



## CDP Research Update -- February 26, 2015

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- Links of Interest
- Resource of the Week: GPO MetaLib Federated Government Search Engine

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<http://www.med.navy.mil/sites/nmcsc/nccosc/healthProfessionalsV2/researchQuarterly/Documents/winter2015ResearchQuarterly.pdf>

### **Combat & Operational Stress Research Quarterly -- Winter 2015**

Naval Center for Combat & Operational Stress Control

The Combat & Operational Stress Research Quarterly is a compilation of recent research that includes relevant findings on the etiology, course and treatment of Posttraumatic Stress Disorder (PTSD). The intent of this publication is to facilitate translational research by providing busy clinicians with up-to-date findings, with the potential to guide and inform evidence-based treatment.

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<http://www.ncbi.nlm.nih.gov/pubmed/25702604>

J Affect Disord. 2015 Jan 29;176C:87-94. doi: 10.1016/j.jad.2015.01.043. [Epub ahead of print]

### **PTSD symptom presentation across the deployment cycle.**

Steenkamp MM, Boasso AM, Nash WP, Larson JL, Lubin RE, Litz BT

#### **BACKGROUND:**

Symptom-level variation in posttraumatic stress disorder 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. Published by Elsevier B.V.

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<https://nccih.nih.gov/about/naccih/military-report>

### **Strengthening Collaborations With the U.S. Department of Defense and U.S. Department of Veterans Affairs: Effectiveness Research on Mind and Body Interventions**

National Advisory Council on Complementary and Integrative Health (NACCIH) Working Group

From [press release](#):

The feasibility of conducting larger-scale research studies on nondrug approaches for pain management in cooperation with the U.S. Department of Defense (DoD) and the U.S. Department of Veterans Affairs (VA) should be assessed by the National Center for Complementary and Integrative Health (NCCIH) at the National Institutes of Health (NIH). This recommendation was delivered in a report by a working group of the Center's Advisory Council.

“Chronic pain is a major public health problem that affects more than 100 million Americans, and research shows that it may disproportionately affect military personnel and Veterans,” said Lloyd Michener, M.D., professor and chair, Department of Community and Family Medicine, Duke University, Durham, North Carolina; chair of the working group. “The high rates of chronic pain in the military and Veteran populations are alarming. New strategies for managing this widespread condition are urgently needed.”

The working group recommended that the proposed research should:

- Assess the impact of pain on patient function and quality of life as primary outcome measures, with changes in the use of opioids and other drugs as a secondary outcome;
- Evaluate an integrated package of nondrug treatments, an integrative model of care, or a holistic approach to care rather than focusing on individual complementary health approaches;
- Focus on patients in the early stages of chronic pain;
- Leverage natural experiments and existing resources whenever possible; and
- Be pragmatic and embedded in the delivery of care.

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<http://onlinelibrary.wiley.com/doi/10.1002/jts.21984/abstract>

### **Menstrual Cycle Effects on Psychological Symptoms in Women With PTSD.**

Nillni, Y. I., Pineles, S. L., Patton, S. C., Rouse, M. H., Sawyer, A. T. and Rasmusson, A. M.

Journal of Traumatic Stress

Volume 28, Issue 1, pages 1–7, February 2015

The menstrual cycle has been implicated as a sex-specific biological process influencing psychological symptoms across a variety of disorders. Limited research exists regarding the role of the menstrual cycle in psychological symptoms among women with posttraumatic stress disorder (PTSD). The current study examined the severity of a broad range of psychological symptoms in both the early follicular (Days 2–6) and midluteal (6–10 days postluteinizing hormone surge) phases of the menstrual cycle in a sample of trauma-exposed women with and without PTSD (N = 49). In the sample overall, total psychological symptoms ( $d = 0.63$ ), as well as depression ( $d = 0.81$ ) and phobic anxiety ( $d = 0.81$ ) symptoms, specifically, were increased in the early follicular compared to midluteal phase. The impact of menstrual cycle phase on phobic anxiety was modified by a significant PTSD  $\times$  Menstrual Phase interaction ( $d = 0.63$ ). Women with PTSD reported more severe phobic anxiety during the early follicular versus midluteal phase, whereas phobic anxiety did not differ across the menstrual cycle in women without PTSD. Thus, the menstrual cycle appears to impact fear-related symptoms in women with PTSD. The clinical implications of the findings and future research directions are discussed.

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<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

Volume 28, Issue 1, pages 8–16, February 2015

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.

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<http://onlinelibrary.wiley.com/doi/10.1002/jts.21979/abstract>

### **Deployment-Related Psychiatric and Behavioral Conditions and Their Association with Functional Disability in OEF/OIF/OND Veterans.**

Lippa, S. M., Fonda, J. R., Fortier, C. B., Amick, M. A., Kenna, A., Milberg, W. P. and McGlinchey, R. E.

Journal of Traumatic Stress  
Volume 28, Issue 1, pages 25–33, February 2015

Understanding the factors that influence veterans' functional outcome after deployment is critical to provide appropriately targeted care. Mild traumatic brain injury (mTBI) and posttraumatic stress disorder (PTSD) have been related to disability, but other psychiatric and behavioral conditions are not as well examined. We investigated the impact of deployment-related psychiatric and behavioral conditions on disability among 255 OEF/OIF/OND service members and veterans. Structured clinical interviews assessed TBI and the psychiatric conditions of depression, PTSD, anxiety, and substance use. Self-report questionnaires assessed disability and the behavioral conditions of sleep disturbance and pain. Over 90% of participants had a psychiatric and/or behavioral condition, with approximately half presenting with  $\geq 3$  conditions. Exploratory factor analysis revealed 4 clinically relevant psychiatric and behavioral factors which accounted for 76.9% of the variance: (a) depression, PTSD, and military mTBI (deployment trauma factor); (b) pain and sleep (somatic factor); (c) anxiety disorders, other than PTSD (anxiety factor); and (d) substance abuse or dependence (substance use factor). Individuals with the conditions comprising the deployment trauma factor were more likely to be substantially disabled than individuals with depression and PTSD, but no military mTBI, OR = 3.52; 95% CI [1.09, 11.37]. Depression, PTSD, and a history of military mTBI may comprise an especially harmful combination associated with high risk for substantial disability.

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<http://onlinelibrary.wiley.com/doi/10.1002/jts.21978/abstract>

### **Spirituality Factors in the Prediction of Outcomes of PTSD Treatment for U.S. Military Veterans.**

Currier, J. M., Holland, J. M. and Drescher, K. D.

Journal of Traumatic Stress  
Volume 28, Issue 1, pages 57–64, February 2015

Spirituality is a multifaceted construct that might affect veterans' recovery from posttraumatic stress disorder (PTSD) in adaptive and maladaptive ways. Using a cross-lagged panel design, this study examined longitudinal associations between spirituality and PTSD symptom severity among 532 U.S. veterans in a residential treatment program for combat-related PTSD. Results indicated that spirituality factors at the start of treatment were uniquely predictive of PTSD symptom severity at discharge, when accounting for combat exposure and both synchronous and autoregressive associations between the study variables,  $\beta$ s = .10 to .16. Specifically, veterans who scored higher on adaptive dimensions of spirituality (daily spiritual experiences, forgiveness, spiritual practices, positive religious coping, and organizational religiousness) at intake fared significantly better in this program. In addition, possible spiritual struggles (operationalized as negative religious coping) at baseline were predictive of poorer PTSD outcomes,  $\beta$  = .11. In contrast to these results, PTSD symptomatology at baseline did not predict any of the spirituality variables at posttreatment. In keeping with a spiritually integrative approach to treating combat-related PTSD, these results suggest that understanding the possible spiritual context of veterans' trauma-related concerns might add prognostic value and equip clinicians to alleviate PTSD symptomatology among those veterans who possess spiritual resources or are somehow struggling in this domain.

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<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  
Volume 28, Issue 1, pages 65–68, February 2015

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.

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<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.**

Journal of Traumatic Stress  
Volume 28, Issue 1, pages 73–78, February 2015

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 Artfactual 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 Artfactual Resilience involved consistently low symptoms. Conflating artfactual and true resilience may inaccurately create the expectation of persistently low symptoms regardless of warzone exposure.

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<http://www.sciencedirect.com/science/article/pii/S0160252715000187>

### **Combat-related PTSD in military court: A diagnosis in search of a defense.**



Landy F. Sparr

International Journal of Law and Psychiatry

Available online 16 February 2015

doi:10.1016/j.ijlp.2015.01.017

As more veterans return from Iraq and Afghanistan, Posttraumatic Stress Disorder (PTSD) often returns with them. As a result, PTSD has quickly become the most prevalent mental disorder diagnosis among active duty United States (U.S.) military. Although numerous studies have not only validated PTSD but have chronicled its negative behavioral impact, it remains a controversial diagnosis. It is widely diagnosed by all types of mental health professionals for even minimal trauma, and DSM-IV PTSD criteria have wide overlap with other mood and anxiety disorders. This, however, has not stopped PTSD from being used in civilian courts in the U.S. as a mental disorder to establish grounds for mental status defenses, such as insanity, diminished capacity, and self-defense, or as a basis for sentencing mitigation. Not surprisingly, PTSD has recently found its way into military courts, where some defense attorneys are eager to draw upon its understandable and linear etiology to craft some type of mental incapacity defense for their clients. As in the civilian sphere, this has met with mixed success due to relevance considerations. A recent court-martial, U.S. v. Lawrence Hutchins III, has effectively combined all the elemental nuances of PTSD in military court.

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<http://www.sciencedirect.com/science/article/pii/S1087079215000301>

**Towards standardisation and improved understanding of sleep restriction therapy for insomnia disorder: A systematic examination of CBT-I trial content.**

Sleep Medicine Reviews

Available online 18 February 2015

doi:10.1016/j.smr.2015.02.003

Sleep restriction therapy is a core element of contemporary cognitive-behavioural therapy for insomnia and is also effective as a single-component therapeutic strategy. Since its original description, sleep restriction therapy has been applied in several different ways, potentially limiting understanding of key therapeutic ingredients, mode of action, evidence synthesis, and clinical implementation. We sought to examine the quality of reporting and variability in the application of sleep restriction therapy within the context of insomnia intervention trials. Systematic literature searches revealed 88 trials of cognitive-behavioural therapy/sleep restriction therapy that met pre-defined inclusion/exclusion criteria. All papers were coded in relation to their description of sleep restriction therapy procedures. Findings indicate that a large proportion of papers (39%) do not report any details regarding sleep restriction therapy parameters and, for those papers that do, variability in implementation is present at every level (sleep window generation, minimum time-in-bed, sleep efficiency titration criteria, and

positioning of sleep window). Only 7% of papers reported all parameters of sleep restriction treatment. Poor reporting and variability in the application of sleep restriction therapy may hinder progress in relation to evidence synthesis, specification of mechanistic components, and refinement of therapeutic procedures for patient benefit. We set out guidelines for the reporting of sleep restriction therapy as well as a research agenda aimed at advancing understanding of sleep restriction therapy.

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<http://www.sciencedirect.com/science/article/pii/S1064748115001037>

### **Sleep quality and risk of dementia among older male veterans.**

Kristine Yaffe, Jasmine Nettiksimmons, Jerome Yesavage, Amy Byers

The American Journal of Geriatric Psychiatry

Available online 21 February 2015

doi:10.1016/j.jagp.2015.02.008

#### Objectives

To determine whether a diagnosis of sleep disturbance is associated with dementia in older veterans.

#### Design

Setting, Participants: For this retrospective cohort study, we obtained medical record data from the Department of Veterans Affairs (VA) National Patient Care Database for 200,000 randomly selected veterans aged 55 years and older. Prevalent cases of dementia from the baseline period (2000-2003) were excluded, leaving an analytic sample of N =179,738 male veterans. Follow-up took place from 2004-2011.

#### Measure

ments: The primary outcome was all-cause dementia, ascertained using International Classification of Disease, 9th Revision (ICD9) codes. Sleep disturbance, the primary predictor, was also ascertained using ICD9 codes.

#### Results

After adjusting for potential confounders, those with sleep disturbance had a 29% increased risk of dementia (hazard ratio 1.27, 95% CI: 1.20, 1.34).

#### Conclusions

Sleep disturbance was associated with increased risk of dementia among a large cohort of older, primarily male veterans.

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<http://link.springer.com/article/10.1007/s11920-015-0554-4>

### **Sleep Disturbances as an Evidence-Based Suicide Risk Factor.**

Rebecca A. Bernert, Joanne S. Kim, Naomi G. Iwata, Michael L. Perlis

Current Psychiatry Reports  
February 2015, 17:15

Increasing research indicates that sleep disturbances may confer increased risk for suicidal behaviors, including suicidal ideation, suicide attempts, and death by suicide. Despite increased investigation, a number of methodological problems present important limitations to the validity and generalizability of findings in this area, which warrant additional focus. To evaluate and delineate sleep disturbances as an evidence-based suicide risk factor, a systematic review of the extant literature was conducted with methodological considerations as a central focus. The following methodologic criteria were required for inclusion: the report (1) evaluated an index of sleep disturbance; (2) examined an outcome measure for suicidal behavior; (3) adjusted for presence of a depression diagnosis or depression severity, as a covariate; and (4) represented an original investigation as opposed to a chart review. Reports meeting inclusion criteria were further classified and reviewed according to: study design and timeframe; sample type and size; sleep disturbance, suicide risk, and depression covariate assessment measure(s); and presence of positive versus negative findings. Based on keyword search, the following search engines were used: PubMed and PsycINFO. Search criteria generated N = 82 articles representing original investigations focused on sleep disturbances and suicide outcomes. Of these, N = 18 met inclusion criteria for review based on systematic analysis. Of the reports identified, N = 18 evaluated insomnia or poor sleep quality symptoms, whereas N = 8 assessed nightmares in association with suicide risk. Despite considerable differences in study designs, samples, and assessment techniques, the comparison of such reports indicates preliminary, converging evidence for sleep disturbances as an empirical risk factor for suicidal behaviors, while highlighting important, future directions for increased investigation.

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[http://www.researchgate.net/publication/272167622\\_Spirituality\\_Forgiveness\\_and\\_Quality\\_of\\_Life\\_Testing\\_a\\_Mediational\\_Model\\_with\\_Military\\_Veterans\\_with\\_PTSD](http://www.researchgate.net/publication/272167622_Spirituality_Forgiveness_and_Quality_of_Life_Testing_a_Mediational_Model_with_Military_Veterans_with_PTSD)

### **Spirituality, Forgiveness, and Quality of Life: Testing a Mediational Model with Military Veterans with PTSD.**

Joseph M. Currier, Kent D. Drescher, Jason M. Holland, Ross Lisman, and David W. Foy

International Journal for the Psychology of Religion (in press)

Combat-related posttraumatic stress disorder (PTSD) can be a debilitating condition that has been linked with problems with forgiveness and impaired quality of life (QOL) in physical, psychological, social, and environmental domains. However, an amassing base of research studies also suggests that spirituality can be a vital resource for Veterans exposed to severe traumas. Drawing on multi-dimensional assessments of spirituality and QOL, this study therefore tested direct/indirect associations between spirituality, forgiveness, and QOL among 678 military Veterans with PTSD. When controlling for demographic risk factors, combat exposure, and PTSD symptom severity, structural equation modeling results revealed (1) an overall positive effect for spirituality on QOL and (2) that forgiveness fully mediated this link. These findings align with contemporary models of military trauma and suggest that forgiveness could be a critical pathway for promoting QOL as Veterans attempt to recover from their posttraumatic symptomatology in treatment settings. Implications for clinical practice and future research are discussed in the paper.

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<http://www.sciencedirect.com/science/article/pii/S0887618515000262>

### **The Prevalence of Posttraumatic Stress Disorder in Operation Enduring Freedom/Operation Iraqi Freedom (OEF/OIF) Veterans: A Meta-Analysis.**

Jessica J. Fulton, Patrick S. Calhoun, H.Ryan Wagner, Amie R. Schry, Lauren P. Hair, Nicole Feeling, Eric Elbogen, Jean C. Beckham

Journal of Anxiety Disorders  
Available online 19 February 2015  
doi:10.1016/j.janxdis.2015.02.003

Literature on posttraumatic stress disorder (PTSD) prevalence among Operations Enduring Freedom and Iraq Freedom (OEF/OIF) veterans report estimates ranging from 1.4% to 60%. A more precise estimate is necessary for projecting healthcare needs and informing public policy. This meta-analysis examined 33 studies published between 2007 and 2013 involving 4945,897 OEF/OIF veterans, and PTSD prevalence was estimated at 23%. Publication year and percentage of Caucasian participants and formerly active duty participants explained significant variability in prevalence across studies. PTSD remains a concern for a substantial percentage of OEF/OIF veterans. To date, most studies have estimated prevalence among OEF/OIF veterans using VA medical chart review. Thus, results generalize primarily to the prevalence of PTSD in medical records of OEF/OIF veterans who use VA services. Additional research is needed with randomly selected, representative samples administered diagnostic interviews. Significant financial and mental health resources are needed to promote recovery from PTSD.

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<http://www.ascpjournals.org/content/10/S1/A31>

## **The association of deployment and behavioral health problems with positive drug tests among Army members returning from Iraq or Afghanistan.**

Mary Jo Larson, Beth A Mohr, Rachel Sayko Adams and Thomas V William

Addiction Science & Clinical Practice  
2015, 10(Suppl 1):A31  
doi:10.1186/1940-0640-10-S1-A31

### Background

Problems associated with alcohol and drug use are a critical area for intervention development within the Department of Defense (DoD). Little is known about the impact of deployment on illicit drug use. This study is the first to study drug use problems with objective drug test data among military members returning from deployment.

### Materials and methods

Using longitudinal data from The Substance Use and Psychological Injury Combat Study, we identify predictors of testing positive for one or more drugs post-deployment among 306,345 enlisted Army active-duty (AD) members returning from Iraq or Afghanistan in FY2008–2011. Subsample analyses examine findings from those members who completed a follow-up questionnaire approximately 6 months after the deployment ( $n = 262846$ ). Urinalysis tests for metabolites of cocaine, heroin, THC, and/or amphetamines are routinely and randomly tested by the military's drug test program. These data were examined to estimate the percent of the sample with any positive drug test 6 months and up to 3 years post-deployment (follow-up). Demographic and deployment characteristics and self-report of post-deployment problems were examined as potential predictors of a positive drug test.

### Results

Of AD enlisted members returning from deployment, 2.7 percent had a positive drug test during follow-up (95% confidence interval: 2.68%–2.80%), and the median number of specimens tested during the period was four. Members screening positive for behavioral health problems were more likely to have a positive drug test than those who screened negative: PTSD 4.2 percent versus 2.2 percent; depression 4.8 percent versus 2.1 percent; suicide ideation 6.8 percent versus 2.3 percent; and 6+ alcoholic drinks daily 7.5 percent versus 2.3 percent (unadjusted comparisons;  $p < 0.0001$  for all). Multivariate models controlling for demographic characteristics identified the following predictors associated with an increased odds of a positive drug screen: combat specialist occupation, short deployment (11 months or less), or no prior deployment.

### Conclusions

Preliminary findings suggest that enlisted Army active duty members who are at risk for poor outcomes post-deployment can be identified, and there appears to be an increased risk

associated with characteristics of the deployment, in addition to demographic characteristics known to be associated with drug use. Early identification and intervention with enlisted members experiencing post-deployment problems may be useful in enhancing health and reducing drug use after deployment.

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[http://omicsonline.com/open-access/international-journal-of-emergency-mental-health-and-human-resilience-abstract.php?abstract\\_id=37923](http://omicsonline.com/open-access/international-journal-of-emergency-mental-health-and-human-resilience-abstract.php?abstract_id=37923)

### **Police Officer Willingness to Use Stress Intervention Services: The Role of Perceived Organizational Support (POS), Confidentiality and Stigma.**

Jane M. Tucker

International Journal of Emergency Mental Health and Human Resilience  
Vol. 17, No.1, pp. 304-314

In spite of the overwhelm evidence of the negative consequences of untreated police stress, studies suggest that stress intervention services remain under-utilized by police officers. Using data collected from 673 Pennsylvania police officers, the present inquiry examines factors which influence officer willingness to use services, with a focus on perceived organizational support (POS). Findings indicate that officers who perceive support from the organization and view the organization as supportive of the use of services are more willing to use services. Conversely, officers who perceive issues of confidentiality and stigma related to services are less willing to use stress intervention services.

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<http://onlinelibrary.wiley.com/doi/10.1111/eip.12229/abstract>

### **Social media and suicide prevention: a systematic review.**

Robinson, J., Cox, G., Bailey, E., Hetrick, S., Rodrigues, M., Fisher, S. and Herrman, H.

Early Intervention in Psychiatry  
Article first published online: 19 FEB 2015  
DOI: 10.1111/eip.12229

#### **Aim**

Social media platforms are commonly used for the expression of suicidal thoughts and feelings, particularly by young people. Despite this, little is known about the ways in which social media can be used for suicide prevention. The aim of this study was to conduct a systematic review to identify current evidence pertaining to the ways in which social media are currently used as a

tool for suicide prevention.

#### Methods

Medline, PsycInfo, Embase, CINHALL and the Cochrane Library were searched for articles published between 1991 and April 2014. English language articles with a focus on suicide-related behaviour and social media were included. No exclusion was placed on study design.

#### Results

Thirty studies were included; 4 described the development of social media sites designed for suicide prevention, 6 examined the potential of social media in terms of its ability to reach or identify people at risk of suicide, 15 examined the ways in which people used social media for suicide prevention-related purposes, and 5 examined the experiences of people who had used social media sites for suicide prevention purposes. No intervention studies were identified.

#### Conclusion

Social media platforms can reach large numbers of otherwise hard-to-engage individuals, may allow others to intervene following an expression of suicidal ideation online, and provide an anonymous, accessible and non-judgmental forum for sharing experiences. Challenges include difficulties controlling user behaviour and accurately assessing risk, issues relating to privacy and confidentiality and the possibility of contagion. Social media appears to hold significant potential for suicide prevention; however, additional research into its safety and efficacy is required.

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<http://www.tandfonline.com/doi/abs/10.1080/21635781.2014.995255>

### **PTSD, Depression, Daily Stressors, and Treatment Pathways Among Urban Veterans.**

Peter Vazana, Andrew Golubb & Alex S. Bennetta

Military Behavioral Health

DOI:10.1080/21635781.2014.995255

Many veterans face various mental health challenges after separation. This study examines change over 14 months in mental health and related factors among 242 veterans returning to low-income predominantly minority sections of New York City. Mental health treatment provided more than reductions in symptoms of PTSD and depression; it also resulted in reductions in substance use disorders and daily stresses. However, many veterans not in treatment are experiencing combat-related concerns at subsyndromal levels. The findings highlight the need for low-threshold, community-based outreach programs for this population.

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<http://www.tandfonline.com/doi/abs/10.1080/21635781.2014.995254>

### **Military Identity and Psychological Functioning: A Pilot Study.**

Steven L. Lancaster & Roland P. Hart

Military Behavioral Health

DOI:10.1080/21635781.2014.995254

While previous research has examined the relationship between group identity and functioning, the presence of military identity and its effects are relatively unexplored. We created the Warrior Identity Scale to examine this aspect of postdeployment functioning using online surveys with veterans. Results indicate more symptomatic veterans displayed higher scores on subscales of interconnectedness and seeing the military as a family. Public and private military regard, however, correlated with perceived social support and positive affect. Our results support the importance of military identity in functioning and suggest further study is needed.

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

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

James Griffith

Military Behavioral Health

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 post-traumatic stress disorder (PTSD) symptoms, which often accompany 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, reexperiencing 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) and physical aggression (e.g., hitting, slapping). Findings have implications for preventive and clinical practice.

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<http://www.ncbi.nlm.nih.gov/pubmed/25714664>

Telemed J E Health. 2015 Feb 25. [Epub ahead of print]

### **Implementation of Video Telehealth to Improve Access to Evidence-Based Psychotherapy for Posttraumatic Stress Disorder.**

Lindsay JA, Kauth MR, Hudson S, Martin LA, Ramsey DJ, Daily L, Rader J

#### **Background:**

Increasing access to psychotherapy for posttraumatic stress disorder (PTSD) is a primary focus of the Department of Veterans Affairs (VA) healthcare system. Delivery of treatment via video telehealth can expand availability of treatment and be equally effective as in-person treatment. Despite VA efforts, barriers to establishing telehealth services remain, including both provider acceptance and organizational obstacles. Thus, development of specific strategies is needed to implement video telehealth services in complex healthcare systems, like the VA.

#### **Materials and Methods:**

This project was guided by the Promoting Action on Research Implementation in Health Services framework and used external facilitation to increase access to psychotherapy via video telehealth. The project was conducted at five VA Medical Centers and their associated community clinics across six states in the South Central United States.

#### **Results:**

Over a 21-month period, 27 video telehealth clinics were established to provide greater access to evidence-based psychotherapies for PTSD. Examination of change scores showed that participating sites averaged a 3.2-fold increase in unique patients and a 6.5-fold increase in psychotherapy sessions via video telehealth for PTSD. Differences between participating and nonparticipating sites in both unique patients and encounters were significant ( $p=0.041$  and  $p=0.009$ , respectively). Two groups emerged, separated by degree of engagement in the facilitation intervention. Facilitation was perceived as useful by providers.

#### **Conclusions:**

To our knowledge, this is the first prospective study of external facilitation as an implementation strategy for telehealth. Our findings suggest that external facilitation is an effective and acceptable strategy to support providers as they establish clinics and make complex practice changes, such as implementing video telehealth to deliver psychotherapy.

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<http://www.ncbi.nlm.nih.gov/pubmed/25712113>

J Telemed Telecare. 2015 Feb 22. pii: 1357633X15571996. [Epub ahead of print]

### **Telepsychology for Posttraumatic Stress Disorder: a systematic review.**

Bolton A, Dorstyn D

The effectiveness of psychological services provided remotely, telepsychology, for the management of Posttraumatic Stress Disorder (PTSD) was evaluated. Eleven studies (n = 472 participants) were identified from electronic database searches. Study quality was assessed, with studies characterised by small and underpowered samples. Effect sizes and associated confidence intervals (CIs) were calculated to determine the direction and magnitude of treatment change. Short-term treatment gains were reported for internet and video-based interventions. This included significant medium to large improvements (d range = 0.66-3.22) in cognitive and behavioural symptoms of depression, generalised anxiety and posttraumatic stress. However, the equivalence of telepsychology and face-to-face psychotherapy could not be determined, with few comparative studies available. Both treatment gains and deterioration were noted 1 to 6 months following treatment cessation, although this was based on limited follow-up data. Further larger scale and longitudinal research will help to ascertain the minimum requirements for the management and treatment of PTSD in a technology-supported environment. © The Author(s) 2015 Reprints and permissions: [sagepub.co.uk/journalsPermissions.nav](http://sagepub.co.uk/journalsPermissions.nav).

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<http://www.ncbi.nlm.nih.gov/pubmed/25711695>

J Clin Psychol. 2015 Feb 24. doi: 10.1002/jclp.22166. [Epub ahead of print]

### **An Uncontrolled Trial of a Present-Focused Cognitive-Behavioral Conjoint Therapy for Posttraumatic Stress Disorder.**

Pukay-Martin ND, Torbit L, Landy MS, Wanklyn SG, Shnaider P, Lane JE, Monson CM

#### **OBJECTIVE:**

The efficacy of a present-focused version of cognitive-behavioral conjoint therapy for posttraumatic stress disorder (CBCT for PTSD) was examined in a community sample.

#### **METHOD:**

Seven couples completed pretreatment assessments, including measures of clinician-, self- and

partner-rated PTSD symptoms and relationship satisfaction. Six couples completed present-focused CBCT for PTSD and all posttreatment assessments. A seventh couple terminated their relationship prior to completing treatment; therefore, they completed posttreatment symptom measures, but not ratings of relationship satisfaction.

#### RESULTS:

Results revealed significant decreases in PTSD symptoms that were associated with medium-to-large effect sizes. Medium effect sizes for changes in relationship satisfaction were found, though were only significant for partners.

#### CONCLUSION:

Results from this pilot study suggest that present-focused CBCT for PTSD may be a promising alternative for individuals who are unwilling to engage in a trauma-focused treatment. © 2015 Wiley Periodicals, Inc.

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<http://www.ncbi.nlm.nih.gov/pubmed/25714870>

Semin Neurol. 2015 Feb;35(1):83-100. Epub 2015 Feb 25.

#### **Emerging Therapies in Traumatic Brain Injury.**

Kochanek PM, Jackson TC, Ferguson NM, Carlson SW, Simon DW, Brockman EC, Ji J, Bayir H, Poloyac SM, Wagner AK, Kline AE, Empey PE, Clark RS, Jackson EK, Dixon CE

Despite decades of basic and clinical research, treatments to improve outcomes after traumatic brain injury (TBI) are limited. However, based on the recent recognition of the prevalence of mild TBI, and its potential link to neurodegenerative disease, many new and exciting secondary injury mechanisms have been identified and several new therapies are being evaluated targeting both classic and novel paradigms. This includes a robust increase in both preclinical and clinical investigations. Using a mechanism-based approach the authors define the targets and emerging therapies for TBI. They address putative new therapies for TBI across both the spectrum of injury severity and the continuum of care, from the field to rehabilitation. They discuss TBI therapy using 11 categories, namely, (1) excitotoxicity and neuronal death, (2) brain edema, (3) mitochondria and oxidative stress, (4) axonal injury, (5) inflammation, (6) ischemia and cerebral blood flow dysregulation, (7) cognitive enhancement, (8) augmentation of endogenous neuroprotection, (9) cellular therapies, (10) combination therapy, and (11) TBI resuscitation. The current golden age of TBI research represents a special opportunity for the development of breakthroughs in the field. Thieme Medical Publishers 333 Seventh Avenue, New York, NY 10001, USA.

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<http://www.ncbi.nlm.nih.gov/pubmed/25714869>

Semin Neurol. 2015 Feb;35(1):64-82. Epub 2015 Feb 25.

### **Neuropsychiatric Disturbances Associated with Traumatic Brain Injury: A Practical Approach to Evaluation and Management.**

Rao V, Koliatsos V, Ahmed F, Lyketsos C, Kortte K

Traumatic brain injury (TBI) causes a wide variety of neuropsychiatric disturbances associated with great functional impairments and low quality of life. These disturbances include disorders of mood, behavior, and cognition, and changes in personality. The diagnosis of specific neuropsychiatric disturbances can be difficult because there is significant symptom overlap. Systematic clinical evaluations are necessary to make the diagnosis and formulate a treatment plan that often requires a multipronged approach. Management of TBI-associated neuropsychiatric disorders should always include nonpharmacological interventions, including education, family involvement, supportive and behavioral psychotherapies, and cognitive rehabilitation. Pharmacological treatments include antidepressants, anticonvulsants, antipsychotics, dopaminergic agents, and cholinesterase inhibitors. However, evidence-based treatments are extremely limited, and management relies on clinical empiricism and resemblance of TBI neuropsychiatric symptom profiles with those of idiopathic psychiatric disorders. Although the understanding of TBI-associated neuropsychiatric disorders has improved in the last decade, further research is needed including prospective, longitudinal studies to explore biomarkers that will assist with management and prognosis as well as randomized-controlled studies to validate pharmacological and nonpharmacological treatments. The current review summarizes the available literature in support of a structured, systematic evaluation approach and treatment options as well as recommendations for further research directions. Thieme Medical Publishers 333 Seventh Avenue, New York, NY 10001, USA.

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<http://www.ncbi.nlm.nih.gov/pubmed/25709077>

Depress Anxiety. 2015 Feb 24. doi: 10.1002/da.22348. [Epub ahead of print]

### **Effect Of The APOE E4 Allele And Combat Exposure On PTSD Among Iraq/Afghanistan-era Veterans.**

Kimbrel NA, Hauser MA, Garrett M, Ashley-Koch A, Liu Y, Dennis MF, Klein RC; Veterans Affairs Mid-Atlantic Mental Illness Research, Education, and Clinical Center Workgroup, Beckham JC

#### **BACKGROUND:**

The apolipoprotein E (APOE)  $\epsilon$ 4 allele has been implicated in a range of neuropsychiatric

conditions. The present research examined if the  $\epsilon 4$  allele of the APOE gene moderated the effect of combat exposure on posttraumatic stress disorder (PTSD) among Iraq/Afghanistan-era veterans.

#### METHOD:

Participants included 765 non-Hispanic White (NHW) and 859 non-Hispanic Black (NHB) Iraq/Afghanistan-era veterans. A structured interview established psychiatric diagnoses. Combat exposure and PTSD symptom severity were assessed via self-report.

#### RESULTS:

The most common lifetime diagnoses were depression (39.2%), PTSD (38.4%), and alcohol dependence (24.38%). After correcting for multiple comparisons, no significant effects were observed on any of the outcomes among the NHW sample; however, within the NHB sample, significant gene  $\times$  environment (G  $\times$  E) interactions were observed for lifetime PTSD ( $P = .0029$ ) and PTSD symptom severity ( $P = .0009$ ). In each case, the APOE  $\epsilon 4$  allele had no effect on the outcomes when combat exposure was low; however, when combat exposure was high, an additive effect was observed such that  $\epsilon 4$  homozygotes exposed to high levels of combat reported the highest rates of PTSD (92%) and the worst symptom severity scores on the Davidson Trauma Scale ( $M = 79.5$ ).

#### CONCLUSIONS:

Although preliminary, these findings suggest that the APOE  $\epsilon 4$  allele, in conjunction with exposure to high levels of combat exposure, may increase veterans' risk for developing PTSD.  
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<http://www.ncbi.nlm.nih.gov/pubmed/25698164>

Behav Res Ther. 2015 Jan 29;66C:49-55. doi: 10.1016/j.brat.2015.01.002. [Epub ahead of print]

#### **Rape survivors' trauma-related beliefs before and after Cognitive processing therapy: Associations with PTSD and depression symptoms.**

Iverson KM, King MW, Cunningham KC, Resick PA

This study examined whether cognitive distortions (i.e., assimilated and overaccommodated thoughts) and realistic (i.e., accommodated) thoughts assessed from impact statements written 5-10 years after completing cognitive processing therapy (CPT) accurately predicted posttreatment maintenance or decline in treatment gains during the same period. The sample included 50 women diagnosed with posttraumatic stress disorder (PTSD) secondary to rape who participated in a randomized clinical trial of CPT for PTSD. Cognitions were assessed via coding and analyses of participants' written impact statements at three time points: beginning of treatment, end of treatment, and at 5-10 years follow-up. Primary mental health outcomes were

symptoms of PTSD (Clinician-Administered PTSD Scale) and depression (Beck Depression Inventory). Changes in trauma-related beliefs between the end of treatment and long-term follow-up were associated with concomitant changes in PTSD and depression symptoms (effect sizes ranging from  $r = .35-.54$ ). Declines in accommodated thinking and increases in overaccommodated thinking were associated with elevations in symptomatology. Improvement in accommodated thinking and declines in overaccommodated thinking were associated with lower PTSD and depression symptoms during this same time period. Findings provided support for the role of changes in accommodated and overaccommodated thinking being associated with level of PTSD and depression many years after participating in CPT. Published by Elsevier.

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<http://www.ncbi.nlm.nih.gov/pubmed/25706090>

Cogn Behav Ther. 2015 Feb 23:1-14. [Epub ahead of print]

### **Exercise Augmentation of Exposure Therapy for PTSD: Rationale and Pilot Efficacy Data.**

Powers MB, Medina JL, Burns S, Kauffman BY, Monfils M, Asmundson GJ, Diamond A, McIntyre C, Smits JA

Brain-derived neurotrophic factor (BDNF) is associated with synaptic plasticity, which is crucial for long-term learning and memory. Some studies suggest that people suffering from anxiety disorders show reduced BDNF relative to healthy controls. Lower BDNF is associated with impaired learning, cognitive deficits, and poor exposure-based treatment outcomes. A series of studies with rats showed that exercise elevates BDNF and enhances fear extinction. However, this strategy has not been tested in humans. In this pilot study, we randomized participants ( $N = 9$ , 8 females,  $MAge = 34$ ) with posttraumatic stress disorder (PTSD) to (a) prolonged exposure alone (PE) or (b) prolonged exposure+exercise (PE+E). Participants randomized to the PE+E condition completed a 30-minute bout of moderate-intensity treadmill exercise (70% of age-predicted  $HR_{max}$ ) prior to each PE session. Consistent with prediction, the PE+E group showed a greater improvement in PTSD symptoms ( $d = 2.65$ ) and elevated BDNF ( $d = 1.08$ ) relative to the PE only condition. This pilot study provides initial support for further investigation into exercise augmented exposure therapy.

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<http://www.ncbi.nlm.nih.gov/pubmed/25703611>

Depress Anxiety. 2015 Feb 19. doi: 10.1002/da.22354. [Epub ahead of print]

### **An investigation of outcome expectancies as a predictor of treatment response for combat veterans with PTSD: comparison of clinician, self-report, and biological measures.**

Price M, Maples JL, Jovanovic T, Norrholm SD, Heekin M, Rothbaum BO.

#### BACKGROUND:

Outcome expectancy, or the degree to which a client believes that therapy will result in improvement, is related to improved treatment outcomes for multiple disorders. There is a paucity of research investigating this relation in regards to posttraumatic stress disorder (PTSD). Additionally, the bulk of the research on outcome expectancy and treatment outcomes has relied mostly on self-report outcome measures.

#### METHODS:

The relation between outcome expectancy on self-report measures, clinician-rated measures, and two biological indices (fear-potentiated startle and cortisol reactivity) of PTSD symptoms was explored. The sample included combat veterans (N = 116) treated with virtual reality exposure therapy for PTSD.

#### RESULTS:

Results supported a negative association between outcome expectancy and both self-report and clinician-rated symptoms at the conclusion of treatment, but outcome expectancy was related to the magnitude of change during treatment for self-report measures only. Outcome expectancy was unrelated to biological measures of treatment response.

#### CONCLUSIONS:

These findings suggest that outcome expectancy may be related to patient and clinician perceptions of outcomes, but not biological indices of outcome for PTSD. © 2015 Wiley Periodicals, Inc.

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#### Links of Interest

Nationwide Campaign Urges Doctors to Ask if Patients are Veterans

<http://www.military.com/daily-news/2015/02/15/nationwide-campaign-urges-doctors-to-ask-if-patients-are-veteran.html>

UCF researchers use virtual reality to aid PTSD victims

<http://www.centralfloridafuture.com/story/news/2015/02/11/ucf-researchers-use-virtual-reality-aid-ptsd-victims/23247203/>

New rules on narcotic painkillers cause grief for veterans and VA

[http://www.washingtonpost.com/politics/veterans-struggle-to-renew-their-prescriptions-amid-new-opioid-rules/2015/02/18/4d42d63a-acb3-11e4-9c91-e9d2f9fde644\\_story.html](http://www.washingtonpost.com/politics/veterans-struggle-to-renew-their-prescriptions-amid-new-opioid-rules/2015/02/18/4d42d63a-acb3-11e4-9c91-e9d2f9fde644_story.html)

Suicides Related to Foreclosure and Eviction Doubled During the Housing Crisis

<http://www.citylab.com/housing/2015/02/foreclosures-related-suicides-doubled-during-the-housing-crisis/385608/>

News Analysis: Please Don't Thank Me for My Service

<http://www.nytimes.com/2015/02/22/sunday-review/please-dont-thank-me-for-my-service.html>

Tampa reservist's suicide brings home tragedy

<http://tbo.com/list/military-news/tampa-reservists-suicide-brings-home-tragedy-20150222/>

Is Your Diagnosed Depression Really Borderline Personality Disorder?

<http://www.inquisitr.com/1865389/is-your-diagnosed-depression-really-borderline-personality-disorder/>

Mindfulness Meditation May Benefit People With Chronic Insomnia

<https://nccih.nih.gov/research/results/spotlight/090114>

Experts say more needs to be done to combat assaults on males

<http://www.health.mil/News/Articles/2015/02/20/Experts-say-more-needs-to-be-done>

Study assesses link of preexisting mental disorders with chronic headaches

<http://www.sciencedaily.com/releases/2015/02/150224091703.htm>

Narcotic Painkiller Use Tied to Higher Risk for Depression

[http://www.nlm.nih.gov/medlineplus/news/fullstory\\_151076.html](http://www.nlm.nih.gov/medlineplus/news/fullstory_151076.html)

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**Resource of the Week: [GPO MetaLib Federated Government Search Engine](#)**

A service of the U.S. Government Printing Office (GPO) Catalog of U.S. Government Publications, this search engine “searches multiple U.S. Federal government databases, retrieving reports, articles, and citations while providing direct links to selected resources available online.”

There are a LOT of options here, including [advanced search](#) and [expert search](#). While these are not particularly intuitive, [detailed help is available](#). To see what resources are included in this search service, [browse or search](#) the A-Z resource list.



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