



## CDP Research Update -- December 11, 2014

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- Behavioral Health Trends Throughout a 9-Month Brigade Combat Team Deployment to Afghanistan.
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- Are There Racial/ethnic Disparities in VA PTSD Treatment Retention?
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- Scaling Up What Works: Using EMDR to Help Confront the World's Burden of Traumatic Stress.
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- How Effective Is Group Cognitive Behavioral Therapy to Treat PTSD?
- Utility of the T2 Mood Tracker Mobile Application Among Army Warrior Transition Unit Service Members.
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- Does Mental Health Stigma Change Across the Deployment Cycle?
- Combat Experiences Predict Postdeployment Symptoms in U.S. Army Combat Medics.
- Taking Control: Examining the Influence of Locus of Control on the Treatment of Nightmares and Sleep Impairment in Veterans.
- Suicide-Focused Group Therapy for Veterans.
- Ecological Systems of Combat and Operational Stress: Theoretical Basis for the U.S. Navy Mobile Care Team in Afghanistan.
- Social Problem Solving as a Predictor of Attitudes Toward Seeking Mental Health Care and Medical Care Among Veterans.
- Long Distance Military and Civilian Relationships: Women's Perceptions of the Impact of Communication Technology and Military Culture.
- Acquired Equivalence in U.S. Veterans With Symptoms of Posttraumatic Stress: Reexperiencing Symptoms Are Associated With Greater Generalization.

- Associations between lifetime PTSD symptoms and current substance use disorders using a five-factor model of PTSD.
- Mental Disorders as Causal Systems: A Network Approach to Posttraumatic Stress Disorder.
- Results from the 2013 National Survey on Drug Use and Health: Summary of National Findings (SAMHSA)
- Links of Interest
- Resource of the Week: National Center for Health Statistics

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<http://www.militaryonesource.mil/12038/MOS/Reports/2013-Demographics-Report.pdf>

### **2013 Demographics: Profile of the Military Community**

2014, Office of the Deputy Assistant Secretary of Defense (Military Community and Family Policy)

The total number of military personnel is over 3.6 million strong, including DoD Active Duty military personnel (1,370,329); DHS's Active Duty Coast Guard members (40,420); DoD Ready Reserve and DHS Coast Guard Reserve members (1,102,419); members of the Retired Reserve (214,938) and Standby Reserve (14,408); and DoD appropriated and non-appropriated fund civilian personnel (874,054). DoD's Active Duty and DHS's Coast Guard Active Duty members comprise the largest portion of the military force (39.0%), followed by Ready Reserve members (30.5%) and DoD civilian personnel (24.2%).

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[http://www.mentalhealth.va.gov/docs/Mental\\_Health\\_Transparency\\_Report\\_11-24-14.pdf](http://www.mentalhealth.va.gov/docs/Mental_Health_Transparency_Report_11-24-14.pdf)

### **VA Mental Health Services Public Report**

U.S. Department of Veterans Affairs  
 Veterans Health Administration  
 November 2014

The following report is designed to give Veterans, their families, and the broader community information about the mental health treatment programs offered by the Department of Veterans Affairs (VA). It documents the rapid growth in demand for VA mental health services during the past decade, some of the challenges this has created, and ways in which VA has responded. VA measures the resources available to address Veterans' mental health needs, and this report highlights some of these, including budgeting for mental health care, staffing and space for

mental health programs, and use of technology to improve access to treatment. The report also presents information about Veterans' experience of care, including the types and amount of mental health services received and Veterans' opinions about access and quality of care. VA has ongoing efforts to use this information to address areas of concern and improve the quality of VA mental health treatment.

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<http://www.cdc.gov/nchs/data/databriefs/db172.htm>

## **Depression in the U.S. Household Population, 2009–2012**

Laura A. Pratt, Ph.D., and Debra J. Brody, M.P.H.

National Center for Health Statistics  
Number 172, December 2014

### Key findings

Data from the National Health and Nutrition Examination Survey, 2009–2012

- During 2009–2012, 7.6% of Americans aged 12 and over had depression (moderate or severe depressive symptoms in the past 2 weeks).
- Depression was more prevalent among females and persons aged 40–59.
- About 3% of Americans aged 12 and over had severe depressive symptoms, while almost 78% had no symptoms.
- Persons living below the poverty level were nearly 2½ times more likely to have depression than those at or above the poverty level.
- Almost 43% of persons with severe depressive symptoms reported serious difficulties in work, home, and social activities.
- Of those with severe symptoms, 35% reported having contact with a mental health professional in the past year.

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<http://link.springer.com/book/10.1007/978-1-4899-7522-5>

## **Future Directions in Post-Traumatic Stress Disorder: Prevention, Diagnosis, and Treatment**

Editors: Marilyn P. Safir, Helene S. Wallach, Albert "Skip" Rizzo

Springer

2015, XVI, 430 p. 36 illus., 19 illus. in color.

ISBN: 978-1-4899-7521-8 (Print) 978-1-4899-7522-5 (Online)

## **Protective and Risk Factors for PTSD**

- Vulnerability to PTSD: Psychosocial and Demographic Risk and Resilience Factors  
Marina Bar-Shai M.D., Ph.D., Ehud Klein M.D.

- Neurobiological Risk Factors and Predictors of Vulnerability and Resilience to PTSD  
Marina Bar-Shai M.D., Ph.D., Ehud Klein M.D.

- The Early Adolescent or “Juvenile Stress” Translational Animal Model of Posttraumatic Stress Disorder  
Gal Richter-Levin, Omer Horovitz, M. Michael Tsory

- An Attachment Perspective on Traumatic and Posttraumatic Reactions  
Mario Mikulincer, Phillip R. Shaver Ph.D., Zahava Solomon

- Delayed-Onset PTSD in Israeli Combat Veterans: Correlates, Clinical Picture, and Controversy  
Danny Horesh Ph.D., Zahava Solomon Ph.D., Giora Keinan Ph.D., Tsachi Ein-Dor Ph.D.

## **Preventing PTSD**

- Cutting Edge Research on Prevention of PTSD  
Megan C. Kearns Ph.D., Alex O. Rothbaum, Cole G. Youngner B.A., Mark S. Burton B.A., Alexander McCarthy, Barbara Olasov Rothbaum Ph.D., ABPP

- Systems of Care for Traumatized Children: The Example of a School-Based Intervention Model  
Danny Brom, Naomi L. Baum, Ruth Pat-Horenczyk

- Is Prevention Better than Cure? How Early Interventions Can Prevent PTSD  
Sara A. Freedman Ph.D., Arie Y. Shalev M.D.

## **Diagnosing PTSD**

- Evolution of PTSD Diagnosis in the DSM  
Lennis G. Echterling, Thomas A. Field, Anne L. Stewart

- Functional Neuroanatomy of PTSD: Developmental Cytoarchitectonic Trends, Memory Systems, and Control Processes  
Asaf Gilboa

## **The Development of Evidence-Based Treatment for PTSD**

- Prolonged Exposure Treatment

Nitsa Nacasch M.D., Lilach Rachamim Ph.D., Edna B. Foa Ph.D.

- Cognitive Processing Therapy: Beyond the Basics

Kathleen M. Chard Ph.D., Kristen H. Walter Ph.D.

- Interpersonal Psychotherapy for PTSD

Alexandra Klein Rafaeli Psy.D., John C. Markowitz M.D.

### **Modifications of PTSD Treatment**

- Inclusion of Virtual Reality: A Rationale for the Use of VR in the Treatment of PTSD

Azucena García-Palacios Ph.D., Cristina Botella Ph.D., Rosa Baños Ph.D., Verónica Guillén Ph.D., Maria Vicenta Navarro Ph.D.

- Initial Development and Dissemination of Virtual Reality Exposure Therapy for Combat-Related PTSD

Greg M. Reger Ph.D., Albert A. Rizzo Ph.D., Gregory A. Gahm Ph.D.

- Update and Expansion of the Virtual Iraq/Afghanistan PTSD Exposure Therapy System

Albert Rizzo, JoAnn Difede, Barbara Olasov Rothbaum, J. Galen Buckwalter, J. Martin Daughtry, Greg M. Reger

- Mental Health Problems and Treatment Utilization of Iraq and Afghanistan Veterans Enrolled in Department of Veterans Affairs Health Care

Karen H. Seal M.D., M.P.H., Shira Maguen Ph.D., Beth E. Cohen M.D., M.A.S.

- Enhancing Exposure Therapy for PTSD Using d-Cycloserine

Mark S. Burton, Cole G. Youngner, Alexander J. McCarthy, Alex O. Rothbaum, Barbara Olasov Rothbaum Ph.D., ABPP

- Implementation of Evidence-Based Assessment, Treatment, and Research Programs Following the World Trade Center Disaster on September 11, 2001

Megan Olden Ph.D., Brittany Mello B.A., Judith Cukor Ph.D., Katarzyna Wyka Ph.D., Nimali Jayasinghe Ph.D., JoAnn Difede Ph.D.

### **Case Discussion**

- Case Presentation of a Chronic Combat PTSD Veteran

Nitsa Nacasch M.D., Lilach Rachamim Ph.D., Edna B. Foa Ph.D.

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<http://fas.org/sgp/crs/natsec/RS22452.pdf>

**A Guide to U.S. Military Casualty Statistics: Operation Inherent Resolve, Operation New Dawn, Operation Iraqi Freedom, and Operation Enduring Freedom.**

Hannah Fischer  
Information Research Specialist

Congressional Research Service  
November 20, 2014

This report presents statistics regarding U.S. military casualties in the active missions Operation Inherent Resolve (OIR, Iraq and Syria) and Operation Enduring Freedom (OEF, Afghanistan), as well as operations that have ended, Operation New Dawn (OND, Iraq) and Operation Iraqi Freedom (OIF, Iraq). This report includes statistics on post-traumatic stress disorder (PTSD), traumatic brain injury (TBI), amputations, evacuations, and the demographics of casualties. Some of these statistics are publicly available at the Department of Defense's (DOD's) website and others have been obtained through contact with experts at DOD.

This report will be updated as needed.

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<http://jar.sagepub.com/content/early/2014/11/27/0743558414558592.abstract>

**Resilience Building Among Adolescents From National Guard Families: Applying a Developmental Contextual Model.**

Joyce Baptist, Patricia Barros, Bryan Cafferky, and Elaine Johannes

Journal of Adolescent Research  
0743558414558592, first published on November 28, 2014  
doi:10.1177/0743558414558592

A better understanding of resilience building in military-connected children is needed to serve the needs of military families and sustain the security of the United States. This study explored the development of resilience in 30 adolescents from National Guard families that had been deployed. Using thematic analysis, we found that military-connected adolescents are affected by events in settings far beyond their control—political and civil upheavals in foreign lands, military cultural values, societal perception of the military and of wars, and communities' responses to military families. When comfort was not offered by familiar social and school networks, these adolescents had only their families to which they could turn. The extent to which adolescents can depend on parents for comfort was influenced by the quality of the

parental relationship. Even when parents were available, adolescents were inclined to uphold the military value of personal courage and withdraw to self-soothe.

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<http://www.sciencedirect.com/science/article/pii/S1047279714005250>

## **Suicide Risk among 1.3 Million Veterans Who Were on Active Duty During the Iraq and Afghanistan Wars.**

Han K. Kang, Tim A. Bullman, Derek J. Smolenski, Nancy A. Skopp, Gregory A. Gahm, Mark A. Reger

Annals of Epidemiology

Available online 28 November 2014

doi:10.1016/j.annepidem.2014.11.020

### **Purpose**

We conducted a retrospective cohort mortality study to determine the post service suicide risk of recent wartime veterans comparing them to the U.S. general population, as well as comparing deployed veterans to non-deployed veterans.

### **Methods**

Veterans were identified from the Defense Manpower Data Center records and deployment to Iraq or Afghanistan war zone was determined from the Contingency Tracking System. Vital status of 317,581 deployed and 964,493 non-deployed veterans was followed from the time of discharge to December 31, 2009. Underlying causes of death were obtained from the National Death Index Plus.

### **Results**

Based on 9,353 deaths (deployed, 1,650; non-deployed, 7,703), of which 1,868 were suicide deaths (351; 1,517), both veteran cohorts had 24-25% lower mortality risk from all causes combined, but had 41-61% higher risk of suicide relative to the US general population. However, the suicide risk was not associated with a history of deployment to the war zone. After controlling for age, sex, race, marital status, branch of service, and rank, deployed veterans showed a lower risk of suicide compared to non-deployed veterans (hazard ratio, 0.84; 95% confidence interval, 0.75- 0.95). Multiple deployments were not associated with the excess suicide risk among deployed veterans (hazard ratio, 1.00; 95% confidence interval, 0.79-1.23).

### **Conclusions**

Veterans exhibit significantly higher suicide risk compared to the US general population. However, deployment to the Iraq or Afghanistan war, by itself, was not associated with the excess suicide risk.



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<http://www.tandfonline.com/doi/abs/10.1080/15332985.2014.972009>

### **An Exploratory Study of the Benefits of a Mindfulness Skills Group for Student Veterans.**

Betsy L. Wisner, Matthew E. Krugh, Angela Ausbrooks, Amy Russell, Nancy F. Chavkin, Katherine Selber

Social Work in Mental Health

Accepted author version posted online: 21 Nov 2014

DOI: 10.1080/15332985.2014.972009

Military personnel are increasingly transitioning out of the military. Veterans bring varied strengths and experiences to their academic journey as they enter colleges and universities. Many campuses are responding to the unique needs of these veterans by offering academic, emotional, and personal support to assist them in their quest for a university degree. This paper describes an exploratory qualitative study of the benefits of a mindfulness skills group program designed to assist student Veterans in coping with stressors related to their transition from warrior to student on a large campus that has a robust veteran-friendly initiative. This program was offered in a group format over three semesters and served 14 students. Qualitative data on perceived benefits of the program were collected from nine of these students using pre-post questionnaires and feedback from a post-intervention focus group. Data analysis indicated several themes related to perceived benefits of participating in the mindfulness skills groups. Findings suggested students attributed improved emotional and physical coping, positive changes in personal functioning, improved organizational capabilities, and improved stress management skills to participation in the mindfulness skills group. Lessons learned from implementing this program are offered.

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<http://onlinelibrary.wiley.com/doi/10.1002/jts.21975/abstract>

### **Predictors of Treatment Interest and Treatment Initiation in a VA Outpatient Trauma Services Program Providing Evidence-Based Care.**

Lamp, K., Maieritch, K. P., Winer, E. S., Hessinger, J. D. and Klenk, M.

Journal of Traumatic Stress

Article first published online: 21 NOV 2014

DOI: 10.1002/jts.21975

The present study explored interest in treatment and treatment initiation patterns among veterans presenting at a VA posttraumatic stress disorder (PTSD) clinic. U.S. veterans who

were referred for treatment of posttraumatic stress symptoms (N = 476) attended a 2-session psychoeducation and orientation class where they completed measures of demographic variables, PTSD and depression symptom severity, and interest in treatment. Consistent with previous literature and our hypotheses, Vietnam (OR = 1.78) and Persian Gulf veterans (OR = 2.05) were more likely than Iraq and Afghanistan veterans to initiate treatment. Veterans reporting more severe PTSD and depression symptoms were more likely to initiate treatment than not (OR for PTSD = 1.02, OR for depression = 1.02). Interest in treatment emerged as a strong predictor of treatment initiation. Specifically, interest in trauma-focused treatment showed a significant independent predictive effect on initiation such that veterans who expressed interest in trauma-focused treatment were significantly more likely to initiate treatment than those who did not express interest (OR = 2.13). Building interest in trauma-focused treatment may be a vital component for engaging veterans in evidence-based trauma-focused therapy.

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<http://archpsyc.jamanetwork.com/article.aspx?articleid=1936092>

### **Telemedicine-Based Collaborative Care for Posttraumatic Stress Disorder: A Randomized Clinical Trial.**

John C. Fortney, PhD; Jeffrey M. Pyne, MD; Timothy A. Kimbrell, MD; Teresa J. Hudson, PharmD; Dean E. Robinson, MD; Ronald Schneider, MD; William M. Moore, PhD; Paul J. Custer, PhD; Kathleen M. Grubbs, PhD; Paula P. Schnurr, PhD

JAMA Psychiatry

Published online November 19, 2014

doi:10.1001/jamapsychiatry.2014.1575

#### **Importance**

Posttraumatic stress disorder (PTSD) is prevalent, persistent, and disabling. Although psychotherapy and pharmacotherapy have proven efficacious in randomized clinical trials, geographic barriers impede rural veterans from engaging in these evidence-based treatments.

#### **Objective**

To test a telemedicine-based collaborative care model designed to improve engagement in evidence-based treatment of PTSD.

#### **Design, Setting, and Participants**

The Telemedicine Outreach for PTSD (TOP) study used a pragmatic randomized effectiveness trial design with intention-to-treat analyses. Outpatients were recruited from 11 Department of Veterans Affairs (VA) community-based outpatient clinics serving predominantly rural veterans. Inclusion required meeting diagnostic criteria for current PTSD according to the Clinician-Administered PTSD Scale. Exclusion criteria included receiving PTSD treatment at a VA medical center or a current diagnosis of schizophrenia, bipolar disorder, or substance

dependence. Two hundred sixty-five veterans were enrolled from November 23, 2009, through September 28, 2011, randomized to usual care (UC) or the TOP intervention, and followed up for 12 months.

#### Interventions

Off-site PTSD care teams located at VA medical centers supported on-site community-based outpatient clinic providers. Off-site PTSD care teams included telephone nurse care managers, telephone pharmacists, telepsychologists, and telepsychiatrists. Nurses conducted care management activities. Pharmacists reviewed medication histories. Psychologists delivered cognitive processing therapy via interactive video. Psychiatrists supervised the team and conducted interactive video psychiatric consultations.

#### Main Outcomes and Measures

The primary outcome was PTSD severity as measured by the Posttraumatic Diagnostic Scale. Process-of-care outcomes included medication prescribing and regimen adherence and initiation of and adherence to cognitive processing therapy.

#### Results

During the 12-month follow-up period, 73 of the 133 patients randomized to TOP (54.9%) received cognitive processing therapy compared with 16 of 132 randomized to UC (12.1%) (odds ratio, 18.08 [95% CI, 7.96-41.06];  $P < .001$ ). Patients in the TOP arm had significantly larger decreases in Posttraumatic Diagnostic Scale scores (from 35.0 to 29.1) compared with those in the UC arm (from 33.5 to 32.1) at 6 ( $\beta = -3.81$ ;  $P = .002$ ) and 12 ( $\beta = -2.49$ ;  $P = .04$ ) months. Patients in the TOP arm also had significantly larger decreases in Posttraumatic Diagnostic Scale scores (from 35.0 to 30.1) compared with those in the UC arm (from 33.5 to 29.1) at 12 months ( $\beta = -2.49$ ;  $P = .04$ ). There were no significant group differences in the number of PTSD medications prescribed and adherence to medication regimens were not significant. Attendance at 8 or more sessions of cognitive processing therapy significantly predicted improvement in Posttraumatic Diagnostic Scale scores ( $\beta = -3.86$  [95% CI, -7.19 to -0.54];  $P = .02$ ) and fully mediated the intervention effect at 12 months.

#### Conclusions and Relevance

Telemedicine-based collaborative care can successfully engage rural veterans in evidence-based psychotherapy to improve PTSD outcomes.

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<http://www.ncbi.nlm.nih.gov/pubmed/25404215>

BMC Psychiatry. 2014 Nov 18;14(1):294. [Epub ahead of print]

**SIAM (Suicide intervention assisted by messages): the development of a post-acute crisis text messaging outreach for suicide prevention.**

Berrouiguet S, Alavi Z, Vaiva G, Courtet P, Baca-García E, Vidailhet P, Gravey M, Guillodo E, Brandt S, Walter M.

## Background

Suicidal behaviour and deliberate self-harm are common among adults. Research indicates that maintaining contact either via letter or postcard with at-risk adults following discharge from care services can reduce reattempt risk. Feasibility trials demonstrated that intervention through text message was also effective in preventing suicide repetition amongst suicide attempters. The aim of the current study is to investigate the effect of text message intervention versus traditional treatment on reducing the risk of suicide attempt repetition among adults after self-harm.

## Methods/design

The study will be a 2-year multicentric randomized controlled trial conducted by the Brest University Hospital, France. Participants will be adults discharged after self-harm, from emergency services or after a short hospitalization. Participants will be recruited over a 12-month period. The intervention is comprised of an SMS that will be sent at h48, D7, D15 and monthly. The text message enquires about the patients' well-being and includes information regarding individual sources of help and evidence-based self help strategies. Participants will be assessed at the baseline, month 6 and 13. As primary endpoint, we will assess the number of patients who reattempt suicide in each group at 6 months. As secondary endpoints, we will assess the number of patients who reattempt suicide at 13 month, the number of suicide attempts in the intervention and control groups at 6 and 13 month, the number of death by suicide in the intervention and control groups at month 6 and 13. In both groups, suicidal ideations, will be assessed at the baseline, month 6 and 13. Medical costs and satisfaction will be assessed at month 13.

**Discussion** This paper describes the design and deployment of a trial SIAM; an easily reproducible intervention that aims to reduce suicide risk in adults after self-harm. It utilizes several characteristics of interventions that have shown a significant reduction in the number of suicide reattempts. We propose to assess its efficacy in reducing suicide reattempt in the suicide attempter (SA) population.

## Trial registration

The study was registered on Clinical Trials Registry (clinicaltrials.gov): NCT02106949, registered on 06 June 2014.

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<http://www.degruyter.com/view/j/ijamh.ahead-of-print/ijamh-2015-5012/ijamh-2015-5012.xml>

**Suicide medical malpractice: an educational overview.**

Leo Sher

A malpractice lawsuit is in the legal category of an action in tort, which is a demand for compensation for the damages that have occurred. For a physician to be found liable to a patient for malpractice, four essential elements must be proved to sustain an assertion of malpractice: duty, negligence, harm, and causation. The incidence of malpractice litigation in the field of psychiatry is increasing. The most common malpractice claim related to psychiatric practice is the failure to provide reasonable protection to patients from killing themselves. A psychiatrist should be able to evaluate suicide risk on the basis of all available information, including patient responses to direct and indirect questions, known risk factors, information on how the patient behaved under similar circumstances in the past, and collateral information. Reasonable care necessitates that a patient who is either thought of being or established to be suicidal must be the subject of some precautions. A failure either to soundly assess a patient's suicide risk or to employ an appropriate safety plan after the suicide potential becomes foreseeable is likely to make a physician liable if the patient is harmed because of a suicide event. It is imperative for a psychiatric office or facility to have a good documentation. Careful documentation of evaluations and treatment interventions with a description of changes related to the patient's clinical condition indicates clinically and legally appropriate psychiatric care.

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<http://www.sciencedirect.com/science/article/pii/S1389945714003475>

**Sleep restoration is associated with reduced plasma C-reactive protein and depression symptoms in military personnel with sleep disturbance after deployment.**

Morgan Heinzemann, Hyunhwa Lee, Hannah Rak, Whitney Livingston, Taura Barr, Tristin Baxter, Lindsay Scattergood-Keeper, Vincent Mysliwec, Jessica Gill

Sleep Medicine

Volume 15, Issue 12, December 2014, Pages 1565–1570

Background

Deployed military personnel are vulnerable to chronic sleep disturbance, which is highly comorbid with post-traumatic stress disorder (PTSD) and depression, as well as declines in health-related quality of life (HRQOL). Inflammation is associated with HRQOL declines and sleep-related comorbidities; however, the impact of sleep changes on comorbid symptoms and inflammation in this population is unknown.

Methods

In this observational study, we examined the relationship between reported sleep changes and

concentrations of inflammatory biomarkers, interleukin 6 (IL-6), and C-reactive protein (CRP) in peripheral blood. The sample was dichotomized into two groups: (1) decrease in Pittsburgh Sleep Quality Index (PSQI; restorative sleep) and (2) no change or increase in PSQI (no change). Mixed between–within subjects analysis of variance tests were used to determine group differences on changes of inflammation and comorbid symptoms.

### Results

In our sample of 66 recently deployed military personnel with insomnia, 34 participants reported restorative sleep whereas 32 reported no sleep changes. The two groups did not differ in demographic or clinical characteristics, with the exception of PTSD diagnosis at baseline. The restorative sleep group had significant reductions in CRP concentrations and depression symptoms, as well as reduced fatigue and improvements in emotional well-being, social functioning, and physical functioning at follow-up.

### Conclusions

Military personnel who report sleep restoration after deployment have reduced CRP concentrations, decreased severity of depression, and improved HRQOL. These findings suggest that treatment for sleep disturbances may be associated with improvements in mental and physical health, thereby supporting continued study in this line of research.

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<http://ccs.sagepub.com/content/early/2014/11/20/1534650114559939.abstract>

## **Integration of Cognitive-Behavioral and Interpersonal Therapies in Treating Depression With Concurrent Relational Distress and Chronic Pain.**

Katie C. Wischkaemper and Kristina Coop Gordon

### Clinical Case Studies

Published online before print November 20, 2014

doi: 10.1177/1534650114559939

This is a single-case study of a middle-aged man presenting with relationship distress and simultaneous major depressive disorder with chronic back pain and a physical tic. Treatment was informed by cognitive-behavioral therapy (CBT), interpersonal psychotherapy (IPT), and psychodynamic principles. Over the course of treatment, a variety of techniques were utilized, including progressive muscle relaxation training, behavioral monitoring, cognitive restructuring, and interpersonal principles to address somatic complaints and underlying feelings of helplessness and inadequacy. Symptoms including general distress, frustration, back pain, worry about his wife's mental illness, and amount of negative thinking were tracked on a daily basis over three assessment periods. In addition, clinically significant change was assessed using a comparison of baseline and follow-up results from the patient's Outcome

Questionnaire–45 (OQ-45.2). Evidence for symptomatic and characterological change is outlined, and treatment implications are discussed.

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<http://link.springer.com/article/10.1007/s00127-014-0981-2>

## **Mental health among a nationally representative sample of United States Military Reserve Component Personnel.**

Dale W. Russell, Gregory H. Cohen, Robert Gifford, Carol S. Fullerton, Robert J. Ursano, Sandro Galea

Social Psychiatry and Psychiatric Epidemiology  
November 2014

### **Purpose**

Estimate prevalence of lifetime, current year, and current month depression and post-traumatic stress disorder (PTSD) among US military reservists.

### **Methods**

Structured interviews were performed with a nationally representative military reserve sample (n = 2,003). Sociodemographic characteristics, military experiences, lifetime stressors, and psychiatric conditions were assessed. Depression was measured with the PHQ-9, and PTSD (deployment and non-deployment related) was assessed with the PCL-C.

### **Results**

Depression (21.63 % lifetime, 14.31 % current year, and 5.99 % current month) was more common than either deployment-related PTSD (5.49 % lifetime, 4.98 % current year, and 3.62 % current month) or non-deployment-related PTSD (5.40 % lifetime, 3.91 % current year, and 2.32 % current month), and branch-related differences were found. Non-deployment-related trauma was associated with non-deployment-related PTSD and depression in a dose–response fashion; deployment-related trauma was associated with deployment-related PTSD and depression in a dose–response fashion.

### **Conclusions**

The study reveals notable differences in PTSD and depression prevalence by service branch that may be attributable to a combination of factors including greater lifetime trauma exposures and differing operational military experiences. Our findings suggest that service branch and organizational differences are related to key protective and/or risk factors, which may prove useful in guiding prevention and treatment efforts among reservists.

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<http://link.springer.com/article/10.1007/s11089-014-0633-1>

## **Using a Spiritual Distress Scale to Assess Suicide Risk in Veterans: An Exploratory Study.**

Marek S. Kopacz, Claire A. Hoffmire, Sybil W. Morley, C. Garland Vance

Pastoral Psychology  
November 2014

This exploratory study (1) examined the ability of a spiritual distress scale used by chaplains to identify Veterans with certain suicide risk factors and (2) provided an initial assessment of the reliability and validity of this scale to screen for Veterans at increased risk of suicide based on the presence of these risk factors. The scale consisted of five questions examining the presence or absence of guilt, sadness or grief, anger or resentment, despair or hopelessness, and feeling that life has no meaning or purpose. The scale was analyzed using Chronbach's  $\alpha$ -coefficient, factor analysis, Student's t-tests, and logistic regression. Cut-off values were determined using the maximum Youden statistic. The five questions had a high level of internal consistency ( $\alpha = 0.88$ ). Factor analysis suggested the presence of a common underlying factor, with correlations ranging from 0.42 to 0.78. Those identified with a suicide risk factor had significantly higher mean composite scores on this scale. Further, scores were significantly associated with increased odds of being identified with a suicide risk factor. A score  $\geq 10$  may be best suited for differentiating between individuals with and without certain suicide risk factors. This scale shows promise for identifying Veterans who may be at increased risk of suicide.

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<http://psycnet.apa.org/psycinfo/2014-49231-001/>

## **Behavioral Health Trends Throughout a 9-Month Brigade Combat Team Deployment to Afghanistan.**

Hoyt, Tim; Garnica, Gustavo; Marsh, Devin; Clark, Keri; Desadier, Jason; Brodniak, Sterling

Psychological Services, Nov 24 , 2014, No Pagination Specified.  
<http://dx.doi.org/10.1037/ser0000016>

This descriptive report details primarily qualitative information on behavioral health capabilities, utilization, and referral rates for a Stryker Brigade Combat Team deployed to Afghanistan for 9 months from 2012 to 2013. Limited quantitative data on standardized risk assessments throughout the deployment cycle are presented. Initial data on the postdeployment care at an embedded behavioral health clinic are also provided, with referral data comparing pre- and postdeployment periods. Lessons learned for providing brigade-level behavioral health services during combat deployments are discussed, including consultation with the rear detachment,



utilization of telehealth assets, and distributing the network of care throughout the battlespace.  
(PsycINFO Database Record (c) 2014 APA, all rights reserved)

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<http://www.tandfonline.com/doi/abs/10.1080/09515070.2014.970127#.VIX3iRaj2f0>

### **Behavioral Health Trends Throughout a 9-Month Brigade Combat Team Deployment to Afghanistan.**

Johanna Nilsson, LaVerne Berkel, Patricia J. Kelly, Marti Trummer, Joanna Maung, Niyatee Sukumaran

Counselling Psychology Quarterly

Published online: 24 Nov 2014

DOI: 10.1080/09515070.2014.970127

More women of the National Guard and Reserves have deployed to combat zones overseas than ever before. Upon reintegration, these soldiers often face a number of stressors related to their combat zone experiences and readjustment to civilian life. One of these stressors is the reintegration with family, partners, and children. This qualitative study involved interviews with 30 women from the National Guard regarding their reintegration experiences with their children. Four categories were revealed from the data: (a) Concerns for Children's Well-being, (b) Sense of Loss (c) Reintegration: Personal Challenges, and (d) Reintegration: Children's Reactions. Implications for clinical work with returning soldiers and further research are discussed.

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<http://iospress.metapress.com/content/9r4q514671w85581/>

### **The relationship of disability and employment for veterans from the 2010 medical expenditure panel survey (MEPS).**

Diane L. Smith

Work: A Journal of Prevention, Assessment and Rehabilitation

November 25, 2014

DOI 10.3233/WOR-141979

#### **BACKGROUND:**

Veterans with disabilities, especially those with posttraumatic stress disorder (PTSD) and traumatic brain injury (TBI) have difficulty obtaining and maintaining competitive employment.

## OBJECTIVE:

To determine if there are significant differences in employment between veterans with and without disability, between veterans with a disability and nonveterans with a disability, and to investigate the association of veteran status and disability with employment.

## METHODS:

Chi square analyses were conducted on data obtained from the 2010 Medical Expenditure Panel Survey to determine if significant differences in employment occurred between veterans with disabilities, veterans without disabilities and nonveterans with disabilities. Multivariate regression analyses were used to determine how veteran status and disability are associated with employment.

## RESULTS:

Significant differences in employment were found between veterans with and without a disability; however, no significant differences existed in employment between veterans and nonveterans with a disability. Multivariate analysis showed that veteran status (aOR=1.80), having any disability (aOR=7.29), social disability (aOR=3.47) or a cognitive disability (aOR=3.16) were associated with not being employed.

## CONCLUSIONS:

Veterans with disabilities are more likely not to be employed than veteran populations without disabilities. Veterans; however have unique disabilities, different than nonveterans with disabilities, that need to be addressed, such as social and cognitive disabilities resulting from TBI and PTSD. Future research should focus on evaluating the effectiveness of employment programs and policies designed to address the unique issues faced by veterans with disabilities.

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<http://onlinelibrary.wiley.com/doi/10.1002/da.22295/abstract>

## **Are There Racial/ethnic Disparities in VA PTSD Treatment Retention?**

Depression and Anxiety

Article first published online: 24 NOV 2014

DOI: 10.1002/da.22295

### Background

Chronic posttraumatic stress disorder (PTSD) can result in significant social and physical impairments. Despite the Department of Veterans Affairs' (VA) expansion of mental health services into primary care clinics to reach larger numbers of Veterans with PTSD, many do not receive sufficient treatment to clinically benefit. This study explored whether the odds of premature mental health treatment termination varies by patient race/ethnicity and, if so, whether such variation is associated with differential access to services or beliefs about mental health treatments.

## Methods

Prospective national cohort study of VA patients who were recently diagnosed with PTSD (n = 6,788). Self-administered surveys and electronic VA databases were utilized to examine mental health treatment retention across racial/ethnic groups in the 6 months following the PTSD diagnosis controlling for treatment need, access factors, age, gender, treatment beliefs, and facility factors.

## Results

African American and Latino Veterans were less likely to receive a minimal trial of pharmacotherapy and African American Veterans were less likely to receive a minimal trial of any treatment in the 6 months after being diagnosed with PTSD. Controlling for beliefs about mental health treatments diminished the lower odds of pharmacotherapy retention among Latino but not African American Veterans. Access factors did not contribute to treatment retention disparities.

## Conclusions

Even in safety-net healthcare systems like VA, racial and ethnic disparities in mental health treatment occur. To improve treatment equity, clinicians may need to more directly address patients' treatment beliefs. More understanding is needed to address the treatment disparity for African American Veterans.

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<http://informahealthcare.com/doi/abs/10.3109/16066359.2014.984700>

## **Post-traumatic stress disorder and illicit drug use in veterans presenting to primary care with alcohol misuse.**

Michael A. Cucciare, Kenneth R. Weingardt, Dellanira Valencia-Garcia, and Sharfun Ghaus

Addiction Research & Theory

Posted online on November 27, 2014.

(doi:10.3109/16066359.2014.984700)

Alcohol misuse and post-traumatic stress disorder (PTSD) are highly prevalent among veterans presenting to primary care. PTSD is associated with depression and increased substance use which can complicate the treatment of alcohol misuse. No studies have examined severity of depressive symptoms, rates and type of illicit drug use, and alcohol use severity in veterans with PTSD and alcohol misuse in primary care. Therefore, we examined (a) rates of PTSD and associated mental health comorbidities (depression, suicidal ideation), (b) current and lifetime illicit drug use and (c) alcohol use severity in relation to PTSD status in a sample of veterans presenting to primary care with alcohol misuse. We also tested the hypothesis that greater depressive symptoms, illicit drug use and alcohol use severity would be independently

associated with greater likelihood of PTSD, after controlling for age and ethnicity. Veterans (N = 166) were recruited from primary care as part of an intervention study between the years 2010 and 2011. Veterans participating in the study completed an in-person semi-structured interview with study staff. Using the post-traumatic Stress Disorder Checklist-Military version, we found a 16.3% rate of PTSD. PTSD was associated with greater depressive symptoms, rates of suicidal ideation, alcohol use severity, current use of hypnotics and lifetime use of cocaine and amphetamines. Using logistic regression, we found that severity of depressive symptoms and lifetime cocaine use were independently associated with greater likelihood of PTSD, after controlling for age and ethnicity. Treatment implications of these findings are discussed.

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<http://informahealthcare.com/doi/abs/10.1586/14737175.2014.985209>

### **Medical marijuana in neurology.**

Selim R Benbadis, Juan Sanchez-Ramos, Ali Bozorg, Melissa Giarratano, Kavita Kalidas, Lara Katzin, Derrick Robertson, Tuan Vu, Amanda Smith, and Theresa Zesiewicz

Expert Review of Neurotherapeutics  
December 2014, Vol. 14, No. 12 , Pages 1453-1465  
(doi:10.1586/14737175.2014.985209)

Constituents of the Cannabis plant, cannabinoids, may be of therapeutic value in neurologic diseases. The most abundant cannabinoids are  $\Delta^9$ -tetrahydrocannabinol, which possesses psychoactive properties, and cannabidiol, which has no intrinsic psychoactive effects, but exhibits neuroprotective properties in preclinical studies. A small number of high-quality clinical trials support the safety and efficacy of cannabinoids for treatment of spasticity of multiple sclerosis, pain refractory to opioids, glaucoma, nausea and vomiting. Lower level clinical evidence indicates that cannabinoids may be useful for dystonia, tics, tremors, epilepsy, migraine and weight loss. Data are also limited in regards to adverse events and safety. Common nonspecific adverse events are similar to those of other CNS 'depressants' and include weakness, mood changes and dizziness. Cannabinoids can have cardiovascular adverse events and, when smoked chronically, may affect pulmonary function. Fatalities are rare even with recreational use. There is a concern about psychological dependence, but physical dependence is less well documented. Cannabis preparations may presently offer an option for compassionate use in severe neurologic diseases, but at this point, only when standard-of-care therapy is ineffective. As more high-quality clinical data are gathered, the therapeutic application of cannabinoids will likely expand.

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<http://www.ingentaconnect.com/content/springer/emdr/2014/00000008/00000004/art00003>

**Scaling Up What Works: Using EMDR to Help Confront the World's Burden of Traumatic Stress.**

Carriere, Rolf C.

Journal of EMDR Practice and Research  
Volume 8, Number 4, 2014, pp. 187-195(9)  
DOI: <http://dx.doi.org/10.1891/1933-3196.8.4.187>

Global estimates of trauma exposure, classified under the heading “Four Violences,” demonstrate that the world faces a mental health crisis of truly epidemic proportions. Given the extent, severity, and consequences of trauma-based disorders (including posttraumatic stress disorder) worldwide for individuals, communities, and societies, the current minimal global public health response needs to be addressed. An important part of the response should involve the implementation of timely treatment both during and after a crisis. Eye movement desensitization and reprocessing (EMDR) therapy offers a potentially scalable intervention that combines effectiveness, efficiency, affordability, and acceptability—essential preconditions—for launching an ambitious global trauma therapy plan. An overview of both challenges and solutions to effective scaling up and global implementation is provided, including the areas of policy, funding, and ethics. This article concludes with a list of activities (including research) that should be initiated without delay as part of starting up a global trauma therapy plan.

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<http://www.sciencedirect.com/science/article/pii/S2214782914000359>

**Effectiveness and cost-effectiveness of a guided and unguided internet-based Acceptance and Commitment Therapy for chronic pain: Study protocol for a three-armed randomised controlled trial.**

Jiaxi Lin, Marianne Lüking, David Daniel Ebert, Monica Buhrman, Gerhard Andersson, Harald Baumeister

Internet Interventions  
Available online 29 November 2014  
doi:10.1016/j.invent.2014.11.005

**Background**

Acceptance and Commitment Therapy (ACT) is an effective intervention for the treatment of chronic pain. Internet-based pain interventions might be an effective and cost-effective way to overcome treatment barriers of traditional face-to-face pain interventions such as the lack of availability and accessibility. However, little is known about the general (cost-)effectiveness of

internet-based pain interventions and the specific (cost-)effectiveness of guided and unguided pain interventions. Therefore, the aim of this study is to investigate the effectiveness and cost-effectiveness of a guided and unguided ACT-based online intervention for persons with chronic pain (ACTonPain).

#### Methods

ACTonPain is a pragmatic three-armed randomised controlled trial comparing ACTonPain with or without therapist guidance against a waitlist control group. Both active conditions differ only with regard to guidance provided by an eCoach, who sends feedback after each module. This study aims to include 300 participants. Randomisation and allocation will be performed using permuted block randomisation with variable block sizes. The intervention contains seven ACT-based modules with interactive exercises, and audio and video clips. Furthermore, the participants have the opportunity to receive daily text messages. Online self-assessments will take place at pre- and post-treatment, as well as at 6 month follow-up. The primary outcome is pain interference. Secondary outcomes include physical and emotional functioning, pain intensity, ACT-related variables as well as health-related quality of life. Moreover, a cost-effectiveness analysis will be conducted from a societal perspective. Demographic and medical variables will be assessed on the basis of self-reports in order to detect potential moderators or mediators of the effects. The data will be analysed on an intention-to-treat basis and also using per-protocol analyses.

#### Discussion

This study will contribute to the evidence base of internet-based pain interventions and provide valuable information about the treatment success and cost-effectiveness regarding the intervention's level of guidance (self-help only vs. guided self-help). If ACTonPain is shown to be effective, investigations in different healthcare settings should follow, to examine possible ways of implementing ACTonPain into existing healthcare systems. The implementation of ACTonPain could help to shorten waiting times, expand access to pain treatment and, potentially, also reduce treatment costs.

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<http://cmx.sagepub.com/content/early/2014/11/25/1077559514560625.abstract>

#### **Child Maltreatment Among U.S. Air Force Parents Deployed in Support of Operation Iraqi Freedom/Operation Enduring Freedom.**

Mandy M. Rabenhorst, Randy J. McCarthy, Cynthia J. Thomsen, Joel S. Milner, Wendy J. Travis, and Marie P. Colasanti

Child Maltreatment  
November 25, 2014  
doi 1077559514560625

This study examined child maltreatment perpetration among 99,697 active-duty U.S. Air Force parents who completed a combat deployment. Using the deploying parent as the unit of analysis, we analyzed whether child maltreatment rates increased postdeployment relative to predeployment. These analyses extend previous research that used aggregate data and extend our previous work that used data from the same period but used the victim as the unit of analysis and included only deploying parents who engaged in child maltreatment. In this study, 2% (n = 1,746) of deploying parents perpetrated child maltreatment during the study period. Although no overall differences were found in child maltreatment rates postdeployment compared to predeployment, several maltreatment-related characteristics qualified this finding. Rates for emotional abuse and mild maltreatment were lower following deployment, whereas child maltreatment rates for severe maltreatment were higher following deployment. The finding that rates of severe child maltreatment, including incidents involving alcohol use, were higher postdeployment suggests a need for additional support services for parents following their return from combat deployment, with a focus on returning parents who have an alcohol use problem.

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<http://www.amjorthopedics.com/uploads/media/031110020.pdf>

### **How Effective Is Group Cognitive Behavioral Therapy to Treat PTSD?**

LT Samuel Harris, NC, USN, RN, PMHNP-BC

American Journal of Orthopedics  
2014 October;31(10):20-24

As the diagnosis of PTSD increases to unfamiliar levels, GCBT has the potential to be helpful to clinicians and patients seeking alternatives to their current treatments.<sup>1,4,14</sup> The reported results imply that GCBT can be useful in PTSD symptom reduction. This could be particularly useful to VA and military providers or rural providers operating with limited resources.

Treatment protocols are not well established and should be approached with care prior to the establishment of CBT treatment groups for those diagnosed with PTSD. Session overviews and descriptions, such as those mentioned in Thompson and colleagues, could provide a reference point for future use.<sup>13</sup>

Also worth considering, CBT can be an ambiguous term requiring deliberate definition within treatment protocols. As noted in the VA and DoD CPG, exposure- and trauma-focused treatment designs can be efficacious, but these elements do not seem to be required within the GCBT treatment setting.

The current research also suggests GCBT efficacy regardless of the index trauma. This does not suggest that heterogeneous groups were frequently studied nor can conclusions be drawn

regarding heterogeneous treatment groups. Elements such as group size and session length are inconsistently reported and require specific consideration as well. There is a distinct lack of research directly comparing individual CBT with GCBT directly, which prohibits meaningful conclusions regarding PTSD symptom reduction. This research gap may well have influenced the recommendations within the VA and DoD CPG. Although some higher quality studies exist, many of the published reports on GCBT have noteworthy design flaw, such as inadequate controls and statistical analysis.

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<http://publications.amsus.org/doi/abs/10.7205/MILMED-D-14-00271>

### **Utility of the T2 Mood Tracker Mobile Application Among Army Warrior Transition Unit Service Members.**

Nigel E. Bush, PhD; Gary Ouellette, BA; Julie Kinn, PhD

Military Medicine

Volume 179, Issue 12

DOI: <http://dx.doi.org/10.7205/MILMED-D-14-00271>

Many military personnel returning from deployment experience increases in psychological symptoms, including post-traumatic stress disorder (PTSD), depression, and mood changes. Patient health diaries are commonly used for self-reporting over time away from the clinic. "T2 Mood Tracker" is an application ("app") for smartphones and other mobile devices that enables users to rate their moods, to self-monitor across time, and to report their emotional experiences to health providers. We designed T2 Mood Tracker to track symptoms associated with deployment-related behavioral health issues, including PTSD, Head Injury, Stress, Depression, Anxiety, and General Well-Being. We field-tested T2 Mood Tracker with a small sample of redeployed soldiers under treatment for behavioral health issues at a Warrior Transition Unit. Participants used the app an average of 10 different days over the 2- to 3-week test period. Consensus was that T2 Mood Tracker was easy to use, useful and beneficial. The majority said they would use the app in the future, would recommend it to other service members, and would use the app to share their mood information with a provider. Warrior Transition Unit providers were enthusiastic about the potential of T2 Mood Tracker as a tool for use with their patients.

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[http://www.rand.org/content/dam/rand/pubs/research\\_reports/RR100/RR103/RAND\\_RR103.pdf](http://www.rand.org/content/dam/rand/pubs/research_reports/RR100/RR103/RAND_RR103.pdf)

### **Behavioral Fitness and Resilience**

Sean Robson, Nicholas Salcedo



RAND Corporation, 2014

Building on previous work in behavioral health, we define behavioral fitness as conduct, routines, and habits that promote health and the ability to withstand, recover from, or grow in the face of stressors. We identified several areas to include in our review to be consistent with research on important health practices: sleep behaviors, alcohol and drug abuse, and tobacco use. These key behavioral fitness factors, or constructs, are associated with successfully dealing with stress and strain. We address other relevant behavioral health topics in companion reports in this series.

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<http://publications.amsus.org/doi/abs/10.7205/MILMED-D-14-00188>

### **Does Mental Health Stigma Change Across the Deployment Cycle?**

Maria M. Steenkamp, PhD; Alyssa M. Boasso, PhD; William P. Nash, MD; Brett T. Litz, PhD

Military Medicine

Volume 179, Issue 12

DOI: <http://dx.doi.org/10.7205/MILMED-D-14-00188>

#### Objectives:

Prior research on mental health stigma in military personnel has been cross-sectional. We prospectively examined the course of perceived mental health stigma in a cohort of deployed U.S. combat Marines.

#### Methods:

Participants (N = 768) were assessed 1 month before a 7-month deployment to Afghanistan, and again at 1, 5, and 8 months postdeployment. We also examined three predictors of the course of stigma: post-traumatic stress disorder symptom severity, vertical and horizontal unit cohesion, and mental health treatment utilization while deployed.

#### Results:

Perceptions of stigma remained largely stable across the deployment cycle, with latent growth curve analyses revealing a statistically significant but small decrease in stigma over time. Lower post-traumatic stress disorder symptoms and greater perceived vertical and horizontal support predicted decreases in stigma over time, whereas mental health treatment utilization in theater did not predict the course of stigma.

#### Conclusions:

Perceived stigma was low and largely stable over time.

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<http://www.tandfonline.com/doi/full/10.1080/21635781.2014.963764>

### **Combat Experiences Predict Postdeployment Symptoms in U.S. Army Combat Medics.**

Barbara L. Pitts , Paula Chapman , Martin A. Safer , Dale W. Russell

Military Behavioral Health

Vol. 2, Iss. 4, 2014

U.S. Army combat medics who were three months postdeployment reported higher prevalence of post-traumatic stress disorder (PTSD) and aggressive behaviors than did medics who had never been deployed to a combat zone. Combat experiences were then separated into six categories: killing, fighting, threat to oneself, death and injury of others, providing aid to the wounded, and saving a life. After controlling for socially desirable response bias, providing aid and threat to oneself predicted post-traumatic stress; providing aid predicted depression; and reports of killing predicted aggressive behaviors in postdeployed medics. Despite their noncombatant status and primary role as health care providers, medics report behavioral health symptoms in association with combat experiences.

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<http://www.tandfonline.com/doi/full/10.1080/21635781.2014.963763>

### **Taking Control: Examining the Influence of Locus of Control on the Treatment of Nightmares and Sleep Impairment in Veterans.**

Katherine E. Miller , Joanne L. Davis , Noelle E. Balliett

Military Behavioral Health

Vol. 2, Iss. 4, 2014

Trauma exposure has been linked to external locus of control (E-LOC). This feeling of uncontrollability may be maintained after the trauma by recurring posttrauma nightmares. The present study utilized data from a larger trial, with 19 U.S. veterans, examining the efficacy of a modified version of treatment for nightmares, to examine changes in locus of control in relation to improvements in symptomatology following treatment. Following treatment, internal control beliefs about sleep and nightmares significantly increased, while general control beliefs did not change. Preliminary evidence that exposure, relaxation, and rescripting therapy for military personnel (ERRT-M) is associated with increased sense of control over sleep and nightmares was observed.

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<http://www.tandfonline.com/doi/full/10.1080/21635781.2014.963762>

### **Suicide-Focused Group Therapy for Veterans.**

Lora L. Johnson , Stephen S. O'Connor , Barbara Kaminer , David A. Jobes , Peter M. Gutierrez

Military Behavioral Health  
Vol. 2, Iss. 4, 2014

The U.S. military and veteran populations are presently at increased risk for suicide when compared to demographically matched cohorts in the general population. Previous research suggests that the constructs of perceived burdensomeness and thwarted belongingness may contribute to the desire for death in these populations. Method: In this article we describe a post-hospitalization group therapy designed specifically for suicidal veterans that utilizes a collaborative approach to foster relationships and interpersonal contributions between group members and focuses on the specific factors underlying each individual's suicidal ideation. Results: Preliminary results from the existing post-hospitalization group therapy suggest that the intervention is acceptable to clients and providers and feasible to deliver in a real-world clinical setting. Conclusion: This clinical care-transition model provides a potentially cost-effective and meaningful suicide-specific intervention for the critical post-discharge risk period.

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<http://www.tandfonline.com/doi/full/10.1080/21635781.2014.963761>

### **Ecological Systems of Combat and Operational Stress: Theoretical Basis for the U.S. Navy Mobile Care Team in Afghanistan.**

Justin S. Campbell , Robert L. Koffman

Military Behavioral Health  
Vol. 2, Iss. 4, 2014

The Navy Mobile Care Team (MCT) provided combat and operational stress control (COSC) to Navy Individual Augmentee (IA) sailors deployed to Afghanistan from 2009 through 2013. The MCT was unique in the history of Navy combat stress control in that its operational model was theoretically informed by human ecological systems theory adapted for modern combat landscapes and influenced in practice by multisystemic therapy and U.S. Navy aerospace medical programs. The result was a COSC systems model that combined clinical mental health prevention with industrial/organizational psychological consulting to address individual, unit, and organizational systems that influenced the health and well-being of the IA population. This article describes the process by which these unique perspectives were interwoven into the MCT mission and provides some lessons learned from the first MCT mission.

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<http://www.tandfonline.com/doi/full/10.1080/21635781.2014.963760>

### **Social Problem Solving as a Predictor of Attitudes Toward Seeking Mental Health Care and Medical Care Among Veterans.**

Andrea G. Segal , Christopher E. Diaz , Christine Maguth Nezu , Arthur M. Nezu

Military Behavioral Health  
Vol. 2, Iss. 4, 2014

Attitudes toward seeking health care, particularly mental health care, are significantly affected by stigma. Stigma surrounding mental health care is a particularly poignant issue for military veterans who are returning home in need of both medical and psychological care. The present study aimed to investigate whether social problem solving plays a role in perceptions of stigma and subsequent attitudes toward seeking both mental health care and medical care among veterans. Social problem solving was found to be a significant predictor of psychological openness, a subscale of the Inventory of Attitudes Toward Seeking Mental Health Services (IASMHS) assessing the extent to which one is open about recognizing a problem and seeking help for that difficulty. These findings suggest that programs aimed at improving social problem solving skills may help veterans seek necessary care.

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<http://www.tandfonline.com/doi/full/10.1080/21635781.2014.963759>

### **Long Distance Military and Civilian Relationships: Women's Perceptions of the Impact of Communication Technology and Military Culture.**

Alexa Smith-Osborne , Jayshree Jani

Military Behavioral Health  
Vol. 2, Iss. 4, 2014

This qualitative study investigates military female partners' perceptions of communication technologies during long-distance relationships, contrasted with civilians' experiences. Military female partners in this sample included both female civilians and female military members whose male partners were deployed for wartime military-related service. Purposive iterative sampling of military cases and contrast civilian cases were done of women prior to and after current cyberspace-based communication technologies became widely available. Post-1980s' predeployment expectations of communication frequency and dependability were commonly not met. Pre-1980s' expectations were more aligned with reality, although not necessarily less

stressful. Perspectives of military partners across eras suggested that weaknesses/gaps in communication pose higher risk to relationship resilience for younger military partners and those more distal from military culture and support services.

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<http://onlinelibrary.wiley.com/doi/10.1002/jts.21974/abstract>

**Acquired Equivalence in U.S. Veterans With Symptoms of Posttraumatic Stress: Reexperiencing Symptoms Are Associated With Greater Generalization.**

Kostek, J. A., Beck, K. D., Gilbertson, M. W., Orr, S. P., Pang, K. C. H., Servatius, R. J. and Myers, C. E.

Journal of Traumatic Stress

Article first published online: 2 DEC 2014

DOI: 10.1002/jts.21974

The severity and number of reexperiencing symptoms (e.g., flashbacks) show considerable variability across individuals with posttraumatic stress disorder (PTSD). One interpretation of reexperiencing symptoms invokes generalization: Specifically, the traumatic memory may be stored in such a way that neutral stimuli that only vaguely resemble some feature of the traumatic event are sufficient to trigger the memory. If this is the case, then individuals with higher levels of reexperiencing symptoms might show greater generalization, even in contexts unrelated to trauma. In the current study, an acquired equivalence test was used to assess associative learning and generalization in 114 U.S. veterans who were also given a test of declarative memory. PTSD symptoms were rated by the veteran. After adjusting for demographic variables, psychoactive medication use, and initial learning, regression analyses showed that the number of PTSD reexperiencing symptoms significantly improved the model for generalization ( $\beta = -.23$ ,  $R^2 = .34$ ) but not associative learning or declarative memory. The results support the idea that generalization is linked to reexperiencing symptoms, is not limited to learning about traumatic events, and can emerge even in a relatively innocuous computer-based learning task.

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<http://www.sciencedirect.com/science/article/pii/S0887618514001753>

**Associations between lifetime PTSD symptoms and current substance use disorders using a five-factor model of PTSD.**

S. Trautmann, S. Schönfeld, S. Behrendt, J. Schäfer, M. Höfler, P. Zimmermann, H.-U. Wittchen

Journal of Anxiety Disorders

Available online 5 December 2014  
doi:10.1016/j.janxdis.2014.11.009

This paper aimed to extend the existing knowledge on the association between PTSD symptoms, alcohol use disorders (AUD) and nicotine dependence (ND) by distinguishing between anxious and dysphoric arousal PTSD symptoms and by considering the putative contribution of additional comorbidity. Data stem from a cross-sectional study in a stratified, representative sample of 1483 recently deployed soldiers using standardized diagnostic interviews. All lifetime PTSD symptom clusters (occurrence of any symptom and number of symptoms) were associated with current AUD and ND in crude models except that anxious arousal was not related to AUD. Associations were reduced in magnitude when controlling for comorbidity. Current ND was related to the occurrence of any emotional numbing and to the number of re-experiencing symptoms above the contribution of other symptom clusters and comorbidity. In conclusion, associations between PTSD symptoms, AUD and ND may be partially attributable to additional comorbidity. Findings also yield further evidence for a role of emotional numbing and re-experiencing symptoms in the comorbidity between PTSD and ND and for a distinction between dysphoric and anxious arousal PTSD symptoms.

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<http://cpx.sagepub.com/content/early/2014/11/28/2167702614553230.abstract>

## **Mental Disorders as Causal Systems: A Network Approach to Posttraumatic Stress Disorder.**

Richard J. McNally, Donald J. Robinaugh, Gwyneth W. Y. Wu, Li Wang, Marie K. Deserno, and Denny Borsboom

Clinical Psychological Science  
First published on December 5, 2014  
doi:10.1177/2167702614553230

Debates about posttraumatic stress disorder (PTSD) often turn on whether it is a timeless, cross-culturally valid natural phenomenon or a socially constructed idiom of distress. Most clinicians seem to favor the first view, differing only in whether they conceptualize PTSD as a discrete category or the upper end of a dimension of stress responsiveness. Yet both categorical and dimensional construals presuppose that PTSD symptoms are fallible indicators reflective of an underlying, latent variable. This presupposition has governed psychopathology research for decades, but it rests on problematic psychometric premises. In this article, we review an alternative, network perspective for conceptualizing mental disorders as causal systems of interacting symptoms, and we illustrate this perspective via analyses of PTSD symptoms reported by survivors of the Wenchuan earthquake in China. Finally, we foreshadow emerging computational methods that may disclose the causal structure of mental disorders.

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<http://www.samhsa.gov/data/sites/default/files/NSDUHresultsPDFWHTML2013/Web/NSDUHresults2013.pdf>

## **Results from the 2013 National Survey on Drug Use and Health: Summary of National Findings**

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Substance Abuse and Mental Health Services Administration  
Center for Behavioral Health Statistics and Quality  
September 2014

This report presents detailed results from the 2013 National Survey on Drug Use and Health (NSDUH), an annual survey sponsored by the Substance Abuse and Mental Health Services Administration (SAMHSA). The survey is the primary source of information on the use of illicit drugs, alcohol, and tobacco in the civilian, noninstitutionalized population of the United States aged 12 years old or older. Approximately 67,500 persons are interviewed in NSDUH each year. Unless otherwise noted, all comparisons in this report that are described using terms such as "increased," "decreased," or "more than" are statistically significant at the .05 level.

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### **Links of Interest**

Can PTSD symptoms be traced to concussion-induced pituitary damage?

<http://www.stripes.com/news/us/can-ptsd-symptoms-be-traced-to-concussion-induced-pituitary-damage-1.316812>

VA Expands Eligibility for VA Health Care Related to Military Sexual Trauma

<http://www.va.gov/opa/pressrel/pressrelease.cfm?id=2663>

6 Benefits of Group Therapy for Mental Health Treatment

<http://www.everydayhealth.com/news/benefits-group-therapy-mental-health-treatment/>

This Sleep Tweak Could Help You Worry Less

<https://www.yahoo.com/health/this-sleep-tweak-could-help-you-worry-less-104693228397.html>

New Study Shows Computer-Based Approach To Treating Anxiety May Reduce Suicide Risk

<https://msrc.fsu.edu/news/new-study-shows-computer-based-approach-treating-anxiety-may-reduce-suicide-risk>

How Well You Sleep May Depend on Your Genes, Study Suggests

[http://www.nlm.nih.gov/medlineplus/news/fullstory\\_149780.html](http://www.nlm.nih.gov/medlineplus/news/fullstory_149780.html)

Army Medicine, national partners discuss sleep effects on health, readiness

[http://www.army.mil/article/139263/Army\\_Medicine\\_national\\_partners\\_discuss\\_sleep\\_effects\\_on\\_health\\_readiness/](http://www.army.mil/article/139263/Army_Medicine_national_partners_discuss_sleep_effects_on_health_readiness/)

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**Resource of the Week: [National Center for Health Statistics](#)**

The National Center for Health Statistics (NCHS) is one of the primary statistical agencies of the U.S. Government, focused on statistics that:

- Document the health status of the U.S. population and selected subgroups.
- Track impact of major policy initiatives including the Affordable Care Act.
- Identify disparities in health status and use of health care by race/ethnicity, socio-economic status, other population characteristics and geographic region.
- Document access to and use of the health care system.
- Monitor trends in health indicators.
- Support biomedical and health services research.
- Provide data to support public policies and programs.

You'll find a wide range of authoritative data here, in topic areas that include:

- Health insurance coverage and its relationship to access and utilization of health care services.
- Prevalence of health conditions such as obesity and overweight, cholesterol, hypertension, HIV status, and smoking among the U.S. population.
- Exposure to environmental chemicals.
- Nutrition and physical activity.
- Growth charts to monitor the development of children. Patient safety and quality including adverse effects of medical treatment.
- Injuries and disabilities and their impact on health status and functioning. Infant mortality, stillbirths, life expectancy, and teen births.
- Leading causes of death specific to age, race, ethnic and gender groups.
- Practice of medicine in the U.S., evolution of health information technology, changes in roles and practices of health care providers, and use of resources.
- Changes in the health care delivery system, including emergency department use and capacity, increasing use of prescription drugs, and increasing demand for community-based long term care.

NCHS offers regularly updated data briefs about mental health and substance abuse topics. Some recent examples:

- [Depression in the U.S. Household Population, 2009–2012](#)
- [Trends in Drug-poisoning Deaths Involving Opioid Analgesics and Heroin: United States,](#)



[1999–2012](#)

- [Discussions Between Health Care Providers and Their Patients Who Smoke Cigarettes](#)
- [Sexual Orientation and Health Among U.S. Adults: National Health Interview Survey, 2013](#)

Check out the matrix-format [Summary of NCHS Surveys and Data Collection Systems](#) for a high-level overview of statistics collected by this agency. For those interested in a “deep data dive,” see the [CDC Wonder](#) online databases containing a wealth of public health data.

Also, see [Health Data Interactive](#), which “presents tables with national health statistics for infants, children, adolescents, adults, and older adults. Tables can be customized by age, gender, race/ethnicity, and geographic location to explore different trends and patterns.”

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## National Center for Health Statistics...Monitoring the Nation's Health

### Healthy People Webinar

Please join us on Friday, December 5 at 12:30 p.m. ET for a Healthy People 2020 Progress Review webinar featuring the Environmental Health and Tobacco Use topic areas.

[Learn More ▶](#)

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#### INSIDE NCHS: FEATURED TOPICS



##### Nation at a Glance: Declining Teen Birth Rates by State

Teen birth rates declined significantly in all states during 1991-2012. Explore our interactive map of 2012, 2000, and 1991 teen birth rates, from our report, "National and State Patterns of Teen Births in the United States, 1940-2013".

[NEXT TOPIC ▶](#)

#### FastStats: STATISTICS BY TOPIC

FastStats provides quick access to statistics on topics of public health importance, including: diseases and conditions, injuries, life stages and populations, and health care and insurance.

#### SURVEYS AND DATA COLLECTION SYSTEMS

National Health and Nutrition Examination Survey (NHANES)  
National Health Care Surveys

#### QuickStat of the WEEK



Age group (yr)	Less than a high school diploma	High school diploma or GED	Some college	Bachelor's degree or higher
25-44	~11%	~10%	~8%	~6%
45-64	~18%	~14%	~12%	~8%
≥65	~19%	~14%	~12%	~10%

The percentage of adults who reported having trouble seeing when wearing corrective lenses declined with education level for all age groups. Among adults aged 25–44 years in 2012–2013, 6.6% of those who did not graduate from high school reported trouble seeing, compared with 4.1% of those who had a bachelor's degree or higher. Trouble seeing was about twice as likely for those who did not graduate from high school compared with those with a bachelor's degree or higher among adults aged 45–64 years (17.8% versus 7.8%) and aged ≥65 years (19.4% versus 10.3%).

[VIEW FULL ARTICLE ▶](#)

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