



CDP Research Update -- February 5, 2015

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- Separate and interactive contributions of weak inhibitory control and threat sensitivity to prediction of suicide risk.
- Specificity of Cognitive and Behavioral Complaints in Post-Traumatic Stress Disorder and Mild Traumatic Brain Injury.
- Using Smartphone Apps to Promote Psychiatric and Physical Well-Being.
- Evidence Based Treatments for Trauma-Related Psychological Disorders: A Practical Guide for Clinicians (new book)

- Links of Interest
- Resource of the Week: [National Center for Complementary and Integrative Health](#)

<http://www.gao.gov/products/GAO-15-184>

Defense Health Care: Additional Information Needed about Mental Health Provider Staffing Needs

Government Accountability Office

GAO-15-184: Published: Jan 30, 2015. Publicly Released: Jan 30, 2015.

In response to the enactment of the National Defense Authorization Act (NDAA) for Fiscal Year 2010, the Department of Defense (DOD) military health system (MHS) increased its mental health provider staffing level by 34 percent. Specifically, DOD increased the number of mental health providers across the MHS from 4,608 providers in fiscal year 2009 to 6,186 providers in fiscal year 2013. Social workers and psychologists were the most frequently added types of mental health providers during this period.

In 2007, DOD created the Psychological Health Risk-Adjusted Model for Staffing (PHRAMS) to assess the MHS's current and future mental health provider staffing needs and DOD annually revises this model. Fiscal year 2014 marked the first time the model was used by the three military services responsible for providing health care—the Army, Air Force, and Navy—for a common purpose, which was the development of DOD's fiscal year 2016 budget request for mental health services. However, GAO found that the military services either were not using PHRAMS as the main basis of their mental health provider staffing needs estimates or were supplementing PHRAMS results with other service-specific methods. The services reported making these adjustments because PHRAMS does not account for factors that are crucial to assess mental health provider staffing needs, such as mental health providers needed for deployments. As a result, the military services' estimates of mental health provider staffing needs may not consistently reflect the beneficiary demand for mental health providers across the military services, and the current version of PHRAMS may not fully capture the military services' needs.

<http://onlinelibrary.wiley.com/doi/10.1002/jts.21980/abstract>

Training in the Implementation of Prolonged Exposure Therapy: Provider Correlates of Treatment Outcome.

Eftekhari, A., Crowley, J. J., Ruzek, J. I., Garvert, D. W., Karlin, B. E. and Rosen, C. S.

Journal of Traumatic Stress

Article first published online: 28 JAN 2015

DOI: 10.1002/jts.21980

The authors examined the degree to which provider characteristics, such as profession, treatment orientation, prior experience in treating posttraumatic stress disorder (PTSD), prior experience with prolonged exposure (PE) therapy, and attitudes about PE, were related to the clinical outcomes of veterans receiving care from clinicians participating in the national Department of Veterans Affairs (VA) PE Training Program. Positive patient outcomes were achieved by providers of every profession, theoretical orientation, level of clinical experience treating PTSD, and prior PE training experience. With 1,105 providers and 32 predictors (13 provider variables), power was at least 90% power to detect an effect of $\beta = .15$. Profession was the only provider characteristic significantly related to outcomes, but the mean effect (a 2 point difference on the PTSD Checklist) was too small to be clinically meaningful. The results support the intensive training model used in the VA PE training program and demonstrate that clinicians of varying backgrounds can be trained using interactive training workshops followed by case consultation to deliver PE effectively.

<http://onlinelibrary.wiley.com/doi/10.1111/sltb.12153/abstract>

Mental Disorders, Comorbidity, and Pre-enlistment Suicidal Behavior Among New Soldiers in the U.S. Army: Results from the Army Study to Assess Risk and Resilience in Servicemembers (Army STARRS).

Nock, M. K., Ursano, R. J., Heeringa, S. G., Stein, M. B., Jain, S., Raman, R., Sun, X., Chiu, W. T., Colpe, L. J., Fullerton, C. S., Gilman, S. E., Hwang, I., Naifeh, J. A., Rosellini, A. J., Sampson, N. A., Schoenbaum, M., Zaslavsky, A. M., Kessler, R. C. and the Army STARRS Collaborators

Suicide and Life-Threatening Behavior

Article first published online: 26 JAN 2015

DOI: 10.1111/sltb.12153

We examined the associations between mental disorders and suicidal behavior (ideation, plans, and attempts) among new soldiers using data from the New Soldier Study (NSS) component of the Army Study to Assess Risk and Resilience in Servicemembers (Army STARRS; N = 38,507). Most new soldiers with a pre-enlistment history of suicide attempt reported a prior mental disorder (59.0%). Each disorder examined was associated with increased odds of suicidal behavior (ORs = 2.6–8.6). Only PTSD and disorders characterized by irritability and impulsive/aggressive behavior (i.e., bipolar disorder, conduct disorder, oppositional defiant disorder, and attention-deficit/hyperactivity disorder) predicted unplanned attempts among

ideators. Mental disorders are important predictors of pre-enlistment suicidal behavior among new soldiers and should figure prominently in suicide screening and prevention efforts.

<http://www.sciencedirect.com/science/article/pii/S0165032715000476>

PTSD Symptom Presentation Across the Deployment Cycle.

Background

Symptom-level variation in posttraumatic stress disorder (PTSD) has not yet been examined in the early post-deployment phase, but may be meaningful etiologically, prognostically, and clinically.

Methods

Using latent class analysis (LCA), we examined PTSD symptom heterogeneity in a cohort of participants from the Marine Resiliency Study (MRS), a longitudinal study of combat Marines deployed to Iraq and Afghanistan (N=892). Typologies of PTSD symptom presentation were examined at one month pre-deployment and again one, five, and eight months post-deployment.

Results

Heterogeneity in PTSD symptom presentation was evident at each assessment point, and the degree of symptom heterogeneity (i.e., the number of classes identified) differed by time point. Symptom patterns stabilized over time from notable symptom fluctuations during the early post-deployment period to high, medium, and low symptom severity by eight months post-deployment. Hypervigilance and exaggerated startle were frequently endorsed by participants in the initial month post-deployment. Flashbacks, amnesia, and foreshortened future were infrequently endorsed. Greater combat exposure, lifespan trauma, and avoidant coping generally predicted worse outcomes.

Limitations

Data were self-report and may have limited generalizability due to our lack of women and inclusion of only combat Marines. Attrition and re-ranging of data resulted in significant missing data and affected the representativeness of the sample.

Conclusions

Symptom-level variability is highest in the month following deployment and then stabilizes over time. Should post-deployment assessments occur too soon, they may capture common and transient early post-deployment reactions, particularly anxious arousal.

<http://www.sciencedirect.com/science/article/pii/S138994571500057X>

Differences in sleep between black and white adults: an update and future directions.

Megan E. Petrov, Kenneth L. Lichstein

Sleep Medicine

Available online 23 January 2015

doi:10.1016/j.sleep.2015.01.011

Meta-analyses and other previous reviews have identified distinct ethnic/racial differences in the quantity, quality, and propensity for sleep disorders between black and white adults. The present article reviews the meta-analytic evidence along with recent epidemiological, community, and clinical studies to clarify what is known and not known about sleep differences between these two groups. Black individuals tend to have poorer sleep continuity and quality, excessively short or long sleep duration, greater sleep variability, and greater risk for sleep apnea than white individuals. The data suggest that these differences are attenuated yet persist in the face of several, relevant confounders such as socioeconomic status, occupational factors, neighborhood context, and comorbidities, yet little is known about the mechanisms that explain ethnic disparities in sleep. We propose a conceptual model of potential mediators for future testing as well as other questions in need of investigation.

<http://psycnet.apa.org/psycinfo/2015-01204-001/>

Moral Injury and Psycho-Spiritual Development: Considering the Developmental Context.

Harris, J. Irene; Park, Crystal L.; Currier, Joseph M.; Usset, Timothy J.; Voecks, Cory D.

Spirituality in Clinical Practice

Jan 19 , 2015

<http://dx.doi.org/10.1037/scp0000045>

Research on military mental health has recently begun to explore the construct of “moral injury,” the mental health sequelae of real or perceived violations of deeply held values or beliefs. Moral injury may be a distinctive dimension of combat-related posttraumatic stress disorder and related problems and is therefore critical to understand and attend to. This article considers moral injury from the perspective of psycho-spiritual development, with an emphasis on the interplay of cognitive, social, and faith group culture dimensions to contextualize the construct of moral injury within a theoretical framework. We present a case study to illustrate the utility of this psycho-spiritual framework to understand and treat moral injury. Implications for clinical interventions and suggested directions for future research conclude the article. (PsycINFO Database Record (c) 2015 APA, all rights reserved)

<http://www.sciencedirect.com/science/article/pii/S1389945715000404>

Adverse childhood experiences are associated with adult sleep disorders: a systematic review.

Sandhya Kajeeepeta, Bizu Gelaye, Chandra L. Jackson, Michelle A. Williams

Sleep Medicine

Available online 21 January 2015

doi:10.1016/j.sleep.2014.12.013

Adverse childhood experiences (ACEs) represent substantial threats to public health and affect about 58% of youth in the US. In addition to their acute effects such as injury and physical trauma, ACEs are associated with an increased risk of several negative health outcomes throughout the life course. Emerging evidence suggests sleep disorders may be one such outcome, but existing studies have not been systematically reviewed and summarized. We conducted a systematic review to summarize the evidence concerning the relationship between ACEs and sleep disorders and disturbances, with a focus on adult women. Original publications were identified through searches of the electronic databases MEDLINE, Embase, and Web of Science using key words “childhood,” “adversity,” “abuse,” and “sleep” as well as searches of the reference lists of eligible studies. Studies evaluating ACEs that occurred before 18 years of age and sleep outcomes that were assessed at 18 years or older were adjudicated and included. A total of 30 publications were identified. Of the 30 studies, 28 were retrospective analyses and there was vast heterogeneity in types of ACEs and sleep outcomes measured. The majority of retrospective studies (N=25 of 28) documented statistically significant associations between sleep disorders including sleep apnea, narcolepsy, nightmare distress, sleep paralysis, and psychiatric sleep disorders with a history of childhood adversity. In many studies, the strengths of associations increased with the number and severity of adverse experiences. These associations were corroborated by the two prospective studies published to date. Notably, investigators have documented statistically significant associations between family conflict at 7-15 years of age and insomnia at 18 years of age (OR = 1.4; 95% CI = 1.2-1.7) and between childhood sexual abuse and sleep disturbances 10 years later in adult women ($\beta = 0.24$, $p < 0.05$). There is a growing scientific body of knowledge suggesting an association between ACEs and multiple sleep disorders in adulthood. Available evidence indicates the need to develop treatment strategies such as trauma-informed care for survivors of abuse who are suffering from sleep disorders and disturbances. Further, longitudinal studies among diverse populations are needed to improve overall understanding of this association and to investigate potential gender and racial/ethnic disparities in the strength of the association.

<http://link.springer.com/article/10.1007/s11896-015-9161-x>

A Pilot Study Evaluating the Effectiveness of a Mindfulness-Based Intervention on Cortisol Awakening Response and Health Outcomes among Law Enforcement Officers.

Michael S. Christopher, Richard J. Goerling, Brant S. Rogers, Matthew Hunsinger, Greg Baron, Aaron L. Bergman, David T. Zava

Journal of Police and Criminal Psychology
January 2015

As first responders who are frequently exposed to job-related trauma, police officers are at an elevated risk of adverse mental and physical health outcomes. Evidence-based approaches to stress reduction are sorely needed to address the complex variety of problems that police officers face. In this pilot study we examined the feasibility and preliminary effectiveness of a mindfulness-based intervention designed to address police officer stress. A total of 43 police officers completed an 8-week Mindfulness-Based Resilience Training (MBRT) program, which was designed to improve mindfulness, resilience, stress, health outcomes, and emotional functioning. Using multilevel models we found significant improvement in self-reported mindfulness, resilience, police and perceived stress, burnout, emotional intelligence, difficulties with emotion regulation, mental health, physical health, anger, fatigue, and sleep disturbance. Although there were no significant pre-to-post-MBRT changes in cortisol awakening response (CAR), while controlling for pre-MBRT increase area under the curve (AUCI), change in mental health was a significant predictor of post-AUCI. Implications of these findings and areas for future research are discussed.

<http://link.springer.com/article/10.1007/s11920-014-0544-y>

Anxiety and Substance Use Disorders: Co-occurrence and Clinical Issues.

Florence Vorspan, Wajdi Mehtelli, Gaël Dupuy, Vanessa Bloch, Jean-Pierre Lépine

Current Psychiatry Reports
January 2015, 17:4

The co-occurrence of substance use disorders (SUDs) and anxiety disorders has been now well established. This association is frequent and can be explained by three models: the shared vulnerability factors model, the self-medication model, and the substance-induced model. General population epidemiological studies provide strong evidence of the frequency of the association for the most used substances: tobacco, alcohol, cannabis, and to a lesser extent sedatives, opiates, and cocaine. For substances that are less commonly used in the general population, the frequency of the co-occurrence can more precisely be studied in clinical

samples. We provide the most recent literature results on the association of SUDs and anxiety, and evidence for one explicative model or the other when available. For substances with sedative properties (alcohol, benzodiazepines, cannabis, opioids), both evidence for a self-medication and for a toxic effect exist. For substances with psychostimulant properties (tobacco, cocaine, and amphetamines), the literature favors the toxic hypothesis to explain the association with anxiety disorders. We give practical steps for the recognition of these dual diagnoses and present therapeutic issues, although the strategies are rarely evidence based.

<http://www.sciencedirect.com/science/article/pii/S0165032715000385>

Structural Relations Between DSM-5 PTSD and Major Depression Symptoms in Military Soldiers.

Jon D. Elhai, Ateka A. Contractor, Marijo Tamburrino, Thomas H. Fine, Gregory Cohen, Edwin Shirley, Philip K. Chan, Israel Liberzon, Joseph R. Calabrese, Sandro Galea

Journal of Affective Disorders
Available online 22 January 2015
doi:10.1016/j.jad.2015.01.034

Background

Posttraumatic stress disorder (PTSD) and major depressive disorder (MDD) are frequently comorbid. One explanation for this comorbidity is that PTSD has a constellation of “dysphoria” symptoms resembling depression.

Method

Using confirmatory factor analysis we tested the role of DSM-5 PTSD's dysphoria factor in relation to MDD symptom dimensions of somatic and non-somatic psychopathology. 672 Ohio National Guard soldiers completed DSM-5 measures of PTSD and MDD symptoms in an epidemiological study.

Results

Results indicated that in contrast to other PTSD factors, PTSD's dysphoria factor was more related to MDD's somatic and non-somatic factors.

Limitations

Limitations include generalizability to the epidemiological population of trauma-exposed military veterans rather than civilians, and reliance on self-report measures.

Conclusions

Implications concerning clinical psychopathology and comorbidity of PTSD are discussed, including whether PTSD should be refined by removing its non-specific symptoms.

<http://link.springer.com/article/10.1007/s11920-014-0539-8>

Current Directions in Military Health-care Provider Resilience.

Paul B. Lester, Lauren C. Taylor, Stacy Ann Hawkins, Lisa Landry

Current Psychiatry Reports

January 2015, 17:6

After more than a decade of war, the US military continues to place significant emphasis on psychological health and resilience. While research and programs that focus on the broader military community's resilience continue to emerge, less is known about and until recently little focus has been placed on military medical provider resilience. In this article, we review the literature on military medical provider resilience, provide an overview of the programmatic and technological advances designed to sustain and develop military medical provider resilience, and finally offer recommendations for future research.

<http://bjp.rcpsych.org/content/early/2015/01/10/bjp.bp.114.149096.abstract>

Factors associated with inconsistency in self-reported mild traumatic brain injury over time among military personnel in Iraq.

Nathaniel W. Nelson, Carolyn R. Anderson, Paul Thuras, Shannon M. Kehle-Forbes, Paul A. Arbisi, Christopher R. Erbes and Melissa A. Polusny

British Journal of Psychiatry

Published online ahead of print January 22, 2015

doi: 10.1192/bjp.bp.114.149096

Background

Estimates of the prevalence of mild traumatic brain injury (mTBI) among military personnel and combat veterans rely almost exclusively on retrospective self-reports; however, reliability of these reports has received little attention.

Aims

To examine the consistency of reporting of mTBI over time and identify factors associated with inconsistent reporting.

Method

A longitudinal cohort of 948 US National Guard Soldiers deployed to Iraq completed self-report questionnaire screening for mTBI and psychological symptoms while in-theatre 1 month before returning home (time 1, T1) and 1 year later (time 2, T2).

Results

Most respondents (n = 811, 85.5%) were consistent in their reporting of mTBI across time. Among those who were inconsistent in their reports (n = 137, 14.5%), the majority denied mTBI at T1 and affirmed mTBI at T2 (n = 123, 89.8%). Respondents rarely endorsed mTBI in-theatre and later denied mTBI (n = 14, 10.2% of those with inconsistent reports). Post-deployment post-traumatic stress symptoms and non-specific physical complaints were significantly associated with inconsistent report of mTBI.

Conclusions

Military service members' self-reports of mTBI are generally consistent over time; however, inconsistency in retrospective self-reporting of mTBI status is associated with current post-traumatic stress symptoms and non-specific physical health complaints.

<http://olj.onlinelearningconsortium.org/index.php/jaln/article/view/485>

Supporting Student Veterans: Utilizing Game-Based Role-Plays with Virtual Humans to Build Military Cultural Competency and Helping Behaviors in Faculty and Staff.

Chris Andrew Cate, Glenn Albright

Online Learning
Vol 19, No 1 (2015)

Veterans and military service members enter the classroom with valuable life and leadership experience; however, transitioning to student life represents unique challenges. Like the larger veteran population, student veterans may bring to campus the negative aftereffects of their combat experiences in the form of Post-Traumatic Stress, substance abuse, depression, and thoughts of suicide. To better support and retain the nation's growing number of student veterans, higher-education institutions are beginning to train faculty and staff to more effectively understand and meet the needs of student veteran populations. This study examines the impact of a new and innovative game-based virtual training simulation where users role-play with emotionally responsive virtual student veterans to understand the unique value veterans bring to campus, the obstacles they face in their pursuit of a college degree, effective tactics for managing challenging conversations and the best practices for connecting student veterans exhibiting signs of psychological distress with appropriate support services.

<http://online.liebertpub.com/doi/abs/10.1089/tmj.2014.0100>

Personal Technology Use by U.S. Military Service Members and Veterans: An Update.

Bush Nigel E. and Wheeler William M.

Telemedicine and e-Health

Online Ahead of Print: January 23, 2015

doi:10.1089/tmj.2014.0100

Objective:

Although personal electronic devices, such as mobile phones, computers, and tablets, increasingly are being leveraged as vehicles for health in the civilian world, almost nothing is known about personal technology use in the U.S. military. In 2012 we conducted a unique survey of personal technologies used by U.S. military service members. However, with the rapidly growing sophistication of personal technology and changes in consumer habits, that knowledge must be continuously updated to be useful. Accordingly, we recently surveyed new samples of active duty service members, National Guard and Reserve, and veterans. Materials and

Methods:

We collected data by online surveys in 2013 from 239 active, inactive, and former service members. Online surveys were completed in-person via laptop computers at a large military installation and remotely via Web-based surveys posted on the Army Knowledge Online Web site and on a Defense Center Facebook social media channel.

Results and Conclusions:

We measured high rates of personal technology use by service members at home across popular electronic media. The most dramatic change since our earlier survey was the tremendous increase in mobile phone use at home for a wide variety of purposes. Participants also reported moderate non-work uses of computers and tablets while on recent deployment to Iraq and Afghanistan, but almost no mobile phone use, ostensibly because of military restrictions in the war zone. These latest results will enable researchers and technology developers target their efforts on the most promising and popular technologies for psychological health in the military.

<http://mhc.cnpn.org/doi/abs/10.9740/mhc.n224783>

Post-traumatic stress disorder in veterans of Operation Enduring Freedom/Operation Iraqi Freedom: Retrospective review of treatment received compared to evidence-based practice guidelines.

Rosana Oliveira, Troy A. Moore, Cynthia A. Mascareñas, and Carrie Rogers

Mental Health Clinician

November 2014-Focus on psychiatric pharmacy practice sites

Vol. 4, No. 6, pp. 301-308

doi: <http://dx.doi.org/10.9740/mhc.n224783>

Background:

Post-Traumatic Stress Disorder (PTSD) is a syndrome that can emerge after exposure to a traumatic event. In the veteran population, the strongest predictor of developing PTSD is frequency and intensity of direct combat exposure. The 2010 Veterans Affairs (VA)/Department of Defense (DoD) guidelines for the treatment of PTSD published in 2010 recommend psychotherapy techniques and/or pharmacotherapy (selective serotonin reuptake inhibitor or venlafaxine) as initial management.

Objective:

This study aimed to determine whether Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF) veterans received treatment for PTSD in concordance with VA/DoD guidelines.

Methods:

A retrospective chart review was conducted for 400 patients at the South Texas Veterans Health Care System (STVHCS) with OEF/OIF service who had a PTSD-related encounter between September 1, 2011 and August 31, 2012. The primary outcome was the percentage of OEF/OIF veterans with PTSD who received treatment in concordance with VA/DoD guidelines. Secondary outcomes included length of time veterans waited to see mental health (MH) providers, and comparison of outcomes between patients who received evidence-based treatment to those that did not.

Results:

Two-hundred and seventy-nine patients met the inclusion criteria and the majority of patients (n = 183, 65.5%) received treatment consistent with the VA/DoD Guidelines. The overall median wait time to see a MH provider was 10 +/-26.64 days, and did not differ significantly between groups. Patients whose treatment did not follow guideline recommendations had statistically more psychiatric emergency department (ED) visits (10 vs. 17, p=0.0026).

Conclusions:

The majority of patients at the STVHCS received treatment for PTSD in concordance with the VA/DoD guidelines, and 67.7% of patients saw MH providers within 14 days. Patients who did not receive guideline-supported treatment had more frequent ED visits, but the reason for this is unknown and may be due to a number of factors not accounted for in this review. The number of ED visits may be reduced by fully utilizing the processes in place that work to improve veteran access to MH care and the provision of guideline-based treatment. Prospective studies

are needed to clearly elucidate the factors that may impact whether or not patients receive recommended treatment.

<http://psycnet.apa.org/psycinfo/2015-01018-001/>

VA PTSD Clinic Director Perspectives: How Perceptions of Readiness Influence Delivery of Evidence-Based PTSD Treatment.

Hamblen, Jessica L.; Bernardy, Nancy C.; Sherrieb, Kathleen; Norris, Fran H.; Cook, Joan M.; Louis, Claudine A.; Schnurr, Paula P.

Professional Psychology: Research and Practice

Jan 19 , 2015

<http://dx.doi.org/10.1037/a0038535>

Despite extensive data from randomized controlled trials supporting the efficacy of evidence-based treatments (EBTs), the adoption of these interventions in the Department of Veterans Affairs (VA) and the Department of Defense has been markedly slow. Qualitative interviews were conducted with a nationally representative sample of 38 directors of specialized posttraumatic stress disorder outpatient programs in VA medical centers about implementation of two EBTs. Every director confirmed that EBTs, specifically prolonged exposure and cognitive processing therapy, were provided in their program. It was nearly universal, however, for these treatments to be preceded by preparatory groups. The consensus among directors was that these groups improve readiness for trauma-focused EBTs, help veterans to make informed decisions about their treatment plans, improve coping skills and symptom management, and decrease the likelihood of no-shows for scheduled EBTs. The concept of readiness for trauma-focused EBTs guided program development and flow throughout the programs. Implications for increased implementation of EBTs include developing and disseminating standardized ways of explaining their rationale and expected outcomes. Future research directions, such as empirically identifying veterans who are willing to participate in and benefit from these EBTs, are also noted. (PsycINFO Database Record (c) 2015 APA, all rights reserved)

<http://www.tandfonline.com/doi/abs/10.1080/21635781.2014.995250>

Physical Aggression Among Post-9/11 Veterans.

Sonya B. Norman Ph.D., Emily Schmied MPHb & Gerald E. Larson Ph.D.

Military Behavioral Health

DOI: 10.1080/21635781.2014.995250

Understanding risk factors for physical aggression among recently separated combat veterans is important for prevention. We examined longitudinal and concurrent risk factors in the year following military separation. 474 Marines completed questionnaires prior to separation and again in the first year of civilian life. In multivariate analyses, younger age, greater combat exposure, and PTSD or depression symptoms were associated with increased risk of physical aggression after separation. Problem alcohol use was a significant risk factor concurrently but not longitudinally. This study underscores the need to examine multiple time points and risk factors.

<http://onlinelibrary.wiley.com/doi/10.1111/papt.12057/abstract>

The influence of trauma and patient characteristics on provider burnout in VA post-traumatic stress disorder specialty programmes.

Garcia, H. A., McGeary, C. A., Finley, E. P., McGeary, D. D., Ketchum, N. S. and Peterson, A. L.

Psychology and Psychotherapy: Theory, Research and Practice

Article first published online: 21 JAN 2015

DOI: 10.1111/papt.12057

Objective

Prolonged exposure (PE) and cognitive processing therapy (CPT) – post-traumatic stress disorder (PTSD) treatments now available at the Veterans Health Administration (VHA) – expose the provider to graphic traumatic material. Little is known about the impact of traumatic material on VHA providers. The purpose of this study was to examine the relationship between trauma content, patient characteristics, and burnout among VHA PTSD Clinical Team (PCT) providers. It was hypothesized that trauma content and patient characteristics would significantly predict burnout in this population.

Design

This cross-sectional study consisted of 137 participants. The sample was mostly female (67%), Caucasian (non-Hispanic; 81%), and married (70%) with a mean age of 44.3 years (SD = 11.3).

Methods

Participants completed an electronic survey that assessed demographics, patient characteristics (i.e., anger, personality disorder, malingering), trauma content characteristics (e.g., killing of women and children) as well as burnout as measured by the Maslach Burnout Inventory-General Survey (MBI-GS; Maslach et al., 1996, Burnout inventory manual. Palo Alto: Consulting Psychologist Press).

Results

Over half of the study population reported being bothered by trauma content; however, trauma content did not predict burnout. Treating patients with personality disorders and suspected malingering predicted burnout in PCT providers. High numbers (77%) reported perceiving that emotional exhaustion impacted the quality of care they provided.

Conclusion

These findings suggest an important role of burnout assessment, prevention, and treatment strategies at the VHA.

Practitioner points

- This paper addresses the impact of provider burnout on perceived quality of care.
- This paper also addresses potential predictors of burnout in PCT settings.
- This paper outlines potential remedies to provider burnout in the VHA.

<http://onlinelibrary.wiley.com/doi/10.1111/jcap.12099/abstract>

Military Deployment and Reintegration: A Systematic Review of Child Coping.

Bello-Utu, C. F. and DeSocio, J. E.

Journal of Child and Adolescent Psychiatric Nursing

Article first published online: 29 JAN 2015

DOI: 10.1111/jcap.12099

Topic

Child coping with parent military deployment and family reintegration.

Purpose

A systematic review of research literature was conducted to examine the effects of deployment and family reintegration on children in military families.

Sources Used

A search of CINAHL, PubMed, Psyc-INFO, and SocINDEX databases was performed using the terms "military family," "military child," "child coping," "deployment," and "reintegration." The search was limited to publications between 2001 and 2014 to focus on the effects of Operation Enduring Freedom (OEF), Operation Iraqi Freedom (OIF), and Operation New Dawn (OND). Twenty-seven research reports met inclusion criteria.

Conclusions

Three themes were extracted: A child's coping is influenced by (a) the child's age and development, (b) the mental health and coping of the non-deployed parent during deployment,

and the mental health of both parents during family reintegration, and (c) the pre-existing resilience/vulnerability, cumulative risks, and resources of the child and family.

<http://journals.cambridge.org/action/displayAbstract?fromPage=online&aid=9533792&fileId=S1838095614000134>

Relationship Satisfaction, Conflict and Psychological Distress: The Impact of Combat Deployment to Afghanistan on the Romantic Partners of Australian Army Personnel.

Joanna Turner and Danuta Chessor

Journal of Relationships Research
Volume 6 / January 2015, e3 (12 pages)
DOI: <http://dx.doi.org/10.1017/jrr.2014.13>

Coping with psychological suffering after combat deployment has been identified across a diverse range of wars and countries as having the potential to negatively influence the long-term wellbeing of female partners of veterans. The aim of the study was to explore whether romantic partners of veterans (N = 97) suffered higher levels of psychological distress and destructive relationship conflict, lower relationship satisfaction and perceived social support when compared to female Australians in the civilian population (N = 87). Australian participants completed an anonymous online survey, and overall means were calculated for each group and compared using independent samples t tests. Results from the study indicated strong support for all research hypotheses in the expected directions. Research findings suggest that Australian females romantically involved with Afghanistan War veterans are more vulnerable to experiencing relationship dysfunction and are at an increased risk of impaired psychological health in the Australian population.

<http://www.emeraldinsight.com/doi/abs/10.1108/ADD-09-2014-0035>

Dual diagnosis among veterans in the United States.

Cory A. Crane , Robert C. Schlauch , Caroline J. Easton

Advances in Dual Diagnosis
Volume 8 Issue 1

Purpose

Over the course of their service, veterans are exposed to elevated levels of chronic stress that contribute to a greater prevalence of mental illness than observed in the general population.

When mental illness is present, comorbidity is normative. Convergent evidence suggests that co-occurring substance use and mental illness is among the most prevalent forms of comorbidity within veteran samples. The current review explores issues associated with dual diagnoses among veterans in the United States.

Design/methodology/approach

Research on dual diagnoses among veterans was reviewed and consolidated for presentation into three substantive content areas consisting of prevalence, associated conditions, and treatment of dual diagnoses.

Findings

Dually diagnosed veterans represent a group at particularly high risk for myriad adverse biopsychosocial and treatment outcomes, including poor health, suicidality, violence or aggressive behavior, arrest, homelessness, and unemployment. A comprehensive strategy has been implemented within the Veterans Health Administration to address dual diagnosis and related problems. Additional research is required to more readily identify co-occurring substance use and mental illness and to refine integrated intervention approaches to minimize burden while improving treatment outcomes for veterans and their families.

Originality/value

The current review includes a wide range of research spanning more than two decades and describing dual diagnosis among combat veterans of all modern eras. Areas in need of further research (e.g., dual diagnosis among female veterans; early detection of psychopathology and fully integrated care among returning veterans) are identified and discussed.

<http://www.sciencedirect.com/science/article/pii/S0165178115000505>

Assessing traumatic experiences in screening for PTSD in substance use disorder patients: What is the gain in addition to PTSD symptoms?

Tim Kok, Hein de Haan, Margreet van der Meer, Lisa Najavits, Cor de Jong

Psychiatry Research

Available online 27 January 2015

doi:10.1016/j.psychres.2015.01.014

Traumatic experiences have been linked with substance use disorders (SUD) and may be an important factor in the perpetuation of SUD, even in the absence of posttraumatic stress disorder (PTSD) symptoms. The purpose of the current study was to examine the relationship between childhood trauma and substance use severity in 192 SUD inpatients. Childhood trauma was assessed using the Traumatic Experiences Checklist. With variables derived from this measure in addition to PTSD symptoms, two regression models were created with alcohol use

or drug use severity as dependent variables. Alcohol severity was explained by PTSD symptoms as well as the age of trauma. Drug severity was explained solely by PTSD symptoms. The clinical value of assessing childhood trauma in determining the addiction severity appears to be limited in comparison with PTSD symptoms.

<http://onlinelibrary.wiley.com/doi/10.1002/jts.21982/abstract>

Sleep Variability in Military-Related PTSD: A Comparison to Primary Insomnia and Healthy Controls.

Straus, L. D., Drummond, S. P. A., Nappi, C. M., Jenkins, M. M. and Norman, S. B.

Journal of Traumatic Stress

Article first published online: 28 JAN 2015

DOI: 10.1002/jts.21982

Sleep disturbances are prevalent in posttraumatic stress disorder (PTSD) and are associated with a number of adverse health consequences. Few studies have used comprehensive assessment methods to characterize sleep in Operation Iraqi Freedom/Operation Enduring Freedom/Operation New Dawn (OEF/OIF/OND) veterans with PTSD. OEF/OIF/OND veterans with PTSD and sleep disturbance ($n = 45$) were compared to patients with primary insomnia ($n = 25$) and healthy control subjects ($n = 27$). Participants were assessed using questionnaire-based measures as well as daily subjective and objective measures of sleep. The 3 groups were compared with regard to (a) group means, (b) intraindividual (i.e., night-to-night) variability of sleep, and (c) interindividual (i.e., within-group) variability of sleep. In terms of group means, only objective sleep efficiency was significantly worse with PTSD than with primary insomnia ($d = 0.54$). Those with PTSD differed from those with primary insomnia on measures of intraindividual as well as interindividual variability ($d = 0.48$ – 0.73). These results suggested sleep symptoms in OEF/OIF/OND veterans with PTSD are more variable across nights and less consistent across patients relative to sleep symptoms in insomnia patients without PTSD. These findings have implications for research, as well as for personalizing treatment for individuals with PTSD.

<http://www.sciencedirect.com/science/article/pii/S175529661500002s>

The Interactive Role of Exercise and Sleep on Veteran Recovery from Symptoms of PTSD.

Kimberly A. Babson, Adrienne J. Heinz, Gil Ramirez, Melissa Puckett, Jessica G. Irons, Marcel O. Bonn-Miller, Steven H. Woodward

Mental Health and Physical Activity
Available online 27 January 2015
doi:10.1016/j.mhpa.2014.12.002

Introduction

Posttraumatic Stress Disorder (PTSD) is prevalent among military veterans and is associated with a number of negative outcomes. Despite available treatments, rates of recovery are poor and many symptoms persist post-treatment. Previous research suggests that exercise functions to reduce symptoms of anxiety and improve sleep quality, though its effects are understudied among those with PTSD.

Method

We sought to assess the extent to which exercise and sleep interactively impact changes in PTSD severity. Participants were 217 veterans in residential PTSD treatment who were offered the opportunity to participate in a bike-exercise program. Data were collected at treatment intake and discharge.

Results

Exercise (defined as total volume of cycling completed over the course of treatment) was associated with greater reductions in PTSD hyperarousal symptoms at discharge only among veterans with poor intake sleep quality.

Conclusions

Overall, exercise may be a beneficial adjunctive treatment for reducing hyperarousal symptoms among individuals with PTSD and poor sleep.

<http://onlinelibrary.wiley.com/doi/10.1002/jts.21988/abstract>

The Relationship Between Course of PTSD Symptoms in Deployed U.S. Marines and Degree of Combat Exposure.

Boasso, A. M., Steenkamp, M. M., Nash, W. P., Larson, J. L. and Litz, B. T.

Journal of Traumatic Stress

Article first published online: 28 JAN 2015

DOI: 10.1002/jts.21988

Large cohort studies suggest that most military personnel experience minimal posttraumatic stress disorder (PTSD) symptoms following warzone deployment, an outcome often labeled resilience. Very low symptom levels, however, may be a marker for low exposure, not resilience, which requires relatively high-magnitude or high-frequency stress exposure as a precondition.

We used growth mixture modeling (GMM) to examine the longitudinal course of lifetime PTSD symptoms following combat exposure by disaggregating deployed U.S. Marines into upper, middle, and lower tertiles of combat exposure. All factor models fit the data well; Tucker-Lewis Index (TLI) and comparative fit index (CFI) values ranged from .91 to .97. Three distinct trajectories best explained the data within each tertile. The upper tertile comprised True Resilience (73.2%), New-Onset Symptoms (18.3%), and Pre-existing Symptoms (8.5%) trajectories. The middle tertile also comprised True Resilience (74.5%), New-Onset Symptoms (16.1%), and Pre-existing Symptoms (9.4%) trajectories. The lower tertile comprised Artifactual Resilience (86.3%), Pre-existing Symptoms (7.6%), and New-Onset Symptoms (6.1%) trajectories. True Resilience involved a clinically significant symptom increase followed by a return to baseline, whereas Artifactual Resilience involved consistently low symptoms. Conflating artifactual and true resilience may inaccurately create the expectation of persistently low symptoms regardless of warzone exposure.

<http://www.journalsleep.org/ViewAbstract.aspx?pid=29866>

Effects of Cognitive Behavioral Therapy for Insomnia on Suicidal Ideation in Veterans.

Mickey Trockel, MD, PhD; Bradley E. Karlin, PhD; C. Barr Taylor, MD; Gregory K. Brown, PhD; Rachel Manber, PhD

SLEEP 2015;38(2):259–265.

<http://dx.doi.org/10.5665/sleep.4410>

Objective:

To examine the effects of cognitive behavioral therapy for insomnia (CBT-I) on suicidal ideation among Veterans with insomnia.

Design:

Longitudinal data collected in the course of an uncontrolled evaluation of a large-scale CBT-I training program. Setting: Outpatient and residential treatment facilities.

Participants:

Four hundred five Veterans presenting for treatment of insomnia. Interventions: Cognitive behavioral therapy for insomnia.

Measurement and Results:

At baseline, 32% of patients, compared with 21% at final assessment, endorsed some level of suicidal ideation [$\chi^2(df = 1) = 125; P < 0.001$]. After adjusting for demographic variables and baseline insomnia severity, each 7-point decrease in Insomnia Severity Index score achieved during CBT-I treatment was associated with a 65% (odds ratio = 0.35; 95% confidence intervals = 0.24 to 0.52) reduction in odds of suicidal ideation. The effect of change in insomnia severity

on change in depression severity was also significant. After controlling for change in depression severity and other variables in the model, the effect of change in insomnia severity on change in suicidal ideation remained significant.

Conclusion:

This evaluation of the largest dissemination of cognitive behavioral therapy for insomnia (CBT-I) in the United States found a clinically meaningful reduction in suicidal ideation among Veterans receiving CBT-I. The mechanisms by which effective treatment of insomnia with CBT-I reduces suicide risk are unknown and warrant investigation. The current results may have significant public health implications for preventing suicide among Veterans.

<http://pom.sagepub.com/content/early/2015/01/28/0305735614566841.abstract>

Military veterans' use of music-based emotion regulation for managing mental health issues.

Valeria Zoteyva, David Forbes, Nikki S Rickard

Psychology of Music

Published online before print January 28, 2015

doi: 10.1177/0305735614566841

Veterans commonly report listening to music as a means of self-managing their mental health, yet no research has systematically explored how veterans use music for the purpose of regulating their emotions. In the current study, surveys were completed by 205 Australian veterans (mean age 59.57, SD 0.83), assessing their affective mental health (depression and stress) and related physical and behavioral problems (self-reported general health, alcohol abuse and negative social interactions). Veterans listened to music more in their everyday life than any other leisure activity reported. Music-listening for emotion-regulation purposes significantly contributed to the prediction of depression, perceived stress and negative social interactions, when gender and positive social interactions were controlled. Veterans with mental health problems listened to music for both emotional and cognitive reasons, and the most predictive emotion-regulation strategies used with music were diversion, discharge, and mental work. Music-listening did not however assist prediction of self-reported general health or alcohol abuse. The current findings demonstrate that veterans with higher levels of affective dysfunction listened to music to manage emotional and cognitive problems. Personal music-listening therefore offers substantial promise as a self-management tool to complement professional treatment of affective disorders in this vulnerable population.

<http://www.tandfonline.com/doi/abs/10.1080/21635781.2015.1009211>

Soldier Beliefs About the Readiness of Military Personnel With Mild Traumatic Brain Injury.

Thomas W. Britt , Bethany Ranes , Amanda M. Kelley , Stephanie Traynham

Military Behavioral Health

Accepted author version posted online: 30 Jan 2015

DOI: 10.1080/21635781.2015.1009211

This study examined Soldier perceptions of military personnel with mild traumatic brain injury (mTBI). U.S. Army Soldiers (N = 391) read and responded to one of five scenarios involving the evaluation of a hypothetical Soldier who returned from combat duty in Afghanistan. In four versions of the scenario, the Soldier sustained an mTBI, and in one version, he sustained no injury. Each mTBI scenario contained different types of medical and mental health symptoms. The results indicated that the Soldier was judged lower in readiness and requiring more special accommodations for reintegration when experiencing an mTBI in comparison to the control condition. The different symptoms that occurred in conjunction with the mTBI did not differently affect his evaluation.

<http://www.tandfonline.com/doi/abs/10.1080/21635781.2015.1009209>

“We Don’t Complain About Little Things”: Views of Veterans and Military Family Members on Healthcare Gaps and Needs.

Lisa D. Butler , Braden K. Linn , Mary Ann Meeker , Katie McClain-Meeder , Thomas H. Nochajski

Military Behavioral Health

Accepted author version posted online: 30 Jan 2015

DOI: 10.1080/21635781.2015.1009209

This qualitative investigation examined the views of veterans and military family members on the needs and gaps they perceive in health and mental health care provision. Four focus groups (N=33) were conducted (two with male veterans, one with female veterans, and one with military family members). Ten themes emerged regarding highly valued and unsatisfactory aspects of care received from providers and healthcare systems; 4 topic areas for training providers were also identified. Findings suggest that it is critical that healthcare providers and systems master the military/veteran cultural competence necessary to work effectively with veterans and military family members.

<http://www.tandfonline.com/doi/abs/10.1080/21635781.2015.1009210>

Support for Spouses of Post Deployment Service Members.

Linda O. Nichols, Jennifer Martindale-Adams, Jeffrey Zube , Marshall Graney, Robert Burns, Carolyn Clark

Military Behavioral Health

Accepted author version posted online: 30 Jan 2015

DOI:10.1080/21635781.2015.1009210

Spouses/significant others of service members who served in Iraq or Afghanistan (n = 228) randomized into three study arms: telephone support groups, education webinars, or usual care. Telephone support groups and education webinars met 12 times during six months. Outcomes included depression, anxiety symptoms, resilience, personal/family coping, and family communication. Participants in all three study arms improved over time despite dealing with care challenges for an injured service member, or not yet being adjusted to the service member's return in some way. All participants attributed benefit to improved self-efficacy. Findings suggest multiple avenues can be used to support families post deployment.

<http://link.springer.com/article/10.1007%2Fs40596-015-0283-3>

Thrust Into the Breach: Psychiatry in a Combat Zone Within 1 Year of Residency Completion.

Vincent F. Capaldi II, Hanna D. Zembrzuska

Academic Psychiatry

January 2015

For even the seasoned military physician, the order to deploy into a combat zone is fraught with trepidation and anxiety. Despite expert training in cognitive behavioral techniques and anxiety mitigation measures, newly minted psychiatrists also experience changes in mood and associated affect when notified that they will be deploying shortly after graduating residency. This article was written by psychiatrists who deployed to Afghanistan within 1 year of completing residency. This article will discuss the value of military graduate medical education, the differences between psychiatric care in the training environment versus the deployed setting, and the resources that are available for psychiatrists in combat zones.

<http://www.sciencedirect.com/science/article/pii/S0165178115000608>

Separate and interactive contributions of weak inhibitory control and threat sensitivity to prediction of suicide risk.

Noah C. Venables, Martin Sellbom, Andre Sourander, Kenneth S. Kendler, Thomas E. Joiner, Laura E. Drislane, Lauri Sillanmäki, Henrik Elonheimo, Kai Parkkola, Petteri Multimaki, Christopher J. Patrick

Psychiatry Research

Available online 30 January 2015

doi:10.1016/j.psychres.2015.01.018

Biobehavioral dispositions can serve as valuable referents for biologically-oriented research on core processes with relevance to many psychiatric conditions. The present study examined two such dispositional variables—weak response inhibition (or disinhibition; INH-) and threat sensitivity (or fearfulness; THT+)—as predictors of the serious transdiagnostic problem of suicide risk in two samples: male and female outpatients from a U.S. clinic (N=1,078), and a population-based male military cohort from Finland (N=3,855). INH- and THT+ were operationalized through scores on scale measures of disinhibition and fear/fearlessness, known to be related to DSM-defined clinical conditions and brain biomarkers. Suicide risk was assessed by clinician ratings (clinic sample) and questionnaires (both samples). Across samples and alternative suicide indices, INH- and THT+ each contributed uniquely to prediction of suicide risk—beyond internalizing and externalizing problems in the case of the clinic sample where diagnostic data were available. Further, in both samples, INH- and THT+ interactively predicted suicide risk, with individuals scoring concurrently high on both dispositions exhibiting markedly augmented risk. Findings demonstrate that dispositional constructs of INH- and THT+ are predictive of suicide risk, and hold potential as referents for biological research on suicidal behavior.

<http://www.mdpi.com/2076-328X/5/1/43>

Specificity of Cognitive and Behavioral Complaints in Post-Traumatic Stress Disorder and Mild Traumatic Brain Injury.

Pineau, H.; Marchand, A.; Guay, S.

Behav. Sci. 2015, 5(1), 43-58;

doi:10.3390/bs5010043

Characterization of cognitive and behavioral complaints is explored in Post-traumatic stress

disorder (PTSD) and mild traumatic brain injury (MTBI) samples according to the severity of PTSD, depression and general anxiety conditions. Self-reported questionnaires on cognitive and behavioral changes are administered to PTSD, MTBI, MTBI/PTSD and control groups. Confounding variables are controlled. All groups report more complaints since the traumatic event. PTSD and MTBI/PTSD groups report more anxiety symptoms, depression and complaints compared to the MTBI group. Relatives of the PTSD group confirm most of the behavioral changes reported. Results suggest the utility of self-reported questionnaires to personalize cognitive and behavioral interventions in PTSD and MTBI to cope with the impacts of the traumatic event.

<http://link.springer.com/article/10.1007/s11126-015-9337-7>

Using Smartphone Apps to Promote Psychiatric and Physical Well-Being.

Cathaleene Macias, Trishan Panch, Yale M. Hicks, Jason S. Scolnick, David Lyle Weene, Dost Öngür, Bruce M. Cohen

Psychiatric Quarterly
January 2015

This pilot study tested the acceptability and usability of a prototype app designed to promote the physical well-being of adults with psychiatric disorders. The application under evaluation, WellWave, promoted walking as a physical exercise, and offered a variety of supportive non-physical activities, including confidential text-messaging with peer staff, and a digital library of readings and videos on recovery from psychiatric illness. Study participants engaged strongly in the app throughout the 4-week study, showing a 94 % mean daily usage rate, and a 73 % mean response rate across all electronic messages and prompts, which approximates the gold standard of 75 % for momentary ecological assessment studies. Seven of the ten study participants averaged two or more walks per week, beginning with 5-min walks and ending with walks lasting 20 min or longer. This responsiveness to the walking prompts, and the overall high rate of engagement in other app features, suggest that adults with psychiatric conditions would welcome and benefit from similar smartphone interventions that promote healthy behaviours in life domains other than exercise. Pilot study results also suggest that smartphone applications can be useful as research tools in the development and testing of theories and practical strategies for encouraging healthy lifestyles. Participants were prompted periodically to rate their own health quality, perceived control over their health, and stage-of-change in adopting a walking routine, and these electronic self-ratings showed acceptable concurrent and discriminant validity, with all participants reporting moderate to high motivation to exercise by the end of the study.

<http://www.springer.com/medicine/psychiatry/book/978-3-319-07108-4>

Evidence Based Treatments for Trauma-Related Psychological Disorders: A Practical Guide for Clinicians (new book)

Schnyder, Ulrich, Cloitre, Marylène (Eds.)

2015, VII, 523 p. 13 illus., 9 illus. in color

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Links of Interest

Prolonged Exposure: A first-line treatment for PTSD

<http://www.blogs.va.gov/VAntage/16793/prolonged-exposure-a-first-line-treatment-for-ptsd/>

Report faults Army's ability to predict violence

<http://www.bostonglobe.com/news/nation/2015/01/24/army-says-fort-hood-lacked-system-threat-rampage/jYh51ccQIGliOTiKkiMsVI/story.html>

What's So Great About EMDR

<http://blogs.psychcentral.com/after-trauma/2015/01/whats-so-great-about-emdr/>

Military life is stressful on all concerned; efforts to help often fall short

http://www.washingtonpost.com/national/health-science/military-life-is-stressful-on-all-concerned-efforts-to-help-often-fall-short/2015/02/02/819ebecc-71ac-11e4-ad12-3734c461eab6_story.html

Insomnia Therapy Can Reduce Suicidal Thoughts in Veterans

<http://psychcentral.com/news/2015/02/03/insomnia-therapy-can-reduce-suicidal-thoughts-in-veterans/80713.html>

Face of Defense: Clinicians Help Deployed Troops Fight Stress

<http://www.health.mil/News/Articles/2015/02/02/Face-of-Defense-Clinicians-Help-Deployed-Troops-Fight-Stress>

Why the Caged Bird Does Not Sing: Captivity and Complex PTSD in parrots and people

<https://www.psychologytoday.com/blog/bear-in-mind/201110/why-the-caged-bird-does-not-sing>

Resource of the Week: [National Center for Complementary and Integrative Health \(NCCIH\)](#)

The National Center for Complementary and Integrative Health, formerly the National Center for Complementary and Alternative Medicine (NCCAM), “ is the Federal Government’s lead agency for scientific research on the diverse medical and health care systems, practices, and products that are not generally considered part of conventional medicine.” It is part of the [National Institutes of Health](#) (NIH) For the average seeker of health information, the agency’s value lies in its [authoritative assessments](#) of alternative health products and practices, from [acai](#) to [zinc](#), and everything in between.

The screenshot shows the homepage of the National Center for Complementary and Integrative Health (NCCIH). The header includes the U.S. Department of Health & Human Services and National Institutes of Health logos. The main navigation bar contains links for Home, Health Info, Research, Grants & Funding, Training, News, and About NCCIH. A large banner features the text "NCCAM is now NCCIH" and "Learn more about our new name". Below the banner is a "Research Results" section with four highlighted studies: "Manual Thrust Spinal Manipulation May Improve Short-Term Treatment Outcomes for People With Acute or Sub-Acute Low-Back Pain (November 21, 2014)", "Human Body Microbes Make Antibiotics, Study Finds (September 11, 2014)", "Genetically Modified Yeast Strains Produce Opioid Drugs (August 24, 2014)", and "Multiple 60-Minute Massages per Week Offer Relief for Chronic Neck Pain (June 2, 2014)". On the left, there are sections for "Stay Connected", "Health" (with sub-sections like Topics A-Z, Complementary, Alternative, or Integrative Health, Be Informed, Safety, Herbs at a Glance, How To Find a Practitioner, and Información en Español), and "Resources for Health Care Providers". On the right, there is a "What does NCCIH do?" section and a "News" section with several recent news items. A footer area includes the "NCCIH Research Blog" link.

Readers of the CDP Research Update will want to take a look at [Complementary Health Practices for U.S. Military, Veterans, and Families](#), a collection of resources including links to relative research, clinical trials, reports and more.

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Complementary Health Practices for U.S. Military, Veterans, and Families

Many military personnel and veterans experience chronic pain, a condition that can be debilitating and is often difficult to treat. Post-traumatic stress, traumatic brain injury, depression, and substance use are other conditions that tend to co-occur in these same service members and are also challenging to treat. Opioid medications are often prescribed for chronic pain conditions, but use and misuse of opioids resulting in hospitalizations and death has been on the rise. A [study](#) published in the journal *JAMA Internal Medicine* examined the prevalence of chronic pain and opioid use among U.S. soldiers following deployment. The researchers found that of the more than 2,500 participants surveyed, 44 percent had chronic pain and 15 percent regularly used opioids—rates much higher than the general population.

Many military, veterans, and their families turn to complementary and integrative health approaches such as mindfulness meditation and other practices in an effort to enhance the options for the management of pain and associated problems. This page provides resources and information on health conditions of special concern to military, veterans, and their families and the complementary and integrative health practices being studied for this population.

PAIN IN THE MILITARY IS OUR FEATURED TOPIC

- Press Release: [NIH and VA address pain and related conditions in U.S. military personnel, veterans, and their families: Research will focus on nondrug approaches](#)
- Infographic: [Fighting Pain in the U.S. Military, Veterans, and Their Families](#)

For Consumers
General Information

- Message From the Director: [Exploring Nondrug Approaches to Managing Pain and Related Conditions in the Military](#) (09/25/14)
- NIH and VA address pain and related conditions in U.S. military personnel, veterans, and their families: Research will focus on nondrug

For Health Professionals
General Information

- Lecture: [Building Resilience in High Stress Cohorts With Mindfulness Training](#) (05/05/14)

NCCAM Research Blog

- Blog Post: [Workshop Summary Highlights Research Gaps in Understanding How Sleep](#)

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Courtesy of USPHS

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