



CDP Research Update -- April 30, 2015

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<http://content.govdelivery.com/accounts/USVHA/bulletins/101c6c1>

Understanding Sexual Trauma: PTSD Monthly Update, April 2015

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

April is sexual assault awareness month.

Sexual assault is any kind of sexual activity against an individual's will. Sexual assault happens to men, women, and children. The effects of sexual assault can be immediate or delayed. There is no single pattern of response.

Below find more information on this type of trauma and its effects:

- Men and Sexual Trauma
- Sexual Assault against Females
- Child Sexual Abuse

Sexual assault also occurs among military troops. "Military Sexual Trauma" or MST is the term used by VA to refer to experiences of sexual assault or repeated, threatening acts of sexual harassment that occur during military service. Among Veterans seen in VA, about 1 in 4 women and 1 in 10 men report MST. There are free VA services for Veterans who have experienced MST (regardless of whether they have a VA disability rating).

<http://link.springer.com/article/10.1007/s00221-015-4273-1>

DSM-5 personality traits discriminate between posttraumatic stress disorder and control groups.

Lisa M. James, Samantha L. Anders, Carly K. Peterson, Brian E. Engdahl, Robert F. Krueger, Apostolos P. Georgopoulos

Experimental Brain Research
April 2015

The relevance of personality traits to the study of psychopathology has long been recognized, particularly in terms of understanding patterns of comorbidity. In fact, a multidimensional personality trait model reflecting five higher-order personality dimensions—negative affect, detachment, antagonism, disinhibition, and psychoticism—is included in the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) and represented in the Personality Inventory for DSM-5 (PID-5). However, evaluation of these dimensions and underlying personality facets within clinical samples has been limited. In the present study, we

utilized the PID-5 to evaluate the personality profile elevation and composition of 150 control veterans and 35 veterans diagnosed with posttraumatic stress disorder (PTSD). Results indicated that veterans with PTSD endorsed significantly more personality pathology than control veterans, with scores on detachment and psychoticism domains most clearly discriminating between the two groups. When personality domain scores were considered as parts of each subject's personality profile, a slightly different picture emerged. Specifically, the PTSD composition was primarily characterized by detachment and negative affect, followed by disinhibition, psychoticism, and antagonism in that order of relative importance. The profile of the control group was significantly different, mostly accounted for differences in antagonism and psychoticism. Using these complementary analytic strategies, the findings demonstrate the relevance of personality pathology to PTSD, highlight internalizing features of PTSD, and pave the way for future research aimed at evaluating the role of shared maladaptive personality traits in underlying the comorbidity of PTSD and related disorders.

<http://link.springer.com/article/10.1007/s10896-015-9710-1>

Examining the Association between Posttraumatic Stress Disorder and Intimate Partner Violence Perpetration.

Josephine W. Hahn, Etiony Aldarondo, Jay G. Silverman, Marie C. McCormick, Karestan C. Koenen

Journal of Family Violence
April 2015

This study investigated the relationship between lifetime DSM-IV posttraumatic stress disorder (PTSD) and intimate partner violence (IPV) perpetration in a representative sample of self-identified heterosexual adult men in the U.S. Analysis was conducted using data from two waves of the National Epidemiologic Survey on Alcohol and Related Conditions (NESARC) among 11,625 heterosexual men to test the hypothesis that heterosexual men in the general population with lifetime PTSD were more likely to perpetrate IPV than their non-PTSD counterparts. In adjusted models, heterosexual men who reported lifetime PTSD showed significantly higher risk of IPV perpetration (OR = 2.36, 95 % CI = 1.56–3.57, $p < 0.001$), compared to men without PTSD. Results call for increased attention to assessment and treatment of mental health problems and trauma among male perpetrators of IPV, as a means to prevent the reoccurrence of violence.

<http://link.springer.com/article/10.1007/s11920-015-0575-z>

Prevalence of, Risk Factors for, and Consequences of Posttraumatic Stress Disorder and Other Mental Health Problems in Military Populations Deployed to Iraq and Afghanistan.

Rajeev Ramchand, Rena Rudavsky, Sean Grant, Terri Tanielian, Lisa Jaycox

Current Psychiatry Reports
April 2015, 17:37

This review summarizes the epidemiology of posttraumatic stress disorder (PTSD) and related mental health problems among persons who served in the armed forces during the Iraq and Afghanistan conflicts, as reflected in the literature published between 2009 and 2014. One-hundred and sixteen research studies are reviewed, most of which are among non-treatment-seeking US service members or treatment-seeking US veterans. Evidence is provided for demographic, military, and deployment-related risk factors for PTSD, though most derive from cross-sectional studies and few control for combat exposure, which is a primary risk factor for mental health problems in this cohort. Evidence is also provided linking PTSD with outcomes in the following domains: physical health, suicide, housing and homelessness, employment and economic well-being, social well-being, and aggression, violence, and criminality. Also included is evidence about the prevalence of mental health service use in this cohort. In many instances, the current suite of studies replicates findings observed in civilian samples, but new findings emerge of relevance to both military and civilian populations, such as the link between PTSD and suicide. Future research should make effort to control for combat exposure and use longitudinal study designs; promising areas for investigation are in non-treatment-seeking samples of US veterans and the role of social support in preventing or mitigating mental health problems in this group.

<http://link.springer.com/article/10.1007/s11682-015-9376-6>

The suppression of brain activation in post-deployment military personnel with posttraumatic stress symptoms.

Randall S. Scheibel, Nicholas J. Pastorek, Maya Troyanskaya, Jan E. Kennedy, Joel L. Steinberg, Mary R. Newsome, Xiaodi Lin, Harvey S. Levin

Brain Imaging and Behavior
April 2015

Previous research using cognitive paradigms has found task-related activation that includes prefrontal brain structures and that is attenuated in association with posttraumatic stress symptoms (PTSS). The present investigation used a cognitive control paradigm, the Arrows

Task, to study subjects who had not sustained a traumatic brain injury during deployment and who had a wide range of scores on the Posttraumatic Stress Disorder Checklist (PCL). During the Arrows Task there was no significant activation within the full sample of 15 subjects, but deactivation was found within areas that are likely to be involved in cognitive control, including the dorsal anterior cingulate gyrus and parietal cortex. Exploratory analyses were also conducted to compare subjects with relatively high PTSS (HIGH PTSS, n = 7) to those with lower severity or no symptoms (LOW PTSS, n = 8). LOW PTSS subjects exhibited activation in nonfrontal brain areas and their activation was greater relative to the HIGH PTSS subjects. In contrast, the HIGH PTSS group had extensive deactivation and there was a negative relationship between activation and PCL scores within subcortical structures, the cerebellum, and higher-order cortical association areas. For the HIGH PTSS group there was also a positive relationship between PCL scores and activation within basic sensory and motor areas, as well as structures thought to have a role in emotion and the regulation of internal bodily states. These findings are consistent with widespread neural dysfunction in subjects with greater PTSS, including changes similar to those reported to occur with acute stress and elevated noradrenergic activity.

[http://www.sleep-journal.com/article/S1389-9457\(15\)00696-6/abstract](http://www.sleep-journal.com/article/S1389-9457(15)00696-6/abstract)

Emotional memory processing is influenced by sleep quality.

Daniela Tempesta, Luigi De Gennaro, Vincenzo Natale, Michele Ferrara

Published Online: April 14, 2015

DOI: <http://dx.doi.org/10.1016/j.sleep.2015.01.024>

Objective

The recall of emotional memory is enhanced after sleep and is hindered by sleep deprivation. However, the effects of poor sleep quality on emotional memory processing have not yet been investigated. In the present study, an emotional memory task was used to assess whether poor sleep quality, as well as sleep deprivation, may influence the accuracy of memory recognition, but also the affective tone associated with the memory.

Methods

Seventy-five subjects, divided in poor sleeper (PS), good sleeper (GS) and sleep deprivation (SD) groups, completed two recall (R) sessions: R1, 1 h after the encoding phase; and R2, after 1 night of sleep for PS and GS groups and after 1 night of sleep deprivation for the SD group. During the encoding phase, the participants rated valence and arousal of 90 pictures. During R1 and R2, the participants first made a yes/no memory judgment of the 45 target pictures intermingled with 30 non-target pictures, then rated valence and arousal of each picture.

Results

Recognition accuracy was higher for the PS and GS groups compared to the SD group for all pictures. Emotional valence of the remembered pictures was more negative after sleep deprivation and poor quality sleep, while it was preserved after good sleep. These effects were confirmed by analyses controlling for the impact of depressive symptoms.

Conclusions

These results provide the first evidence that poor sleep quality negatively affects emotional valence of memories, within the context of preserved emotional memory consolidation. It is suggested that low sleep quality and lack of sleep may impose a more negative affective tone to memories. The reported effects are not to be ascribed to depressive mood, but to a specific influence of poor sleep quality.

<http://informahealthcare.com/doi/abs/10.3109/02699052.2015.1004755>

Updated clinical practice guidelines for concussion/mild traumatic brain injury and persistent symptoms.

Shawn Marshall, Mark Bayley, Scott McCullagh, Diana Velikonja, Lindsay Berrigan, Donna Ouchterlony, and Kelly Weegar

Brain Injury

Posted online on April 14, 2015. (doi:10.3109/02699052.2015.1004755)

Objective:

To introduce a set of revised guidelines for the management of mild traumatic brain injury (mTBI) and persistent symptoms following concussive injuries.

Quality of evidence:

The Guidelines for Mild Traumatic Brain Injury and Persistent Symptoms were made available in March 2011 based on literature and information up to 2008. A search for new clinical practice guidelines addressing mTBI and a systematic review of the literature evaluating treatment of persistent symptoms was conducted. Healthcare professionals representing a range of disciplines from Canada and abroad attended a consensus conference to revise the original guidelines in light of new evidence.

Main message:

A modified Delphi process was used to create 96 recommendations addressing the diagnosis and management of mTBI and persistent symptoms, including post-traumatic headache, sleep disturbances, mental health disorders, cognitive difficulties, vestibular and vision dysfunction, fatigue and return to activity/work/school. Numerous resources, tools and treatment algorithms were also included to aid implementation of the recommendations.

Conclusion:

The revised clinical practice guideline reflects the most current evidence and is recommended for use by clinicians who provide care to people who experience PPCS following mTBI.

<http://www.sciencedirect.com/science/article/pii/S1087079213000087>

Sleep problems and work injuries: A systematic review and meta-analysis.

Katrin Uehli, Amar J. Mehta, David Miedinger, Kerstin Hug, Christian Schindler, Edith Holsboer-Trachsler, Jörg D. Leuppi, Nino Künzli

Sleep Medicine Reviews

Volume 18, Issue 1, February 2014, Pages 61–73

Objectives

Sleep problems are a potential risk factor for work injuries but the extent of the risk is unclear. We conducted a systematic review and meta-analysis to quantify the effect of sleep problems on work injuries.

Methods

A systematic literature search using several databases was performed. Sleep problems of any duration or frequency as well as work injuries of any severity were of interest. The effect estimates of the individual studies were pooled and relative risks (RR) and 95% confidence intervals (CI) were calculated through random effects models. Additionally, the population attributable risk was estimated.

Results

In total, 27 observational studies (n = 268,332 participants) that provided 54 relative risk estimates were included. The findings of the meta-analysis suggested that workers with sleep problems had a 1.62 times higher risk of being injured than workers without sleep problems (RR: 1.62, 95% CI: 1.43–1.84). Approximately 13% of work injuries could be attributed to sleep problems.

Conclusion

This systematic review confirmed the association between sleep problems and work injuries and, for the first time, quantified its magnitude. As sleep problems are of growing concern in the population, these findings are of interest for both sleep researchers and occupational physicians.

<http://classic.sgo.sagepub.com/content/5/2/2158244015573352.short>

Enlisting in the Military: The Influential Role of Genetic Factors.

Kevin M. Beaver, J. C. Barnes, Joseph A. Schwartz, Brian B. Boutwell

Sage Open

April-June 2015 vol. 5 no. 2 2158244015573352

Given that enlistment in the U.S. military is completely voluntary, there has been a great deal of interest in identifying the various factors that might explain why some people join the military, whereas others do not. The current study expanded on this line of literature by estimating the extent to which genetic and environmental factors explained variance in the liability for lifetime participation in the military. Analysis of twin pairs drawn from the National Longitudinal Study of Adolescent to Adult Health (Add Health) revealed that 82% of the variance was the result of genetic factors, 18% of the variance was the result of nonshared environmental factors, and none of the variance was accounted for by shared environmental factors. In light of a number of limitations, replication studies are needed to determine the robustness of these findings and whether they are generalizable to other samples and populations.

http://journals.lww.com/psychosomaticmedicine/Abstract/publishahead/Metabolic_Risk_Factors_and_Posttraumatic_Stress.99096.aspx

Metabolic Risk Factors and Posttraumatic Stress Disorder: The Role of Sleep in Young, Healthy Adults.

Talbot, Lisa S. PhD; Rao, Madhu N. MD; Cohen, Beth E. MD, MAS; Richards, Anne MD, MPH; Inslicht, Sabra S. PhD; O'Donovan, Aoife PhD; Maguen, Shira PhD; Metzler, Thomas J. MA; Neylan, Thomas C. MD

Psychosomatic Medicine:

Post Author Corrections: April 16, 2015

doi: 10.1097/PSY.000000000000176

Objective:

Posttraumatic stress disorder (PTSD) is associated with indicators of poor physical health and sleep disturbance. This study investigated the relationship between PTSD and metabolic risk factors and examined the role of sleep duration in medically healthy and medication-free adults.

Methods:

Participants with PTSD (n = 44, mean age = 30.6 years) and control participants free of lifetime psychiatric history (n = 50, mean age = 30.3 years) recorded sleep using sleep diary for 10

nights and actigraphy for 7 nights. We assessed metabolic risk factors including fasting triglycerides, total cholesterol, low-density lipoprotein (LDL) cholesterol, and high-density lipoprotein cholesterol, as well as abdominal fat using dual-energy x-ray absorptiometry.

Results:

PTSD was associated with shorter sleep duration (based on self-report, not actigraphy) and higher metabolic risks (controlling for body fat percentage), including increased triglycerides ($p = .03$), total cholesterol ($p < .001$), LDL cholesterol ($p = .006$), very low density lipoprotein cholesterol ($p = .002$), and cholesterol/high-density lipoprotein ratio ($p = .024$). In addition, sleep duration was associated with metabolic risks in PTSD (significant correlations ranged from $r = -0.20$ to $r = -0.40$) but did not fully account for the association between PTSD and metabolic measures.

Conclusions:

Metabolic risk factors are associated with PTSD even in early adulthood, which highlights the need for early intervention. Future longitudinal research should assess whether sleep disturbance in PTSD is a mechanism that contributes to heightened metabolic risk to elucidate the pathway from PTSD to higher rates of medical disorders such as obesity, diabetes, and heart disease.

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<http://www.sciencedirect.com/science/article/pii/S0005796715000649>

Veteran satisfaction and treatment preferences in response to a posttraumatic stress disorder specialty clinic orientation group.

Jeremiah A. Schumm, Kristen H. Walter, Anne S. Bartone, Kathleen M. Chard

Behaviour Research and Therapy
Volume 69, June 2015, Pages 75–82

To maximize accessibility to evidence-based treatments for posttraumatic stress disorder (PTSD), the United States Department of Veterans Affairs (VA) has widely disseminated cognitive processing therapy (CPT) and prolonged exposure (PE) therapy to VA clinicians. However, there is a lack of research on veteran preferences when presented with a range of psychotherapy and medication options. This study uses a mixed-method approach to explore veteran satisfaction with a VA PTSD specialty clinic pre-treatment orientation group, which provides education about available PTSD treatment options. This study also tested differences in treatment preference in response to the group. Participants were 183 US veterans. Most were White, male, and referred to the clinic by a VA provider. Results indicated high satisfaction with the group in providing an overview of services and helping to inform treatment choice. Most

preferred psychotherapy plus medications (63.4%) or psychotherapy only (30.1%). Participants endorsed a significantly stronger preference for CPT versus other psychotherapies. PE was significantly preferred over nightmare resolution therapy and present-centered therapy, and both PE and cognitive-behavioral conjoint therapy were preferred over virtual reality exposure therapy. Results suggest that by informing consumers about evidence-based treatments for PTSD, pre-treatment educational approaches may increase consumer demand for these treatment options.

http://www.theforensicexaminer.com/2015/pdf/Kilbourne_Kilbourne_Goodman.pdf

PTSD and Forensic Psychology: A Continuum of Care and Multi-Modality Approach (CCMM)

Brock Kilbourne, PhD, Samantha Kilbourne, PsyD, Jerry Goodman, PhD

The Forensic Examiner, 2015

There has been a recent surge of interest in PTSD that can be attributed to the wars in Iraq and Afghanistan. Ironically, this surge in interest has helped forensic psychologists to better appreciate the full range and depth of PTSD in contemporary American society. The present paper discusses: what is PTSD, who is affected by PTSD, how to treat PTSD, and what forensic psychologists can do. A Continuum of Care and Multi-Modality Approach (CCMM) to PTSD is recommended whereby treatment is expanded to include: 1) risk prevention, early intervention(s) and specific evidence-based treatments, and 2) individualized and comprehensive treatment plans consisting of different modalities of care and the partnering of different care providers.

<http://ajph.aphapublications.org/doi/abs/10.2105/AJPH.2014.302538>

Longitudinal Investigation of Smoking Initiation and Relapse Among Younger and Older US Military Personnel.

Edward J. Boyko, MD, MPH, Daniel W. Trone, PhD, Arthur V. Peterson, PhD, Isabel G. Jacobson, MPH, Alyson J. Littman, PhD, MPH, Charles Maynard, PhD, Amber D. Seelig, MPH, Nancy F. Crum-Cianflone, MD, MPH, and Jonathan B. Bricker, PhD

e-View Ahead of Print.

doi: 10.2105/AJPH.2014.302538

Objectives.

We examined whether military service, including deployment and combat experience, were related to smoking initiation and relapse.

Methods.

We included older (panel 1) and younger (panel 2) participants in the Millennium Cohort Study. Never smokers were followed for 3 to 6 years for smoking initiation, and former smokers were followed for relapse. Complementary log-log regression models estimated the relative risk (RR) of initiation and relapse by military exposure while adjusting for demographic, health, and lifestyle factors.

Results.

Deployment with combat experience predicted higher initiation rate (panel 1: RR = 1.44; 95% confidence interval [CI] = 1.28, 1.62; panel 2: RR = 1.26; 95% CI = 1.04, 1.54) and relapse rate (panel 1 only: RR = 1.48; 95% CI = 1.36, 1.62). Depending on the panel, previous mental health disorders, life stressors, and other military and nonmilitary characteristics independently predicted initiation and relapse.

Conclusions.

Deployment with combat experience and previous mental disorder may identify military service members in need of intervention to prevent smoking initiation and relapse. (Am J Public Health. Published online ahead of print April 16, 2015: e1–e10. doi:10.2105/AJPH.2014.302538)

<http://psycnet.apa.org/psycinfo/2015-15891-001/>

Postdeployment Psychological Health and Interpersonal Problems Among Air Force Mental Health Personnel.

Rowan, Anderson B.; Travis, Wendy J.; Shwalb, David A.; Isler, William C.; Park, Jisuk; Kimura, Jennifer

Military Psychology, Apr 13, 2015
<http://dx.doi.org/10.1037/mil0000076>

This study is one of the first to use validated screening measures to examine the rates of self-reported mental health and interpersonal problems following deployment of military mental health personnel (MMHP). Research has examined the impact of deployment on military personnel finding 10.2% to 29.0% screen positive for at least one mental health problem. However, little is known about impacts of deployment among MMHP. Utilizing health data collected three to twelve months post-deployment from a sample of 759 Air Force MMHP, this study examined rates of positive screens for psychological health or interpersonal problems, subsequent confirmation of positive screens by a medical provider upon examination, and the

demographic characteristics associated with psychological health or interpersonal problems. The study found 13.9% screened positive for “possible or probable PTSD,” 4.6% for depressive symptoms, 3.9% for alcohol problems, and 12.6% for interpersonal problems. In total, nearly 26% screened positive for one or more psychological or interpersonal problem. Of those who screened positive, 48.5% of depressive problems, 36.0% of PTSD, 20.0% of alcohol problems and 29.7% of interpersonal problems were confirmed upon subsequent examination by a medical provider. Those who screened positive were more likely to be (a) female, (b) separated, widowed, or divorced, (c) a mental health nurse or psychiatric nurse practitioner, and (d) deployed to Iraq or Afghanistan. The significance, limitations, and implications of the results, along with recommendations for future research are discussed. (PsycINFO Database Record (c) 2015 APA, all rights reserved)

<http://link.springer.com/article/10.1007/s12671-015-0405-8>

Preliminary Effectiveness of Adjunct Mindfulness-Based Cognitive Therapy to Prevent Suicidal Behavior in Outpatients Who Are at Elevated Suicide Risk.

Megan S. Chesin, Cemile C. Sonmez, Christopher A. Benjamin-Phillips, Brandon Beeler, Beth S. Brodsky, Barbara Stanley

Mindfulness
April 2015

Suicidal behavior is an important public health problem. A few efficacious treatments to prevent suicidal behavior exist. The feasibility and broad applicability of these interventions to suicidal individuals are, however, limited. We thus developed a novel, nine-session protocol combining mindfulness-based cognitive therapy (MBCT) specifically tailored to address suicide-related concerns with the Safety Planning Intervention, a brief intervention focused on developing individual suicide crisis coping skills. Here, we report on the feasibility, acceptability, safety, and preliminary effectiveness of the intervention, mindfulness-based cognitive therapy to prevent suicidal behavior (MBCT-S). Eighteen high suicide risk psychiatric outpatients in treatment were enrolled and assessed for suicidal ideation, depression, and hopelessness using well-validated clinician-administered or self-report instruments. All participants received adjunct MBCT-S. Assessments were repeated at MBCT-S termination. To measure feasibility, acceptability, and safety, we calculated enrollment, drop out, and treatment completion rates. We also summarized satisfaction rating scale data, counted adverse events, and examined qualitative data. We found significant reductions in suicidal ideation and depressive symptoms, but not hopelessness, with MBCT-S treatment. The treatment was also feasible, acceptable, and safe for participants. Directions for future study of MBCT-S are discussed.

<http://online.liebertpub.com/doi/abs/10.1089/tmj.2014.0165>

Patient Perceptions of Telemental Health: Systematic Review of Direct Comparisons to In-Person Psychotherapeutic Treatments.

Jenkins-Guarnieri Michael A., Pruitt Larry D., Luxton David D., and Johnson Kristine

Telemedicine and e-Health

Ahead of print. doi:10.1089/tmj.2014.0165

Background:

Although there is growing empirical support for the clinical efficacy of telemental health (TMH) treatments, questions remain about how patient perceptions of the TMH treatment process may compare with those of traditional in-person psychotherapy treatments.

Materials and Methods:

Through a systematic review, we specifically examine measures of patient treatment satisfaction and therapeutic alliance in studies that included direct comparisons of video conferencing or telephone-based psychotherapeutic TMH treatments with in-person treatment delivery. We performed a comprehensive search of the PsychINFO and MEDLINE databases for articles published in the last 10 years (2004–2014) on TMH treatments that included in-person comparison groups, yielding 552 initial results with 14 studies meeting our full inclusion criteria.

Results:

The findings generally show comparable treatment satisfaction as well as similar ratings of therapeutic alliance. Some results suggested the potential for decreased patient comfort with aspects of group treatment delivered via TMH.

Conclusions:

We discuss implications for providing psychotherapeutic treatments via TMH and review practice recommendations for assuring and enhancing satisfaction with TMH services.

http://www.rand.org/pubs/research_reports/RR464.html

Measuring the Quality of Care for Psychological Health Conditions in the Military Health System; Candidate Quality Measures for Posttraumatic Stress Disorder and Major Depressive Disorder

Kimberly A. Hepner, Carol P. Roth, Coreen Farris, Elizabeth M. Sloss, Grant R. Martsolf, Harold Alan Pincus, Katherine E. Watkins, Caroline Epley, Daniel Mandel, Susan D. Hosek, Carrie M. Farmer

RAND Corporation, 2015

In recent years, the number of U.S. service members treated for psychological health conditions has increased substantially. In particular, at least two psychological health conditions — posttraumatic stress disorder (PTSD) and major depressive disorder (MDD) — have become more common, with prevalence estimates up to 20 percent for PTSD and 37 percent for MDD. Delivering quality care to service members with these conditions is a high-priority goal for the military health system (MHS). Meeting this goal requires understanding the extent to which the care the MHS provides is consistent with evidence-based clinical practice guidelines and its own standards for quality. To better understand these issues, RAND Corporation researchers developed a framework to identify and classify a set of measures for monitoring the quality of care provided by the MHS for PTSD and MDD. The goal of this project was to identify, develop, and describe a set of candidate quality measures to assess care for PTSD and MDD. To accomplish this goal, the authors performed two tasks: (1) developed a conceptual framework for assessing the quality of care for psychological health conditions and (2) identified a candidate set of measures for monitoring, assessing, and improving the quality of care for PTSD and MDD. This document describes their research approach and the candidate measure sets for PTSD and MDD that they identified. The current task did not include implementation planning but provides the foundation for future RAND work to pilot a subset of these measures.

<http://www.sciencedirect.com/science/article/pii/S0165178115001341>

Identifying latent profiles of Posttraumatic Stress and Major Depression symptoms in Canadian veterans; exploring differences across profiles in health related functioning.

Cherie Armour, Ateka Contractor, Jon D. Elhai, Maurice Stringer, Gary Lyle, David Forbes, J. Don Richardson

Psychiatry Research

Available online 22 April 2015

doi:10.1016/j.psychres.2015.03.011

Posttraumatic stress disorder (PTSD) has been consistently reported as being highly comorbid with major depressive disorder (MDD) and as being associated with health related functional impairment (HRF). We used archival data from 283 previously war-zone deployed Canadian veterans. Latent profile analysis (LPA) was used to uncover patterns of PTSD and MDD comorbidity as measured via the PTSD Checklist-Military version (PCL-M) and the Patient Health Questionnaire-9 (PHQ-9). Individual membership of latent classes was used in a series of one-way ANOVAs to ascertain group differences related to HRF as measured via the Short-Form-36 Health Survey (SF-36). LPA resulted in three discrete patterns of PTSD and MDD comorbidity which were characterized by high symptoms of PTSD and MDD, moderate

symptoms, and low symptoms. All ANOVAs comparing class membership on the SF-36 subscales were statistically significant demonstrating group differences across levels of HRF. The group with the highest symptoms reported the worst HRF followed by the medium and low symptom groups. These findings are clinically relevant as they demonstrate the need for continual assessment and targeted treatment of co-occurring PTSD and MDD.

<http://onlinelibrary.wiley.com/doi/10.1002/da.22371/abstract>

Longitudinal course of posttraumatic growth among U.S. Military veterans: results from the national health and resilience in veterans study.

Tsai, J., Sippel, L. M., Mota, N., Southwick, S. M. and Pietrzak, R. H.

Depression and Anxiety

Article first published online: 23 APR 2015

DOI: 10.1002/da.22371

Background

Posttraumatic growth (PTG) is increasingly recognized as an important psychosocial phenomenon, but few studies have evaluated the longitudinal course of PTG. This study identified courses of PTG over a 2-year period in a contemporary, nationally representative sample of U.S. military veterans, and examined sociodemographic, military, trauma, medical, and psychosocial predictors of PTG course.

Methods

Data were based on a Web-based survey of a nationally representative sample of 1,838 U.S. veterans who reported at least one potentially traumatic event and provided data at two time points (October–December 2011 and September–October 2013).

Results

Five different courses of PTG were identified—Consistently Low (33.6%), Moderately Declining (19.4%), Increasing PTG (16.8%), Dramatically Declining (15.7%), and Consistently High (14.5%). More than half (59.4%) of veterans who reported at least “moderate” PTG maintained that level of PTG 2 years later. Posttraumatic stress disorder symptoms, medical conditions, purpose in life, altruism, gratitude, religiosity, and an active reading lifestyle predicted maintenance or increase in PTG.

Conclusions

PTG has a heterogeneous course and is not only common, but can persist over time especially in the presence of posttraumatic stress and certain psychosocial factors. Clinicians and researchers should consider the personal growth that can result from trauma and help trauma survivors find ways to maintain this growth over time.

<http://www.tandfonline.com/toc/uswe20/51/sup1>

Journal of Social Work Education

Volume 51, Supplement 1, 2015

Special Issue: Military Social Work Education: Innovative Strategies and Implications for Social Work Practice

- Military Social Work: Opportunities and Challenges for Social Work Education
Nikki R. Wooten

- Preparing MSW Students to Provide Mental and Behavioral Health Services to Military Personnel, Veterans, and Their Families in Rural Settings
Carrie W. Rishel & Helen P. Hartnett

- A Virginia Wounded Warrior and School of Social Work Partnership: The “MISSION: Healthy Relationships” Project and Student Engagement
Suzie S. Weng, Karen Smith Rotabi, Edward M. McIntosh, Jennifer G. High, Amanda Pohl & Amy Herrmann

- Dual Mission: An Innovative Field Model for Training Social Work Students for Work With Veterans
Katherine Selber, Nancy Feyl Chavkin & Mary Jo Garcia Biggs

- Military Social Work as an Exemplar in Teaching Social Work Competencies
James G. Daley, Joan Carlson & Pinkie Evans

- An Intensive Continuing Education Initiative to Train Social Workers for Military Social Work Practice
Alexa Smith-Osborne

- FOCUS School-Based Skill-Building Groups: Training and Implementation
Ediza Garcia, Kris Tunac De Pedro, Ron Avi Astor, Patricia Lester & Rami Benbenishty

- Training MSSW Students for Military Social Work Practice and Doctoral Students in Military Resilience Research
Tyler DuMars, Kristin Bolton, Arati Maleku & Alexa Smith-Osborne

- Integrating Military and Veteran Culture in Social Work Education: Implications for Curriculum Inclusion
Julie Canfield & Eugenia Weiss

<http://www.tandfonline.com/doi/abs/10.1080/10911359.2015.1032645>

Exploring Issues Related to PTSD Versus Personality Disorder Diagnoses With Military Personnel.

Carla Groves

Journal of Human Behavior in the Social Environment

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DOI:10.1080/10911359.2015.1032645

Since the wars in Iraq and Afghanistan began, the U.S. military has sent millions of troops into battlefield operations—some without proper training, some without rigorous preservice mental health checks, and many without experience. Many were given waivers that allowed them to skirt previously rigorous recruiting standards to bolster troop numbers. A significant amount of returning soldiers have been diagnosed with posttraumatic stress disorder (PTSD), and associated benefits and lifelong payouts for these soldiers have and will continue to cost the military hundreds of millions of dollars each year. The military has been accused of purposely changing PTSD diagnoses or instead issuing diagnoses of personality disorders—which the military considers a preexisting condition—for dodging these costs and as a mechanism for forcing soldiers out of service. This article explores how and why these diagnoses, or changes to existing diagnoses, are (allegedly) made, what purpose they serve the military, and the implications of each diagnosis for veterans and active duty soldiers. After reviewing this information, the question of whether or not the military should be ethically responsible for the continued mental health care of those soldiers after service, despite their condition, is addressed.

<http://onlinelibrary.wiley.com/doi/10.1002/da.22372/abstract>

Belonging protects against postdeployment depression in military personnel.

Bryan, C. J. and Heron, E. A.

Depression and Anxiety

Volume 32, Issue 5, pages 349–355, May 2015

Background

Depression among U.S. military personnel has received relatively little empirical attention compared to posttraumatic stress disorder, despite evidence that depression is associated with

poor psychosocial outcomes and increased suicide risk. Even less is known about factors that protect against depression in military populations.

Methods

A sample of 168 active duty Air Force convoy operators completed self-report measures of depression, posttraumatic stress, and sense of “belonging” before deploying to Iraq, and again at 1, 3, 6, and 12 months following their return. Linear growth modeling was used to test the associations of the variables over time.

Results

Mean depression scores remained low and stable across the deployment and 12-month follow-up period. Increased depression severity was significantly associated with low belonging ($P < .001$) and with posttraumatic stress symptoms ($P < .001$) at every time point.

Limitations

Relatively small, predominantly male sample utilizing self-report methods.

Conclusions

A sense of belongingness may protect service members from depression at all stages of the deployment cycle, from predeployment preparations through deployment and postdeployment adjustment.

<http://oem.bmj.com/content/early/2015/04/20/oemed-2014-102646.abstract>

Risk for broad-spectrum neuropsychiatric disorders after mild traumatic brain injury in a cohort of US Air Force personnel.

Shannon C Miller, Casserly R Whitehead, Clifford N Otte, Timothy S Wells, Timothy S Webb, Russell K Gore, Charles Maynard

Occupational and Environmental Medicine

doi:10.1136/oemed-2014-102646

Background

Military personnel are at increased risk for traumatic brain injury (TBI) from combat and non-combat exposures. Sequelae of moderate-to-severe TBI are well described, but the literature remains conflicted regarding whether mild TBI (mTBI) results in lasting brain injury and functional impairments. This study assessed risk for a range of neuropsychiatric disorders presenting after mTBI while adjusting for the potential confounds of depression and post-traumatic stress disorder (PTSD).

Methods

A historical prospective association study was conducted utilising electronic demographic, medical and military-specific data for over 49 000 active duty US Air Force service members (Airmen). This study utilised diagnostic codes considered by an expert panel to be indicative of mTBI to identify cases. Cox proportional hazards modelling calculated HRs for neuropsychiatric outcomes while controlling for varying lengths of follow-up and potentially confounding variables.

Results

Airmen with mTBI were at increased risk for specific neuropsychiatric disorders compared with a similarly injured non-mTBI control group. HRs for memory loss/amnesia, cognitive disorders, schizophrenia, PTSD, and depression were significantly elevated and remained so for at least 6 months post-mTBI, even after eliminating those with previous neuropsychiatric diagnoses.

Conclusions

mTBI was positively associated with neuropsychiatric disorders in this population of primarily young adult males; with increased HRs 6 months post-mTBI. The results support that mTBI is distinguished from moderate-to-severe TBI in terms of risk for developing neuropsychiatric disorders. Further, these findings suggest the importance of screening for psychiatric and cognitive disorders post-mTBI in general medical practice.

<http://link.springer.com/article/10.1007/s10591-015-9333-y>

iRelate: A Comprehensive Approach Empowering Young Marines to Succeed at Intimate Relationships.

Griselda M. Lloyd, Diana R. Munoz, Paul S. Tremblay, Michael E. Foskett, Maureen M. Hallett, Brian J. Distelberg

Contemporary Family Therapy
April 2015

As a result of the high rate at which young Marines are getting married and divorced, a group of Navy chaplains created a new comprehensive three stage intervention program entitled, Intimate Relationships Awareness, Training, and Enrichment program (iRelate) to address the various relationship needs of the single, engaged, and married Marines. This article presents preliminary program evaluation data for Stage I and Stage II of the iRelate program, with additional data from Marines that are engaged to be married and Marines that were in the process of getting divorced. Results showed, prior to attending Stage I and Stage II of the program, Marines presented with high levels of marriage idealism and overconfidence. Twenty-nine percent stated, because they are Marines, they are capable of taking on adult responsibilities and 32.4 % believed that marriage would require some effort. Of the Marines

that were in the process of getting divorced, 40 % indicated that they were too young to be married, 50 % stated if they could do it over again they would have taken more time to get to know their spouse prior to getting married. The post course data indicated that the Marines' level of idealism and overconfidence decreased, as 63.2 % of the Marines developed a more realistic expectation of marriage, by realizing that marriage will require a lot of hard work. Additionally, Marines felt more prepared for their marriage [$t(177) = 7.62, p < 0.001, r^2 = 0.25$] suggesting that the program offers a significant benefit to the Marines.

<http://www.ingentaconnect.com/content/asma/amhp/2015/00000086/00000005/art00012>

A 6-Month Assessment of Sleep During Naval Deployment: A Case Study of a Commanding Officer.

Shattuck, Nita Lewis; Matsangas, Panagiotis

Aerospace Medicine and Human Performance
Volume 86, Number 5, May 2015, pp. 481-485(5)

BACKGROUND:

Sleep deprivation is known to be a common problem in the U.S. Navy and has been documented using wrist-worn actigraphy in various operational studies that typically span 2 to 4 wk in duration. However, sleep patterns over an extended period of time have not been objectively measured.

CASE REPORT:

This 6-mo study used actigraphy and the Fatigue Avoidance Scheduling Tool (FAST) to quantify the sleep patterns of a 39-yr-old Commanding Officer (CO) of an Arleigh Burke class destroyer while the ship was forward-deployed. On average, the CO received 5.2 h of sleep daily and averaged 6 h time in bed each day. The participant received more than 8 h of sleep for only 2% (N = 3) of the study days; for 17% (N = 27) of the days, he received less than 4 h of daily sleep. For 15% of waking time, the CO had a predicted effectiveness of less than 70% on the FAST scale, equating to a blood alcohol equivalent of 0.08%—or legally drunk. The CO's predicted effectiveness was below 65% approximately 10% of waking time.

DISCUSSION:

Results from this study are aligned with earlier research showing that crewmembers on U.S. Navy ships suffer from chronic sleep restriction. During a typical deployment, personnel accrue a considerable sleep debt even during normal operations. Should critical events with additional sleep restriction occur, the ship has limited reserve capacity, potentially placing her crew and their mission in grave jeopardy.

<http://psycnet.apa.org/psycinfo/2015-16474-001/>

Does Assessing Suicidality Frequently and Repeatedly Cause Harm? A Randomized Control Study.

Law, Mary Kate; Furr, R. Michael; Arnold, Elizabeth Mayfield; Mneimne, Malek; Jaquett, Caroline; Fleeson, William

Psychological Assessment

Apr 20 , 2015

<http://dx.doi.org/10.1037/pas0000118>

Assessing suicidality is common in mental health practice and is fundamental to suicide research. Although necessary, there is significant concern that such assessments have unintended harmful consequences. Using a longitudinal randomized control design, the authors evaluated whether repeated and frequent assessments of suicide-related thoughts and behaviors negatively affected individuals, including those at-risk for suicide-related outcomes. Adults (N = 282), including many diagnosed with borderline personality disorder (BPD), were recruited through psychiatric outpatient clinics and from the community at large, and were randomly assigned to assessment groups. A control assessment group responded to questions regarding negative psychological experiences several times each day during a 2-week main observation phase. During the same observation period, an intensive suicide assessment group responded to the same questions, along with questions regarding suicidal behavior and ideation. Negative psychological outcomes were measured during the main observation phase (for BPD symptoms unrelated to suicide and for BPD-relevant emotions) and/or at the end of each week during the main observation phase and monthly for 6 months thereafter (for all outcomes, including suicidal ideation and behavior). Results revealed little evidence that intensive suicide assessment triggered negative outcomes, including suicidal ideation or behavior, even among people with BPD. A handful of effects did reach or approach significance, though these were temporary and nonrobust. However, given the seriousness of some outcomes, the authors recommend that researchers or clinicians who implement experience sampling methods including suicide-related items carefully consider the benefits of asking about suicide and to inform participants about possible risks. (PsycINFO Database Record (c) 2015 APA, all rights reserved)

<http://www.tandfonline.com/doi/abs/10.1080/00981389.2014.990130>

Social Support Throughout the Deployment Cycle for Women Veterans Returning From Iraq and Afghanistan.

Mariann Mankowski , Sally G. Haskell , Cynthia Brandt , Kristin M. Mattocks

Social Work in Health Care
Vol. 54, Iss. 4, 2015
DOI:10.1080/00981389.2014.990130

Social support throughout the deployment cycle and the challenges of readjustment to civilian life for veterans returning from Operation Iraqi Freedom and Operation Enduring Freedom were explored. Eighteen participants from the New England and Indiana Veterans Administration catchment area were interviewed using a semi-structured interview guide. All participants identified perceptions of social support but their utilization of these supports was compromised due to the need to protect family and friends from the strain of war, post-traumatic stress symptoms, and depressive symptoms. Resilience, fortitude, and commitment to their military mission were evidenced by all the women of this study. Implications for future service delivery are identified.

<http://link.springer.com/article/10.1007/s11682-015-9391-7>

Personality Assessment Inventory profiles of veterans: Differential effects of mild traumatic brain injury and psychopathology.

Holly M. Miskey, Robert D. Shura, Ruth E. Yoash-Gantz, Jared A. Rowland

Brain Imaging and Behavior
April 2015

Objective:

Neuropsychiatric complaints often accompany mild traumatic brain injury (mTBI), a common condition in post-deployed Veterans. Self-report, multi-scale personality inventories may elucidate the pattern of psychiatric distress in this cohort. This study investigated valid Personality Assessment Inventory (PAI) profiles in post-deployed Veterans.

Method:

Measures of psychopathology and mTBI were examined in a sample of 144 post-deployed Veterans divided into groups: healthy controls (n = 40), mTBI only (n = 31), any mental health diagnosis only (MH; n = 25), comorbid mTBI and Posttraumatic Stress Disorder (mTBI/PTSD; n = 23), and comorbid mTBI, PTSD, and other psychological diagnoses (mTBI/PTSD/MDD+; n = 25).

Results:

There were no significant differences between the mTBI and the control group on mean PAI subscale elevation, or number of subscale elevations above 60T or 70T. The other three groups had significantly higher overall mean scores, and more elevations above 60 and 70T compared

to both controls and mTBI only. The mTBI/PTSD/MDD+ group showed the highest and most elevations. After entering demographics, PTSD, and number of other psychological diagnoses into hierarchical regressions using the entire sample, mTBI history did not predict mean PAI subscale score or number of elevations above 60T or 70T. PTSD was the only significant predictor. There were no interaction effects between mTBI and presence of PTSD, or between mTBI and total number of diagnoses.

Conclusions:

This study suggests that mTBI alone is not uniquely related to psychiatric distress in Veterans, but that PTSD accounts for self-reported symptom distress.

<http://www.kcl.ac.uk/kcmhr/publications/assetfiles/2015/Greenberg2015b.pdf>

Latest developments in post-traumatic stress disorder: diagnosis and treatment.

Neil Greenberg, Samantha Brooks, and Rebecca Dunn

British Medical Bulletin

2015, 1–9 doi: 10.1093/bmb/ldv014

Background:

Most people will experience a traumatic event during their lives. However, not all will develop Post-Traumatic Stress Disorder (PTSD). There have been recent changes in diagnostic criteria for PTSD and there are a number of treatment options available.

Sources of data:

This review is based on published literature in the field of PTSD, its management and the recently published DSM-V.

Areas of agreement:

The most influential risk factors relate to the post-incident environment rather than pre-incident or the incident itself. There are two established and effective psychological therapies; trauma-focussed cognitive behavioural therapy and eye movement desensitization and reprocessing.

Areas of controversy: It is unclear what actually constitutes a traumatic event. Psychological debriefing or counselling interventions, shortly after trauma-exposure are found to be ineffective and may cause harm. Medication, whilst common practice, is not recommended as first line management.

Growing points:

Future psychotherapies for PTSD may be just as effective if delivered in carefully considered group settings or through remote means. Areas timely for developing research: Research into

the most effective ways to prevent individuals at risk of developing PTSD is still at an early stage and development of effective early interventions could substantially reduce the morbidity associated with PTSD.

Links of Interest

Treating Sleep Apnea May Ward Off Memory Decline

<http://well.blogs.nytimes.com/2015/04/15/treating-sleep-apnea-may-ward-off-memory-problems/>

We Can Do Better Than Desensitization As The Goal of Trauma Treatment For PTSD

<http://www.socialjusticesolutions.org/2015/04/16/can-better-desensitization-goal-trauma-treatment-ptsd/>

10 Ways to Help Kids Conquer the Challenges of Military Life

<http://www.health.mil/News/Articles/2015/04/10/10-Ways-to-Help-Kids-Conquer-the-Challenges-of-Military-Life>

Dealing with death in deployment

<http://www.sciencedaily.com/releases/2015/04/150409133258.htm>

81 Awesome Resources When You Can't Afford a Therapist

<http://www.journal-news.com/feed/lifestyles/health/81-awesome-resources-when-you-cant-afford-a/f63gt/>

When veterans return, their children also deal with the invisible wounds of war

http://www.washingtonpost.com/politics/when-veterans-return-their-children-also-deal-with-invisible-wounds-of-war/2015/04/16/df161026-cd7a-11e4-a2a7-9517a3a70506_print.html

Face of Defense: Army NCO Acclaimed for SHARP Work

<http://www.health.mil/News/Articles/2015/04/17/Face-of-Defense-Army-NCO-Acclaimed-for-SHARP-Work>

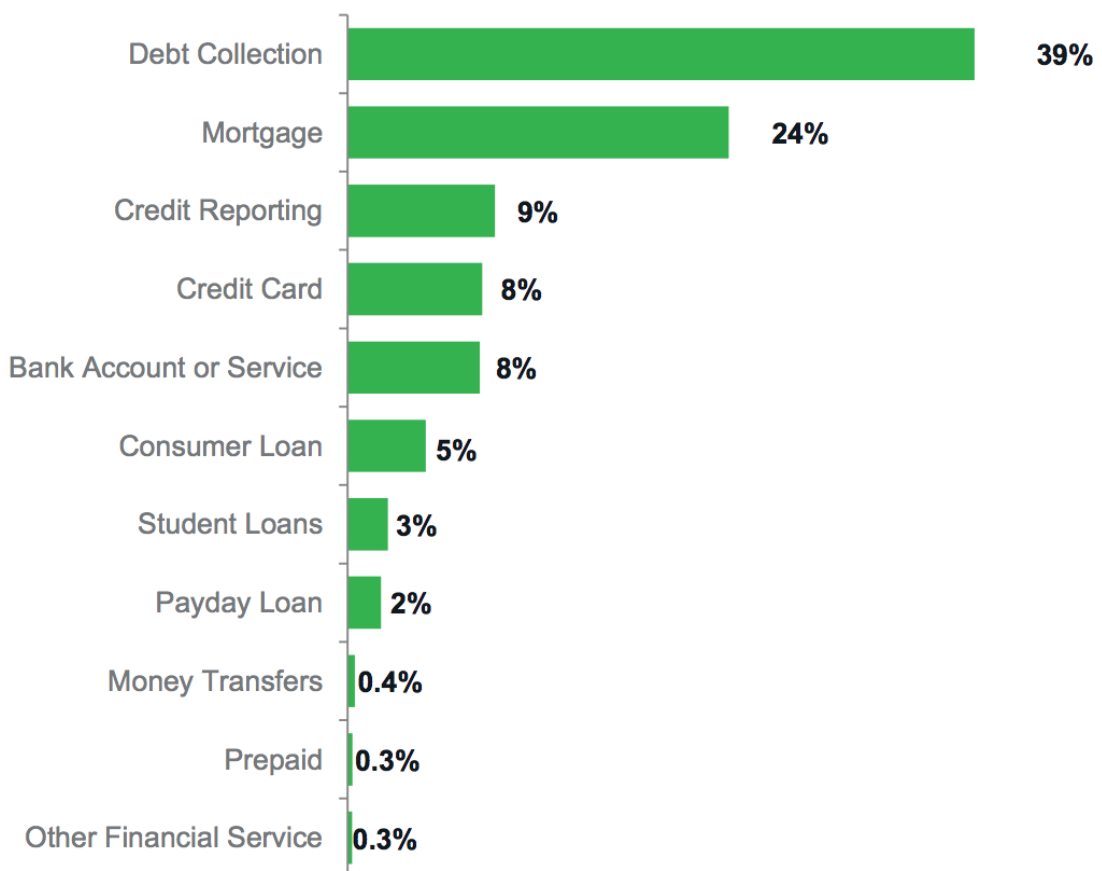
Mindfulness-Based Therapy as Good as Meds for Depression, Study Says

<http://consumer.healthday.com/mental-health-information-25/antidepressants-news-723/mindfulness-based-therapy-as-good-as-meds-for-recurring-depression-study-698643.html>

Resource of the Week: Consumer Financial Protection Bureau -- [Complaints received from servicemembers, veterans, and their families 2011-2014](#)

This is our third report detailing the data and trends surrounding complaints from servicemembers, veterans, and their families. In this report, you'll find the numbers behind the complaints we've received, as well as information on our outreach efforts, and details on recent Enforcement actions affecting the military community. This year's report also includes a section that highlights the account access problems the military often faces, and the problems that can result.

FIGURE 1: SERVICEMEMBERS' COMPLAINTS BY PRODUCT



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