



## CDP Research Update -- January 15, 2015

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- Links of Interest
- Resource of the Week: Major administrative datasets of the U.S. government — all in one place

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<http://psycnet.apa.org/index.cfm?fa=browsePA.volumes&jcode=pro>

Professional Psychology: Research and Practice  
Editor: Ronald Brown, PhD

**Special Issue: Research on Psychological Issues and Interventions for Military Personnel, Veterans, and Their Families**

Guest Editor: Connie S. Chan

2014 Volume 45, Issue 6 (Dec)

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Correction to Creech, Hadley, and Borsari (2014).

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No authorship indicated

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<http://www.ncbi.nlm.nih.gov/pubmed/24804881>

Psychosom Med. 2014 May;76(4):292-301. doi: 10.1097/PSY.0000000000000056.

### **Heart rate variability characteristics in a large group of active-duty marines and relationship to posttraumatic stress.**

Minassian A, Geyer MA, Baker DG, Nievergelt CM, O'Connor DT, Risbrough VB; Marine Resiliency Study Team

#### **OBJECTIVE:**

Heart rate variability (HRV), thought to reflect autonomic nervous system function, is lowered under conditions such as posttraumatic stress disorder (PTSD). The potential confounding effects of traumatic brain injury (TBI) and depression in the relationship between HRV and PTSD have not been elucidated in a large cohort of military service members. Here we describe HRV associations with stress disorder symptoms in a large study of Marines while accounting for well-known covariates of HRV and PTSD including TBI and depression.

#### **METHODS:**

Four battalions of male active-duty Marines (n = 2430) were assessed 1 to 2 months before a combat deployment. HRV was measured during a 5-minute rest. Depression and PTSD were assessed using the Beck Depression Inventory and Clinician-Administered PTSD Scale, respectively.

#### **RESULTS:**

When adjusting for covariates, including TBI, regression analyses showed that lower levels of high-frequency HRV were associated with a diagnosis of PTSD ( $\beta = -0.20$ ,  $p = .035$ ). Depression and PTSD severity were correlated ( $r = 0.49$ ,  $p < .001$ ); however, participants with PTSD but relatively low depression scores exhibited reduced high frequency compared with

controls ( $p = .012$ ). Marines with deployment experience ( $n = 1254$ ) had lower HRV than did those with no experience ( $p = .033$ ).

#### CONCLUSIONS:

This cross-sectional analysis of a large cohort supports associations between PTSD and reduced HRV when accounting for TBI and depression symptoms. Future postdeployment assessments will be used to determine whether predeployment HRV can predict vulnerability and resilience to the serious psychological and physiological consequences of combat exposure.

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<http://www.tandfonline.com/doi/abs/10.1080/21635781.2014.995252#.VLBC8hZNef0>

### **Relationship of Alcohol Use to Combat Exposure, Posttraumatic Stress Disorder Symptoms, and Aggressive Behaviors Among Army National Guard OIF / OEF Veterans.**

James Griffith

Military Behavioral Health

Accepted author version posted online: 13 Dec 2014

DOI: 10.1080/21635781.2014.995252

Previous studies have shown alcohol use to be associated with aggressive behaviors, though results have varied, in particular, when aggression is examined separately as nonphysical versus physical aggression. This topic is especially relevant for returning soldiers who report posttraumatic stress disorder (PTSD) symptoms, which often accompanies postdeployment interpersonal aggression. The present study used survey data obtained from recently returning deployed Army National Guard soldiers ( $N = 4,567$  soldiers in 50 company-sized units) to test relationships (through structural equation modeling) among combat exposure, PTSD symptoms, alcohol use, and aggressive behaviors, both nonphysical and physical. Combat exposure had no statistically reliable association with aggression. PTSD symptoms (specifically, re-experiencing and sleep difficulty) were positively associated with aggressive behaviors. Combat exposure and PTSD symptoms showed an additional indirect effect through alcohol use on aggression, with stronger effects for nonphysical than for physical aggressive behavior. Observed differences in relationships among combat exposure, PTSD symptoms, and alcohol use for different forms of aggression may relate to the underlying psychological state (whether negative emotions or hyperaroused) varying qualitatively and quantitatively, and thus, operate differently on expression of nonphysical aggression (e.g., shouting, yelling, etc.) and physical aggression (e.g., hitting, slapping, etc.). Findings have implications for preventive and clinical practice.

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<http://psycnet.apa.org/psycinfo/2014-55208-001/>

### **Change in Trauma Narratives and Perceived Recall Ability Over a Course of Cognitive Processing Therapy for PTSD.**

Mott, Juliette M.; Galovski, Tara E.; Walsh, Ryan M.; Elwood, Lisa S.

Traumatology

Dec 15 , 2014

<http://dx.doi.org/10.1037/trm0000012>

This study sought to evaluate changes in written trauma narratives completed during a course of Cognitive Processing Therapy (CPT). Participants were 22 female survivors of interpersonal assault who represented a subset of participants from 2 larger CPT treatment trials. Participants completed 2 written trauma narratives over the course of treatment. We predicted that narratives would increase in length and peritraumatic detail, and that participants would perceive an increase in their recall ability for important aspects of the trauma. Although narrative length and amount of peritraumatic detail did not change significantly from first to final narrative, participants evidenced changes in the content of the peritraumatic details. Participants commonly omitted assaultive acts from 1 of their narratives. There was a greater degree of fluctuation within the reporting of sexual assaults, as compared with physical assaults, with 55% of participants reporting a forced sexual act in 1 narrative but not the other. Participants did not report significant changes in perceived recall ability for the traumatic event after completing the narratives, but did report improvements in perceived recall from pre- to posttreatment. Overall, findings indicate that clients included different details (but not more details) in their final narrative, and that perceived increases in recall ability may not be a typical experience for clients as they complete written narratives in the context of trauma-focused treatment. (PsycINFO Database Record (c) 2014 APA, all rights reserved)

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<http://ps.psychiatryonline.org/doi/abs/10.1176/appi.ps.201400021>

### **Antidepressant Self-Discontinuation: Results From the Collaborative Psychiatric Epidemiology Surveys.**

Hillary Samples, M.H.S.; Ramin Mojtabai, M.D., Ph.D.

Psychiatric Services

DOI: 10.1176/appi.ps.201400021

Objective:

The goal of this study was to examine the extent and correlates of self-discontinuation of antidepressant medications without physician advice.

#### Methods:

Among 1,411 participants of the nationally representative Collaborative Psychiatric Epidemiology Surveys who reported using antidepressants in the past year, sociodemographic and clinical correlates of self-discontinuation of medication without physician advice or approval were examined, along with participants' reasons for discontinuation.

#### Results:

A total of 313 (22%) antidepressant users in the preceding year reported discontinuing their antidepressant medication without physician advice or approval. Older individuals had reduced odds of self-discontinuing antidepressants. Participants with an anxiety or substance use disorder and those prescribed an antidepressant by a provider other than a psychiatrist had higher odds of self-discontinuation. Participants with public insurance had lower odds of self-discontinuation than those with private insurance. The two most commonly reported reasons for self-discontinuation of antidepressants were side effects and experiencing no benefit from the medication.

#### Conclusions:

Physicians prescribing antidepressants need to clearly communicate the expected benefits of treatment, the minimum duration of use required to experience benefits, and the potential side effects of these medications, particularly to younger patients, those with anxiety disorders, and patients treated in general medical settings, all of whom have increased odds of self-discontinuation.

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<http://onlinelibrary.wiley.com/doi/10.1111/psyp.12392/abstract>

#### **A psychophysiological investigation of emotion regulation in chronic severe posttraumatic stress disorder.**

Woodward, S. H., Shurick, A. A., Alvarez, J., Kuo, J., Nonyieva, Y., Blechert, J., McRae, K. and Gross, J. J.

Psychophysiology

Article first published online: 16 DEC 2014

DOI: 10.1111/psyp.12392

There have been few direct examinations of the volitional control of emotional responses to provocative stimuli in PTSD. To address this gap, an emotion regulation task was administered to 27 Operation Enduring Freedom/Operation Iraqi Freedom combat veterans and 23 healthy controls. Neutral and aversive photographs were presented to participants who did or did not employ emotion regulation strategies. Objective indices included corrugator electromyogram, the late positive potential, and the electrocardiogram. On uninstructed trials, participants with



PTSD exhibited blunted cardiac reactivity rather than the exaggerated cardioacceleratory responses seen in trauma cue reactivity studies. On interleaved regulation trials, no measure evidenced group differences in voluntary emotion regulation. Persons with PTSD may not differ from normals in their capacity to voluntarily regulate normative emotional responses to provocative stimuli in the laboratory, though they may nevertheless respond differentially on uninstructed trials and endorse symptoms of dyscontrol pathognomonic of the disorder outside of the laboratory.

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<http://www.akademai.com/content/233186412797450x/>

### **Compulsive sexual behavior among male military veterans: Prevalence and associated clinical factors.**

Philip H. Smith, Marc N. Potenza, Carolyn M. Mazure, Sherry A. McKee, Crystal L. Park, Rani A. Hoff

Journal of Behavioral Addictions  
Volume 3, Number 4/December 2014  
DOI : 10.1556/JBA.3.2014.4.2

#### Background and aims:

Compulsive sexual behavior (CSB) is highly prevalent among men, often co-occurring with psychiatric disorders and traumatic experiences. Psychiatric disorders and trauma are highly prevalent among military veterans, yet there is a paucity of research on CSB among military samples. The aim of this study was to examine the prevalence of and factors associated with CSB among male military veterans.

#### Methods:

Surveys were administered to veterans of Operations Iraqi Freedom, Enduring Freedom, or New Dawn at baseline ( n = 258), 3 months ( n = 194), and 6 months ( n = 136). Bivariate analyses and Generalized Estimating Equations were utilized to estimate associations between CSB and the following variables: psychiatric co-morbidity, childhood physical or sexual trauma, pre- and post-deployment experiences, TV/ Internet usage, and sociodemographics. Associations between CSB and specific PTSD symptom clusters were also examined.

#### Results:

CSB was reported by 16.7% of the sample at baseline. Several variables were associated with CSB in bivariate analyses; however, only PTSD severity, childhood sexual trauma, and age remained significant in multivariable GEE models. The PTSD symptom cluster re-experiencing was most strongly associated with CSB.

Discussion:

This exploratory study suggests that CSB is prevalent amongst veterans returning from combat and is associated with childhood trauma and PTSD, particularly re-experiencing.

Conclusions:

Further study is needed to identify the mechanisms linking PTSD and CSB, define the context and severity of CSB in veterans, and examine the best ways to assess and treat CSB in VA clinical settings.

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<http://www.journalofsubstanceabusetreatment.com/article/S0740-5472%2814%2900253-0/abstract>

**National prevalence and correlates of alcohol misuse in women veterans.**

Katherine J. Hoggatt, PhD, MPH, Emily C. Williams, PhD, MPH, Claudia Der-Martirosian, PhD, Elizabeth M. Yano, PhD, MSPH, Donna L. Washington, MD, MPH

Journal of Substance Abuse Treatment

Published Online: December 19, 2014

DOI: <http://dx.doi.org/10.1016/j.jsat.2014.12.003>

Our goal was to estimate the prevalence and correlates of alcohol misuse in women veterans and to assess the associations between alcohol misuse and mental health (MH) care utilization in a group comprising both Veterans Health Administration (VA) healthcare system users and non-users. We assessed alcohol misuse using survey-based AUDIT-C scores. The prevalence of alcohol misuse was 27% in VA users and 32% in non-users. Prevalence rates were higher for VA users who were younger, served in OEF/OIF, or had combat exposure and for VA non-users who screened positive for posttraumatic stress disorder or sexual assault in the military. In contrast to VA users, VA non-users with alcohol misuse had a low prevalence of past-year MH care despite having indications of MH care need. Our results on alcohol misuse prevalence, its correlates, and its association with MH care may aid program planning and resource allocation in VA and non-VA settings.

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<http://www.sleep.theclinics.com/article/S1556-407X%2814%2900121-0/abstract>

**Sleep Disturbances and Suicide Risk.**

Rebecca A. Bernert, PhD, Michael R. Nadorff, PhD

Sleep Medicine Clinics

Published Online: December 17, 2014  
DOI: <http://dx.doi.org/10.1016/j.jsmc.2014.11.004>

Suicide occurs in the presence of psychiatric illness, and is associated with biological, psychological, and social risk factors. Insomnia symptoms and nightmares appear to present elevated risk for suicidal ideation, attempts, and death by suicide. Failure to account for the presence of psychopathology and frequent use of single item assessments of sleep and suicidal ideation are common methodological problems in this literature. Preliminary research, addressing these issues, suggests that subjective sleep complaints may confer independent risk for suicidal behaviors.

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<http://ajph.aphapublications.org/doi/abs/10.2105/AJPH.2014.302375>

### **Socioeconomic Disparities in Sleep Duration Among Veterans of the US Wars in Iraq and Afghanistan.**

Rachel Widome, PhD, MHS, Agnes Jensen, BS, and Steven S. Fu, MD, MSCE

American Journal of Public Health: February 2015, Vol. 105, No. 2, pp. e70-e74.

We characterized socioeconomic disparities in short sleep duration, which is linked to multiple adverse health outcomes, in a population-based sample of veterans of the US wars in Iraq and Afghanistan who had interacted with the Minneapolis VA Health Care System. Lower reported household assets, lower food security, greater reported discrimination, and lower subjective social status were significantly ( $P < .05$ ) related to less sleep, even after adjusting for demographics, health behaviors, and posttraumatic stress disorder diagnosis. Assisting veterans to navigate social and socioeconomic stressors could promote healthful sleep and overall health.

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<http://onlinelibrary.wiley.com/doi/10.1111/pme.12626/abstract>

### **A Qualitative Study of Veterans on Long-Term Opioid Analgesics: Barriers and Facilitators to Multimodality Pain Management.**

Simmonds, M. J., Finley, E. P., Vale, S., Pugh, M. J. and Turner, B. J.

Pain Medicine

Article first published online: 19 DEC 2014

DOI: 10.1111/pme.12626

## Objective

The aim of this study was to examine barriers and facilitators to multimodality chronic pain care among veterans on high-dose opioid analgesics for chronic non-cancer pain.

## Setting

A Veterans Health Administration clinic in San Antonio.

## Participants

Twenty-five veterans taking at least 50 mg morphine equivalent daily oral opioid doses for more than 6 months.

## Methods

Three semi-structured focus groups, each with seven to nine veterans. Interview guide addressed: chronic pain effects on quality of life, attitudes/experiences with multimodality pain care, social support, and interest in peer support. In an iterative process using grounded theory, three reviewers reviewed de-identified transcripts for themes. The theory of planned behavior (TPB) framework was used to classify barriers and facilitators to multimodal pain management.

## Main Results

The 25 participants had a mean age of 54 years (39–70); 32% were women and 24% non-white. The three TPB dimensions (attitudes, social norms, and perceived behavioral control) were reflected in emergent themes: 1) uncontrollable impact of pain in all aspects of life; 2) reliance on opioids and challenges in obtaining these drugs despite ambivalence about benefits; 3) poor access to and beliefs about non-pharmacologic therapies; 4) frustrations with Department of Veterans Affairs health care; and 5) poor social support and isolation reflected by limited interest in peer support.

## Conclusions

Veterans with chronic pain on long-term opioids hold pervasive attitudes that prevent them from using multimodality pain management options, lack social support and social norms for non-opioid-based pain treatment options, and have poor perceived control due to poor access to multimodality care.

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<http://www.tandfonline.com/doi/abs/10.1080/13811118.2014.986697>

## **The Effect of Sleep Problems on Suicidal Risk Among Young Adults in the Presence of Depressive Symptoms and Cognitive Processes.**

Dafna Weis , Lee Rothenberg , Lital Moshe , David A. Brent , Sami Hamdan

Archives of Suicide Research

Accepted author version posted online: 17 Dec 2014

DOI: 10.1080/13811118.2014.986697

We aimed to investigate the effect of sleep problems, depression, and cognitive processes on suicidal risk among 460 young adults. They completed self-report questionnaires assessing suicidal behavior, sleep quality, depressive symptoms, emotion regulation, rumination, and Impulsivity. Suicidal participants exhibited higher rates of depressive symptoms, sleep problems, expressive suppression, rumination, and impulsivity. A confirmatory factor analysis model revealed pathways to suicidal risk that showed no direct pathways between sleep problems and suicidal risk. Instead, sleep was related to suicidal risk via depression and rumination, which in turn increased suicidal risk. These results suggest that addressing sleep problems will be useful in either the treatment or prevention of depressive and rumination symptoms and reduction in suicidal risk.

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<http://www.plosmedicine.org/article/info%3Adoi%2F10.1371%2Fjournal.pmed.1001769>

### **World Health Organization Guidelines for Management of Acute Stress, PTSD, and Bereavement: Key Challenges on the Road Ahead.**

Wietse A. Tol, Corrado Barbui, Jonathan Bisson, Judith Cohen, Zeinab Hijazi, Lynne Jones, Joop T. V. M. de Jong, Nicola Magrini, Olayinka Omigbodun, Soraya Seedat, Derrick Silove, Renato Souza, Athula Sumathipala, Lakshmi Vijayakumar, Inka Weissbecker, Douglas Zatzick, Mark van Ommeren

PLoS Medicine

Published: December 16, 2014

DOI: 10.1371/journal.pmed.1001769

#### Summary Points

- The implementation of new WHO mental health guidelines for conditions and disorders specifically related to stress is likely to face obstacles, particularly in low- and middle-income countries.
- Formulation of evidence-based guidelines is complicated by limited knowledge regarding (a) the effectiveness of commonly implemented interventions, (b) the effectiveness of established evidence-based interventions when used in situations of ongoing adversity, and (c) the effectiveness of widely used cultural practices in LMICs. The application of the guidelines requires improved knowledge on how to reduce potentially harmful practices that are widely applied.
- The implementation of recommendations regarding psychotherapeutic interventions will require an approach that balances (a) strengthening the availability and capacity of specialists to train and supervise and (b) shifting to

the delivery of psychotherapy by non-specialists.

- The strengthening of evidence for managing these conditions will require collaborative efforts by researchers and practitioners in a manner that is mindful of local sociocultural and health system realities.

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<http://link.springer.com/article/10.1007/s10926-014-9563-0>

### **The Mental Disability Military Assessment Tool: A Reliable Tool for Determining Disability in Veterans with Post-traumatic Stress Disorder.**

Andrea S. Fokkens, Johan W. Groothoff, Jac J. L. van der Klink, Roel Popping, Roy E. Stewart, Lex van de Ven, Sandra Brouwer, Jolanda Tuinstra

Journal of Occupational Rehabilitation  
January 2015

#### **Purpose**

An assessment tool was developed to assess disability in veterans who suffer from post-traumatic stress disorder (PTSD) due to a military mission. The objective of this study was to determine the reliability, intra-rater and inter-rater variation of the Mental Disability Military (MDM) assessment tool.

#### **Methods**

Twenty-four assessment interviews of veterans with an insurance physician were videotaped. Each videotaped interview was assessed by a group of five independent raters on limitations of the veterans using the MDM assessment tool. After 2 months the raters repeated this procedure. Next the intra-rater and inter-rater variation was assessed with an adjusted version of AG09 computing weighted percentage agreement.

#### **Results**

The results of this study showed that both the intra-rater variation and inter-rater variation on the ten subcategories of the MDM assessment tool were small, with an agreement of 84–100 % within raters and 93–100 % between raters.

#### **Conclusions**

The MDM assessment tool proves to be a reliable instrument to measure PTSD limitations in functioning in Dutch military veterans who apply for disability compensation. Further research is needed to assess the validity of this instrument.

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<http://www.sciencedirect.com/science/article/pii/S0741832914202102>

## **Assessment and Treatment of Insomnia in Adult Patients with Alcohol Use Disorders.**

Kirk J. Brower, M.D.

Alcohol

Available online 7 January 2015

doi:10.1016/j.alcohol.2014.12.003

Insomnia in patients with alcohol dependence has increasingly become a target of treatment due to its prevalence, persistence, and associations with relapse and suicidal thoughts, as well as randomized controlled studies demonstrating efficacy with behavior therapies and non-addictive medications. This article focuses on assessing and treating insomnia that persists despite 4 or more weeks of sobriety in alcohol-dependent adults. Selecting among the various options for treatment follows a comprehensive assessment of insomnia and its multifactorial causes. In addition to chronic, heavy alcohol consumption and its effects on sleep regulatory systems, contributing factors include premonitory insomnia; co-occurring medical, psychiatric, and other sleep disorders; use of other substances and medications; stress; environmental factors; and inadequate sleep hygiene. The assessment makes use of history, rating scales, and sleep diaries as well as physical, mental status, and laboratory examinations to rule out these factors. Polysomnography is indicated when another sleep disorder is suspected, such as sleep apnea or periodic limb movement disorder, or when insomnia is resistant to treatment. Sobriety remains a necessary, first-line treatment for insomnia, and most patients will have some improvement. If insomnia-specific treatment is needed, then brief behavioral therapies are the treatment of choice, because they have shown long-lasting benefit without worsening of drinking outcomes. Medications work faster, but they generally work only as long as they are taken. Melatonin agonists; sedating antidepressants, anticonvulsants, and antipsychotics; and benzodiazepine receptor agonists each have their benefits and risks, which must be weighed and monitored to optimize outcomes. Some relapse prevention medications may also have sleep-promoting activity. Although it is assumed that treatment for insomnia will help prevent relapse, this has not been firmly established. Therefore, insomnia and alcohol dependence might be best thought of as co-occurring disorders, each of which requires its own treatment.

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[http://journals.lww.com/headtraumarehab/Abstract/2015/01000/Development\\_of\\_Clinical\\_Recommendations\\_for.7.aspx](http://journals.lww.com/headtraumarehab/Abstract/2015/01000/Development_of_Clinical_Recommendations_for.7.aspx)

## **Development of Clinical Recommendations for Progressive Return to Activity After Military Mild Traumatic Brain Injury: Guidance for Rehabilitation Providers.**

McCulloch, Karen L. PT, PhD, NCS; Goldman, LTC Sarah PhD, OTR/L, CHT; Lowe, Lynn PT, DPT; Radomski, Mary Vining PhD, OTR/L, FAOTA; Reynolds, John ATC; Shapiro, CAPT Rita

MA, DPT, USPHS; West, Therese A. DNP, APN, BC

Journal of Head Trauma Rehabilitation:  
January/February 2015 - Volume 30 - Issue 1 - p 56–67  
doi: 10.1097/HTR.0000000000000104

**Objective:**

Previously published mild traumatic brain injury (mTBI) management guidelines provide very general recommendations to return individuals with mTBI to activity. This lack of specific guidance creates variation in military rehabilitation. The Office of the Army Surgeon General in collaboration with the Defense and Veterans Brain Injury Center, a component center of the Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury, convened an expert working group to review the existing literature and propose clinical recommendations that standardize rehabilitation activity progression following mTBI.

**Participants:**

A Progressive Activity Working Group consisted of 11 Department of Defense representatives across all service branches, 7 Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury representatives, and 8 academic/research/civilian experts with experience assessing and treating individuals with mTBI for return to activity. An expert working group meeting included the Progressive Activity Working Group and 15 additional subject matter experts.

**Methods:**

In February 2012, the Progressive Activity Working Group was established to determine the need and purpose of the rehabilitation recommendations. Following literature review, a table was created on the basis of the progression from the Zurich consensus statement on concussion in sport. Issues were identified for discussion with a meeting of the larger expert group during a July 2012 conference. Following development of rehabilitation guidance, the Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury coordinated a similar process for military primary care providers.

**Results:**

End products for rehabilitation and primary care providers include specific recommendations for return to activity after concussion. A 6-stage progression specifies activities in physical, cognitive, and balance/vestibular domains and allows for resumption of activity for those with low-level or preinjury symptom complaints.

**Conclusions:**

The clinical recommendations for progressive return to activity represent an important effort to standardize activity progression across functional domains and offer providers duty-specific activities to incorporate into intervention. Recommendations were released in January 2014.

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<http://cjp.sagepub.com/content/early/2014/12/18/0887403414562601.abstract>

**U.S. Department of Veterans Affairs Veterans Justice Outreach Program; Connecting Justice-Involved Veterans With Mental Health and Substance Use Disorder Treatment.**

Andrea K. Finlay, David Smelson, Leon Sawh, Jim McGuire, Joel Rosenthal, Jessica Blue-Howells, Christine Timko, Ingrid Binswanger, Susan M. Frayne, Janet C. Blodgett, Tom Bowe, Sean C. Clark, and Alex H. S. Harris

Criminal Justice Policy Review

First published on December 18, 2014

doi:10.1177/0887403414562601

The Veterans Justice Outreach (VJO) program of the U.S. Veterans Health Administration has a primary mission of linking military veterans in jails, courts, or in contact with law enforcement to mental health and substance use disorder treatment. National data of veterans with VJO contact were used to describe demographic characteristics, and mental health and substance use disorder diagnoses and treatment use and test correlates of treatment entry and engagement using multi-level logistic regression models. Of the 37,542 VJO veterans, treatment entry was associated with being homeless and having a mental health disorder or both a mental health and a substance use disorder versus a substance use disorder only. Being American Indian/Alaskan Native was associated with lower odds of treatment entry. Engagement was associated with female gender, older age, Asian race, urban residence, and homeless status. Increased utilization of substance use disorder treatment, especially pharmacotherapy, is an important quality improvement target.

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<http://resmilitaris.net/index.php?ID=1019019>

**Deployment Stressors : A Review of the Literature and Implications for Members of the Canadian Armed Forces.**

Kimberley Watkins

Res Militaris, an online social science journal

vol.4, n°2, Summer-Autumn/ Été-Automne 2014

Deployment, especially to a theatre of combat, has been associated with an increase in mental health conditions, such as post-traumatic stress disorder (PTSD), in military personnel. The present study explores the literature on deployment stressors encountered by a variety of militaries in a number of different operations and their contribution to the development of post-deployment mental health problems, with the aim of determining implications for past and future

deployed members of the Canadian Armed Forces (CAF). Four broad categories of deployment stressors were identified : interpersonal, operational and environmental, traditional combat, and aftermath of conflict. However, encounters with such experiences are not always psychologically detrimental, and the effects of stressor exposure on well-being is often mediated or moderated by other psychosocial characteristics, such as stressor appraisal and coping styles, personality traits, social support, and previous deployment experience and deployment length. Disparities between the studies cited in terms of relative impacts of certain experiences were noted, primarily due to variability in the samples, conflicts, and measurements, as well as the timing of assessments. Both the combat and non-combat deployment stressors described in this review, as well as facets of certain deployment stressors in garrison, suggest operational difficulties CAF members might encounter in their future missions and duties that may impact their well-being.

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<http://onlinelibrary.wiley.com/doi/10.1002/jclp.22143/abstract>

## **Do Child Abuse and Maternal Care Interact to Predict Military Sexual Trauma?**

Wilson, L. C., Kimbrel, N. A., Meyer, E. C., Young, K. A. and Morissette, S. B.

Journal of Clinical Psychology

Article first published online: 22 DEC 2014

DOI: 10.1002/jclp.22143

### **Objective**

The present research tested the hypothesis that maternal care moderates the relationship between childhood sexual abuse and subsequent military sexual trauma (MST).

### **Method**

Measures of childhood sexual abuse, maternal care, and MST were administered to 197 Iraq and Afghanistan war veterans.

### **Results**

After accounting for gender, age, and the main effects of maternal care and childhood sexual abuse, the maternal care x childhood sexual abuse interaction was a significant predictor of MST (odds ratio = .28,  $\beta = -1.26$ , 95% confidence intervals of .10, .80). As hypothesized, rates of MST were higher among veterans who reported childhood sexual abuse and low levels of maternal care (43%) compared with veterans who reported childhood sexual abuse and high levels of maternal care (11%).

### **Conclusion**

These findings suggest that high levels of maternal care may act as a protective factor against

future revictimization among military service members. These findings have the potential to inform both prevention and intervention efforts.

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<http://onlinelibrary.wiley.com/doi/10.1002/jclp.22138/abstract>

### **Multicultural Personality and Posttraumatic Stress in U.S. Service Members.**

Catherine J. Herrera and Gina P. Owens

Journal of Clinical Psychology

Article first published online: 22 DEC 2014

DOI: 10.1002/jclp.22138

#### **Objective**

Modern military missions place numerous demands on service members, including tactical, personal, and cultural challenges. The purpose of this study was to explore how domains of multicultural personality (cultural empathy, open-mindedness, social initiative, emotional stability, and flexibility) and combat exposure relate to posttraumatic stress disorder (PTSD) in service members.

#### **Method**

Participants (N = 163) completed the Multicultural Personality Questionnaire, Combat Exposure Scale, and PTSD Checklist–Military as part of an online survey. The majority of participants were Caucasian (87%), mean age was 33 years, and all were deployed at least once to Iraq or Afghanistan

#### **Results**

Regression results indicated that higher levels of combat exposure and open-mindedness and lower levels of flexibility and emotional stability were significant predictors of higher PTSD severity. The interactions between combat exposure and flexibility and combat exposure and openness were also significant.

#### **Conclusion**

Higher levels of flexibility and emotional stability seem particularly important in their association with lower PTSD severity for service members.

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<http://psycnet.apa.org/psycinfo/2014-56023-001/>

### **Differentiating Between Appraisal Process and Product in Cognitive Theories of Posttraumatic Stress.**

Nanney, John T.; Constans, Joseph I.; Kimbrell, Timothy A.; Kramer, Teresa L.; Pyne, Jeffrey M.

Psychological Trauma: Theory, Research, Practice, and Policy

Dec 22 , 2014

<http://dx.doi.org/10.1037/tra0000011>

Biased appraisal is central to cognitive theories of posttraumatic stress, but little research has examined the potentially distinct meanings of the term. The ongoing process of appraising social information and the beliefs that emerge as products of that process can be distinguished conceptually. This study sought to examine whether these 2 meanings are empirically distinct as well, and if so, to begin exploring potential relations between these appraisal constructs and posttraumatic stress symptoms. Soldiers (N = 424) preparing for deployment to Iraq or Afghanistan were administered measures of each construct. Results of confirmatory factor analysis suggest that the appraisal process and the products of that process (i.e., beliefs) are indeed distinct. Structural equation models are consistent with cognitive bias and social information processing literatures, which posit that a biased appraisal process may contribute to the development of dysfunctional beliefs and posttraumatic stress symptoms following trauma. The potential utility of distinctly conceptualizing and measuring the appraisal process in both clinical and research settings is discussed. (PsycINFO Database Record (c) 2014 APA, all rights reserved)

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<http://psycnet.apa.org/psycinfo/2014-56561-001/>

### **Affect and Psychiatric Symptoms in a Veteran Polytrauma Clinic.**

Kraal, A. Zarina; Waldron-Perrine, Brigid; Pangilinan, Percival H.; Bieliauskas, Linas A.

Rehabilitation Psychology

Dec 22 , 2014

<http://dx.doi.org/10.1037/rep0000017>

Although the relationship between negative affect and psychiatric symptoms has been well-demonstrated in research, less is known about positive affect relative to negative affect, and its relationship to psychiatric symptoms, especially among veterans. This study examined how levels of positive and negative affect are associated with symptoms of depression, anxiety, and posttraumatic stress disorder (PTSD). Data were collected in a veteran polytrauma clinic; analyses were conducted using data from 94 veterans (87 males) with and without a mild traumatic brain injury (mTBI) diagnosis. Results demonstrate that positive and negative affect were separate dimensions and that both were independently related to each symptom measure. After removing the contribution of negative affect from symptom reports, strong relationships

remained between positive affect and psychiatric symptoms. Furthermore, the magnitude of the associations for positive affect and for negative affect with symptoms of depression, anxiety, and PTSD were not impacted by a mTBI diagnosis. Altogether, findings suggest that both positive and negative affect should be uniquely considered when conceptualizing, assessing, and treating returning service members; in addition, positive affect may be an appropriate target of assessment and interventions of persons who have experienced polytrauma. (PsycINFO Database Record (c) 2014 APA, all rights reserved)

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<http://www.sciencedirect.com/science/article/pii/S0306460314004419>

### **Stress exposure and the risk for the onset of alcohol use disorders and nicotine dependence in deployed military personnel: The role of prior internalizing disorders.**

Sebastian Trautmann, Sabine Schönfeld, Silke Behrendt, Anke Heinrich, Michael Höfler, Stefan Siegel, Peter Zimmermann, Hans-Ulrich Wittchen

Addictive Behaviors

Volume 43, April 2015, Pages 89–96

#### Objective

This prospective study aimed to investigate whether prior internalizing disorders (PIDs) moderate the relationship between stress exposure (SE) and the onset of alcohol use disorders (AUDs) and nicotine dependence (ND) in deployed military personnel.

#### Methods

358 male soldiers were examined directly before and 12 months after return from deployment using standardized interviews. Combat experiences, concerns about family disruptions, and difficult living and working environment were assessed as different aspects of SE. PID diagnoses (mood disorders (PMDs), anxiety disorders (PADs)) and substance use disorders were defined according to the DSM-IV-TR.

#### Results

PMDs were related to a stronger association between concerns about family disruptions and the risk of AUD onset (OR = 7.7, 95% CI 1.8–32.8,  $p = 0.006$ ). The number of PID diagnoses (OR per diagnosis: 1.7, 95% CI 1.0–2.8,  $p = 0.036$ ) and PADs (OR: 2.6, 95% CI 1.1–6.3,  $p = 0.038$ ) were further related to a stronger association between difficult living and working environment and the risk of AUD onset. With regard to ND, PMDs were related to a weaker association between difficult living and working environment and the risk of ND onset (OR = 0.4, 95% CI 0.2–0.8,  $p = 0.013$ ).

#### Conclusions

PIDs might be related to an increased risk for the onset of AUDs but not ND following SE. This

effect is probably restricted to specific constellations of PADs, PMDs, comorbid PIDs and specific aspects of SE. These critical constellations of PIDs and SE might be a promising target for future research and could contribute to the development of preventive measures to reduce the risk of AUDs following SE.

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<http://jiv.sagepub.com/content/early/2014/12/22/0886260514564067.abstract>

### **Intimate Partner Violence Between Male Iraq and Afghanistan Veterans and Their Female Partners Who Seek Couples Therapy.**

Andra Teten Tharp, Michelle D. Sherman, Ursula Bowling, and Bradford J. Townsend

J Interpers Violence

December 22, 2014

0886260514564067

The current study has three aims: (1) to describe the frequency, gender differences, and agreement in couples' reports of male-to-female and female-to-male intimate partner violence (IPV) reported by male veterans and their female partners who were seeking couples therapy; (2) to describe the pattern of violence reported by these couples (e.g., one-sided, mutual) and determine if frequency of violence varied based on patterns; and (3) to examine whether frequency of violence or pattern of violence were associated with veteran diagnosis of posttraumatic stress disorder (PTSD). One hundred heterosexual couples (male Iraq/Afghanistan veteran, female civilian) seeking couples therapy at a Veterans Affairs (VA) clinic completed self-report measures of violence in their relationship. Almost all couples reported verbal aggression. Men reported perpetrating more frequent sexual coercion, and women reported perpetrating more frequent physical aggression. Correspondence in partners' reports of violence varied based on type of violence from high correspondence on verbal aggression to low correspondence on sexual coercion. Three patterns of violence were identified: verbally aggressive ( $n = 45$ ), one-sided physically aggressive ( $n = 27$ ), and mutually physically aggressive ( $n = 26$ ). Mutually physically aggressive couples generally reported the most frequent violence. Frequency and pattern of violence were not associated with veteran diagnosis of PTSD. Findings underscore the need for clinicians to assess both partners for violence perpetration and the need for effective prevention strategies and treatments for IPV among veterans.

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<http://psycnet.apa.org/journals/mil/27/1/1>

**A preliminary study for exploring different sources of guilt in a sample of veterans who sought chaplaincy services.**

Kopacz, Marek S.; McCarten, Janet M.; Vance, C. Garland; Connery, April L.

Military Psychology  
Vol 27(1), Jan 2015, 1-8

Limited research has suggested that experiencing guilt may contribute to the risk of suicidal behavior in some veteran populations. Using data collected by chaplains, this study compared the frequency with which 94 veterans with a history of suicide ideation experienced guilt relative to 670 veterans without a history of ideation. We then compared main sources of guilt reported by ideators and nonideators. Ideators reported experiencing guilt significantly more often than nonideators. No differences were noted for the source of guilt among those who reported frequently experiencing this emotion. Ideators with an infrequent experience of guilt significantly more often named life and the military as the main source of this emotion. Clinicians should be mindful of the need to appropriately assess for and address guilt among veterans at increased risk of suicide. A variety of sources, not limited only to military experiences, may contribute to a veteran's sense of guilt. (PsycINFO Database Record (c) 2015 APA, all rights reserved)

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<http://psycnet.apa.org/journals/mil/27/1/22>

### **The role of positive emotions in reducing depressive symptoms among Army wives.**

Dolphin, Kathryn E.; Steinhardt, Mary A.; Cance, Jessica D.

Military Psychology  
Vol 27(1), Jan 2015, 22-35

The homecoming period following combat deployment can be as stressful to military spouses as the deployment itself. This study used the broaden-and-build theory of positive emotions to examine whether personal resources (adaptive coping, maladaptive coping, and resilience) mediate the relationship between positive emotions and depressive symptoms in Army wives (N = 252) following the homecoming of a deployed active-duty service member. Using path analysis, after controlling for demographic variables and marital satisfaction, positive emotions were related to all 3 personal resources (positively to adaptive coping and resilience, negatively to maladaptive coping). In turn, adaptive coping and resilience were related to fewer depressive symptoms and maladaptive coping to greater depressive symptoms. The direct path between positive emotions and depressive symptoms was nonsignificant, suggesting complete mediation. The final model accounted for 54% of the total variance in depressive symptoms. Results support the important role that positive emotions play in decreasing depressive symptoms in this high-risk population. (PsycINFO Database Record (c) 2015 APA, all rights reserved)

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<http://www.sciencedirect.com/science/article/pii/S0005796714002125>

**A Controlled Examination of Two Coping Skills for Daily Alcohol Use and PTSD Symptom Severity Among Dually Diagnosed Individuals.**

Cynthia A. Stappenbeck, Jane A. Luterek, Debra Kaysen, Christina F. Rosenthal, Bethann Gurrad, Tracy L. Simpson

Behaviour Research and Therapy  
Available online 27 December 2014  
doi:10.1016/j.brat.2014.12.013

Investigations of targeted coping skills could help guide initial treatment decisions for individuals with co-occurring posttraumatic stress disorder (PTSD) and alcohol dependence (AD) who often endorse worse coping skills than those with AD but not PTSD. Although improvement in coping skills is associated with enhanced alcohol use outcomes, no study has evaluated the utility of teaching specific coping skills in the context of comorbid PTSD/AD. We compared the effects of teaching two coping skills (cognitive restructuring [CR] and experiential acceptance [EA]) or an attention control condition on drinking and PTSD symptoms among 78 men and women with comorbid PTSD/AD during a 5-week daily follow-up assessment. Both CR and EA skills were associated with decreased drinking compared to control, and that change in drinking over time did not significantly differ between those who received CR and EA. Individuals who received CR skills, however, consumed less alcohol on a given day than those who received EA skills. Neither CR nor EA was associated with a decrease in PTSD symptom severity. These results provide preliminary support for clinicians to prioritize CR and EA skills during initial treatment sessions when working with individuals with PTSD/AD, and offer ideas for continued investigation and intervention refinement.

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<http://onlinelibrary.wiley.com/doi/10.1002/da.22331/abstract>

**Biological and symptom changes in posttraumatic stress disorder treatment: a randomized clinical trial.**

Rauch, S. A. M., King, A. P., Abelson, J., Tuerk, P. W., Smith, E., Rothbaum, B. O., Clifton, E., Defever, A. and Liberzon, I.

Depression and Anxiety  
Article first published online: 30 DEC 2014  
DOI: 10.1002/da.22331



## Background

Understanding cognitive and biological mechanisms of PTSD treatment can help refine treatments and increase rates of response.

## Methods

Thirty-six veterans with PTSD were randomly assigned to receive Prolonged exposure therapy (PE) or Present-Centered therapy (PCT). We examined symptoms, trauma-related cognitions, and two indices of HPA axis function (cortisol awakening response and cortisol response to a script-driven imagery task).

## Results

Thirty veterans started treatment and 26 completed. PE resulted in significantly more symptom reduction than PCT ( $P = .008$ ). High treatment responders collapsed across treatments showed nominally higher cortisol levels measured at pretreatment 30 min after trauma script exposure compared to low responders ( $P = .08$ ). At midtreatment, high treatment responders showed higher cortisol levels throughout the imagery task ( $P$ s = .03–.04). There were no differences between high and low treatment responders at posttreatment. Thoughts of incompetence ( $F(1.6, 35.8) = 16.8, P = .000$ ) and a dangerous world ( $F(1.3, 29.9) = 8.2, P = .004$ ) significantly improved over time in high treatment responders but showed no change in low responders. Script-associated cortisol response prior to treatment and reductions in thoughts of incompetence accounted for 83% of the variance in reductions in PTSD severity with PE.

## Conclusions

Both increased cortisol response to personal trauma script prior to PTSD therapy and reductions in cognitive symptoms of PTSD were significantly and uniquely related to reductions in the core symptoms of PTSD in PE. However, contrary to our hypotheses, cortisol measures were not related to cognitive changes.

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<http://iospress.metapress.com/content/90q2v2x274867617/>

## **A brief introduction to the military workplace culture.**

S.A. Redmond, S.L. Wilcox, S. Campbell, A. Kim, K. Finney, K. Barr, A.M. Hassan

Work: A Journal of Prevention, Assessment and Rehabilitation

Volume 50, Number 1 / 2015, pps 9-20

DOI 10.3233/WOR-141987

## BACKGROUND:

Military culture and workplace are areas of interest for researchers across disciplines. However, few publications on military culture exist.

#### OBJECTIVE:

The purpose of this article is to introduce general concepts regarding the structure and culture of the United States Military and discuss how this creates challenges for reintegrating into the civilian world.

#### METHOD:

Topics that will be covered in this article include an overview of the Department of Defense (DoD) and Department of Veterans Affairs (VA), socialization to military culture, the unique features of the military as a workplace, the cultural experiences of military personnel reintegrating back into the community, and the challenges faced by military members and their spouses.

#### RESULTS:

The provided information on military culture will expand military cultural competency so that civilian employers can enhance their ability to create supportive workplaces for veterans and military spouses during times of transition and reintegration.

#### DISCUSSION:

The unique characteristics of the military culture should be understood by those who work with or plan to work with military populations.

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<http://onlinelibrary.wiley.com/doi/10.1111/fare.12108/abstract>

#### **Adverse Childhood Experiences, Family Functioning, and Resilience in Military Families: A Pattern-Based Approach.**

Oshri, A., Lucier-Greer, M., O'Neal, C. W., Arnold, A. L., Mancini, J. A. and Ford, J. L.

Family Relations

Volume 64, Issue 1, pages 44–63

February 2015

DOI: 10.1111/fare.12108

Linkages between adverse childhood experiences and long-term consequences in servicemen and servicewomen were examined in relation to family-level resiliency processes predicted to mitigate this link. Using a pattern-based, multi-informant approach, resilience was explored through a systemic lens in relation to family-level processes. Latent family profiles were identified using diverse dimensions of family functioning guided by the circumplex model. Data were collected from parents and their adolescents, age 11 to 18, living in the continental United States (N = 273 military families). Variations in adverse childhood experiences among servicemembers and their partners were related to heterogeneous family functioning typologies (profiles). One adaptive family functioning typology illustrated that a select group of families with

higher levels of early adverse experiences evinced adaptive functioning outcomes in multiple domains in adulthood. Implications for examining individual resilience via a family-level process and applications to educational and clinical contexts are discussed in relation to military and nonmilitary families.

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[http://journals.lww.com/hrpjournal/Abstract/2015/01000/Preclinical\\_Perspectives\\_on\\_Posttraumatic\\_Stress.5.aspx](http://journals.lww.com/hrpjournal/Abstract/2015/01000/Preclinical_Perspectives_on_Posttraumatic_Stress.5.aspx)

### **Preclinical Perspectives on Posttraumatic Stress Disorder Criteria in DSM-5.**

Tye, Susannah PhD; Van Voorhees, Elizabeth PhD; Hu, Chunling MD, PhD; Lineberry, Timothy MD

Section Editor(s): Phillips, Katherine A. MD; Editor

Harvard Review of Psychiatry

January/February 2015 - Volume 23 - Issue 1 - p 51–58

doi: 10.1097/HRP.0000000000000035

Posttraumatic stress disorder (PTSD) now sits within the newly created “Trauma- and Stressor-Related Disorders” section of the Diagnostic and Statistical Manual of Mental Disorders (fifth edition; DSM-5). Through the refinement and expansion of diagnostic criteria, the DSM-5 version better clarifies the broad and pervasive effects of trauma on functioning, as well as the impact of development on trauma reactions. Aggressive and dissociative symptoms are more thoroughly characterized, reflecting increasing evidence that reactions to trauma often reach beyond the domains of fear and anxiety (these latter domains were emphasized in DSM-IV). These revised criteria are supported by decades of preclinical and clinical research quantifying traumatic stress–induced changes in neurobiological and behavioral function. Several features of the DSM-5 PTSD criteria are similarly and consistently represented in preclinical animal models and humans following exposure to extreme stress. In rodent models, for example, increases in anxiety-like, helplessness, or aggressive behavior, along with disruptions in circadian/neurovegetative function, are typically induced by severe, inescapable, and uncontrollable stress. These abnormalities are prominent features of PTSD and can help us in understanding the pathophysiology of this and other stress-associated psychiatric disorders. In this article we examine some of the changes to the diagnostic criteria of PTSD in the context of trauma-related neurobiological dysfunction, and discuss implications for how preclinical data can be useful in current and future clinical conceptualizations of trauma and trauma-related psychiatric disorders.

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<http://www.sciencedirect.com/science/article/pii/S0301051114002683>

**The impact of depression on Veterans with PTSD and traumatic brain injury: A diffusion tensor imaging study.**

Linda Isaac, Keith L. Main, Salil Soman, Ian H. Gotlib, Ansgar J. Furst, Lisa M. Kinoshita, J. Kaci Fairchild, Jerome A. Yesavage, J. Wesson Ashford, Peter J. Bayley, Maheen M. Adamson

Biological Psychology

Volume 105, February 2015, Pages 20–28

doi:10.1016/j.biopsycho.2014.12.011

A significant proportion of military personnel deployed in support of Operation Enduring Freedom and Operation Iraqi Freedom were exposed to war-zone events associated with traumatic brain injury (TBI), depression (DEP) and posttraumatic stress disorder (PTSD). The co-occurrence of TBI, PTSD and DEP in returning Veterans has recently increased research and clinical interest. This study tested the hypothesis that white matter abnormalities are further impacted by depression. Of particular relevance is the uncinate fasciculus (UF), which is a key fronto-temporal tract involved in mood regulation, and the cingulum; a tract that connects to the hippocampus involved in memory integration. Diffusion tensor imaging (DTI) was performed on 25 patients with a combination of PTSD, TBI and DEP and 20 patients with PTSD and TBI (no DEP). Microstructural changes of white matter were found in the cingulum and UF. Fractional anisotropy (FA) was lower in Veterans with DEP compared to those without DEP.

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<http://www.sciencedirect.com/science/article/pii/S0006899314017454>

**Common biochemical defects linkage between post-traumatic stress disorders, mild traumatic brain injury (TBI) and penetrating TBI.**

Kedar N. Prasad, Stephen C. Bondy

Brain Research

Volume 1599, 2 March 2015, Pages 103–114

doi:10.1016/j.brainres.2014.12.038

Post-traumatic stress disorder (PTSD) is a complex mental disorder with psychological and emotional components, caused by exposure to single or repeated extreme traumatic events found in war, terrorist attacks, natural or man-caused disasters, and by violent personal assaults and accidents. Mild traumatic brain injury (TBI) occurs when the brain is violently rocked back and forth within the skull following a blow to the head or neck as in contact sports, or when in close proximity to a blast pressure wave following detonation of explosives in the battlefield. Penetrating TBI occurs when an object penetrates the skull and damages the brain, and is

caused by vehicle crashes, gunshot wound to the head, and exposure to solid fragments in the proximity of explosions, and other combat-related head injuries. Despite clinical studies and improved understanding of the mechanisms of cellular damage, prevention and treatment strategies for patients with PTSD and TBI remain unsatisfactory. To develop an improved plan for treating and impeding progression of PTSD and TBI, it is important to identify underlying biochemical changes that may play key role in the initiation and progression of these disorders. This review identifies three common biochemical events, namely oxidative stress, chronic inflammation and excitotoxicity that participate in the initiation and progression of these conditions. While these features are separately discussed, in many instances, they overlap. This review also addresses the goal of developing novel treatments and drug regimens, aimed at

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<http://www.sciencedirect.com/science/article/pii/S0010440X14003654>

### **Problems in sexual functioning among male OEF/OIF veterans seeking treatment for posttraumatic stress.**

Christal L. Badour, Daniel F. Gros, Derek D. Szafranski, Ron Acierno

Comprehensive Psychiatry

Available online 29 December 2014

doi:10.1016/j.comppsy.2014.12.012

#### Objective

Few studies have examined sexual dysfunction among Operations Enduring/Iraqi Freedom (OEF/OIF) veterans with posttraumatic stress disorder (PTSD). The present study investigated predictors of erectile dysfunction [ED] and self-reported sexual problems among 150 male combat veterans seeking outpatient treatment for PTSD within the Veterans Affairs healthcare system.

#### Method

Participants completed clinical interviews and several questionnaires including measures of sexual arousal and sexual desire. A medical records review was also conducted to document evidence of an ED diagnosis or associated medication use.

#### Results

An ED diagnosis was present for 12% of the sample, and 10% were taking associated medications. Sexual arousal problems were reported by sixty-two percent of partnered veterans. Sexual desire problems were endorsed by 63% of the total sample, and by 72% of partnered veterans. Age was the only significant predictor of ED diagnosis or medication use. Age, race, PTSD diagnosis (versus subclinical symptoms), depression, and social support predicted self-reported sexual arousal problems; while race, combat exposure, social support, and avoidance/numbing symptoms of PTSD predicted self-reported sexual desire problems.

## Conclusions

Sexual problems are common among male OEF/OIF combat veterans seeking treatment for PTSD. Moreover, avoidance/numbing symptoms robustly predicted sexual desire problems. These findings highlight the importance of expanding assessment of sexual dysfunction and support the need for additional research in this area.

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<http://www.sciencedirect.com/science/article/pii/S0887618514001832>

## **Prolonged Exposure for PTSD in a Veteran group: A pilot effectiveness study.**

Erin R. Smith, Katherine E. Porter, Michael G. Messina, Jonathan A. Beyer, Mahrie E. Defever, Edna B. Foa, Sheila A.M. Rauch

Journal of Anxiety Disorders  
Volume 30, March 2015, Pages 23–27  
doi:10.1016/j.janxdis.2014.12.008

Previous research has consistently demonstrated that Prolonged Exposure (PE) therapy is an effective treatment for posttraumatic stress disorder (PTSD). Traditionally, PE has been studied and delivered on an individual basis. However, the growing number of Veterans in need of PTSD treatment has led to increased interest in group therapies as an efficient way to provide access to care. The current study examined a group and individual hybrid treatment that was developed based on PE principles. Treatment was 12 weeks in length and consisted of 12 one-hour group sessions focused on in vivo exposures, and an average of approximately five-hour long individual imaginal exposure sessions. Data for this study were derived from 67 veterans who participated in 12 cohorts of the Group PE. Significant reductions in PTSD and depression symptoms were found in both completers and intent-to-treat sample analyses. The clinical implications of these findings are discussed.

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<http://onlinelibrary.wiley.com/doi/10.1002/j.1556-6676.2015.00176.x/abstract>

## **Exposure, Agency, Perceived Threat, and Guilt as Predictors of Posttraumatic Stress Disorder in Veterans.**

Huang, H.-h. and Kashubeck-West, S.

Journal of Counseling & Development  
Volume 93, Issue 1, pages 3–13, January 2015  
DOI: 10.1002/j.1556-6676.2015.00176.x

Using a sample of 289 Iraq/Afghanistan veterans, this study examined the contributions of combat exposure, agency, perceived threat, and guilt to posttraumatic stress disorder (PTSD) symptoms. Regression analyses indicated the four variables (together with demographic variables) accounted for 79% of the variance in PTSD symptoms. Guilt was the most important predictor. In addition, guilt mediated between exposure and PTSD symptoms, perceived threat and PTSD symptoms, and agency and PTSD symptoms. Implications of these findings are discussed.

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<http://www.sciencedirect.com/science/article/pii/S0166432814008523>

### **Neural activity related to cognitive and emotional empathy in post-traumatic stress disorder.**

Monica Mazza, Daniela Tempesta, Maria Chiara Pino, Anna Nigri, Alessia Catalucci, Veronica Guadagni, Massimo Gallucci, Giuseppe Iaria, Michele Ferrara

Behavioural Brain Research

Available online 30 December 2014

doi:10.1016/j.bbr.2014.12.049

The aim of this study is to evaluate the empathic ability and its functional brain correlates in post-traumatic stress disorder subjects (PTSD). Seven PTSD subjects and ten healthy controls, all present in the L'Aquila area during the earthquake of the April 2009, underwent fMRI during which they performed a modified version of the Multifaceted Empathy Test. PTSD patients showed impairments in implicit and explicit emotional empathy, but not in cognitive empathy. Brain responses during cognitive empathy showed an increased activation in patients compared to controls in the right medial frontal gyrus and the left inferior frontal gyrus. During implicit emotional empathy responses patients with PTSD, compared to controls, exhibited greater neural activity in the left pallidum and right insula; instead the control group showed an increased activation in right inferior frontal gyrus. Finally, in the explicit emotional empathy responses the PTSD group showed a reduced neural activity in the left insula and the left inferior frontal gyrus. The behavioral deficit limited to the emotional empathy dimension, accompanied by different patterns of activation in empathy related brain structures, represent a first piece of evidence of a dissociation between emotional and cognitive empathy in PTSD patients. The present findings support the idea that empathy is a multidimensional process, with different facets depending on distinct anatomical substrates.

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## Links of Interest

New recommendations for return to activity after concussion in military personnel

<http://www.sciencedaily.com/releases/2015/01/150108113523.htm>

To Treat Depression, Drugs or Therapy?

<http://well.blogs.nytimes.com/2015/01/08/to-treat-depression-drugs-or-therapy/>

Are unpaid debts a military career-killer?

<http://www.consumerfinance.gov/blog/are-unpaid-debts-a-military-career-killer/>

Combined PTSD, Brain Injury in Veterans Tied to Poorer Outcome

<http://psychcentral.com/news/2014/12/29/combined-ptsd-brain-injury-in-war-veterans-linked-to-poorer-outcome/79226.html>

General Chiarelli's Brain Crusade

[http://www.politico.com/magazine/story/2014/12/general-chiarellis-brain-crusade-113827\\_full.html](http://www.politico.com/magazine/story/2014/12/general-chiarellis-brain-crusade-113827_full.html)

Female veterans battling PTSD from sexual trauma fight for redress

[http://www.washingtonpost.com/politics/female-veterans-battling-ptsd-from-sexual-trauma-fight-for-redress/2014/12/25/f2f22d8e-7b07-11e4-b821-503cc7efed9e\\_story.html](http://www.washingtonpost.com/politics/female-veterans-battling-ptsd-from-sexual-trauma-fight-for-redress/2014/12/25/f2f22d8e-7b07-11e4-b821-503cc7efed9e_story.html)

Study identifies two genes that boost risk for post-traumatic stress disorder

<http://www.sciencedaily.com/releases/2015/01/150109123321.htm>

Behavioral health advocates ready to provide support

<http://www.health.mil/News/Articles/2015/01/10/Behavioral-health-advocates-ready-to-provide-support>

Military Turns to Collaborative Care to Treat PTSD, Depression

<http://psychnews.psychiatryonline.org/doi/full/10.1176/appi.pn.2014.11a22>

Lack of Culturally Competent Care Keeps Hispanics From Seeking Help

<http://psychnews.psychiatryonline.org/doi/full/10.1176/appi.pn.2014.11a4>

Insomnia: Using cognitive behavioral therapy in primary care

<http://www.clinicaladvisor.com/insomnia-using-cognitive-behavioral-therapy-in-primary-care/article/392219/>

The Impact of Amputation Among Veterans

<http://www.aaos.org/news/aaosnow/dec14/research2.asp>

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## Resource of the Week: [Major administrative datasets of the U.S. government — all in one place](#)

An immense number of U.S. government agencies play a central role in the collection of a wide array of public data — vital statistics on health, transportation, commerce, finance, agriculture, and more. Much of this information is gathered by the 13 principal statistical agencies, but smaller organizations — for example, the Consumer Financial Protection Bureau, the Army Corps of Engineers and USAID — also gather important information.

All this data gathering isn't inexpensive — the 13 agencies spend an estimated \$3.7 billion annually on collection, processing and dissemination — but the benefits far outweigh the costs: In a 2014 report, the Commerce Department estimates that this information adds as much as \$221 billion to the U.S. economy. Even better, journalists can use this wealth of data to deepen and broaden their reporting, anchoring it in facts and figures that can better inform their communities and the decisions they make.

Below are links to data sources and tools from a broad range of federal agencies, courtesy of Katherine R. Smith, executive director of the Council of Professional Associations on Federal Statistics (COPAFS).

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## Major administrative datasets of the U.S. government — all in one place

Tags: dataset digest  
Last updated: January 6, 2015

Overview Feedback



Age Group	Number of Inmates
18-20	12454
21-24	20388
25-29	30990
30-34	38338
35-39	31747

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Below are links to data sources and tools from a broad range of federal agencies, courtesy of Katherine R. Smith, executive director of the Council of Professional Associations on Federal Statistics (COPAFS). This post is part of our ongoing dataset digest series, which highlights important information sources for journalists. If you know of other hidden datasets that deserve wider exposure, please email or ping us on Twitter.

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