2014.07.007. Epub 2014 Jul 24.

Disgust as a unique affective predictor of mental contamination following sexual trauma.

Badour CL, Ojserkis R, McKay D, Feldner MT

Mental contamination has been described as an internal experience of dirtiness that can arise and persist in the absence of contact with observable physical contaminants. Recent research has examined mental contamination specifically related to unwanted physical contact and sexual trauma. This study evaluated the degree to which disgust propensity and both self-focused and perpetrator-focused peritraumatic disgust were associated with mental contamination in a sample of women who experienced sexual trauma (n=72). Results showed that peritraumatic self-focused disgust, but not peritraumatic perpetrator-focused disgust or fear, was significantly associated with mental contamination. Additionally, disgust propensity contributed significantly to the incremental validity of the model. These findings support the nascent literature showing that disgust plays a significant role in mental contamination, particularly following sexual trauma. Future research directions, and clinical/theoretical implications of these results are discussed. Published by Elsevier Ltd.

<http://www.ncbi.nlm.nih.gov/pubmed/25393459>

Aust Fam Physician. 2014 Nov;43(11):754-7.

PTSD - an update for general practitioners.

Cooper J, Metcalf O, Phelps A

BACKGROUND:

Australians are commonly exposed to traumatic events, which can lead to the development of post-traumatic stress disorder (PTSD). Several recent developments in the trauma field have led to significant changes in how PTSD is diagnosed and treated.

OBJECTIVE:

This article provides up-to-date guidance for general practitioners (GPs) in the recognition of PTSD and the current best practice recommendations for pharmacological and psychological treatment.

DISCUSSION:

Often the first port-of-call, GPs are well placed to help patients who have recently experienced a potentially traumatic event and are at risk of developing PTSD. The role of the GP can include

initial support, assessment, treatment and, where indicated, appropriate specialist referral. There are recent clinical practice guidelines that GPs can use to assess and determine appropriate treatment for their patients with PTSD.

<http://www.ncbi.nlm.nih.gov/pubmed/25392846>

J Trauma Stress Disord Treat. 2013 Dec 6;3(1). pii: 1686.

Extending Findings of a Relation between Posttraumatic Stress Disorder and Emotion Dysregulation among African American Individuals: A Preliminary Examination of the Moderating Role of Gender.

Weiss NH, Tull MT, Dixon-Gordon KL, Gratz KL

Although previous literature highlights the robust relationship between posttraumatic stress disorder (PTSD) and emotion dysregulation across diverse racial/ethnic populations, few studies have examined factors that may influence levels of emotion dysregulation among African American individuals with PTSD. The goal of the current study was to extend previous findings by examining the moderating role of gender in the relationship between PTSD and emotion dysregulation in an African American sample. Participants were 107 African American undergraduates enrolled in a historically black college in the southern United States who reported exposure to a Criterion A traumatic event. Participants with probable PTSD (vs. no PTSD) reported significantly greater emotion dysregulation, both overall and across many of the specific dimensions. Although the main effect of gender on emotion dysregulation was not statistically significant, results revealed a significant interaction between gender and probable PTSD status for overall emotion dysregulation and the specific dimensions of difficulties controlling impulsive behaviors when distressed, limited access to emotion regulation strategies perceived as effective, and lack of emotional clarity. Specifically, post-hoc analyses revealed a significant association between probable PTSD and heightened emotion dysregulation among African American women but not African American men, with African American women with probable PTSD reporting significantly higher levels of these dimensions of emotion dysregulation than all other groups. Findings highlight the relevance of emotion dysregulation to PTSD among African American women in particular, suggesting the importance of assessing and treating emotion dysregulation within this population.

<http://www.sciencedirect.com/science/article/pii/S0741832914201157>

Alcohol disrupts sleep homeostasis.

Mahesh M. Thakkar, Rishi Sharma, Pradeep Sahota

Alcohol

Available online 11 November 2014

Alcohol is a potent somnogen and one of the most commonly used “over the counter” sleep aids. In healthy non-alcoholics, acute alcohol decreases sleep latency, consolidates and increases the quality (delta power) and quantity of NREM sleep during the first half of the night. However, sleep is disrupted during the second half. Alcoholics, both during drinking periods and during abstinences, suffer from a multitude of sleep disruptions manifested by profound insomnia, excessive daytime sleepiness, and altered sleep architecture. Furthermore, subjective and objective indicators of sleep disturbances are predictors of relapse. Finally, within the USA, it is estimated that societal costs of alcohol-related sleep disorders exceeds \$18 billion. Thus, although alcohol-associated sleep problems have significant economic and clinical consequences, very little is known about how and where alcohol acts to affect sleep.

In this review, we have described our attempts to understand how and where alcohol acts to affect sleep. We have conducted a series of experiments using two different species, rats and mice, as animal models, and a combination of multi-disciplinary experimental methodologies to examine and understand anatomical and cellular substrates mediating the effects of acute and chronic alcohol exposure on sleep-wakefulness.

The results of our studies suggest that the sleep-promoting effects of alcohol may be mediated via alcohol's action on the mediators of sleep homeostasis: adenosine (AD) and the wake-promoting cholinergic neurons of the basal forebrain (BF). Alcohol, via its action on AD uptake, increases extracellular AD resulting in the inhibition of BF wake-promoting neurons. Lesions of the BF cholinergic neurons or blockade of AD A1 receptors results in attenuation of alcohol-induced sleep promotion, suggesting that AD and BF cholinergic neurons are critical for sleep-promoting effects of alcohol.

Since binge alcohol consumption is a highly prevalent pattern of alcohol consumption and disrupts sleep, we examined the effects of binge drinking on sleep-wakefulness. Our results suggest disrupted sleep homeostasis may be the primary cause of sleep disruption observed following binge drinking. Finally, we have also shown that insomnia and associated sleep disruptions, observed during acute withdrawal, are caused due to impaired sleep homeostasis.

Based on our findings, we suggest alcohol may disrupt sleep homeostasis to cause sleep disruptions.

<http://psycnet.apa.org/journals/ser/11/4/486/>

Applying behavior change theory to technology promoting veteran mental health care seeking.

Whealin, Julia M.; Kuhn, Eric; Pietrzak, Robert H.

Psychological Services, Vol 11(4), Nov 2014, 486-494.
<http://dx.doi.org/10.1037/a0037232>

Despite the availability of effective mental health interventions, the vast majority of veterans with a mental disorder underutilize psychological services. Contemporary research has revealed that several factors such as low education, stigma, stoicism, lack of knowledge, and negative beliefs about mental health services are associated with veterans' underutilization of services. In this article, the authors provide an overview of factors that affect symptomatic veterans' decisions about whether to seek mental health services. Second, they describe the theory of planned behavior (Ajzen & Fishbein, 1980), a useful model for understanding mental health care seeking that can inform the development of technology-based interventions designed to increase veterans' willingness to seek psychological services. Third, the authors describe the development of Considering Professional Help, a personalized web-based tool developed by the Department of Veterans Affairs, which has been designed to promote mental health care seeking in veterans with mental health problems. (PsycINFO Database Record (c) 2014 APA, all rights reserved)

<http://www.ncbi.nlm.nih.gov/pubmed/25406054>

J Psychiatr Pract. 2014 Nov;20(6):479-483.

Supporting the Returning Veteran: Building Linkages Between Clergy and Health Professionals.

Fromson JA, Iodice K, Donelan K, Birnbaum RJ

Objective.

Rather than seeking psychiatric services, veterans often turn to clergy members as first responders to cope with exposure to traumatic events. The goal of this study was to evaluate clergy preparedness to assist with these issues and to determine if an educational symposium geared toward this population would increase preparedness and collaboration with psychiatrists.

Methods.

A pre- and post-conference survey was administered to clergy members who attended an educational symposium on the benefits of collaboration between psychiatry and spirituality for service members.

Results.

Analyses found that clergy frequently self-reported difficulties recognizing symptoms of

posttraumatic stress disorder (PTSD) and traumatic brain injury (TBI) and identifying resources. After attending a symposium on the topic, follow-up data indicated significant increases in the clergy's preparedness to address traumatic events.

Conclusions.

Educational programs may assist clergy in filling knowledge gaps related to recognizing symptoms of PTSD and TBI and providing resources to veterans and their family members. (Journal of Psychiatric Practice 2014;20:479-483).

<http://www.ncbi.nlm.nih.gov/pubmed/25405394>

Telemed J E Health. 2014 Nov 18. [Epub ahead of print]

A Pilot Trial of Telephone-Based Collaborative Care Management for PTSD Among Iraq/Afghanistan War Veterans.

Hoerster KD, Jakupcak M, Stephenson KR, Fickel JJ, Simons CE, Hedeem A, Dwight-Johnson M, Whealin JM, Chaney E, Felker BL

Background:

Collaborative care and care management are cornerstones of Primary Care-Mental Health Integration (PC-MHI) and have been shown to reduce depressive symptoms. Historically, the standard of Veterans Affairs (VA) collaborative care was referring patients with posttraumatic stress disorder (PTSD) to specialty care. Although referral to evidence-based specialty care is ideal, many veterans with PTSD do not receive such care. To address this issue and reduce barriers to care, VA currently recommends veterans with PTSD be offered treatment within PC-MHI as an alternative. The current project outlines a pilot implementation of an established telephone-based collaborative care model-Translating Initiatives for Depression into Effective Solutions (TIDES)-adapted for Iraq/Afghanistan War veterans with PTSD symptoms (TIDES/PTSD) seen in a postdeployment primary care clinic.

Materials and Methods:

Structured medical record extraction and qualitative data collection procedures were used to evaluate acceptability, feasibility, and outcomes.

Results:

Most participants (n=17) were male (94.1%) and white (70.6%). Average age was 31.2 (standard deviation=6.4) years. TIDES/PTSD was successfully implemented within PC-MHI and was acceptable to patients and staff. Additionally, the total number of care manager calls was positively correlated with number of psychiatry visits (r=0.63, p<0.05) and amount of reduction in PTSD symptoms (r=0.66, p<0.05). Overall, participants in the pilot reported a significant reduction in PTSD symptoms over the course of the treatment (t=2.87, p=0.01).

Conclusions:

TIDES can be successfully adapted and implemented for use among Iraq/Afghanistan veterans with PTSD. Further work is needed to test the effectiveness and implementation of this model in other sites and among veterans of other eras.

<http://www.ncbi.nlm.nih.gov/pubmed/25404850>

Cogn Behav Pract. 2014 Feb 1;21(1):78-88.

Trauma Informed Guilt Reduction Therapy With Combat Veterans.

Norman SB, Wilkins KC, Myers US, Allard CB

Guilt related to combat trauma is highly prevalent among veterans returning from Iraq and Afghanistan. Trauma-related guilt has been associated with increased risk for posttraumatic psychopathology and poorer response to treatment. Trauma Informed Guilt Reduction (TrIGR) therapy is a 4-module cognitive-behavioral psychotherapy designed to reduce guilt related to combat trauma. The goals of this study were to describe the key elements of TrIGR and report results of a pilot study with 10 recently deployed combat veterans. Ten combat veterans referred from a VA Posttraumatic Stress Disorder (PTSD) or mental health clinic completed TrIGR over 4 to 7 sessions. Nine veterans completed the posttreatment assessment. This initial pilot suggests that TrIGR may help to reduce trauma-related guilt severity and associated distress. Changes in trauma-related guilt were highly correlated with reductions in PTSD and depression symptoms over the course of treatment, suggesting a possible mechanistic link with severity of posttraumatic psychopathology. TrIGR warrants further evaluation as an intervention for reducing guilt related to traumatic experiences in combat.

<http://www.annals-general-psychiatry.com/content/13/1/31>

Pain sensitivity in posttraumatic stress disorder and other anxiety disorders: a preliminary case control study.

Sheeva Mostoufi, Kathryn M Godfrey, Sandra M Ahumada, Nazia Hossain, Titus Song, Lisa Johnson Wright, James B Lohr and Niloofar Afari

Annals of General Psychiatry 2014, 13:31
doi:10.1186/s12991-014-0031-1

Background

Despite substantial research on the comorbidity of anxiety disorders including posttraumatic stress disorder (PTSD) and chronic pain, little is known about the mechanisms underlying these conditions that might be potentially similar. Evoked pain sensitivity is one factor that has been associated with several pain conditions which might also have relevance to anxiety disorders and PTSD. The aim of this preliminary study was to examine evoked pain sensitivity in PTSD compared to other anxiety disorders and in control participants.

Method

The study used a cross-sectional case-control design in which participants completed a battery of questionnaires and structured interview and underwent cold pressor testing.

Results

Of 61 total participants, those in the PTSD (n =16) and other anxiety groups (n =12) endorsed significantly higher levels of psychological symptoms and poorer health functioning than control participants (n =33). The linear trend across baseline, threshold, and tolerance pain ratings from the cold pressor task significantly differed between participants with PTSD and the other anxiety and control groups suggesting lower pain sensitivity to a standardized stimulus of pain in individuals with PTSD.

Conclusions

These findings are similar to some of the prior research and suggest that individuals with PTSD may exhibit lower cold pain sensitivity compared to those with other anxiety disorders. There is a need for future research to determine explanatory mechanisms.

Links of Interest

The Power of Breath in Post-War Healing

How breathing exercises are helping veterans regain their foothold.

<http://health.usnews.com/health-news/patient-advice/articles/2014/11/11/the-power-of-breath-in-post-war-healing>

War-veteran-turned-counselor helps others out of a familiar darkness

<http://www.latimes.com/nation/la-na-soldier-therapist-20141105-story.html>

Modesto Vietnam veteran shares experience with 'moral injury'

<http://www.modbee.com/news/local/news-columns-blogs/jeff-jardine/article3588860.html>

Manage Post-Traumatic Stress Disorder in College

<http://www.usnews.com/education/best-colleges/articles/2014/11/11/manage-post-traumatic-stress-disorder-in-college>

Military Women Face Extra Challenges to Quit Smoking

<http://www.health.mil/News/Articles/2014/11/13/Military-Women-Face-Extra-Challenges-to-Quit-Smoking>

Scientists Tested Therapy Against Antidepressants — Here's What They Found

<http://www.businessinsider.com/cbt-or-antidepressants-for-depression-2014-11>

How trauma leads to destructive financial choices

<http://www.creditcards.com/credit-card-news/trauma-destructive-financial-choices-1264.php>

Undiagnosed Sleep Problems May Be Common Among Firefighters

http://www.nlm.nih.gov/medlineplus/news/fullstory_149443.html

Virtual reality helps people to comfort, accept themselves

<http://www.sciencedaily.com/releases/2014/11/141112144823.htm>

Resource of the Week -- [CDP Summer Institute: Preparing for a Military-Focused Internship](#)

New for the summer of 2015, this CDP intensive 6-day program is designed to raise awareness of military behavioral health careers and to increase students' competitiveness for military-focused internships.

Geared towards psychology students pursuing a doctoral degree who anticipate applying to pre-doctoral clinical internship within one to three years, the course affords attendees the best opportunity for strengthening their backgrounds in military behavioral health, while augmenting their civilian graduate coursework. Topics that will be covered include:

- Types of clinical and assessment experiences for military behavioral health providers
- Advanced military culture and the deployment cycle
- Cognitive-behavioral strategies used in military settings
- Ethical dilemmas unique to the Department of Defense and deployment

The CDP will assist with costs of travel, room, and board. For most attendees, this financial assistance will be sufficient to cover all costs. Students local to the Washington DC metropolitan area are also encouraged to apply and attend this program.



CDP Summer Institute: Preparing for a Military-Focused Internship



Overview

More than two million U.S. Military Service members have deployed in support of the wars in Iraq and Afghanistan. Although most Service members acclimate post-deployment, a number of Service members will experience behavioral health issues such as post-traumatic stress disorder (PTSD), depression, traumatic brain injury (TBI), insomnia, chronic pain or substance abuse.

There is a great need for behavioral health providers to be trained in military psychology. However, there may be graduate students who are interested in such a program but do not feel adequately prepared to succeed in a military clinical psychology pre-doctoral internship. Others may not be aware of the unique opportunities afforded by a career in military behavioral health.



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