



CDP Research Update -- April 2, 2015

What's Here:

- PTSD Research Quarterly -- Resilience: An Update
- Why Choose an Evidence-Based Treatment? - PTSD Monthly Update, March 2015
- Cognitive Behavioral Therapy for Preventing Suicide Attempts: A Guide to Brief Treatments Across Clinical Settings (Book)
- The State and Sustainability of Telepsychiatry Programs.
- Monitoring Health Concerns Related to Marijuana in Colorado: 2014
- Effects of a Multi-Component Behavioral Intervention (MCI) for Insomnia on Depressive and Insomnia Symptoms in Individuals with High and Low Depression.
- Gender Differences in Sleep Deprivation Effects on Risk and Inequality Aversion: Evidence from an Economic Experiment.
- An Examination of the Association between 5-HTTLPR, Combat Exposure, and PTSD Diagnosis among U.S. Veterans.
- Service Member Need and Supportive Services Use by Military/Veteran Spouses.
- Physical Aggression Among Post-9/11 Veterans.
- Suicide-Focused Group Therapy for Veterans.
- Taking Control: Examining the Influence of Locus of Control on the Treatment of Nightmares and Sleep Impairment in Veterans.
- Predictors of premature discontinuation of outpatient treatment after discharge of patients with posttraumatic stress disorder.
- "I'm not sure I trust the system yet": Lesbian service member experiences with mental health care.
- Emotion Dysregulation Facets as Mediators of the Relationship between PTSD and Alcohol Misuse.
- Randomized Controlled Trial of Home-Based Telehealth Versus In-Person Prolonged Exposure for Combat-Related PTSD in Veterans: Preliminary Results.
- Feasibility randomized controlled trial of cognitive and behavioral interventions for depression symptoms in patients accessing drug and alcohol treatment.

- Associations between sleep difficulties and risk factors for cardiovascular disease in veterans and active duty military personnel of the Iraq and Afghanistan conflicts.
- Dialectical Behavior Therapy for High Suicide Risk in Individuals With Borderline Personality Disorder: A Randomized Clinical Trial and Component Analysis.
- Repetitive negative thinking predicts depression and anxiety symptom improvement during brief cognitive behavioral therapy.
- An Exploratory Study of the Association of Acute Posttraumatic Stress, Depression, and Pain to Cognitive Functioning in Mild Traumatic Brain Injury.
- The Role of Psychological Resilience and mTBI as Predictors of Postconcussional Syndrome Symptomatology.
- Brain Network Disturbance Related to Posttraumatic Stress and Traumatic Brain Injury in Veterans.
- Access to and Use of the Internet by Veterans with Serious Mental Illness.
- Surveying Treatment Preferences in U.S. Iraq-Afghanistan Veterans With PTSD Symptoms: A Step Toward Veteran-Centered Care.
- At the crossroads: the intersection of substance use disorders, anxiety disorders, and posttraumatic stress disorder.
- US Military Child and Adolescent Psychiatry Training Programs and Careers of Military Child Psychiatrists.
- mHealth in the Wild: Using Novel Data to Examine the Reach, Use, and Impact of PTSD Coach.
- Characterization of Veterans' Poisoning Events in the State of Florida.
- Medications for the Treatment of Alcohol Use Disorder: A Brief Guide (SAMHSA)
- Federal Guidelines for Opioid Treatment Programs (SAMHSA)
- Discriminating military and civilian traumatic brain injury.
- The structure of symptoms of posttraumatic stress disorder according to DSM-5 and assessed by PDS-5 – preliminary results.
- WITHIN THE CONFINES OF CHARACTER: A Review of Suicidal Behavior and Personality Style
- Finding the Fire Within: Military Wives and the Complex Journey of Individuation
- The role of locus of control and coping style in predicting longitudinal PTSD-trajectories after combat exposure.
- An empirical investigation of suicide schemas in individuals with Posttraumatic stress disorder.

- The use of complementary and alternative medicine in adults with depressive disorders. A critical integrative review.
- Links of Interest
- Resource of the Week: Federal Mobile Apps Directory

<http://www.ptsd.va.gov/professional/newsletters/research-quarterly/V25N4.pdf>

PTSD Research Quarterly -- Resilience: An Update

National Center for PTSD
VOLUME 25/NO. 4 • ISSN: 1050-1835 • 2015

Understanding why some trauma-exposed individuals develop PTSD, while most do not, has spurred research on resilience. A common thread throughout all definitions of resilience is that it is "the process of adapting to and bouncing back from adversity".

This Research Quarterly provides an up-to-date and comprehensive guide to the current literature on resilience. As we learn more about resilience we can look forward to the development of increasingly effective strategies to help people negotiate and potentially grow from stress and adversity.

<http://content.govdelivery.com/accounts/USVHA/bulletins/fb214f>

Why Choose an Evidence-Based Treatment? - PTSD Monthly Update, March 2015

National Center for PTSD
U.S. Department of Veterans Affairs

When you're looking for PTSD treatment, there are a lot of choices - and a lot of claims about what works. However, not all treatments work equally well.

Some treatments for PTSD have been found to work better than others. These evidence-based treatments give you the best chance for recovery.

Here are some resources to help you learn more about your options:

- What makes treatment evidence based? View this short, animated whiteboard video about evidence-based treatment.
- Getting Started with Therapy: Cognitive Processing Therapy and Prolonged Exposure Therapy, are two PTSD treatments that have been tested and proven to work best.

- Why PTSD Research is Important: Read about what we have learned about PTSD from Veterans and their families, and find out about our current research studies.

Resources for Veterans and Their Families

- Meet Veterans who talk about their experiences with PTSD treatment.
- Know Your Options: Review evidence-based treatments for PTSD offered in VA health care facilities.
- Find VA PTSD Treatment programs with our PTSD Program Locator.

<http://www.routledge.com/books/details/9780415857178/>

Cognitive Behavioral Therapy for Preventing Suicide Attempts: A Guide to Brief Treatments Across Clinical Settings (Book)

Edited by Craig J. Bryan

Series Editor: Bret A. Moore

Routledge – 2015 – 178 pages

Cognitive Behavioral Therapy for Preventing Suicide Attempts consolidates the accumulated knowledge and efforts of leading suicide researchers, and describes how a common, cognitive behavioral model of suicide has resulted in 50% or greater reductions in suicide attempts across clinical settings. Simple and straightforward descriptions of these techniques are provided, along with clear explanations of the interventions' rationale and scientific support. Critically, specific adaptations of these interventions designed to meet the demands and needs of diverse settings and populations are explained. The result is a practical, clinician-friendly, how-to guide that demonstrates how to effectively reduce the risk for suicide attempts in any setting.

<http://link.springer.com/article/10.1007/s11414-015-9461-z>

The State and Sustainability of Telepsychiatry Programs.

Carolyn Lauckner PhD, Pamela Whitten PhD

The Journal of Behavioral Health Services & Research

March 2015

Telepsychiatry, or the provision of psychiatric care across a distance using communication technologies, has become widespread and has been used successfully for treating a variety of

mental illnesses. Little is known, however, about the sustainability of telepsychiatry programs and their long-term success. The goal of this study was to determine current trends in telepsychiatry by completing an extensive literature review and to follow-up with the authors of telepsychiatry research to examine the current status of their programs and success factors or barriers associated with their experiences. Results indicated that modern telepsychiatry programs often target veteran/military or child populations and that many rely on either federal or internal funding. Interestingly, several researchers indicated that they wished to improve current funding mechanisms, while others wished for improvements in the technology used. Implications of these findings for behavioral health researchers are discussed, along with suggestions for improving future telepsychiatry programs.

https://www.colorado.gov/pacific/sites/default/files/DC_MJ-Monitoring-Health-Concerns-Related-to-Marijuana-in-CO-2014.pdf

Monitoring Health Concerns Related to Marijuana in Colorado: 2014

Colorado Department of Public Health and Environment
Retail Marijuana Public Health Advisory Committee

January 30, 2015

As one of the first two states in the nation to legalize retail marijuana, the Colorado Legislature mandated that the Colorado Department of Public Health and Environment (CDPHE) study the potential public health impacts of marijuana. Though medical marijuana has been legal in Colorado since 2000, it was largely viewed as an individual doctor/patient decision outside the scope of public health policy. However, the legalization of retail (non- medical) marijuana and the potential for greater availability of marijuana in the community, prompted a closer look at potential health impacts on the population at large.

Legalized retail marijuana presents a paradigm shift, grouping marijuana with other legal substances like alcohol, tobacco and prescription drugs, as opposed to illicit drugs like cocaine and heroin. As with alcohol, tobacco, or prescription drugs, misuse of marijuana can have serious health consequences. Standard public health approaches to alcohol, tobacco and prescription drugs is to monitor use patterns and behaviors, health care utilization and potential health impacts, and emerging scientific literature to guide the development of policies or consumer education strategies to prevent serious health consequences. This report presents initial efforts toward monitoring the changes in marijuana use patterns, potential health effects of marijuana use, and the most recent scientific findings associated with marijuana use to help facilitate evidence-based policy decisions and science-based public education campaigns.

(Note: Mental Health section starts on page 116.)

<http://www.tandfonline.com/doi/abs/10.1080/15433714.2013.873753>

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

Kirsten Johnson , Souraya Sidani , Dana R. Epstein

Journal of Evidence-Informed Social Work

Published online: 20 Mar 2015

DOI:10.1080/15433714.2013.873753

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.

<http://journals.plos.org/plosone/article?id=10.1371/journal.pone.0120029>

Gender Differences in Sleep Deprivation Effects on Risk and Inequality Aversion: Evidence from an Economic Experiment.

Michele Ferrara, Anna Bottasso, Daniela Tempesta, Marika Carrieri, Luigi De Gennaro, Giovanni Ponti

Published: March 20, 2015

DOI: 10.1371/journal.pone.0120029

Excessive working hours—even at night—are becoming increasingly common in our modern 24/7 society. The prefrontal cortex (PFC) is particularly vulnerable to the effects of sleep loss and, consequently, the specific behaviors subserved by the functional integrity of the PFC, such as risk-taking and pro-social behavior, may be affected significantly. This paper seeks to assess

the effects of one night of sleep deprivation on subjects' risk and social preferences, which are probably the most explored behavioral domains in the tradition of Experimental Economics. This novel cross-over study employs thirty-two university students (gender-balanced) participating to 2 counterbalanced laboratory sessions in which they perform standard risk and social preference elicitation protocols. One session was after one night of undisturbed sleep at home, and the other was after one night of sleep deprivation in the laboratory. Sleep deprivation causes increased sleepiness and decreased alertness in all subjects. After sleep loss males make riskier decisions compared to the rested condition, while females do the opposite. Females likewise show decreased inequity aversion after sleep deprivation. As for the relationship between cognitive ability and economic decisions, sleep deprived individuals with higher cognitive reflection show lower risk aversion and more altruistic behavior. These results show that one night of sleep deprivation alters economic behavior in a gender-sensitive way. Females' reaction to sleep deprivation, characterized by reduced risky choices and increased egoism compared to males, may be related to intrinsic psychological gender differences, such as in the way men and women weigh up probabilities in their decision-making, and/or to the different neurofunctional substrate of their decision-making.

<http://journals.plos.org/plosone/article?id=10.1371/journal.pone.0119998>

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

Yutao Liu, Melanie E. Garrett, Michelle F. Dennis, Kimberly T. Green, VA Mid-Atlantic MIRECC Registry Workgroup, Allison E. Ashley-Koch, Michael A. Hauser, Jean C. Beckham, Nathan A. Kimbrel

Published: March 20, 2015

DOI: 10.1371/journal.pone.0119998

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://scholarlycommons.law.northwestern.edu/cgi/viewcontent.cgi?article=1124&context=njls>

Silence Of The Lambs: Giving Voice To The Problem Of Rape And Sexual Assault In The United States Armed Forces/

Alexandra Lohman

Northwestern Journal of Law & Social Policy
Volume 10
Issue 1 10.1
Spring 2015

This Note will address the present type of retaliation in the form of professional disciplinary action against rape sexual assault victims in the American military. This Note recommends a new infrastructure for responding to allegations of professional retaliation in these circumstances. This new infrastructure, described infra, would provide enough time for the alleging individual to seek out the assistance of criminal investigation units and Judge Advocate Generals (JAG), giving alleging individuals access to the criminal justice system before professional retaliation and discharge occur. While progress is being made in both the executive and legislative branches regarding reporting mechanisms, this form of protection is currently lacking within the military justice system at large.

<http://www.tandfonline.com/doi/full/10.1080/21635781.2014.995251>

Service Member Need and Supportive Services Use by Military/Veteran Spouses.

Linda O. Nichols , Jennifer Martindale-Adams , Marshall Graney , Jeffrey Zuber

Military Behavioral Health
Volume 3, Issue 1, 2015
DOI:10.1080/21635781.2014.995251

Spouse predisposing, enabling, and need factors and service member need variables were examined to explain number of supportive services used by spouses. Service use was analyzed with stagewise regression for 227 spouses. Spouses who used supportive services reported worse depression, anxiety, resilience, and general health, and more service member care difficulties. By themselves, spouse predisposing, enabling, and need variables did not significantly explain spouse service use. Service member need variables significantly explained 16.2% of spouse variance and 36.7% of service member variance. Spouses who were caregivers were more distressed, and they and their service members used more services. Targeted help with caregiving may be a needed addition to reintegration assistance.

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

Physical Aggression Among Post-9/11 Veterans.

Sonya B. Norman , Emily Schmied , Gerald E. Larson

Military Behavioral Health
Vol. 3, Iss. 1, 2015
DOI:10.1080/21635781.2014.995250

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

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

Suicide-Focused Group Therapy for Veterans.

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

Military Behavioral Health
Vol. 2, Iss. 4, 2014
DOI:10.1080/21635781.2014.963762

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

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

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

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

Military Behavioral Health
Vol. 2, Iss. 4, 2014
DOI:10.1080/21635781.2014.963763

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

<http://www.dovepress.com/predictors-of-premature-discontinuation-of-nbbspoutpatient-treatment-aft-peer-reviewed-article-NDT>

Predictors of premature discontinuation of outpatient treatment after discharge of patients with posttraumatic stress disorder.

Wang HR, Woo YS, Jun TY, Bahk WM

Neuropsychiatric Disease and Treatment

Published Date March 2015 Volume 2015:11 Pages 787—792

DOI <http://dx.doi.org/10.2147/NDT.S78212>

Objective:

This study aimed to examine the sociodemographic and disease-related variables associated with the premature discontinuation of psychiatric outpatient treatment after discharge among patients with noncombat-related posttraumatic stress disorder.

Methods:

We retrospectively reviewed the medical records of patients who were discharged with a diagnosis of posttraumatic stress disorder.

Results:

Fifty-five percent of subjects (57/104) prematurely discontinued outpatient treatment within 6 months of discharge. Comparing sociodemographic variables between the 6-month non-follow-up group and 6-month follow-up group, there were no variables that differed between the two groups. However, comparing disease-related variables, the 6-month follow-up group showed a longer hospitalization duration and higher Global Assessment of Function score at discharge. The logistic regression analysis showed that a shorter duration of hospitalization predicted premature discontinuation of outpatient treatment within 6 months of discharge.

Conclusion:

The duration of psychiatric hospitalization for posttraumatic stress disorder appeared to influence the premature discontinuation of outpatient treatment after discharge.

<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://www.sciencedirect.com/science/article/pii/S0306460315001100>

Emotion Dysregulation Facets as Mediators of the Relationship between PTSD and Alcohol Misuse.

Jessica C. Tripp, Meghan E. McDevitt-Murphy

Addictive Behaviors
Available online 21 March 2015

Introduction

Posttraumatic stress disorder (PTSD) and alcohol misuse, which frequently co-occur among combat veterans, have been linked to emotion dysregulation. Emotion dysregulation may explain the link between PTSD and alcohol misuse, and this investigation tested emotion dysregulation as a mediator of that relationship.

Method

Correlations between PTSD symptoms and cluster symptoms, emotion dysregulation full and subscales, and alcohol misuse were examined in a sample of 139 combat Operation Enduring Freedom/Operation Iraqi Freedom/Operation New Dawn veterans (45% African American; 89% men). Emotion dysregulation full scale and subscales were examined as mediators of the relationship between PTSD symptoms and alcohol misuse for the full sample and men only.

Results

PTSD symptoms and symptom clusters, emotion dysregulation, and alcohol misuse showed

positive correlations for the full sample and men only. Neither the full scale of emotion dysregulation nor the facets of emotion dysregulation mediated the relationship between PTSD symptoms and alcohol misuse for the full sample; among men, the Impulse Control Difficulties when Upset and Lack of Emotional Clarity subscales were mediators of that relationship.

Conclusions

Impulse control difficulties and lack of emotional clarity may play an important role in the link between PTSD and alcohol misuse for male veterans and should be an important target in treatment for individuals with both disorders. Addressing impulse control difficulties and lack of emotional clarity in those with PTSD and alcohol misuse may improve outcomes by helping individuals identify and describe upsetting emotions and develop healthy coping alternatives to alcohol misuse.

<http://www.ncbi.nlm.nih.gov/pubmed/25809565>

J Clin Psychol. 2015 Mar 25. doi: 10.1002/jclp.22168. [Epub ahead of print]

Randomized Controlled Trial of Home-Based Telehealth Versus In-Person Prolonged Exposure for Combat-Related PTSD in Veterans: Preliminary Results.

Yuen EK, Gros DF, Price M, Zeigler S, Tuerk PW, Foa EB, Acierno R

OBJECTIVES:

Telehealth technology may reduce the effect of treatment barriers and improve participation in treatment for veterans with posttraumatic stress disorder (PTSD). The present study is an ongoing randomized controlled trial comparing the effectiveness of prolonged exposure (PE) delivered via in person or home-based video telehealth modalities.

METHOD:

A total of 52 veterans with combat-related PTSD were randomized to receive 8-12 weeks of PE through either home-based telehealth or standard in-person office-based care.

RESULTS:

Participants evinced significant reductions in symptoms of PTSD, depression, and anxiety from pre- to posttreatment across both conditions. Analyses conducted within a noninferiority framework suggested nonsignificant treatment outcome differences in clinician-reported PTSD and self-reported anxiety between the conditions. Results were inconclusive for self-reported PTSD and depression symptoms. Patient satisfaction ratings did not significantly differ between the two groups.

CONCLUSIONS:

Results suggest that PE can be delivered via home-based telehealth with outcomes and

satisfaction ratings comparable to in-person practices for certain symptoms, however additional research is needed. This modality has the potential to address stigma- and geographic-related barriers to treatment, such as travel time and cost. © 2015 Wiley Periodicals, Inc.

<http://www.ncbi.nlm.nih.gov/pubmed/25819701>

J Subst Abuse Treat. 2015 Mar 12. pii: S0740-5472(15)00061-6. doi: 10.1016/j.jsat.2015.02.008. [Epub ahead of print]

Feasibility randomized controlled trial of cognitive and behavioral interventions for depression symptoms in patients accessing drug and alcohol treatment.

Delgadillo J, Gore S, Ali S, Ekers D, Gilbody S, Gilchrist G, McMillan D, Hughes E

Depressed mood often co-exists with frequent drug and alcohol use. This trial examined the feasibility of screening, recruitment, randomization and engagement of drug and alcohol users in psychological interventions for depression symptoms. A total of 50 patients involved in community drugs and alcohol treatment (CDAT) were randomly allocated to behavioral activation delivered by psychological therapists (n=23) or to cognitive behavioral therapy based self-help introduced by CDAT workers (n=27). We examined recruitment and engagement rates, as well as changes in depression (PHQ-9) symptoms and changes in percent days abstinent (PDA within last month) at 24weeks follow-up. The ratio of screened to recruited participants was 4 to 1, and the randomization schedule successfully generated 2 groups with comparable characteristics. Follow-up was possible with 78% of participants post-treatment. Overall engagement in psychological interventions was low; only 42% of randomized participants attended at least 1 therapy session. Patients offered therapy appointments co-located in CDAT clinics were more likely to engage with treatment (odds ratio=7.14, p=.04) compared to those offered appointments in community psychological care clinics. Intention-to-treat analyses indicated no significant between-group differences at follow-up in mean PHQ-9 change scores (p=.59) or in PDA (p=.08). Overall, it was feasible to conduct a pragmatic trial within busy CDAT services, maximizing external validity of study results. Moderate and comparable improvements in depression symptoms over time were observed for participants in both treatment groups. Copyright © 2015. Published by Elsevier Inc.

<http://link.springer.com/article/10.1007/s10865-015-9627-4>

Associations between sleep difficulties and risk factors for cardiovascular disease in veterans and active duty military personnel of the Iraq and Afghanistan conflicts.

Christi S. Ulmer, Hayden B. Bosworth, Anne Germain, Jennifer Lindquist, Maren Olsen, Mira Brancu, Jean C. Beckham, the VA Mid-Atlantic Mental Illness Research Education and Clinical Center Registry Workgroup

Journal of Behavioral Medicine
March 2015

Recent evidence suggests that sleep disturbance may play an important role in the development of cardiovascular disease (CVD). Despite the prevalence of sleep complaints among service members of recent military conflicts, few studies have examined associations between sleep and risk factors for CVD in this population. Symptom checklist items regarding distress about “trouble falling asleep” and “restless/disturbed sleep” were used as proxies for sleep onset and maintenance difficulties to examine these associations in US military service members of recent conflicts. Veterans having both sleep onset and maintenance difficulties had greater odds of being a current smoker and having psychiatric symptoms and diagnoses. Increased odds of a self-reported hypertension diagnosis and elevated systolic blood pressure were also found in certain subsets of this sample. Findings highlight the need for greater recognition of sleep difficulties as a CVD risk factor in a population known to be at increased risk for this condition.

<http://archpsyc.jamanetwork.com/article.aspx?articleid=2205835>

Dialectical Behavior Therapy for High Suicide Risk in Individuals With Borderline Personality Disorder: A Randomized Clinical Trial and Component Analysis.

Marsha M. Linehan, PhD; Kathryn E. Korslund, PhD; Melanie S. Harned, PhD; Robert J. Gallop, PhD; Anita Lungu, PhD; Andrada D. Neacsiu, PhD; Joshua McDavid, MD; Katherine Anne Comtois, PhD; Angela M. Murray-Gregory, MSW

JAMA Psychiatry
Published online March 25, 2015.
doi:10.1001/jamapsychiatry.2014.3039

Importance

Dialectical behavior therapy (DBT) is an empirically supported treatment for suicidal individuals. However, DBT consists of multiple components, including individual therapy, skills training, telephone coaching, and a therapist consultation team, and little is known about which components are needed to achieve positive outcomes.

Objective

To evaluate the importance of the skills training component of DBT by comparing skills training plus case management (DBT-S), DBT individual therapy plus activities group (DBT-I), and

standard DBT which includes skills training and individual therapy.

Design, Setting, and Participants

We performed a single-blind randomized clinical trial from April 24, 2004, through January 26, 2010, involving 1 year of treatment and 1 year of follow-up. Participants included 99 women (mean age, 30.3 years; 69 [71%] white) with borderline personality disorder who had at least 2 suicide attempts and/or nonsuicidal self-injury (NSSI) acts in the last 5 years, an NSSI act or suicide attempt in the 8 weeks before screening, and a suicide attempt in the past year. We used an adaptive randomization procedure to assign participants to each condition. Treatment was delivered from June 3, 2004, through September 29, 2008, in a university-affiliated clinic and community settings by therapists or case managers. Outcomes were evaluated quarterly by blinded assessors. We hypothesized that standard DBT would outperform DBT-S and DBT-I.

Interventions

The study compared standard DBT, DBT-S, and DBT-I. Treatment dose was controlled across conditions, and all treatment providers used the DBT suicide risk assessment and management protocol.

Main Outcomes and Measures

Frequency and severity of suicide attempts and NSSI episodes.

Results

All treatment conditions resulted in similar improvements in the frequency and severity of suicide attempts, suicide ideation, use of crisis services due to suicidality, and reasons for living. Compared with the DBT-I group, interventions that included skills training resulted in greater improvements in the frequency of NSSI acts ($F_{1,85} = 59.1$ [$P < .001$] for standard DBT and $F_{1,85} = 56.3$ [$P < .001$] for DBT-S) and depression ($t_{399} = 1.8$ [$P = .03$] for standard DBT and $t_{399} = 2.9$ [$P = .004$] for DBT-S) during the treatment year. In addition, anxiety significantly improved during the treatment year in standard DBT ($t_{94} = -3.5$ [$P < .001$]) and DBT-S ($t_{94} = -2.6$ [$P = .01$]), but not in DBT-I. Compared with the DBT-I group, the standard DBT group had lower dropout rates from treatment (8 patients [24%] vs 16 patients [48%] [$P = .04$]), and patients were less likely to use crisis services in follow-up (ED visits, 1 [3%] vs 3 [13%] [$P = .02$]; psychiatric hospitalizations, 1 [3%] vs 3 [13%] [$P = .03$]).

Conclusions and Relevance

A variety of DBT interventions with therapists trained in the DBT suicide risk assessment and management protocol are effective for reducing suicide attempts and NSSI episodes. Interventions that include DBT skills training are more effective than DBT without skills training, and standard DBT may be superior in some areas.

Trial Registration

clinicaltrials.gov Identifier: NCT00183651

<http://www.ncbi.nlm.nih.gov/pubmed/25812825>

Behav Res Ther. 2015 Mar 14;68:54-63. doi: 10.1016/j.brat.2015.03.006. [Epub ahead of print]

Repetitive negative thinking predicts depression and anxiety symptom improvement during brief cognitive behavioral therapy.

Kertz SJ, Koran J, Stevens KT, Björgvinsson T

Repetitive negative thinking (RNT) is a common symptom across depression and anxiety disorders and preliminary evidence suggests that decreases in rumination and worry are related to improvement in depression and anxiety symptoms. However, despite its prevalence, relatively little is known about transdiagnostic RNT and its temporal associations with symptom improvement during treatment. The current study was designed to examine the influence of RNT on subsequent depression and anxiety symptoms during treatment. Participants (n = 131; 52% female; 93% White; M = 34.76 years) were patients presenting for treatment in a brief, cognitive behavior therapy based, partial hospitalization program. Participants completed multiple assessments of depression (Center for the Epidemiological Studies of Depression-10 scale), anxiety (the 7-item Generalized Anxiety Disorder Scale), and repetitive negative thinking (Perseverative Thinking Questionnaire) over the course of treatment. Results indicated statistically significant between and within person effects of RNT on depression and anxiety, even after controlling for the effect of time, previous symptom levels, referral source, and treatment length. RNT explained 22% of the unexplained variability in depression scores and 15% of the unexplained variability in anxiety scores beyond that explained by the control variables. RNT may be an important transdiagnostic treatment target for anxiety and depression. Copyright © 2015 Elsevier Ltd. All rights reserved.

<http://www.ncbi.nlm.nih.gov/pubmed/25822464>

Neuropsychology. 2015 Mar 30. [Epub ahead of print]

An Exploratory Study of the Association of Acute Posttraumatic Stress, Depression, and Pain to Cognitive Functioning in Mild Traumatic Brain Injury.

Massey JS, Meares S, Batchelor J, Bryant RA

OBJECTIVE:

Few studies have examined whether psychological distress and pain affect cognitive functioning in the acute to subacute phase (up to 30 days postinjury) following mild traumatic brain injury (mTBI). The current study explored whether acute posttraumatic stress, depression, and pain were associated with performance on a task of selective and sustained attention completed under conditions of increasing cognitive demands (standard, auditory distraction, and dual-task),

and on tests of working memory, memory, processing speed, reaction time (RT), and verbal fluency.

METHOD:

At a mean of 2.87 days (SD = 2.32) postinjury, 50 adult mTBI participants, consecutive admissions to a Level 1 trauma hospital, completed neuropsychological tests and self-report measures of acute posttraumatic stress, depression, and pain. A series of canonical correlation analyses was used to explore the relationships of a common set of psychological variables to various sets of neuropsychological variables.

RESULTS:

Significant results were found on the task of selective and sustained attention. Strong relationships were found between psychological variables and speed ($r_c = .56$, $p = .02$) and psychological variables and accuracy ($r_c = .68$, $p = .002$). Pain and acute posttraumatic stress were associated with higher speed scores (reflecting more correctly marked targets) under standard conditions. Acute posttraumatic stress was associated with lower accuracy scores across all task conditions. Moderate but nonsignificant associations were found between psychological variables and most cognitive tasks.

CONCLUSIONS: Acute posttraumatic stress and pain show strong associations with selective and sustained attention following mTBI. (PsycINFO Database Record (c) 2015 APA, all rights reserved).

<http://www.ncbi.nlm.nih.gov/pubmed/25822180>

Rehabil Psychol. 2015 Mar 30. [Epub ahead of print]

The Role of Psychological Resilience and mTBI as Predictors of Postconcussional Syndrome Symptomatology.

Sullivan KA, Edmed SL, Allan AC, Smith SS, Karlsson LJ

OBJECTIVE:

Resilience is 1 of several factors that are thought to contribute to outcome following mild traumatic brain injury (mTBI). This study explored the predictors of the postconcussional syndrome (PCS) symptoms that can occur following mTBI. We hypothesized that a reported recent mTBI and lower psychological resilience would predict worse reported PCS symptomatology.

METHOD:

233 participants completed the Neurobehavioral Symptom Inventory (NSI) and the Brief Resilience Scale (BRS). Three NSI scores were used to define PCS symptomatology. A total of

35 participants reported an mTBI (as operationally defined by the World Health Organization) that was sustained between 1 and 6 months prior to their participation (positive mTBI history); the remainder reported having never had an mTBI.

RESULTS:

Regression analyses revealed that a positive reported recent mTBI history and lower psychological resilience were significant independent predictors of reported PCS symptomatology. These results were found for the 3 PCS scores from the NSI, including using a stringent caseness criterion, $p < .05$. Demographic variables (age and gender) were not related to outcome, with the exception of education in some analyses.

CONCLUSION:

The results demonstrate that: (a) both perceived psychological resilience and mTBI history play a role in whether or not PCS symptoms are experienced, even when demographic variables are considered, and (b) of these 2 variables, lower perceived psychological resilience was the strongest predictor of PCS-like symptomatology. (PsycINFO Database Record (c) 2015 APA, all rights reserved).

<http://www.ncbi.nlm.nih.gov/pubmed/25818631>

Biol Psychiatry. 2015 Feb 18. pii: S0006-3223(15)00123-7. doi: 10.1016/j.biopsych.2015.02.013. [Epub ahead of print]

Brain Network Disturbance Related to Posttraumatic Stress and Traumatic Brain Injury in Veterans.

Spielberg JM, McGlinchey RE, Milberg WP, Salat DH

BACKGROUND:

Understanding the neural causes and consequences of posttraumatic stress disorder (PTSD) and mild traumatic brain injury (mTBI) is a high research priority, given the high rates of associated disability and suicide. Despite remarkable progress in elucidating the brain mechanisms of PTSD and mTBI, a comprehensive understanding of these conditions at the level of brain networks has yet to be achieved. The present study sought to identify functional brain networks and topological properties (measures of network organization and function) related to current PTSD severity and mTBI.

METHODS:

Graph theoretic tools were used to analyze resting-state functional magnetic resonance imaging data from 208 veterans of Operation Enduring Freedom, Operation Iraqi Freedom, and Operation New Dawn, all of whom had experienced a traumatic event qualifying for PTSD criterion A. Analyses identified brain networks and topological network properties linked to

current PTSD symptom severity, mTBI, and the interaction between PTSD and mTBI.

RESULTS:

Two brain networks were identified in which weaker connectivity was linked to higher PTSD re-experiencing symptoms, one of which was present only in veterans with comorbid mTBI. Re-experiencing was also linked to worse functional segregation (necessary for specialized processing) and diminished influence of key regions on the network, including the hippocampus.

CONCLUSIONS:

Findings of this study demonstrate that PTSD re-experiencing symptoms are linked to weakened connectivity in a network involved in providing contextual information. A similar relationship was found in a separate network typically engaged in the gating of working memory, but only in veterans with mTBI. Published by Elsevier Inc.

<http://www.ncbi.nlm.nih.gov/pubmed/25821927>

Community Ment Health J. 2015 Mar 31. [Epub ahead of print]

Access to and Use of the Internet by Veterans with Serious Mental Illness.

Record EJ, Medoff DR, Dixon LB, Klingaman EA, Park SG, Hack S, Brown CH, Fang LJ, Kreyenbuhl J

This study evaluated internet use among 239 veterans with serious mental illness who completed questionnaires assessing demographics and internet use in 2010-2011. The majority of individuals (70 %) reported having accessed the internet and among those, 79 % had accessed it within the previous 30 days. Those who were younger and more educated were more likely to have accessed the internet, as were those with a schizophrenia spectrum disorder, bipolar disorder, or major depressive disorder, compared to individuals with PTSD. Veterans with serious mental illness commonly use the internet, including to obtain health information, though use varies across demographic characteristics and clinical diagnosis.

<http://www.ncbi.nlm.nih.gov/pubmed/25820339>

J Trauma Stress. 2015 Mar 27. doi: 10.1002/jts.21993. [Epub ahead of print]

Surveying Treatment Preferences in U.S. Iraq-Afghanistan Veterans With PTSD Symptoms: A Step Toward Veteran-Centered Care.

Crawford EF, Elbogen EB, Wagner HR, Kudler H, Calhoun PS, Brancu M, Straits-Troster KA

This study examined health care barriers and preferences among a self-selected sample of returning U.S. veterans drawn from a representative, randomly selected frame surveyed about posttraumatic stress disorder (PTSD) symptomatology and mental health utilization in the prior year. Comparisons between treated (n = 160) and untreated (n = 119) veterans reporting PTSD symptoms were conducted for measures of barriers and preferences, along with logistic models regressing mental health utilization on clusters derived from these measures. Reported barriers corroborated prior research findings as negative beliefs about treatment and stigma were strongly endorsed, but only privacy concerns were associated with lower service utilization (B = -0.408, SE = 0.142; p = .004). The most endorsed preference (91.0%) was for assistance with benefits, trailed by help for physical problems, and particular PTSD symptoms. Help-seeking veterans reported stronger preferences for multiple interventions, and desire for services for families (B = 0.468, SE = 0.219; p = .033) and specific PTSD symptoms (B = 0.659, SE = 0.302; p = .029) were associated with increased utilization. Outcomes of the study suggested PTSD severity drove help-seeking in this cohort. Results also support the integration of medical and mental health services, as well as coordination of health and benefits services. Finally, the study suggested that outreach about privacy protections and treatment options could well improve engagement in treatment. Copyright © 2015 International Society for Traumatic Stress Studies.

<http://www.ncbi.nlm.nih.gov/pubmed/25224608>

Curr Psychiatry Rep. 2014 Nov;16(11):505. doi: 10.1007/s11920-014-0505-5.

At the crossroads: the intersection of substance use disorders, anxiety disorders, and posttraumatic stress disorder.

Ruglass L1, Lopez-Castro T, Cheref S, Papini S, Hien DA

The co-occurrence of substance use disorders with anxiety disorders and/or posttraumatic stress disorder has been widely documented and when compared to each disorder alone, consistently linked to increased risk for a host of negative outcomes including greater impairment, poorer treatment response, and higher rates of symptom relapse. This article focuses on recent advances in the understanding and effective treatment of this common and highly complex comorbidity. Prevalence and epidemiological data are introduced, followed by a review of contemporary models of etiology and associative pathways. Conceptualizations of effective treatment approaches are discussed alongside evidence from the past decade of clinical research trials. Highlighted are ongoing questions regarding the benefit of sequential, parallel, and integrated approaches and the necessity of further investigation into the mechanisms underlying treatment efficacy. Lastly, recent contributions from neuroscience research are offered as a promising bridge for the development and testing of novel, interdisciplinary treatment approaches.

<http://link.springer.com/article/10.1007/s40596-015-0302-4>

US Military Child and Adolescent Psychiatry Training Programs and Careers of Military Child Psychiatrists.

Christina G. Weston, Joseph G. Dougherty, Suzie C. Nelson, Matthew J. Baker, Jennifer C. Chow

Academic Psychiatry
March 2015

Military child and adolescent psychiatry (CAP) fellowship programs offer educational experiences universal to all civilian training programs in the USA. They also offer unique training opportunities not found in civilian CAP fellowships in order to prepare graduates to serve the needs of military families. Military-specific curricula and exposures prepare trainees to address various issues faced by military families, in contending with frequent military moves, parental deployments, and disrupted social ties. Curricula are also designed to provide the psychiatrist with a greater understanding of the rigors of military service. CAP training and subsequent assignments prepare military psychiatrists for diverse career paths in the military environment. CAP military careers often include duties in addition to treating patients. Administrative roles, academic teaching positions, as well as school consultation positions are all career options available to military CAP.

<http://mental.jmir.org/2015/1/e7/>

mHealth in the Wild: Using Novel Data to Examine the Reach, Use, and Impact of PTSD Coach.

Owen JE, Jaworski BK, Kuhn E, Makin-Byrd KN, Ramsey KM, Hoffman JE

JMIR Mental Health 2015;2(1):e7
DOI: 10.2196/mental.3935

Background:

A majority of Americans (58%) now use smartphones, making it possible for mobile mental health apps to reach large numbers of those who are living with untreated, or under-treated, mental health symptoms. Although early trials suggest positive effects for mobile health (mHealth) interventions, little is known about the potential public health impact of mobile mental health apps.

Objective:

The purpose of this study was to characterize reach, use, and impact of “PTSD Coach”, a free, broadly disseminated mental health app for managing posttraumatic stress disorder (PTSD) symptoms.

Methods:

Using a mixed-methods approach, aggregate mobile analytics data from 153,834 downloads of PTSD Coach were analyzed in conjunction with 156 user reviews.

Results:

Over 60% of users engaged with PTSD Coach on multiple occasions (mean=6.3 sessions). User reviews reflected gratitude for the availability of the app and being able to use the app specifically during moments of need. PTSD Coach users reported relatively high levels of trauma symptoms (mean PTSD Checklist Score=57.2, SD=15.7). For users who chose to use a symptom management tool, distress declined significantly for both first-time users (mean=1.6 points, SD=2.6 on the 10-point distress thermometer) and return-visit users (mean=2.0, SD=2.3). Analysis of app session data identified common points of attrition, with only 80% of first-time users reaching the app’s home screen and 37% accessing one of the app’s primary content areas.

Conclusions:

These findings suggest that PTSD Coach has achieved substantial and sustained reach in the population, is being used as intended, and has been favorably received. PTSD Coach is a unique platform for the delivery of mobile mental health education and treatment, and continuing evaluation and improvement of the app could further strengthen its public health impact.

<http://www.scirp.org/journal/PaperInformation.aspx?paperID=55039>

Characterization of Veterans’ Poisoning Events in the State of Florida.

Johnson, G. , White, J. , Younger, C. , Xu, P. , Abrittis, A. , Desai, U. , Morris, S. and Harbison, R.

Occupational Diseases and Environmental Medicine, 3, 17-23
doi: 10.4236/odem.2015.32003

Increasing numbers of veterans are returning home with chronic pain and mental health disorders. Pharmacological treatments may be effective, but may also be increasing the incidence of poisonings among younger as well as older veterans, requiring greater resource expenditures at Veterans Administration (VA) facilities. Our objective was to characterize patterns of the poisoning among the veterans in Florida, using data obtained from the Florida Poisoning Control Information Network (FPCIN). We evaluated retrospective cohort data from

2005 to 2009 of 601 poisoning cases treated at Florida VA medical facilities with consultations from FPCIN. Intentional (suspected suicide) was the most common reason. Major adverse clinical outcomes were associated with the use of NSAIDs or alcohol. Antidepressants and anti-anxiolytics had the strongest association with intentional self-poisoning. Since medications are the major substances for the poisoning among the veterans, our study suggests that pharmaceutical treatments of veterans should include stronger prescribing guidelines and consideration of alternative therapies.

<http://store.samhsa.gov/product/SMA15-4907>

Medications for the Treatment of Alcohol Use Disorder: A Brief Guide

Substance Abuse and Mental Health Services Administration

Publication Date: 3/2015

Audience: Professional Care Providers Population Group: People with Alcohol Use or Abuse Problems as Population Group

Provides guidance for the use of medication-assisted treatment for alcoholism and alcohol abuse in clinical practice. Summarizes approved medications and discusses screening and patient assessment, treatment planning, and patient monitoring.

<http://store.samhsa.gov/product/PEP15-FEDGUIDEOTP>

Federal Guidelines for Opioid Treatment Programs

Substance Abuse and Mental Health Services Administration (HHS)

Publication Date: 3/2015

Last Reviewed: 01/06/2015

Audience: Program Planners, Administrators, & Project Managers, Public Health Professionals, Professional Care Providers, Regulators

Provides updated guidelines for the operation of opioid treatment programs (OTPs). Covers patient assessment, treatment planning, medication-assisted treatment (methadone and buprenorphine), overdose and relapse prevention, and recovery care.

<http://www.sciencedirect.com/science/article/pii/S1044743115000433>

Discriminating military and civilian traumatic brain injury.

Matthew W. Reid, Carmen S. Velez

Molecular and Cellular Neuroscience

Available online 28 March 2015

doi:10.1016/j.mcn.2015.03.014

Traumatic brain injury (TBI) occurs at higher rates among service members than civilians. Explosions from improvised explosive devices and mines are the leading cause of TBI in the military. As such, TBI is frequently accompanied by other injuries, which makes its diagnosis and treatment difficult. In addition to postconcussion symptoms, those who sustain a TBI commonly report chronic pain and posttraumatic stress symptoms. This combination of symptoms is so typical they have been referred to as the “polytrauma clinical triad” among injured service members. We explore whether these symptoms discriminate civilian occurrences of TBI from those of service members, as well as the possibility that repeated blast exposure contributes to the development of chronic traumatic encephalopathy (CTE). This article is part of a Special Issue entitled ‘Traumatic Brain Injury’.

<http://www.termedia.pl/Original-article-The-structure-of-symptoms-of-posttraumatic-stress-disorder-according-to-DSM-5-and-assessed-by-PDS-5-preliminary-results,75,24796,0,1.html>

The structure of symptoms of posttraumatic stress disorder according to DSM-5 and assessed by PDS-5 – preliminary results.

Bogdan Zawadzki, Agnieszka Popiel, Edna B. Foa, Barbara Jakubowska, Maria Cyniak-Cieciura, Ewa Prąglowska

Current Issues in Personality Psychology, 3(1), 1–11.

DOI (digital object identifier): 10.5114/cipp.2015.49662

Background

The structure of posttraumatic stress disorder (PTSD) symptoms has been studied and discussed since the introduction of PTSD as a diagnostic entity in the DSM-III (Diagnostic and Statistical Manual of Mental Disorders III) in 1980. Many studies supported a four-factor or a five-factor models, both inconsistent with DSM-IV. It is unclear whether current DSM-5 criteria appropriately reflect the empirical structure of PTSD symptoms.

Participants and procedure

In this study the structure of PTSD symptoms was examined by confirmatory factor analysis

conducted on the data obtained from 388 individuals (150 males and 239 females aged 18-83) who experienced a traumatic event and completed the PDS-5 (Posttraumatic Diagnostic Scale-5), a self-report scale according to the DSM-5 criteria.

Results

Fitting of different models based on DSM-IV, DSM-5 and other the most common four- and five-factor conceptualizations of PTSD symptoms structure was examined. The data analyses demonstrated the best fit of the six-factor model based on the conceptualization of Elhai et al. (2011) with the additional factor of negative cognitions and mood.

Conclusions

The DSM-5 diagnostic criteria do not reflect the empirical PTSD symptom structure. The data suggest also that it is reasonable to separate the core PTSD symptoms from broad PTSD symptomatology.

<http://psycnet.apa.org/psycinfo/2015-12207-001/>

WITHIN THE CONFINES OF CHARACTER: A Review of Suicidal Behavior and Personality Style.

Lewis, Katie C.; Meehan, Kevin B.; Cain, Nicole M.; Wong, Philip S.

Psychoanalytic Psychology

Mar 23 , 2015

<http://dx.doi.org/10.1037/a0038956>

Suicide is estimated to be 1 of the top 5 leading causes of death for individuals between the ages of 5 and 44. Although the majority of empirical research on suicide has focused on specific risk factors, this has not led to improvement in the prediction of suicide in specific individuals. Contemporary theories such as the Interpersonal-Psychological or Escape theory of suicide have provided promising models of self-destructive behavior, improving on risk factor research by focusing on the connections between precipitating stressors and individual personality-based processes. However, these theories remain limited because of their assumption that all suicidal individuals experience similar vulnerabilities to the same sources of psychological trauma (e.g., interpersonal isolation or experiences of failure and shame). This review argues for an alternative personality-based conceptualization of suicide that contextualizes risk factors within broader models of personality, including considerations of personality-based cognitive and affective processes such as primary motivating psychological needs, attentional biases, and capacities for impulse control. The integration of contemporary personality theory with new and developing methodological approaches to suicide research will aim toward a more sensitive and comprehensive understanding of suicidal behavior in specific individuals, and greater accuracy

in prediction of risk at the clinical assessment level. (PsycINFO Database Record (c) 2015 APA, all rights reserved)

<http://gradworks.umi.com/16/90/1690647.html>

Finding the Fire Within: Military Wives and the Complex Journey of Individuation

Berry, Dawn M., M.A.

PACIFICA GRADUATE INSTITUTE, 2015, 64 pages
Thesis

This thesis employs heuristic and hermeneutic methodologies to explore the lives of military wives from a depth psychological perspective. The author investigates the obstacles inherent within the military lifestyle that may hinder military wives' journeys through the complex process of individuation. The hindrances explored include dependence, marginalization, and myriad psychological challenges such as depression, anxiety, stress, and grief that result from frequent separations from loved ones, transiency, deployments, lack of control, and loss of identity. This thesis posits that individuation is critical to achieving wholeness and a healthy psyche; however, for military wives, their lifestyles place them at a distinct disadvantage in the individuation process as compared to civilian women. Informing psychotherapists of this unique population's struggles enables therapists to work more effectively with military wives. This work suggests possible clinical applications of the findings and discusses the clinical implications of the research.

<http://www.sciencedirect.com/science/article/pii/S0887618515000547>

The role of locus of control and coping style in predicting longitudinal PTSD-trajectories after combat exposure.

Karen-Inge Karstoft, Cherie Armour, Ask Elklit, Zahava Solomon

Journal of Anxiety Disorders
Available online 28 March 2015
doi:10.1016/j.janxdis.2015.03.007

While longitudinal posttraumatic stress responses are known to be heterogeneous, little is known about predictors of those responses. We investigated if locus of control (LOC) and coping style are associated with long-term PTSD-trajectories after exposure to combat. Six hundred and seventy five Israeli soldiers with or without combat stress reaction (CSR) from the

Lebanon war were assessed one, two, and 20 years after the war. Combat exposure, LOC, and coping style were then investigated as covariates of the trajectories of resilience, recovery, delayed onset, and chronicity. Symptomatic trajectories in the CSR and the non-CSR group were significantly associated to varying degrees with perceived life threat during combat (ORs: 1.76-2.53), internal LOC (0.77-0.87), emotional coping style (0.28-0.34), and low use of problem-focused coping (2.12-3.11). In conclusion, assessment of LOC and coping can aid prediction of chronic PTSD outcomes of combat exposure.

<http://www.sciencedirect.com/science/article/pii/S0165178115001432>

An empirical investigation of suicide schemas in individuals with Posttraumatic stress disorder.

Maria Panagioti, Patricia A. Gooding, Daniel Pratt, Nicholas Tarrier

Psychiatry Research

Available online 28 March 2015

doi:10.1016/j.psychres.2015.02.019

Posttraumatic Stress Disorder (PTSD) has been strongly associated with suicidality. Despite the growing evidence suggesting that suicidality is heightened by the presence of an elaborated suicide schema, investigations of suicide schemas are sparse. Using novel methodologies, this study aimed to compare the suicide schema of PTSD individuals with and without suicidal ideation in the past year. Fifty-six participants with a diagnosis of PTSD (confirmed via the Clinician Administered PTSD Scale) completed questionnaires to assess suicidality, depressive severity and hopelessness. A series of direct and indirect cognitive tasks were used to assess suicide schemas. The pathfinder technique was employed to construct graphical representations of the groups' suicide schemas. The suicidal group reported significantly more severe PTSD symptoms, depressive symptoms, hopelessness and suicidality. The suicide schema of the suicidal group was significantly more extensive compared to the non-suicidal group even after taking into account in the analyses group differences in clinical measures. Moreover, the suicide schemas of the two groups were qualitatively distinct from each other. These findings provide support for contemporary theories of suicide which view suicide schemas as an important indicator of suicide risk. The investigation of schema constructs opens a new avenue of research for understanding suicide.

<http://www.sciencedirect.com/science/article/pii/S0165032715001706>

The use of complementary and alternative medicine in adults with depressive disorders. A critical integrative review.

Daniela Solomona, Jon Adams

Journal of Affective Disorders
Available online 28 March 2015
doi:10.1016/j.jad.2015.03.031

Background

Depression has been identified as one of the most frequent indications for CAM use and is a strong predictor of CAM use. The present article provides a critical review of CAM use for depressive disorders including bipolar depression by addressing prevalence of CAM use and CAM users' characteristics, motivation, decision-making and communication with healthcare providers.

Methods

A comprehensive search of 2003–2014 international literature in the Medline, CINAHL, AMED, and SCOPUS databases was conducted. The search was confined to peer-reviewed articles published in English with abstracts and reporting new empirical research findings regarding CAM use and depressive disorders.

Results

A considerable level of CAM use was observed among both general and clinical populations of people suffering from depressive disorders, many of whom use CAM concurrently with their conventional medicine. In particular, high rates of CAM use were found among those with bipolar disorder, an illness known to cause substantial impairments in health-related quality of life. Concomitant prescription medication use ranged from 0.52% to as high as 100%.

Limitations

study design such as the inclusion of bipolar and depression in the same diagnostic category hamper the differentiation and attribution of CAM usage for symptoms.

Conclusion

Findings of our review show that enduring impairments in function and persistence of symptoms (as reflected by increased CAM use proportional to severity of illness and comorbidity) are the impetus for sufferers of depressive illness to seek out CAM. The psychosocial factors associated with CAM use in depressive illnesses and severe mental illness are yet to be established. Subsequent research amongst those with depressive disorders would be informative in clarifying the range of motivations associated with mental illness.

Links of Interest

Department of Defense Releases Fourth Quarter 2014 Suicide Information

<http://www.defense.gov/releases/release.aspx?releaseid=17203>

Military children more likely to have a history of suicide attempts

<http://www.latimes.com/science/sciencenow/la-sci-sn-military-children-suicide-attempts-20150319-story.html>

Smell Test Helps Spot Brain Trauma in Combat Zones, Study Says

http://www.nlm.nih.gov/medlineplus/news/fullstory_151695.html

Study adds evidence on link between PTSD, heart disease

http://www.eurekalert.org/pub_releases/2015-03/varc-sae032615.php

Veterans' avoidant coping interferes with transition to university life

http://www.eurekalert.org/pub_releases/2015-03/uont-vac032615.php

VA begins clinical trial of mobile app PTSD Coach

<http://mobihealthnews.com/41928/va-begins-clinical-trial-of-mobile-app-ptsd-coach/>

Suicide not associated with deployment among US military personnel

http://www.eurekalert.org/pub_releases/2015-04/tjnj-sna033015.php

'Religiously integrated' psychotherapy is effective for depression

http://www.eurekalert.org/pub_releases/2015-03/wkh-ip033115.php

Resource of the Week: [Federal Mobile Apps Directory](#)

This is a “one-stop shopping” site for “(g)overnment native apps, hybrid apps, responsive sites and mobile websites.” You can browse by source agency, topic, or platform (Android, Blackberry, iOS, Windows).



Search the Government... SEARCH

Español

Follow Us:



1-844-USA-GOV1 (872-4681)

- Services and Information
- Government Agencies and Elected Officials
- Blog

Home > Reference Center > Connect with Government > Federal Mobile Apps Directory

Federal Mobile Apps Directory

Government native apps, hybrid apps, responsive sites and mobile websites offer official information and services from the palm of your hand.

FCC Speed Test

Test the upload, download speed and latency of your mobile connection and share the results.



DOWNLOAD FCC SPEED TEST

Share: Facebook Twitter

Find government apps and mobile sites by agency, topic or platform. The list of apps and mobile sites below is generated from the Federal Mobile Product API. To add your mobile app or site to the list, [register it in the Federal Mobile Product API](#).

Show Apps By

- View All Apps by Source Agency
- View All Apps by Topic
- View iOS Apps
- View Android Apps
- View Blackberry Apps
- View Windows Apps
- View Mobile Websites

0-9 [A](#) [B](#) [C](#) [D](#) [E](#) [F](#) [G](#) [H](#) [I](#) [J](#) [K](#) [L](#) [M](#) [N](#) [O](#) [P](#) [Q](#) [R](#) [S](#) [T](#) [U](#) [V](#) [W](#) [X](#) [Y](#) [Z](#)

A

Administration for Children and Families

- Head Start Resources ([Android](#), [iOS](#))

Agency for International Development

- Selected USAID Evaluations ([iOS](#), [Android](#))
- USAID Portfolio Map ([iOS](#))

Shirl Kennedy
 Research Editor
 Center for Deployment Psychology
 www.deploymentpsych.org
 skennedy@deploymentpsych.org
 301-816-4749