



CDP Research Update -- March 26, 2015

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- Psychological interventions for post-traumatic stress disorder and comorbid substance use disorder: A systematic review and meta-analysis.
- Pain and sleep in post-concussion/mild traumatic brain injury.
- Chronic pain and comorbid mental health conditions: independent associations of posttraumatic stress disorder and depression with pain, disability, and quality of life.
- Links of Interest
- Resource of the Week: 10 Good Google Docs, Sheets, and Forms Add-ons for Teachers

<http://brn.sagepub.com/content/early/2015/03/11/1099800415575343.abstract>

A Diagnosis of Insomnia Is Associated With Differential Expression of Sleep-Regulating Genes in Military Personnel.

Jessica M. Gill, Hyunhwa Lee, Tristin Baxter, Taura Barr, Hyung-suk Kim, Dan Wang, and Vincent Mysliwiec

Biological Research for Nursing

Published online before print March 12, 2015, doi: 10.1177/1099800415575343

Sleep disturbance is a common and disturbing symptom in military personnel, with many individuals progressing to the development of insomnia, which is characterized by increased arousals, wakefulness after sleep onset, and distorted sleep architecture. The molecular mechanisms underlying insomnia remain elusive, limiting future therapeutic development to address this critical issue. We examined whole gene expression profiles associated with insomnia. We compared subjects with insomnia (n = 25) to controls (n = 13) without insomnia using microarray gene expression profiles obtained from peripheral samples of whole blood obtained from military personnel. Compared to controls, participants with insomnia had differential expression of 44 transcripts from 43 identified genes. Among the identified genes, urotensin 2 was downregulated by more than 6 times in insomnia participants, and the fold-change remained significant after controlling for depression, posttraumatic stress disorder, and medication use. Urotensin 2 is involved in regulation of orexin A and B activity and rapid eye movement during sleep. These findings suggest that differential expression of these sleep-regulating genes contributes to symptoms of insomnia and, specifically, that switching between rapid eye movement and nonrapid eye movement sleep stages underlies insomnia symptoms. Future work to identify therapeutic agents that are able to regulate these pathways may provide novel treatments for insomnia.

<http://www.sciencedirect.com/science/article/pii/S0165178115001262>

Prevalence and correlates of co-prescribing psychotropic medications with long-term opioid use nationally in the Veterans health administration.

Declan T. Barry, Mehmet Sofuoglu, Robert D. Kerns, Ilse R. Wiechers, Robert A. Rosenheck

Psychiatry Research

Available online 16 March 2015

doi:10.1016/j.psychres.2015.03.006

We used national data for fiscal year 2012 to examine demographic, psychiatric and medical diagnoses, indications for psychotropics, and service use correlates of psychotropic medication fills in Veterans with at least 10 opioid prescriptions during the year (the highest 29% of opioid users); and whether the Veteran was treated in a specialty mental health clinic. Of the 328,398 Veterans who filled at least 10 opioid prescriptions, 77% also received psychotropics, of whom: 74% received antidepressants, 55% anxiolytics/sedatives/hypnotics, and 26% three or more classes of psychotropic medications. Altogether, 87% had a psychiatric or medical indication;

and 54% received mental health treatment. Veterans treated in a mental health clinic were prescribed more psychotropics and were more likely to have a documented psychiatric or medical indication than those treated solely in other settings. Indicated psychiatric diagnoses were the strongest predictors of specific class of psychotropics prescribed; anxiety disorder and insomnia were most strongly associated with anxiolytics/sedatives/hypnotics receipt. Since psychotropics and opioids can produce harmful side effects, especially when combined, and since they are likely prescribed by separate providers in different settings, coordinated consideration of the risks and benefits of co-prescribing these medications may be needed, along with further study of related adverse events.

<http://www.emeraldinsight.com/doi/abs/10.1108/JFP-07-2014-0019>

Homicide-suicide in police families: an analysis of cases from 2007-2014.

Vera A. Klinoff , Vincent B. Van Hasselt , Ryan A. Black

The Journal of Forensic Practice

Vol. 17 Iss: 2

Purpose

There is a burgeoning body of evidence showing that police officers are at a higher risk of committing homicide-suicide than civilian counterparts. The purpose of this study was to provide an update and expansion of previous work by Violanti (2007) on homicide-suicide in law enforcement families.

Design/methodology/approach

Police-perpetrated homicide-suicide cases were obtained through an online forum dedicated to topics related to domestic violence in police families. A total of 43 police-perpetrated homicide-suicides was identified and reviewed for presence/absence of variables similar to those examined by Violanti (2007), with the addition of new factors. Chi-Square Analyses were performed to test for inter-study differences in proportions on variables of interest.

Findings

Results indicated a significantly smaller proportion of homicide-suicide incidents perpetrated by State officers. The remainder of the variable frequencies remained relatively consistent between studies. Of particular importance, domestic violence and divorce/estrangement were salient precursors in these cases.

Research limitations/implications

Data were obtained from an online forum and media publications, which may not be regulated for accuracy and may contain biased data.

Practical implications

The current results, combined with the prior research, underscore the need for prevention programs and departmental policies that: (1) increase the accessibility of mental health services, (2) increase the availability of services for victims of police-involved IPV, and (3) stress the enforcement of current domestic violence laws.

Originality/value

To our knowledge, this is only the second study involving a formal analysis of police-involved homicide-suicide cases.

http://journals.lww.com/lww-medicalcare/Abstract/2015/04001/Military_and_Mental_Health_Correlates_of.9.aspx

Military and Mental Health Correlates of Unemployment in a National Sample of Women Veterans.

Hamilton, Alison B. PhD, MPH; Williams, Lindsay PhD, MS, RN, PHN; Washington, Donna L. MD, MPH

Medical Care:

April 2015 - Volume 53 - Issue - p S32–S38

doi: 10.1097/MLR.0000000000000297

Access to Care and Rural Health

Background:

The unemployment rate is currently higher among women Veterans than among male Veterans and civilian women. Employment is a key social determinant of health, with unemployment being strongly associated with adverse health.

Objective:

To identify military-related and health-related characteristics associated with unemployment in women Veterans.

Research Design and Subjects:

Secondary analysis of workforce participants (n=1605) in the National Survey of Women Veterans telephone survey.

Measures:

Demographics, mental health conditions, health care utilization, and military experiences and effects. Unemployment was defined as being in the labor force but unemployed and looking for work.

Analysis:

The χ^2 analyses to identify characteristics of unemployed women Veterans; logistic regression to identify independent factors associated with unemployment.

Results:

Ten percent of women Veterans were unemployed. Independent correlates of unemployment were screening positive for depression [odds ratio (OR)=4.7; 95% confidence interval [CI], 1.8–12.4], military service during wartime (OR=2.9; 95%, CI 1.1–7.3), and service in the regular military (vs. in the National Guards/Reserves only) (OR=6.8; 95% CI, 2.2–20.5). Two postactive duty perceptions related to not being respected and understood as a Veteran were each independently associated with unemployment.

Conclusions:

Whether depression underlies unemployment, is exacerbated by unemployment, or both, it is critical to identify and treat depression among women Veterans, and also to investigate women Veterans' experiences and identities in civilian life. Community-based employers may need education regarding women Veterans' unique histories and strengths. Women who served in the regular military and during wartime may benefit from job assistance before and after they leave the military. Gender-specific adaptation of employment services may be warranted.

http://journals.lww.com/lww-medicalcare/Abstract/2015/04001/Prevalence_and_Correlates_of_Cigarette_Smoking.12.aspx

Prevalence and Correlates of Cigarette Smoking Among Operation Iraqi Freedom-era and Operation Enduring Freedom-era Women From the Active Component Military and Reserve/National Guard.

Vander Weg, Mark W.; Mengeling, Michelle A.; Booth, Brenda M.; Torner, James C.; Sadler, Anne G.

Medical Care:

April 2015 - Volume 53 - Issue - p S55–S62

doi: 10.1097/MLR.0000000000000285

Primary Care and Prevention

Background: Tobacco use adversely affects the health and readiness of military personnel. Although rates of cigarette smoking have historically been elevated among men serving in the military, less is known about tobacco use in servicewomen.

Objectives:

To examine the prevalence and correlates of tobacco use among women serving in the Active

Component (AC) and Reserve/National Guard (RNG) as well as factors associated with starting to smoke during military service.

Methods:

Cross-sectional surveys of 1320 women serving in the AC or RNG were used to examine cigarette use in servicewomen. Associations between self-reported tobacco use history, sociodemographics, military service, and psychosocial factors were investigated using logistic regression analyses.

Results:

Thirty-six percent of servicewomen had a lifetime history of cigarette use, with 18% reporting current smoking. Thirty-one percent of lifetime smokers initiated smoking during military service. Factors associated with current smoking included pay grade, marital status, use of psychotropic medications, past-year alcohol use, and lifetime illicit drug or illegal prescription medication use. An enlisted pay grade, being white, and a history of deployment were all associated with starting to smoke during military service.

Conclusions:

Although progress has been made in reducing the gap in tobacco use between military and civilian populations, nearly 1 in 5 servicewomen in our sample smoked cigarettes. Further efforts are needed to address tobacco use in this population. In addition to providing resources to assist smokers with quitting, additional attention should be given to preventing smoking initiation, particularly among deployed female personnel.

http://journals.lww.com/lww-medicalcare/Abstract/2015/04001/Gender_specific_Mental_Health_Care_Needs_of_Women.18.aspx

Gender-specific Mental Health Care Needs of Women Veterans Treated for Psychiatric Disorders in a Veterans Administration Women's Health Clinic.

Miller, Laura J. MD; Ghadiali, Nafisa Y. MD

Medical Care:

April 2015 - Volume 53 - Issue - p S93–S96

doi: 10.1097/MLR.0000000000000282

Reproductive Health

Objective:

This pilot study aims to ascertain the prevalence of self-reported premenstrual, perinatal, and perimenopausal influences on mental health, and of gynecologic conditions that could interact

with psychiatric conditions, among women veterans receiving psychiatric care within a Veterans Administration (VA) Women's Health Clinic (WHC).

Methods:

Participants included all women veterans (N=68) who received psychiatric evaluations within a VA WHC over a 5-month period. This setting encompasses colocated and coordinated primary care, gynecologic and mental health services. Evaluations included a Women's Mental Health Questionnaire, a psychiatric interview, and medical record review. Deidentified data were extracted from a clinical data repository for this descriptive study.

Results:

High proportions of study participants reported that their emotional problems intensified premenstrually (42.6%), during pregnancy (33.3%), in the postpartum period (33.3%), or during perimenopause (18.2%). Unintended pregnancy (70.0% of pregnancies) and pregnancy loss (63.5% of women who had been pregnant) were prominent sex-linked stressors. Dyspareunia (22.1% of participants) and pelvic pain (17.6% of participants) were frequent comorbidities.

Conclusions:

Among women veterans receiving psychiatric care within a VA WHC, there are high rates of self-reported premenstrual, perinatal, and perimenopausal influences on mental health. This population also has substantial comorbidity of psychiatric disorders with dyspareunia and pelvic pain. This underscores the importance of recognizing and addressing women veterans' sex-specific care needs, including interactions among reproductive cycle phases, gynecologic pain, and psychiatric symptoms. The findings support the need for greater awareness of the sex-specific mental health needs of women veterans, and for more definitive studies to further characterize these needs.

http://journals.lww.com/lww-medicalcare/Abstract/2015/04001/Associations_Between_Race_based_and_Sex_based.23.aspx

Associations Between Race-based and Sex-based Discrimination, Health, and Functioning: A Longitudinal Study of Marines.

Foynes, Melissa M.; Smith, Brian N.; Shipherd, Jillian C.

Medical Care:

April 2015 - Volume 53 - Issue - p S128-S135

doi: 10.1097/MLR.0000000000000300

Military Service and Deployment

Background:

Only a few studies have examined race-based discrimination (RBD) and sex-based discrimination (SBD) in military samples and all are cross-sectional.

Objectives:

The current study examined associations between both RBD and SBD experienced during Marine recruit training and several health and functioning outcomes 11 years later in a racially/ethnically diverse sample of men and women.

Research Design:

Linear multiple regression models were used to examine associations between sex, race/ethnicity, RBD and SBD, and later outcomes (physical health, self-esteem, and occupational/vocational functioning), accounting for baseline levels and covariates.

Subjects:

Data were drawn from a larger longitudinal investigation of US Marine Corps recruits. The sample (N=471) was comprised of white men (34.6%), white women (37.6%), racial/ethnic minority men (12.7%), and racial/ethnic minority women (15.1%).

Measures:

Self-report measures of sex and race (T1), RBD and SBD (T2), social support (T2), mental health (T2), physical health (T2 and T5), self-esteem (T2 and T5), and occupational/vocational functioning (T5) were included.

Results:

Over a decade later, experiences of RBD were negatively associated with physical health and self-esteem. Social support was the strongest predictor of occupational/vocational functioning. Effects of sex, SBD, and minority status were not significant in regressions after accounting for other variables.

Conclusions:

Health care providers can play a key role in tailoring care to the needs of these important subpopulations of veterans by assessing and acknowledging experiences of discrimination and remaining aware of the potential negative associations between discrimination and health and functioning above and beyond the contributions of sex and race/ethnicity.

http://journals.lww.com/lww-medicalcare/Fulltext/2015/04001/Post_Sexual_Assault_Health_Care_Utilization_Among.24.aspx

Post–Sexual Assault Health Care Utilization Among OEF/OIF Servicewomen.

Mengeling, Michelle A.; Booth, Brenda M.; Torner, James C.; Sadler, Anne G.

Medical Care:

April 2015 - Volume 53 - Issue - p S136–S142

doi: 10.1097/MLR.0000000000000267

Military Service and Deployment

Background and Objectives:

Few who experience sexual assault seek health care immediately. Yet many become heavy users of health care resources in the years postassault because sexual violence has been linked with both acute and chronic health consequences. Our objective was to investigate servicewomen's medical and mental health (MH) care utilization after sexual assault in-military (SAIM) and identify reasons for not seeking care.

Methods:

In a retrospective cross-sectional Midwestern community sample of OEF/OIF Active Component and Reserve/National Guard servicewomen, currently serving and veterans, computer-assisted telephone interviews were conducted with 207 servicewomen who experienced SAIM.

Results:

A quarter (25%) received post-SAIM MH care and 16% medical care. Utilization of medical care tended to be sooner (within the first month) and MH care later (6 mo to 1+ y). Most sought care on a military base, a third from civilian providers, and 10% sought MH from Veterans Health Administration. Servicewomen were more likely to have utilized medical care if they had experienced a completed SAIM and made a Department of Defense SAIM report and MH care if they were white, experienced on-duty SAIM, and made a Department of Defense SAIM report. The most common reason for not seeking medical care was due to belief that care was not needed. Reasons for not utilizing medical or MH care included embarrassment, confidentiality concerns, and fear of adverse career consequences.

Conclusions:

Few servicewomen utilized post-SAIM care, thus assault-specific health consequences were likely unaddressed. Given the severe and chronic consequences of sexual assault, our findings emphasize need for military, Veterans Health Administration, and civilian providers to query SAIM history to provide timely and optimal care.

http://journals.lww.com/lww-medicalcare/Abstract/2015/04001/Sex_Differences_in_Mental_Health_and_Substance_Use.20.aspx

Sex Differences in Mental Health and Substance Use Disorders and Treatment Entry Among Justice-involved Veterans in the Veterans Health Administration.

Finlay, Andrea K.; Binswanger, Ingrid A.; Smelson, David; Sawh, Leon; McGuire, Jim; Rosenthal, Joel; Blue-Howells, Jessica; Timko, Christine; Blodgett, Janet C.; Harris, Alex H. S.; Asch, Steven M.; Frayne, Susan

Medical Care:

April 2015 - Volume 53 - Issue - p S105–S111

doi: 10.1097/MLR.0000000000000271

Mental Health

Background:

Over half of veterans in the criminal justice system have mental health or substance use disorders. However, there is a critical lack of information about female veterans in the criminal justice system and how diagnosis prevalence and treatment entry differ by sex.

Objectives:

To document prevalence of mental health and substance use disorder diagnoses and treatment entry rates among female veterans compared with male veterans in the justice system.

Research Design:

Retrospective cohort study using national Veterans Health Administration clinical/administrative data from veterans seen by Veterans Justice Outreach Specialists in fiscal years 2010–2012.

Subjects:

A total of 1535 females and 30,478 male veterans were included.

Measures:

Demographic characteristics (eg, sex, age, residence, homeless status), mental health disorders (eg, depression, post-traumatic stress disorder), substance use disorders (eg, alcohol and opioid use disorders), and treatment entry (eg, outpatient, residential, pharmacotherapy).

Results:

Among female veterans, prevalence of mental health and substance use disorders was 88% and 58%, respectively, compared with 76% and 72% among male veterans. Women had higher odds of being diagnosed with a mental health disorder [adjusted odds ratio (AOR)=1.98; 95% confidence interval (CI), 1.68–2.34] and lower odds of being diagnosed with a substance use disorder (AOR=0.50; 95% CI, 0.45–0.56) compared with men. Women had lower odds of entering mental health residential treatment (AOR=0.69; 95% CI, 0.57–0.83).

Conclusions:

Female veterans involved in the justice system have a high burden of mental health disorders (88%) and more than half have substance use disorders (58%). Entry to mental health residential treatment for women is an important quality improvement target.

<http://onlinelibrary.wiley.com/doi/10.1111/sbr.12115/abstract>

Hyperarousal and failure to inhibit wakefulness in primary insomnia: “Birds of a feather”?

Marques, D. R., Allen Gomes, A., Clemente, V., Santos, J. M. and Castelo-Branco, M.

Sleep and Biological Rhythms

Article first published online: 17 MAR 2015

DOI: 10.1111/sbr.12115

Primary insomnia (PI) is one of the most prevalent sleep disorders. For this reason, over the last decades, several comprehensive and etiological theories have been proposed. In this paper we review some of the main theoretical models of insomnia and discuss the two most studied processes for comprehension of insomnia: the hyperarousal and the failure to inhibit wakefulness or psychobiological inhibition hypotheses. Some clinical implications of the models are described. In the end, we propose that the two processes are complementary and both are relevant to the understanding of clinical insomnia.

<http://link.springer.com/article/10.1007/s10865-015-9628-3>

Chronic pain and comorbid mental health conditions: independent associations of posttraumatic stress disorder and depression with pain, disability, and quality of life.

Samantha D. Outcalt, Kurt Kroenke, Erin E. Krebs, Neale R. Chumbler, Jingwei Wu, Zhangsheng Yu, Matthew J. Bair

Journal of Behavioral Medicine

March 2015

Both posttraumatic stress disorder (PTSD) and depression are highly comorbid with chronic pain and have deleterious effects on pain and treatment outcomes, but the nature of the relationships among chronic pain, PTSD, and depression has not been fully elucidated. This study examined 250 Veterans Affairs primary care patients with moderate to severe chronic musculoskeletal pain who participated in a randomized controlled pain treatment trial. Baseline data were analyzed to examine the independent associations of PTSD and major depression with multiple domains of pain, psychological status, quality of life, and disability. PTSD was strongly associated with these variables and in multivariate models, PTSD and major depression each had strong independent associations with these domains. PTSD demonstrated similar relationships as major depression with psychological, quality of life, and disability outcomes and significant but somewhat smaller associations with pain. Because PTSD and

major depression have independent negative associations with pain, psychological status, quality of life, and disability, it is important for clinicians to recognize and treat both mental disorders in patients with chronic pain.

<http://www.pophealthmetrics.com/content/13/1/8>

Erosion of the healthy soldier effect in veterans of US military service in Iraq and Afghanistan.

Mary J Bollinger, Susanne Schmidt, Jacqueline A Pugh, Helen M Parsons, Laurel A Copeland and Mary Jo Pugh

Published: 18 March 2015

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Background

This research explores the healthy soldier effect (HSE) – a lower mortality risk among veterans relative to the general population—in United States (US) veterans deployed in support of operations in Iraq and Afghanistan (OEF/OIF/OND). While a HSE has been affirmed in other OEF/OIF/OND populations, US veterans of OEF/OIF/OND have not been systematically studied.

Methods

Using US Department of Veterans Affairs (VA) administrative data, we identified veterans who (1) had been deployed in support of OEF/OIF/OND between 2002 and 2011 and (2) were enrolled in the VA health care system. We divided the VA population into VA health care utilizers and non-utilizers. We obtained Department of Defense (DOD) administrative data on the OEF/OIF/OND population and obtained VA and DOD mortality data excluding combat deaths from the analyses. Indirect standardization was used to compare VA and DOD cohorts to the US population using total population at risk to compute the Standardized Mortality Ratio (SMR). A directly standardized relative risk (DSRR) was calculated to enable comparisons between cohorts. To compare VA enrollee mortality on military specific characteristics, we used a DOD population standard.

Results

The overall VA SMR of 2.8 (95% Confidence Interval [CI] 2.8-2.9), VA utilizer SMR of 3.2 (95% CI 3.1-3.3), VA non-utilizer SMR of 0.9 (95% CI 0.8-1.1), and DOD SMR of 1.5 (95% CI 1.4-1.5) provide no evidence of a HSE in any cohort relative to the US standard population. Relative to DOD, both the total VA population SMR of 2.1 (95% CI 2.0-2.2) and the SMR for VA utilizers of 2.3 (95% CI 2.3-2.4) indicate mortality twice what would be expected given DOD mortality rates. In contrast, the VA enrollees who had not used clinical services had 40% lower than expected mortality relative to DOD.

Conclusions

No support was found for the HSE among US veterans of OEF/OIF/OND. These findings may be attributable to a number of factors including post-deployment risk-taking behavior, an abbreviated follow up period, and the nature of the OEF/OIF/OND conflict.

<http://link.springer.com/article/10.1007/s10896-015-9688-8/fulltext.html>

Patterns and Predictors of Service Use Among Women Who Have Separated from an Abusive Partner.

Marilyn Ford-Gilboe, Colleen Varcoe, Marianne Noh, Judith Wuest, Joanne Hammerton, Eman Alhalal and Camille Burnet

Journal of Family Violence
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10.1007/s10896-015-9688-8
Published online: 18 March 2015

Using baseline data from a survey of 309 Canadian women recently separated from an abusive partner, we investigated patterns of access to health, social, legal, and violence-specific services and whether abuse history and social and health variables predict service use. We compared rates of service use to population rates, and used logistic regression to identify determinants of use. Service use rates were substantially higher than population estimates in every category, particularly in general and mental health sectors. Although women were confident in their ability to access services, they reported substantial unmet need, difficulty accessing services, and multiple barriers. The strongest unique predictors of use varied across service type. Health variables (high disability chronic pain, symptoms of depression and PTSD), low income, and mothering were the most consistent predictors. Service providers and policy makers must account for social location, abuse history, and health status of Intimate Violence (IPV) survivors. Strategies to enhance access to primary health care services, and to create a system of more integrated, accessible services, are required.

<http://psycnet.apa.org/psycinfo/2015-11430-001/>

Predictors of Posttraumatic Stress Disorder Among Police Officers: A Prospective Study.

Marchand, André; Nadeau, Céline; Beaulieu-Prévost, Dominic; Boyer, Richard; Martin, Mélissa

Psychological Trauma: Theory, Research, Practice, and Policy

Mar 16, 2015

<http://dx.doi.org/10.1037/a0038780>

This prospective study examined risk and protective factors in the development of posttraumatic stress disorder (PTSD) in a sample of 83 police officers. Structured interviews were conducted in order to assess the most recent work-related traumatic event and establish diagnoses of acute stress disorder (ASD) and full or partial PTSD. Police officers were assessed between 5 and 15 days, and at 1 month, 3 months, and 12 months after the event. They also completed self-administered questionnaires assessing several potential predictors. Predictive analyses about the onset of PTSD were based on a 4-step nested random-effect linear regression. Overall, results showed that the modulation of PTSD symptomatology was associated with some pretraumatic (i.e., emotional coping strategies and number of children), peritraumatic (i.e., physical and emotional reactions and dissociation), and posttraumatic factors (i.e., ASD, depression symptoms, and seeking psychological help at the employee assistance program and at the police union between the event and Time 1). Clinical implications of these findings are discussed and key directions for future studies are proposed. (PsycINFO Database Record (c) 2015 APA, all rights reserved)

<http://www.tandfonline.com/doi/abs/10.1080/10615806.2015.1028029>

The role of anxiety sensitivity in the relationship between posttraumatic stress symptoms and negative outcomes in trauma-exposed adults.

Brittany B. Kugler , Vicky Phares , Alison Salloum , Eric A. Storch

Anxiety, Stress & Coping

Accepted author version posted online: 17 Mar 2015

DOI: 10.1080/10615806.2015.1028029

Background:

The development of posttraumatic stress symptoms (PTS) following a trauma is related to impairment, diminished quality of life, and physical health issues. Yet it is not clear why some trauma-exposed individuals experience negative outcomes while others do not. The purpose of this study was to determine the role of several influential factors related to PTS severity and negative outcomes.

Method:

One hundred and twenty-two trauma-exposed adults were administered the following self-report measures: the PTSD Checklist-Civilian, the Trauma History Questionnaire-Short, The Anxiety Sensitivity Index-3, Depression and Anxiety Stress Scale 21, Sheehan Disability Scale, WHOQOL-BREF, and an abbreviated Patient Health Questionnaire.

Primary Results:

Posttraumatic stress symptom severity was positively correlated with depressive symptom severity ($r = 0.54$, $p < 0.001$), chronicity of the most distressing trauma ($r = 0.21$, $p = 0.017$) and number of traumas ($r = 0.22$, $p = 0.012$). Main effects were found for PTS severity ($\beta = -0.38$, $p < 0.01$) and anxiety sensitivity (AS) ($\beta = -0.39$, $p < 0.01$) on quality of life. No interaction was found between PTS severity and AS with any negative outcome. Posttraumatic stress symptom severity mediated the relationship between AS and physical health issues (0.05; 95% CI 0.02 to 0.08).

Conclusion:

This study helps clarify the role of various factors in the relationship between trauma and negative outcomes. Clinical and research implications are discussed.

<http://link.springer.com/article/10.1007/s11682-015-9371-y>

Personality and neuroimaging measures differentiate PTSD from mTBI in veterans.

Nicholas D. Davenport, Kelvin O. Lim, Scott R. Sponheim

Brain Imaging and Behavior

March 2015

Mild traumatic brain injury (mTBI) is common among recent veterans and often is associated with chronic post-concussive symptoms (PCS). Elevated PCS may also be a consequence of post-traumatic stress disorder (PTSD) which shares symptoms with PCS. Identification of personality, biological, and psychopathology factors that contribute to the relationship between mTBI and PCS could help isolate the sources of chronic post concussive syndrome in veterans. Clinician rated diagnoses (PTSD, Major Depression, Alcohol Dependence), personality characteristics (Multidimensional Personality Questionnaire [MPQ] subscales), white matter brain imaging measures (Mean Diffusivity, Generalized Fractional Anisotropy), and diagnoses of mTBI were collected from 125 American military veterans of Iraq or Afghanistan. Linear and logistic regression models were tested to determine contributions to PCS and whether there were similar contributors to PTSD and mTBI. PCS score was associated with personality characteristics of high Stress Reaction and Traditionalism and low Control as well as mTBI. A diagnosis of PTSD was associated with low Social Closeness, PCS, Alcohol Dependence, and abnormal white matter mean diffusivity. Diagnosis of mTBI was associated with fewer white matter mean diffusivity abnormalities, PCS, and number of deployments. As commonly observed clinically, both PTSD and mTBI were associated with higher rates of PCS, though the contribution of PTSD appears to be secondary to personality traits, particularly Stress Reaction. Furthermore, the observation of factors that are uniquely associated with Blast mTBI (number of deployments) or with PTSD (Lifetime Alcohol Dependence and low Social Closeness), as well as a factor (region of abnormal MD) that had opposite effects on the likelihood of each

diagnosis, indicates that the complex relationships between personality, psychopathology, and nature of mTBI need to be considered when interpreting chronic post-concussive symptoms.

<http://whs.sagepub.com/content/63/1/27.full>

Posttraumatic Stress Disorder in Reserve Veterans: Important Reintegration Considerations for the Occupational Health Nurse.

Lynn A. Henderson and Candace Burns

Workplace Health and Safety
January 2015
vol. 63 no. 1 27-32

Posttraumatic stress disorder (PTSD) is a serious mental health concern for returning U.S. military personnel who have a higher prevalence rate of PTSD than the general population. Among the military population, reserve service members are at increased risk of developing PTSD compared with full-time active duty service members mainly due to difficulty reintegrating into civilian life. Understanding the social risk factors along with the protective effects social support has on PTSD in veterans will provide occupational health professionals the opportunity to support reserve veterans with adjustment into post-deployment life. This literature review examines PTSD in reserve veterans, with a focus on occupational factors, social factors, guideline recommendations, available resources, as well as provides suggestions for occupational health nurses caring for reserve veterans returning to the workplace.

<http://www.sciencedirect.com/science/article/pii/S2352250X15001207>

Recent Advances in Primary Care Behavioral Health.

Jennifer S. Funderburk, Robyn L. Shepardson

Current Opinion in Psychology
Available online 21 March 2015
doi:10.1016/j.copsyc.2015.03.015

Behavioral healthcare is being increasingly integrated into primary care settings. The Primary Care Behavioral Health (PCBH) model is one of the most common approaches to integrated care, but limited guidance exists to guide behavioral health providers in their everyday clinical practice. The purpose of this review is to summarize evidence-based assessment and intervention practices for PCBH providers and identify gaps for future research. Recent

advances that can help support evidence-based practice among these providers include a measure of integrated behavioral health providers' fidelity to the PCBH model, brief behavioral health assessment and outcome measures, and brief interventions.

<http://bmjopen.bmj.com/content/5/3/e007051.full>

Mental health and functional impairment outcomes following a 6-week intensive treatment programme for UK military veterans with post-traumatic stress disorder (PTSD): a naturalistic study to explore dropout and health outcomes at follow-up.

Dominic Murphy, Georgina Hodgman, Carron Carson, Lucy Spencer-Harper, Mark Hinton, Simon Wessely, Walter Busuttill

BMJ Open 2015;5:3 e007051
doi:10.1136/bmjopen-2014-007051

Objective

Combat Stress, a UK national charity for veterans with mental health problems, has been funded by the National Health Service (NHS) to provide a national specialist service to deliver treatment for post-traumatic stress disorder (PTSD). This paper reports the efficacy of a PTSD treatment programme for UK veterans at 6 months follow-up.

Design

A within subject design.

Setting UK veterans with a diagnosis of PTSD who accessed Combat Stress.

Participants

246 veterans who received treatment between late 2012 and early 2014.

Intervention

An intensive 6-week residential treatment programme, consisting of a mixture of individual and group sessions. Participants were offered a minimum of 15 individual trauma-focused cognitive behavioural therapy sessions. In addition, participants were offered 55 group sessions focusing on psychoeducational material and emotional regulation.

Main outcome measures

Clinicians completed measures of PTSD and functional impairment and participants completed measures of PTSD, depression, anger and functional impairment.

Results

We observed significant reductions in PTSD scores following treatment on both clinician completed measures (PSS-I: -13.0, 95% CI -14.5 to -11.5) and self-reported measures

(Revised Impact of Events Scale (IES-R): -16.5, 95% CI -19.0 to -14.0). Significant improvements in functional impairment were also observed (eg, Health of the Nation Outcome Scales (HONOS): -6.85, 95% CI -7.98 to -5.72). There were no differences in baseline outcomes between those who completed and those who did not complete the programme, or post-treatment outcomes between those we were able to follow-up at 6 months and those lost to follow-up.

Conclusions

In a naturalistic study we observed a significant reduction in PTSD scores and functional impairment following treatment. These improvements were maintained at 6 month follow-up. Our findings suggest it may be helpful to take a closer look at combining individual trauma-focused cognitive behaviour therapy and group sessions when treating veterans with PTSD. This is the first UK study of its kind, but requires further evaluation.

<http://www.sciencedirect.com/science/article/pii/S1474442215000022>

Diagnosis, prognosis, and clinical management of mild traumatic brain injury.

Prof Harvey S Levin, MD and Prof Ramon R Diaz-Arrastia, MD

The Lancet Neurology

Available online 20 March 2015

doi:10.1016/S1474-4422(15)00002-2

Concussion and mild traumatic brain injury (TBI) are interchangeable terms to describe a common disorder with substantial effects on public health. Advances in brain imaging, non-imaging biomarkers, and neuropathology during the past 15 years have required researchers, clinicians, and policy makers to revise their views about mild TBI as a fully reversible insult that can be repeated without consequences. These advances have led to guidelines on management of mild TBI in civilians, military personnel, and athletes, but their widespread dissemination to clinical management in emergency departments and community-based health care is still needed. The absence of unity on the definition of mild TBI, the scarcity of prospective data concerning the long-term effects of repeated mild TBI and subconcussive impacts, and the need to further develop evidence-based interventions to mitigate the long-term sequelae are areas for future research that will improve outcomes, reduce morbidity and costs, and alleviate delayed consequences that have only recently come to light.

Fitness-to-drive after mild traumatic brain injury: Mapping the time trajectory of recovery in the acute stages post injury.

Anne Baker, Carolyn A. Unsworth, Natasha A. Lannin

Accident Analysis & Prevention
Volume 79, June 2015, Pages 50–55
doi:10.1016/j.aap.2015.03.014

Introduction

Little is known about the trajectory of recovery in fitness-to-drive after mild traumatic brain injury (mTBI). This means that health-care professionals have limited evidence on which to base recommendations to this cohort about driving.

Objective

To determine fitness-to-drive status of patients with a mTBI at 24 h and two weeks post injury, and to summarise issues reported by this cohort about return to driving.

Method

Quasi-experimental case-control design. Two groups of participants were recruited: patients with a mTBI (n = 60) and a control group with orthopaedic injuries (n = 60). Both groups were assessed at 24 h post injury on assessments of fitness-to-drive. Follow-up occurred at two weeks post injury to establish driver status.

Main Measures

Mini mental state examination, occupational therapy-drive home maze test (OT–DHMT), Road Law Road Craft Test, University of Queensland-Hazard Perception Test, and demographic/interview form collected at 24 h and at two weeks.

Results

At the 24 h assessment, only the OT–DHMT showed a difference in scores between the two groups, with mTBI participants being significantly slower to complete the test ($p = 0.01$). At the two week follow-up, only 26 of the 60 mTBI participants had returned to driving. Injury severity combined with scores from the 24 h assessment predicted 31% of the variance in time taken to return to driving. Delayed return to driving was reported due to: “not feeling 100% right” (n = 14, 23%), headaches and pain (n = 12, 20%), and dizziness (n = 5, 8%).

Conclusion

This research supports existing guidelines which suggest that patients with a mTBI should not to drive for 24 h; however, further research is required to map factors which facilitate timely return to driving.

http://www.rand.org/pubs/research_reports/RR849.html

A Review of Research on Problematic Internet Use and Well-Being: With Recommendations for the U.S. Air Force

Joshua Breslau, Eyal Aharoni, Eric R. Pedersen, Laura L. Miller

RAND Corporation, 2015

This report reviews the scientific literature on the epidemiology, prevention, and treatment of problematic Internet use (PIU) with the goal of informing Air Force policies aimed at mitigating PIU's negative impact on operations and the mental health of Airmen. The report is motivated by a recent RAND study estimating that 6 percent of Airmen have PIU. Individuals with PIU, similar to people with substance addictions, suffer from excessive and compulsive online activities, symptoms of tolerance and withdrawal, and functional impairment. PIU is also strongly associated with other mental health problems including major depression. However, at present there is no single accepted definition of PIU, and no up-to-date estimates of the prevalence of PIU in the general U.S. population are available. A range of prevention and treatment approaches have been developed, but none has been rigorously tested in clinical trials. Prevention programs rely on workplace Internet policies and strategies to help individuals self-regulate their Internet use. Treatment approaches that have proven feasible and acceptable to patients with PIU include adaptations of cognitive-behavioral therapy, an evidence-based treatment for depression and anxiety, to the specific symptoms of PIU. Based on our findings, we recommend: (1) increasing awareness of PIU among organizational leadership and mental health professionals, (2) incorporating content related to PIU into existing trainings related to mental health, (3) providing support for self-regulation of Internet use on the job by incorporating PIU management principles into Internet use policies, and (4) continuing monitoring of the emerging scientific literature on PIU.

<http://onlinelibrary.wiley.com/doi/10.1111/jmft.12120/abstract>

The Gap Between Couple Therapy Research Efficacy and Practice Effectiveness.

Halford, W. K., Pepping, C. A. and Petch, J.

Journal of Marital and Family Therapy

Article first published online: 20 MAR 2015

DOI: 10.1111/jmft.12120

Meta-analyses of randomized controlled trials of couple therapy find large improvements in couple adjustment, but published evaluations of the effectiveness of couple therapy in routine practice find only small-to-moderate effects. The current study analyzes possible explanations for the research-efficacy to practice-effectiveness gap and offers suggestions for enhancing couple therapy effectiveness. Major recommendations are that therapists should clarify whether couples' therapy goal is to clarify commitment to the relationship or to improve the relationship; use standardized assessment of the individual partners and the relationship; and use systematic monitoring of therapy progress and the therapeutic alliance. It is also possible that the greater use of evidence-based therapies when treating couple relationship distress could enhance couple therapy outcome.

<http://www.sciencedirect.com/science/article/pii/S0165032715001470>

Veteran exposure to suicide: Prevalence and correlates.

J. Cerel, van de Venne J., Moore M., Maple M., Flaherty C., Brown M.M.

Journal of Affective Disorders

Available online 21 March 2015

<http://dx.doi.org/10.1016/j.jad.2015.03.017>

Background

The aim of this study was to determine rates and consequences of suicide exposure in a veteran population and variables related to psychiatric morbidity.

Methods

931 veterans from a random digit dial survey conducted July 2012-June 2013 in the Commonwealth of Kentucky was utilized to examine associations between suicide exposure and depression and anxiety. For those with lifetime suicide exposure, perceptions of closeness to the decedent and additional traumatic death exposure were also examined.

Results

Almost half of veterans (47.1%, n=434) reported lifetime exposure to suicide. Suicide-exposed individuals were almost twice as likely to have diagnosable depression (OR=1.92, CI=1.31–2.8) and more than twice as likely to have diagnosable anxiety (OR=2.37, CI=1.55–3.61). Suicide-exposed were also more likely than non-exposed to report suicide ideation (9.9% vs 4.3%). Perceived closeness to decedent increased the odds of depression (OR=1.38, CI=1.12–1.69), anxiety (OR=1.51, CI=1.21–1.89) and PTSD (OR= 1.65, CI=1.27–2.16) and more than doubled the odds of Prolonged Grief (OR=2.47, CI=1.60–3.83). A model examined time sequence of suicide and traumatic death exposure. Experiencing a suicide exposure first and subsequent traumatic death exposure in their military career almost quadrupled the odds of suicide ideation (OR=3.56, p=.01, CI=1.34–9.46).

Limitations

Major study limitations include use of only one US state and random digit dial response rate.

Conclusions

Suicide exposure confers psychiatric risks in veterans. Perceptions of closeness to decedents, which may extend beyond familial lines, may heighten these risks in the suicide exposed. Multiple exposures to suicide and traumatic death may lead to significant suicide risk.

<http://onlinelibrary.wiley.com/doi/10.1002/jts.21995/abstract>

Self-Compassion as a Prospective Predictor of PTSD Symptom Severity Among Trauma-Exposed U.S. Iraq and Afghanistan War Veterans.

Hiraoka, R., Meyer, E. C., Kimbrel, N. A., DeBeer, B. B., Gulliver, S. B. and Morissette, S. B.

Journal of Traumatic Stress

Article first published online: 21 MAR 2015

DOI: 10.1002/jts.21995

U.S. combat veterans of the Iraq and Afghanistan wars have elevated rates of posttraumatic stress disorder (PTSD) compared to the general population. Self-compassion, characterized by self-kindness, a sense of common humanity when faced with suffering, and mindful awareness of suffering, is a potentially modifiable factor implicated in the development and maintenance of PTSD. We examined the concurrent and prospective relationship between self-compassion and PTSD symptom severity after accounting for level of combat exposure and baseline PTSD severity in 115 Iraq and Afghanistan war veterans exposed to 1 or more traumatic events during deployment. PTSD symptoms were assessed using the Clinician Administered PTSD Scale for DSM-IV (CAPS-IV) at baseline and 12 months ($n = 101$). Self-compassion and combat exposure were assessed at baseline via self-report. Self-compassion was associated with baseline PTSD symptoms after accounting for combat exposure ($\beta = -.59$; $p < .001$; $\Delta R^2 = .34$; $f^2 = .67$; large effect) and predicted 12-month PTSD symptom severity after accounting for combat exposure and baseline PTSD severity ($\beta = -.24$; $p = .008$; $\Delta R^2 = .03$; $f^2 = .08$; small effect). Findings suggest that interventions that increase self-compassion may be beneficial for treating chronic PTSD symptoms among some Iraq and Afghanistan war veterans.

<http://onlinelibrary.wiley.com/doi/10.1002/jts.21996/abstract>

Critical Incident History Questionnaire Replication: Frequency and Severity of Trauma Exposure Among Officers From Small and Midsize Police Agencies.

Chopko, B. A., Palmieri, P. A. and Adams, R. E.

Journal of Traumatic Stress

Article first published online: 21 MAR 2015

DOI: 10.1002/jts.21996

Frequency and severity of trauma exposure are thought to influence posttraumatic reactions. Weiss et al.'s Critical Incident History Questionnaire (CIHQ; 2010) measures these variables among law enforcement officers; they reported findings using a sample of officers from large urban departments. We noted the need for replication studies utilizing samples from smaller and rural police agencies. The purpose of this study was to replicate the CIHQ findings from Weiss et al. using a sample (N = 193) of officers from small and midsize police departments and officers whose duties include policing rural and isolated jurisdictions. Frequency and severity findings were similar to those reported by Weiss et al. (2010). Regarding frequency, the present study found the critical incident exposure mean score was 188.5, compared to 168.5 from Weiss et al. (2010). Making a mistake that kills or injures a colleague had the highest mean nomothetic severity rating in both studies. Among the various variables examined in this study, PTSD symptoms demonstrated the strongest association with the exposure indices, based on Spearman rank correlations ($r = .26-.46$).

<http://psycnet.apa.org/journals/mil/27/2/115>

“I’m not sure I trust the system yet”: Lesbian service member experiences with mental health care.

Mount, Sarah D.; Steelman, Sarah M.; Hertlein, Katherine M.

Military Psychology, Vol 27(2), Mar 2015, 115-127

<http://dx.doi.org/10.1037/mil0000071>

The purpose of this research was to understand lesbian service member experiences with mental health care. Individual and organizational factors were explored, including the influence of military policy (e.g., “Don’t Ask, Don’t Tell”) on service member utilization of mental health services. Thirty-seven participants responded to a survey containing 16 open-ended items regarding the impact of “Don’t Ask, Don’t Tell” on one’s professional life, relational life, identity, and willingness to access mental health services. Data were analyzed through an open- and axial-coding and constant comparative method. The findings indicated a lesbian service woman’s likelihood of accessing mental health services was impacted by confidentiality concerns, fear of repercussions, and a sense that military culture lags behind policy changes. Recommendations for therapists included renewed focus on safety through affirmative practices, need for competency in military and lesbian/gay culture, and sensitivity to the effects

of systemic oppression on self-esteem. Implications and future research are discussed.
(PsycINFO Database Record (c) 2015 APA, all rights reserved)

<http://psycnet.apa.org/journals/mil/27/2/108>

Distraction during deployment: Marital relationship associations with spillover for deployed army soldiers.

Carter, Sarah P.; Loew, Benjamin; Allen, Elizabeth S.; Osborne, Laura; Stanley, Scott M.; Markman, Howard J.

Military Psychology, Vol 27(2), Mar 2015, 108-114
<http://dx.doi.org/10.1037/mil0000067>

Military spouses often have concerns regarding the impact of their communication on soldiers during deployment. However, literature is mixed regarding how communication between soldiers and spouses may impact soldiers' self-reported work functioning during deployment, suggesting the need to evaluate moderating factors. In the current study, 3 relationship factors (marital satisfaction, conflictual communication, and proportion of conversation focused on problems) were tested as moderators of communication frequency and negative marriage-to-work spillover for soldiers. Whereas the 3 relationship factors were independently related to negative spillover, none significantly moderated the relationship between communication frequency and spillover. The overall pattern of results suggests that (a) lower marital satisfaction, a focus on problems during communication, and conflictual communication are each strongly linked to spillover for deployed soldiers; and (b) military couples may be self-restricting deployment communication frequency when experiencing less marital satisfaction and higher rates of negative communication. Implications for communication during deployment are discussed. (PsycINFO Database Record (c) 2015 APA, all rights reserved)

<http://psycnet.apa.org/journals/mil/27/2/93>

From combat to khakis: An exploratory examination of job stress with veterans.

McAllister, Charn P.; Mackey, Jeremy D.; Hackney, Kaylee J.; Perrewé, Pamela L.

Military Psychology, Vol 27(2), Mar 2015, 93-107
<http://dx.doi.org/10.1037/mil0000068>

Veterans are having a difficult time reintegrating back into the civilian sector following their service, with nearly 44% reporting some type of problem. The experienced stress and resultant

strain associated with this reintegration may be caused by an incongruence between veterans' military identities and their civilian work environments, a form of strain we term veteran identity strain (Vet-IS). To better understand the experienced strain associated with incongruent veteran and civilian work identities, we examine the effects of military rank on Vet-IS, the moderating role of political skill on the relationship between rank and Vet-IS, and how this relationship affects the outcomes of work intensity and vigor. A mediated moderation analysis of 251 veterans provided support for most study hypotheses, which predicted that rank would have an indirect effect on work intensity and vigor through Vet-IS, conditional upon veterans' levels of political skill. Contributions and future research directions are discussed. (PsycINFO Database Record (c) 2015 APA, all rights reserved)

<http://psycnet.apa.org/journals/mil/27/2/85>

Validation of the WHOQOL-BREF in a sample of male treatment-seeking veterans.

Guay, Stéphane; Fortin, Christophe; Fikretoglu, Deniz; Poundja, Joaquin; Brunet, Alain

Military Psychology, Vol 27(2), Mar 2015, 85-92
<http://dx.doi.org/10.1037/mil0000065>

We examined the psychometric properties of a quality of life measure, the WHOQOL-BREF, in male treatment-seeking veterans. A sample of 131 veterans at an outpatient clinic completed a mail-in survey that included the WHOQOL-BREF as well as measures of posttraumatic stress, depression, anxiety symptoms, and functional health status. The WHOQOL-BREF showed evidence of good internal consistency and strong test-retest reliability. In addition, analysis of results demonstrated evidence of construct, convergent, and discriminant validity. The results suggest that the WHOQOL-BREF is a reliable and valid measure that can be used in the planning of psychological services provided to veterans with mental health problems. (PsycINFO Database Record (c) 2015 APA, all rights reserved)

[http://www.jaacap.com/article/S0890-8567\(15\)00042-8/abstract](http://www.jaacap.com/article/S0890-8567(15)00042-8/abstract)

Impact of Parents' Wartime Military Deployment and Injury on Young Children's Safety and Mental Health.

Elizabeth Hisle-Gorman, Donna Harrington, Cade M. Nylund, Kenneth P. Tercyak, Bruno J. Anthony, and Gregory H. Gorman

American Academy of Child and Adolescent Psychiatry
Volume 54, Issue 4 (April 2015)
DOI: <http://dx.doi.org/10.1016/j.jaac.2014.12.017>

Objective

Children are at risk for adverse outcomes during parental military deployments. We aim to determine the impact of parental deployment and combat injury on young children's postdeployment mental health, injuries, and maltreatment.

Method

This is a population-based, retrospective cohort study of young children of active duty military parents during fiscal years (FY) 2006 to 2007, a high deployment period. A total of 487,460 children, 3 to 8 years of age, who received Military Health System care, were included. The relative rates of mental health, injury, and child maltreatment visits of children whose parents deployed and children of combat-injured parents were compared to children unexposed to parental deployment.

Results

Of the included children, 58,479 (12%) had a parent deploy, and 5,405 (1%) had a parent injured during deployment. Relative to children whose parents did not deploy, children of deployed and combat-injured parents, respectively, had additional visits for mental health diagnoses (incidence rate ratio [IRR] = 1.09 [95% CI = 1.02–1.17], IRR = 1.67 [95% CI = 1.47–1.89]), injuries (IRR = 1.07 [95% CI = 1.04–1.09], IRR = 1.24 [95% CI = 1.17–1.32]), and child maltreatment (IRR = 1.21 [95% CI = 1.11–1.32], IRR 2.30 = [95% CI 2.02–2.61]) postdeployment.

Conclusion

Young children of deployed and combat-injured military parents have more postdeployment visits for mental health, injuries, and child maltreatment. Mental health problems, injuries, and maltreatment after a parent's return from deployment are amplified in children of combat-injured parents. Increased preventive and intervention services are needed for young children as parents return from deployments. Child health and mental health providers are crucial to effective identification of these at-risk children to ensure effective care provision.

<http://www.ncbi.nlm.nih.gov/pubmed/25805128>

Gen Hosp Psychiatry. 2015 Mar 11. pii: S0163-8343(15)00040-7. doi:
10.1016/j.genhosppsych.2015.02.010. [Epub ahead of print]

The role of early pharmacotherapy in the development of posttraumatic stress disorder symptoms after traumatic injury: an observational cohort study in consecutive patients.

Mouthaan J, Sijbrandij M, Reitsma JB, Luitse JS, Goslings JC, Gersons BP, Olf M

OBJECTIVE:

Pharmacological intervention during traumatic memory consolidation has been suggested to prevent posttraumatic stress disorder (PTSD). The aim of this study was to examine the association between prescription of early pharmacotherapy and the risk of developing PTSD symptoms following traumatic injury.

METHOD:

The use of opiate analgesics, beta-adrenergic blockers, corticosteroids and benzodiazepines within 48 h postinjury was documented based on hospital charts for 629 Level 1 trauma center patients. PTSD symptoms were assessed using structured clinical interviews. Primary outcome was 6-week PTSD symptoms. Secondary outcomes were PTSD diagnoses at 6 weeks and during 1 year posttrauma.

RESULTS:

Linear regression analyses showed that opiate administration within 48 h was negatively associated with PTSD symptoms at 6 weeks ($\beta=-0.14$, $P=.009$) after controlling for demographic and injury-related characteristics and concurrent pharmacotherapy. Fewer patients with opiates had a PTSD diagnosis at 6 weeks ($P=.047$) and during 1 year posttrauma ($P=.013$) than patients with none of the specified pharmacotherapies. Low prescription frequency of beta-blockers (3.8%), corticosteroids (2.2%) and benzodiazepines (7.8%) precluded further examination of their role in the development of PTSD symptoms because of limited statistical power.

CONCLUSIONS:

This study suggests a possible beneficial influence of opiate administration within 48 h posttrauma on the development of PTSD symptoms. Future studies may evaluate the effectiveness of in-hospital opiate analgesics compared to placebo in preventing PTSD and may focus on the mechanisms underlying the effect of opiates in preventing PTSD. Copyright © 2015. Published by Elsevier Inc.

<http://www.ncbi.nlm.nih.gov/pubmed/25803420>

J Med Internet Res. 2015 Feb 26;17(3):e55. doi: 10.2196/jmir.4143.

Multiple comorbidities of 21 psychological disorders and relationships with psychosocial variables: a study of the online assessment and diagnostic system within a web-based population.

Al-Asadi AM, Klein B, Meyer D

BACKGROUND:

While research in the area of e-mental health has received considerable attention over the last decade, there are still many areas that have not been addressed. One such area is the comorbidity of psychological disorders in a Web-based sample using online assessment and diagnostic tools, and the relationships between comorbidities and psychosocial variables.

OBJECTIVE:

We aimed to identify comorbidities of psychological disorders of an online sample using an online diagnostic tool. Based on diagnoses made by an automated online assessment and diagnostic system administered to a large group of online participants, multiple comorbidities (co-occurrences) of 21 psychological disorders for males and females were identified. We examined the relationships between dyadic comorbidities of anxiety and depressive disorders and the psychosocial variables sex, age, suicidal ideation, social support, and quality of life.

METHODS:

An online complex algorithm based on the criteria of the Diagnostic and Statistical Manual of Mental Disorders, 4th edition, Text Revision, was used to assign primary and secondary diagnoses of 21 psychological disorders to 12,665 online participants. The frequency of co-occurrences of psychological disorders for males and females were calculated for all disorders. A series of hierarchical loglinear analyses were performed to examine the relationships between the dyadic comorbidities of depression and various anxiety disorders and the variables suicidal ideation, social support, quality of life, sex, and age.

RESULTS:

A 21-by-21 frequency of co-occurrences of psychological disorders matrix revealed the presence of multiple significant dyadic comorbidities for males and females. Also, for those with some of the dyadic depression and the anxiety disorders, the odds for having suicidal ideation, reporting inadequate social support, and poorer quality of life increased for those with two-disorder comorbidity than for those with only one of the same two disorders.

CONCLUSIONS:

Comorbidities of several psychological disorders using an online assessment tool within a Web-based population were similar to those found in face-to-face clinics using traditional assessment tools. Results provided support for the transdiagnostic approaches and confirmed the positive relationship between comorbidity and suicidal ideation, the negative relationship between comorbidity and social support, and the negative relationship comorbidity and quality of life.

TRIAL REGISTRATION:

Australian and New Zealand Clinical Trials Registry ACTRN121611000704998; http://www.anzctr.org.au/trial_view.aspx?ID=336143 (Archived by WebCite at <http://www.webcitation.org/618r3wvOG>).

<http://www.ncbi.nlm.nih.gov/pubmed/25799233>

Telemed J E Health. 2015 Mar 23. [Epub ahead of print]

A Comparison of Mental Health Diagnoses Treated via Interactive Video and Face to Face in the Veterans Healthcare Administration.

Grubbs KM, Fortney JC, Dean T, Williams JS, Godleski L

OBJECTIVE:

This study compares the mental health diagnoses of encounters delivered face to face and via interactive video in the Veterans Healthcare Administration (VHA).

MATERIALS AND METHODS:

We compiled 1 year of national-level VHA administrative data for Fiscal Year 2012 (FY12). Mental health encounters were those with both a VHA Mental Health Stop Code and a Mental Health Diagnosis (n=11,906,114). Interactive video encounters were identified as those with a Mental Health Stop Code, paired with a VHA Telehealth Secondary Stop Code. Primary diagnoses were grouped into posttraumatic stress disorder (PTSD), depression, anxiety, bipolar disorder, psychosis, drug use, alcohol use, and other.

RESULTS:

In FY12, 1.5% of all mental health encounters were delivered via interactive video. Compared with face-to-face encounters, a larger percentage of interactive video encounters was for PTSD, depression, and anxiety, whereas a smaller percentage was for alcohol use, drug use, or psychosis.

CONCLUSIONS:

Providers and patients may feel more comfortable treating depression and anxiety disorders than substance use or psychosis via interactive video.

<http://www.ncbi.nlm.nih.gov/pubmed/25796471>

Biol Psychiatry. 2015 Feb 16. pii: S0006-3223(15)00098-0. doi: 10.1016/j.biopsych.2015.02.007. [Epub ahead of print]

Estrogen and Extinction of Fear Memories: Implications for Posttraumatic Stress Disorder Treatment.

Glover EM, Jovanovic T, Norrholm SD

Posttraumatic stress disorder (PTSD) is a psychiatric illness whose prevalence in women is more than twice the rate as men. Despite a burgeoning literature characterizing sex differences in PTSD incidence and its disproportionate burden on society, there is a dearth of literature describing biological mechanisms underlying these disparities. However, the recent identification of biomarkers of PTSD by translational neuroscientists offers a promising opportunity to explore sex interactions in PTSD phenotypes. A notable observation is that individuals with PTSD show deficits in their ability to inhibit conditioned fear responding after extinction training. Given that extinction procedures, via exposure-based cognitive behavioral therapy, make up one of the predominant modes of treatment in PTSD, there is a critical need for more research on sex interactions in this form of fear regulation. An emerging hypothesis is that fluctuating gonadal hormones, especially estrogen, in the menstrual cycle may play a critical role in fear extinction and, hence, PTSD vulnerability and symptom severity in women. The current review discusses how the study of putative activational effects of estrogen on fear extinction may be harnessed to advance the search for better treatments for PTSD in women. We conclude that estrogen treatment may be a putative pharmacologic adjunct in extinction-based therapies and should be tracked in the menstrual cycle during the course of PTSD treatment. Published by Elsevier Inc.

<http://www.ncbi.nlm.nih.gov/pubmed/25795293>

Clin Psychol Rev. 2015 Mar 11;38:39-54. doi: 10.1016/j.cpr.2015.02.004. [Epub ahead of print]

The state of personalized treatment for anxiety disorders: A systematic review of treatment moderators.

Schneider RL, Arch JJ, Wolitzky-Taylor KB

INTRODUCTION:

The aim of this review was to synthesize findings for moderators of treatment outcome across adult anxiety disorders, obsessive-compulsive disorder, and posttraumatic stress disorder.

METHODS:

Twenty-four papers that compared two or more active treatments (at least one of which was a form of cognitive behavioral therapy [CBT]) were identified and organized into five treatment comparison categories (distinct psychotherapy combinations, CBT full package vs. single components, CBT vs. augmented CBT, CBT delivery methods, and CBT vs. pharmacotherapy). Sixty-three distinct baseline moderators were tested across seven categories (symptom severity, comorbid emotional disorders or emotional reactivity, cognitive maintenance factors, behavioral maintenance factors, personality traits and disorders, sociodemographic factors, and biological factors).

RESULTS:

Few consistent treatment moderators were identified. All studies testing quadratic effects found at least one significant non-linear moderator or predictor effect. In addition, the majority of studies had methodological problems and limitations, demonstrating the need for future methodological improvements.

CONCLUSION:

Limited conclusions can be drawn about how to match anxiety disorder patients to treatment. A strong need to improve the methodological consistency and rigor of treatment moderator studies was identified. A series of recommendations for moderation analyses are proposed in order to strengthen future studies and facilitate replication efforts. Copyright © 2015 Elsevier Ltd. All rights reserved.

<http://www.ncbi.nlm.nih.gov/pubmed/25793254>

J Evid Inf Soc Work. 2015 Mar 20:1-11. [Epub ahead of print]

Effects of a Multi-Component Behavioral Intervention (MCI) for Insomnia on Depressive and Insomnia Symptoms in Individuals with High and Low Depression.

Johnson K, Sidani S, Epstein DR

Insomnia and depression are prevalent and co-occurring conditions that are associated with significant impairment of life. Previous research indicates that cognitive-behavioral interventions for insomnia (CBT-I) can improve both insomnia and depressive symptoms. The aim of the authors in this study was to determine whether a multi-component behavioral intervention (MCI) improved both insomnia and depressive symptoms in persons presenting with insomnia and high levels of depression. The sample consisted of 321 individuals with insomnia who participated in a trial of insomnia treatments; 106 participants had high levels of depression (score ≥ 16 on CES-D) at baseline. Participants either received the MCI or a control treatment (sleep education and hygiene booklet). At post-test, participants with high and low levels of depressive symptoms showed significant improvement in insomnia symptoms. Those with high depression also had significant reductions in depressive symptoms. It can be concluded that for individuals with depression and insomnia, CBT-I is a viable intervention for managing depressive symptoms, which complements other approaches for treating depression.

PLoS One. 2015 Mar 20;10(3):e0119998. doi: 10.1371/journal.pone.0119998. eCollection 2015.

An Examination of the Association between 5-HTTLPR, Combat Exposure, and PTSD Diagnosis among U.S. Veterans.

Liu Y, Garrett ME, Dennis MF, Green KT; VA Mid-Atlantic MIRECC Registry Workgroup, Ashley-Koch AE, Hauser MA, Beckham JC, Kimbrel NA

OBJECTIVE:

To examine the association between the 5-HTTLPR polymorphism of the serotonin transporter (SLC6A4) gene, combat exposure, and posttraumatic stress disorder (PTSD) diagnosis and among two samples of combat-exposed veterans.

METHOD:

The first sample included 550 non-Hispanic Black (NHB) combat-exposed veterans. The second sample included 555 non-Hispanic White (NHW) combat-exposed veterans. Participants were genotyped for the 5-HTTLPR/rs25531 variants of the SLC6A4 gene. A structured clinical interview was used to diagnose PTSD. Combat and civilian trauma exposure were assessed with validated self-report instruments. Logistic regression was used to test for main effects of 5-HTTLPR on PTSD diagnosis as well as gene x environment (GxE) interactions after adjusting for sex, ancestry proportion scores, civilian trauma exposure, and combat exposure.

RESULTS:

Within the NHB sample, a significant additive effect was observed for 5-HTTLPR (OR = 1.502, $p = .0025$), such that the odds of having a current diagnosis of PTSD increased by 1.502 for each additional S' allele. No evidence for an association between 5-HTTLPR and PTSD was observed in the NHW sample. In addition, no evidence for combat x 5-HTTLPR effects were observed in either sample.

CONCLUSION:

The present study suggests that there may be an association between 5-HTTLPR genotype and PTSD diagnosis among NHB veterans; however, no evidence for the hypothesized 5-HTTLPR x combat interaction was found.

<http://www.ncbi.nlm.nih.gov/pubmed/25793692>

Psychol Trauma. 2015 Mar;7(2):162-70. doi: 10.1037/a0037304. Epub 2014 Aug 18.

Sexual assault-characteristics effects on PTSD and psychosocial mediators: A cluster-analysis approach to sexual assault types.

Peter-Hagene LC, Ullman SE

Using cluster analysis, we investigated the effects of assault characteristics (i.e., level of violence, subjective distress, alcohol consumption, perpetrator identity) on PTSD symptoms, and whether these effects are mediated by postassault social and psychological reactions. A

large community sample of women sexual assault survivors completed 2 mail surveys at a 1-year interval. In line with prior research, cluster analyses revealed the existence of 3 general categories of sexual assault, which we described as "high violence," "alcohol-related," and "moderate sexual severity." Alcohol-related assaults resulted in fewer PTSD symptoms than high-violence assaults at Time 1, but not at Time 2. Alcohol-related and violent assaults resulted in more PTSD symptoms than moderate-severity assaults at both times. The effect of assault-characteristics clusters on Time 2 PTSD was mediated by Time 1 self-blame and turning against social reactions. The importance of considering effects of violence and alcohol consumption during the assault to better understand postassault PTSD, including implications for theory and practice, are discussed. (PsycINFO Database Record (c) 2015 APA, all rights reserved).

[Correction Notice: An Erratum for this article was reported in Vol 7(2) of Psychological Trauma: Theory, Research, Practice, and Policy (see record 2015-05325-001). In the article, there was an error in the abstract. The second to last sentence should have read, "The effect of assault-characteristics clusters on Time 2 PTSD was mediated by Time 1 self-blame and turning against social reactions."]

<http://www.ncbi.nlm.nih.gov/pubmed/25793689>

Psychol Trauma. 2015 Mar;7(2):138-45. doi: 10.1037/a0037112. Epub 2014 Aug 18.

The mediating role of anger in the relationship between PTSD symptoms and impulsivity.

Contractor AA1, Armour C2, Wang X3, Forbes D4, Elhai JD3

Research indicates a significant relationship between posttraumatic stress disorder (PTSD) and anger (Olatunji, Ciesielski, & Tolin, 2010; Orth & Wieland, 2006). Individuals may seek urgent coping to deal with the distress of anger, which is a mobilizing and action-oriented emotion (Novaco & Chemtob, 2002); possibly in the form of impulsive actions consistent with impulsivity's association with anger (Milligan & Waller, 2001; Whiteside & Lynam, 2001). This could be 1 of the explanations for the relationship between PTSD and impulsivity (Kotler, Julian, Efront, & Amir, 2001; Ledgerwood & Petry, 2006). The present study assessed the mediating role of anger between PTSD (overall scores and subscales of arousal and negative alterations in mood/cognitions) and impulsivity, using gender as a covariate of impulsivity. The PTSD Checklist for Diagnostic and Statistical Manual of Mental Disorders, fifth edition (DSM-5), Dimensions of Anger Reaction scale-5, and the UPPS Impulsivity Scale were administered to a sample of 244 undergraduate students with a trauma history. Results based on 1000 bootstrapped samples indicated significant direct effects of PTSD (overall and 2 subscales) on anger, of anger on impulsivity, and of PTSD (overall and 2 subscales) on impulsivity. Further, anger significantly mediated the relationship between PTSD (overall and 2 subscales) and impulsivity, consistent with the hypothesized models. Results suggest that impulsivity aims at

coping with distressing anger, possibly explaining the presence of substance usage, and other impulsive behaviors in people with PTSD. Further, anger probably serves as a mobilizing and action-oriented emotion coupled with PTSD symptoms. (PsycINFO Database Record (c) 2015 APA, all rights reserved).

<http://www.ncbi.nlm.nih.gov/pubmed/25793582>

PLoS One. 2015 Mar 20;10(3):e0120270. doi: 10.1371/journal.pone.0120270. eCollection 2015.

A Meta-Analysis of Risk Factors for Combat-Related PTSD among Military Personnel and Veterans.

Xue C, Ge Y, Tang B, Liu Y, Kang P, Wang M, Zhang L

Post-traumatic stress disorder (PTSD), a complex and chronic disorder caused by exposure to a traumatic event, is a common psychological result of current military operations. It causes substantial distress and interferes with personal and social functioning. Consequently, identifying the risk factors that make military personnel and veterans more likely to experience PTSD is of academic, clinical, and social importance. Four electronic databases (PubMed, Embase, Web of Science, and PsycINFO) were used to search for observational studies (cross-sectional, retrospective, and cohort studies) about PTSD after deployment to combat areas. The literature search, study selection, and data extraction were conducted by two of the authors independently. Thirty-two articles were included in this study. Summary estimates were obtained using random-effects models. Subgroup analyses, sensitivity analyses, and publication bias tests were performed. The prevalence of combat-related PTSD ranged from 1.09% to 34.84%. A total of 18 significant predictors of PTSD among military personnel and veterans were found. Risk factors stemming from before the trauma include female gender, ethnic minority status, low education, non-officer ranks, army service, combat specialization, high numbers of deployments, longer cumulative length of deployments, more adverse life events, prior trauma exposure, and prior psychological problems. Various aspects of the trauma period also constituted risk factors. These include increased combat exposure, discharging a weapon, witnessing someone being wounded or killed, severe trauma, and deployment-related stressors. Lastly, lack of post-deployment support during the post-trauma period also increased the risk of PTSD. The current analysis provides evidence of risk factors for combat-related PTSD in military personnel and veterans. More research is needed to determine how these variables interact and how to best protect against susceptibility to PTSD.

<http://www.ncbi.nlm.nih.gov/pubmed/25793399>

Psychol Trauma. 2015 Feb 23. [Epub ahead of print]

DSM-5 Posttraumatic Stress Disorder Symptoms Associated With Suicide Behaviors in Veterans.

Legarreta M, Graham J, North L, Bueler CE, McGlade E, Yurgelun-Todd D

A connection between suicidality and posttraumatic stress disorder (PTSD) has been consistently demonstrated; however, the underlying relationship between suicidality and PTSD remains unclear. The aim of this study was to examine patterns of DSM-5 PTSD symptom endorsement that differentiated veteran participants with and without a history of suicide behaviors. We enrolled 95 veterans, 32 of whom reported no suicide ideation (SI) or suicide attempts (SA). The 63 remaining participants reported a history of SI, with 28 of the 63 also reporting a historical SA. Participants completed a standardized diagnostic interview (Structured Clinical Interview for DSM-IV-TR; First, Spitzer, Gibbon, & Williams, 2002), structured interview of suicidal behaviors (Columbia-Suicide Severity Rating Scale; Posner et al., 2011), and selected clinical measures. Veterans who reported SI and/or SA were more likely to meet criteria for PTSD on DSM-5 than were veterans who reported neither SI nor SA. Participants who reported SA were more likely to meet criteria for clusters C and D. Finally, at the symptom level, those who reported SI were more likely to report experiencing feelings of alienation. Those who reported a SA were more likely to report avoidance of thoughts and feelings, inability to recall an important aspect of their trauma, persistent negative beliefs, diminished interest, and feelings of alienation. These findings suggest that targeting specific symptoms of PTSD may aid in treatment of suicidal thoughts and behaviors associated with PTSD. (PsycINFO Database Record (c) 2015 APA, all rights reserved).

<http://www.ncbi.nlm.nih.gov/pubmed/25793320>

Psychol Trauma. 2015 Jan 19. [Epub ahead of print]

Association of Parental Status and Diagnosis of Posttraumatic Stress Disorder Among Veterans of Operations Iraqi and Enduring Freedom.

Janke-Stedronsky SR, Greenawalt DS, Stock EM, Tsan JY, MacCarthy AA, MacCarthy DJ, Copeland LA

Research indicates that concerns about disruption of family relationships during military service may be associated with greater posttraumatic stress symptomatology. The current study sought to extend previous findings by examining the relative odds of a posttraumatic stress disorder (PTSD) diagnosis among Operations Enduring and Iraqi Freedom (OEF/OIF) veterans with

dependent children versus veterans without dependent children. Administrative databases were queried to identify 36,334 OEF/OIF veterans with dependent children seeking care in the Veterans Health Administration (VA) during fiscal years 2006-2009. These veterans were matched 1:1 on age, gender, and demobilization date to veterans without dependent children (N = 72,668). In unconditional analyses, OEF/OIF veterans with dependent children versus those without were significantly more likely to incur a PTSD diagnosis (44% vs. 28%). After controlling for demographic variables, mental health utilization, and other serious mental illness, OEF/OIF veterans with dependent children were about 40% more likely to carry a diagnosis of PTSD. The association was stronger for men than for women. It may be of value for clinicians to consider parental status when assessing and treating veterans with PTSD. In-depth study of OEF/OIF veterans is needed to determine whether disruption of family relationships leads to increased psychological stress or parents are more likely than nonparents to seek VA mental health services for PTSD symptoms. (PsycINFO Database Record (c) 2015 APA, all rights reserved).

<http://www.ncbi.nlm.nih.gov/pubmed/25793318>

Psychol Trauma. 2015 Jan 19. [Epub ahead of print]

Evaluating the Dimensionality of PTSD in a Sample of OIF/OEF Veterans.

Frankfurt S, Anders SL, James LM, Engdahl B, Winskowski AM

Both categorical and dimensional models of mental disorders, including posttraumatic stress disorder (PTSD), are useful for diagnostic and heuristic purposes; however, few empirical studies have compared categorical and dimensional models of PTSD side-by-side or compared these models to a hybrid (dimensional and categorical) model. In the present study, the dimensionality of PTSD was examined by fitting latent profile analytic, confirmatory factor analytic, and factor mixture models in 271 Operation Iraqi Freedom/Operation Enduring Freedom veterans 6 months after return from deployment. Latent profile analysis was used to identify subgroups of individuals with similar PTSD symptom profiles and predictors of subgroup membership, confirmatory factor analysis was used to identify the underlying continuous structure of PTSD in this sample, and factor mixture modeling was used to test whether a hybrid categorical and continuous model of PTSD best fit our sample. A factor mixture model consisting of a 4-factor dysphoria model of PTSD with 2 classes characterized by low and moderate symptom severity was the best-fitting model. Dissociation and deployment concerns emerged as significant predictors of membership in the moderate symptoms class. Implications for PTSD diagnostic conceptualization and treatment planning are discussed. (PsycINFO Database Record (c) 2015 APA, all rights reserved).

<http://www.ncbi.nlm.nih.gov/pubmed/25792193>

Clin Psychol Rev. 2015 Mar 3;38:25-38. doi: 10.1016/j.cpr.2015.02.007. [Epub ahead of print]

Psychological interventions for post-traumatic stress disorder and comorbid substance use disorder: A systematic review and meta-analysis.

Roberts NP, Roberts P2, Jones N, Bisson JI

Co-morbid post-traumatic stress disorder (PTSD) and substance use disorder (SUD) are common, difficult to treat, and associated with poor prognosis. This review aimed to determine the efficacy of individual and group psychological interventions aimed at treating comorbid PTSD and SUD, based on evidence from randomised controlled trials. Our pre-specified primary outcomes were PTSD severity, drug/alcohol use, and treatment completion. We undertook a comprehensive search strategy. Included studies were rated for methodological quality. Available evidence was judged through GRADE. Fourteen studies were included. We found that individual trauma-focused cognitive-behavioural intervention, delivered alongside SUD intervention, was more effective than treatment as usual (TAU)/minimal intervention for PTSD severity post-treatment, and at subsequent follow-up. There was no evidence of an effect for level of drug/alcohol use post-treatment but there was an effect at 5-7months. Fewer participants completed trauma-focused intervention than TAU. We found little evidence to support the use of individual or group-based non-trauma-focused interventions. All findings were judged as being of low/very low quality. We concluded that there is evidence that individual trauma-focused psychological intervention delivered alongside SUD intervention can reduce PTSD severity, and drug/alcohol use. There is very little evidence to support use of non-trauma-focused individual or group-based interventions. Copyright © 2015 Elsevier Ltd. All rights reserved.

<http://www.ncbi.nlm.nih.gov/pubmed/25789439>

Pain. 2015 Apr;156 Suppl 1:S75-85. doi: 10.1097/j.pain.0000000000000111.

Pain and sleep in post-concussion/mild traumatic brain injury.

Lavigne G, Khoury S, Chauny JM, Desautels A

Concussion after a force to the head is called mild traumatic brain injury (mTBI). Approximately 1 in 5 patients with mTBI will develop chronic pain (headache and widespread pain, possibly of central origin) and/or sleep problems (insomnia, disordered breathing, periodic limb movements). However, the predisposing mechanisms for chronic pain in patients with mTBI are unknown. Mild traumatic brain injury is a rare model to prospectively assess the risk factors and mechanisms for pain chronification from the injury onset in the absence of pretrauma

comorbidity or medication. In the acute phase, headaches and sleep disturbances seem to predict the poorest long-term cognitive and mood outcomes. Although recent studies suggest that certain brain biomarkers and mood alterations (eg, anxiety, depression) contribute, the causality of chronic pain remains unclear. In mTBI patients with pain, poor sleep quality was correlated with fast beta and gamma electroencephalographic activity in frontal, central, and occipital electroencephalographic (EEG) derivations in all sleep stages. Sleep recuperative function seems to be disturbed by persistent wake EEG activity, corroborating patient complaints such as feeling awake when asleep. Pain and sleep management in mTBI is not yet evidence-based. Treatments include cognitive behavioral and light therapies, medications, and continuous positive airway pressure (CPAP) or oral appliances for disordered sleep breathing. Customized approaches are indicated for mTBI, pain, and sleep complaints. Further studies in pediatric, sport, and transportation populations are needed to prevent TBI chronification. Improvements are emerging in biomarker sensitivity and specificity and management strategies for TBI, pain, and sleep comorbidities.

<http://www.ncbi.nlm.nih.gov/pubmed/25786741>

J Behav Med. 2015 Mar 19. [Epub ahead of print]

Chronic pain and comorbid mental health conditions: independent associations of posttraumatic stress disorder and depression with pain, disability, and quality of life.

Outcalt SD, Kroenke K, Krebs EE, Chumbler NR, Wu J, Yu Z, Bair MJ

Both posttraumatic stress disorder (PTSD) and depression are highly comorbid with chronic pain and have deleterious effects on pain and treatment outcomes, but the nature of the relationships among chronic pain, PTSD, and depression has not been fully elucidated. This study examined 250 Veterans Affairs primary care patients with moderate to severe chronic musculoskeletal pain who participated in a randomized controlled pain treatment trial. Baseline data were analyzed to examine the independent associations of PTSD and major depression with multiple domains of pain, psychological status, quality of life, and disability. PTSD was strongly associated with these variables and in multivariate models, PTSD and major depression each had strong independent associations with these domains. PTSD demonstrated similar relationships as major depression with psychological, quality of life, and disability outcomes and significant but somewhat smaller associations with pain. Because PTSD and major depression have independent negative associations with pain, psychological status, quality of life, and disability, it is important for clinicians to recognize and treat both mental disorders in patients with chronic pain.

Links of Interest

Concussions and Sleep Disorders Closely Linked

<http://www.health.mil/News/Articles/2015/03/18/Concussions-and-Sleep-Disorders-Closely-Linked>

Our sleep-deprived military culture: What you can do about it

<http://www.health.mil/News/Articles/2015/03/20/Our-sleep-deprived-military-culture-What-you-can-do-about-it>

Thomas, Schoomaker Recognized for Pain Management Efforts

<http://www.health.mil/News/Articles/2015/03/25/Thomas-Schoomaker-Recognized-for-Pain-Management-Efforts>

Can Female Marines Carry The Load And Kill The Enemy?

<http://www.npr.org/2015/03/25/395279171/can-female-marines-carry-the-load-and-kill-the-enemy>

Suicide risk: Variety of dialectical behavior therapy interventions with therapists effective

<http://www.sciencedaily.com/releases/2015/03/150325132516.htm>

Smiles, word choice show what type of sexism men display

<http://www.sciencedaily.com/releases/2015/03/150309093214.htm>

Troops who don't pass the smell test likely have traumatic brain injury

<http://www.sciencedaily.com/releases/2015/03/150320101501.htm>

Resource of the Week: [10 Good Google Docs, Sheets, and Forms Add-ons for Teachers](#)

While a few of these look to be of use specifically to K-12 classroom teachers, there are a few gems here that could be useful to anyone who works regularly with Google Docs. I particularly like:

The [EasyBib Bibliography Creator](#) makes it easy to properly cite resources and format a bibliography in APA, MLA, or Chicago style.

The [Tag Cloud Generator Add-on](#) will create a word cloud in the right-hand margin of any of your Google Documents that contain more than one hundred words.

[Add Reminders](#) is a Google Sheets Add-on that will set-up your spreadsheet so that you simply enter reminder messages and email addresses then specify a date on which you want your reminders sent. The Add Reminders Add-on allows you to send the same

reminder to everyone in your email list or you can send individualized reminders to everyone in your email list.

[Save As Doc](#) is a free Google Spreadsheets Add-on that enables you to select a series of adjacent cells and turn them into an easy to read Google Document.... The document will appear in your Google Drive dashboard (it might take a minute or two to appear if you have selected a large set of cells) where you can then view it, edit it, or download it as a PDF.

[FormLimiter](#) allows you to set a time for a form to automatically stop accepting responses. You can also use FormLimiter to set a limit on number of responses a form will accept.

Free Technology for Teachers
written by Richard Byrne

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FRIDAY, FEBRUARY 13, 2015

10 Good Google Docs, Sheets, and Forms Add-ons for Teachers

This afternoon I was asked if I could put together a list of my favorite Google Docs, Sheets, and Forms Add-ons. In the past I had put together lists of Sheets scripts, but most of those lists are outdated as Add-ons have mostly replaced scripts. Here's my updated list of my favorite Google Docs, Sheets and Forms Add-ons.

Google Docs Add-ons:
The [Tag Cloud Generator Add-on](#) will create a word cloud in the right-hand margin of any of your Google Documents that contain more than one hundred words.

One of the most useful Add-ons for Google Documents is the [EasyBib Bibliography Creator](#). The EasyBib Bibliography Creator makes it easy to properly cite resources and format a bibliography in APA, MLA, or Chicago style.

Knowing the right keyboard shortcuts to type the accents and characters is one of the challenges that students face when learning and trying to type in a new language. [Easy Accents](#) is a Google Docs Add-on that can eliminate that challenge. [Easy Accents](#) provides a virtual keyboard that enables students to quickly insert the letters and accents found in French, German, Spanish, Māori,

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