



CDP Research Update -- May 7, 2015

What's Here:

- Sexual Assault and Sexual Harassment in the U.S. Military:
Volume 2. Estimates for Department of Defense Service Members from the 2014 RAND Military Workplace Study (RAND)
- Snapshot Review of Sexual Assault Report Files at the Four Largest U.S. Military Bases in 2013 (Senator Kirsten Gillibrand)
- 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
- Combat & Operational Stress Research Quarterly (Volume 7, Number 2; Spring 2015)
- Clinician's Trauma Update-Online (National Center for PTSD, April 2015)
- Technology Use and Interest in Computerized Psychotherapy: A Survey of Veterans in Treatment for Substance Use Disorders.
- Smoking Status and Pain Intensity Among OEF/OIF/OND Veterans.
- Assessment of dissociation among combat-exposed soldiers with and without posttraumatic stress disorder.
- Understanding the role of dysfunctional post-trauma cognitions in the co-occurrence of Posttraumatic Stress Disorder and Generalized Anxiety Disorder: Two trauma samples.
- Legitimizing the Wound: Mapping the Military's Diagnostic Discourse of Traumatic Brain Injury.
- The state of Veterans Affairs sleep medicine programs: 2012 inventory results.
- Sleep in Traumatic Brain Injury.
- Persistent Sleep Disturbances Independently Predict Poorer Functional and Social Outcomes 1 Year After Mild Traumatic Brain Injury.
- Combat exposure, social relationships, and subjective well-being among middle-aged and older Veterans.
- Socioeconomic Status and Mental Health Service Use Among National Guard Soldiers.

- Changes in Suicide Mortality for Veterans and Nonveterans by Gender and History of VHA Service Use, 2000–2010.
- Memory and Narrative of Traumatic Events: A Literature Review.
- Posttraumatic stress disorder's dysphoria dimension And Relations with Generalized Anxiety Disorder Symptoms.
- Psychiatric and Psychological Perspectives on Chronic Pain.
- Treating suicidal risk in a post-healthcare reform era.
- Implementing a Web-Based Intervention to Train Community Clinicians in an Evidence-Based Psychotherapy: A Pilot Study.
- Assessment of the Healthcare Needs and Barriers to VA Use Experienced by Women Veterans: Findings From the National Survey of Women Veterans.
- Web-based intervention improves social acknowledgement and disclosure of trauma, leading to a reduction in posttraumatic stress disorder symptoms.
- Minds “At Attention”: Mindfulness Training Curbs Attentional Lapses in Military Cohorts.
- Links of Interest
- Resource of the Week: Veteran Vision Project

http://www.rand.org/pubs/research_reports/RR870z2.html

**Sexual Assault and Sexual Harassment in the U.S. Military
Volume 2. Estimates for Department of Defense Service Members from the 2014 RAND
Military Workplace Study**

Edited by Andrew R. Morral, Kristie L. Gore, Terry L. Schell

Contributors: Barbara Bicksler, Coreen Farris, Bonnie Ghosh-Dastidar, Lisa H. Jaycox, Dean Kilpatrick, Stephan Kistler, Amy Street, Terri Tanielian, Kayla M. Williams

RAND Corporation, 2015

In early 2014, the Department of Defense Sexual Assault Prevention and Response Office asked the RAND National Defense Research Institute to conduct an independent assessment of the rates of sexual assault, sexual harassment, and gender discrimination in the military — an assessment last conducted in 2012 by the Department of Defense using the Workplace and Gender Relations Survey of Active Duty Members. The resulting RAND Military Workplace Study invited close to 560,000 U.S. service members to participate in a survey fielded in August and September of 2014. This volume presents results from this survey for active- and reserve-component service members in the Army, Navy, Air Force, and Marine Corps. It includes

estimates of the number of service members who experienced sexual assault, sexual harassment, or gender discrimination in the past year, as well as detailed information about the characteristics of those incidents, decisions to report, and experiences with response and legal systems for both male and female service members. It also describes service members' beliefs and attitudes about these problems.

http://www.gillibrand.senate.gov/imo/media/doc/Gillibrand_Sexual%20Assault%20Report.pdf

Snapshot Review of Sexual Assault Report Files at the Four Largest U.S. Military Bases in 2013

Office of Senator Kirsten Gillibrand
May 2015

On February 10, 2014, Senator Kirsten Gillibrand, in her oversight role as Chairman of the Personnel Subcommittee of the Senate Armed Services Committee, requested the Department of Defense (DoD) provide her office with files pertaining to the investigation and adjudication of sexual assault cases, from 2009 to 2013, at the largest U.S. base for each military service. These installations are the Army's Fort Hood in Texas, Naval Station Norfolk in Virginia, Marine Corps Base Camp Pendleton in California, and Wright-Patterson Air Force Base in Ohio.

On December 15, 2014, 308 days after the initial request, the Department of Defense provided 107 redacted sexual assault case files from the year 2013. Senator Gillibrand had requested "all reports and allegations of rape, forcible sodomy, sexual assault, sex in the barracks, adultery and attempts, conspiracies, or solicitations to commit these crimes" for the last five years. Despite two separate assurances from then-Secretary of Defense Hagel directly to Senator Gillibrand that all files would expeditiously be provided, the DoD reluctantly agreed to provide just one year's worth of files after then Senate Armed Services Committee Chairman Carl Levin intervened. The larger request remains unfulfilled. This refusal from the DoD to provide basic information pertaining to sexual violence and military justice to the former Personnel Subcommittee chair with oversight duties calls into question the Department's commitment to transparency and getting to the root of the problem.

While the case files do shed some light on how the military has dealt with the scourge of sexual assault on bases, with many findings consistent with the Associated Press's accounts of sexual assaults at American military bases in Japan, it is important to note that the files are redacted, incomplete, and often do not contain all relevant data pertaining to the cases.

Our review of the 107 case files provided by the Department of Defense sheds further light on the true scope of sexual violence in military communities, including two large but overlooked segments of the military population – military spouses, and civilian women living near military bases – that are not counted in the DoD's surveys on sexual assault prevalence. The

documents analyzed by our office suggest that civilians (including spouses) are especially vulnerable, and that the military justice system continues to struggle to provide justice.

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.med.navy.mil/sites/nmcsc/nccosc/healthProfessionalsV2/researchQuarterly/Documents/spring2015ResearchQuarterly.pdf>

Combat & Operational Stress Research Quarterly

Volume 7, Number 2; Spring 2015

Naval Center for Combat & Operational Stress Control

The Combat & Operational Stress Research Quarterly is a compilation of recent studies on combat and operational stress, including relevant findings on the etiology, course and treatment of posttraumatic stress disorder (PTSD).

The Research Quarterly facilitates translational research by providing busy clinicians with up-to-date findings, with the potential to guide and inform evidence-based treatment.

http://www.ptsd.va.gov/professional/newsletters/ctu-online/ctu_v9n2.pdf

Clinician's Trauma Update-Online

National Center for PTSD (VA)
Issue 9/2, April 2015

Two New Systematic Reviews

- Telehealth for PTSD
- Psychotherapy for PTSD/SUD

Treatment

- Does interpersonal therapy measure up to PE?
- A strategy to increase telehealth delivery of evidence-based psychotherapy for PTSD
- Motivational strategies and peer support enhance online training in exposure therapy
- Innovative approaches to PTSD care
- For older Veterans, odds of getting PTSD treatment decreases with age
- Barriers to care and treatment preferences among OEF/OIF Veterans

<http://online.liebertpub.com/doi/abs/10.1089/tmj.2014.0215>

Technology Use and Interest in Computerized Psychotherapy: A Survey of Veterans in Treatment for Substance Use Disorders.

Hermes Eric D.A., Tsai Jack, and Rosenheck Robert

Telemedicine and e-Health
Online Ahead of Print: April 28, 2015
doi:10.1089/tmj.2014.0215

Introduction:

This study examined interest in computerized psychotherapies (CPTs) and its relation to use of

information technology among individuals receiving Veterans Health Administration (VHA) outpatient treatment.

Materials and Methods:

Veterans receiving treatment in a VHA substance use disorder outpatient clinic completed a self-report questionnaire. The survey addressed recent experience using information technology and potential interest in using CPTs for symptoms/functional problems associated with substance use and mental health disorders. Demographic, diagnostic, and information technology use data were compared between those expressing interest in CPT and those not expressing an interest, as well as with nationally representative veteran data from the 2010 National Survey of Veterans (NSV).

Results:

Of 151 respondents, 82% were interested in CPT for at least one problem, and 60% were interested for more than one. The most commonly selected CPTs were for substance use (46%), depression (45%), problem solving (43%), and insomnia (42%). None of the 23 measures of information technology use was associated with interest in CPTs. Compared with respondents not interested in any CPTs, those interested in CPT were older ($t_{150}=2.1$, $p=0.042$) and more likely to be African American [$\chi^2(1)=8.8$, $p=0.032$], to have reported a drug use disorder [$\chi^2(1)=4.2$, $p=0.041$], and to have reported more than one substance use or psychiatric disorder [$\chi^2(1)=8.5$, $p=0.014$]. The majority of respondents reported use of Internet and e-mail (65% and 64%, respectively), proportions comparable to respondents to the NSV.

Conclusions:

Among veterans receiving outpatient substance use treatment, interest in CPT is high and unrelated to information technology use. Efforts to implement CPTs may interest this population.

<http://onlinelibrary.wiley.com/doi/10.1111/pme.12753/abstract>

Smoking Status and Pain Intensity Among OEF/OIF/OND Veterans.

Volkman, J. E., DeRycke, E. C., Driscoll, M. A., Becker, W. C., Brandt, C. A., Mattocks, K. M., Haskell, S. G., Bathulapalli, H., Goulet, J. L. and Bastian, L. A.

Article first published online: 27 APR 2015

DOI: 10.1111/pme.12753

Objective

Pain and smoking are highly prevalent among Veterans. Studies in non-Veteran populations have reported higher pain intensity among current smokers compared with nonsmokers and former smokers. We examined the association of smoking status with reported pain intensity among Veterans of Operations Enduring Freedom, Iraqi Freedom, and New Dawn

(OEF/OIF/OND).

Design

The sample consisted of OEF/OIF/OND Veterans who had at least one visit to Veterans Affairs (2001–2012) with information in the electronic medical record for concurrent smoking status and pain intensity. The primary outcome measure was current pain intensity, categorized as none to mild (0–3); moderate (4–6); or severe (≥ 7); based on a self-reported 11-point pain numerical rating scale. Multivariable logistic regression analyses were used to assess the association of current smoking status with moderate to severe (≥ 4) pain intensity, controlling for potential confounders.

Results

Overall, 50,988 women and 355,966 men Veterans were examined. The sample mean age was 30 years; 66.3% reported none to mild pain; 19.8% moderate pain; and 13.9% severe pain; 37% were current smokers and 16% former smokers. Results indicated that current smoking [odds ratio (OR) = 1.29 (95% confidence intervals (CI) = 1.27–1.31)] and former smoking [OR = 1.02 (95% CI = 1.01–1.05)] were associated with moderate to severe pain intensity, controlling for age, service-connected disability, gender, obesity, substance abuse, mood disorders, and Post Traumatic Stress Disorder.

Conclusions

We found an association between current smoking and pain intensity. This effect was attenuated in former smokers. Our study highlights the importance of understanding reported pain intensity in OEF/OIF/OND Veterans who continue to smoke.

<http://www.ejpt.net/index.php/ejpt/article/view/26657>

Assessment of dissociation among combat-exposed soldiers with and without posttraumatic stress disorder.

Barbaros Özdemir, Cemil Celik and Taner Oznur

European Journal of Psychotraumatology

Vol 6 (2015)

<http://dx.doi.org/10.3402/ejpt.v6.26657>

Background:

Dissociation is a disruption of and/or discontinuity in the normal, subjective integration of one or more aspects of psychological functioning, including memory, identity, consciousness, perception, and motor control. A limited number of studies investigated combat-related dissociation.

Objective:

The primary aim of this study was to evaluate the relationship between dissociative symptoms and combat-related trauma.

Method:

This study included 184 individuals, including 84 patients who were exposed to combat and diagnosed with posttraumatic stress disorder (PTSD) (Group I), 50 subjects who were exposed to combat but were not diagnosed with PTSD (Group II), and 50 healthy subjects without combat exposure (Group III). The participants were evaluated using the Dissociative Experiences Scale (DES) to determine their total and sub-factor (i.e., amnesia, depersonalization/derealization, and absorption) dissociative symptom levels. In addition, Group I and Group II were compared with respect to the relationship between physical injury and DES scores.

Results:

The mean DES scores (i.e., total and sub-factors) of Group I were higher than those of Group II ($p < 0.001$), and Group II's mean DES scores (i.e., total and sub-factors) were higher than those of Group III ($p < 0.001$). Similarly, the number of subjects with high total DES scores (i.e., > 30) was highest in Group I, followed by Group II and Group III. When we compared combat-exposed subjects with high total DES scores, Group I had higher scores than Group II. In contrast, no relationship between the presence of bodily injury and total DES scores could be demonstrated. In addition, our results demonstrated that high depersonalization/derealization factor scores were correlated with bodily injury in PTSD patients. A similar relationship was found between high absorption factor scores and bodily injury for Group II.

Conclusions:

Our results demonstrated that the level of dissociation was significantly higher in subjects with combat-related PTSD than in subjects without combat-related PTSD. In addition, combat-exposed subjects without PTSD also had higher dissociation levels than healthy subjects without combat experience.

<http://www.sciencedirect.com/science/article/pii/S0005796715000698>

Understanding the role of dysfunctional post-trauma cognitions in the co-occurrence of Posttraumatic Stress Disorder and Generalized Anxiety Disorder: Two trauma samples.

J. Gayle Beck, Judiann M. Jones, Catherine M. Reich, Matthew J. Woodward, Meghan W. Cody

Behaviour Research and Therapy

Available online 28 April 2015

doi:10.1016/j.brat.2015.04.011

This report focuses on the co-occurrence of PTSD-GAD and examines a factor that could operate to maintain both conditions, specifically negative post-trauma cognitions about the self, the world, and self-blame. Two separate help-seeking samples were examined: (a) a mixed gender sample of 301 individuals who had experienced a serious motor vehicle accident (MVA), a single incident, non-interpersonal trauma; and (b) a sample of 157 women who had experienced intimate partner violence (IPV), a recurrent, interpersonal trauma. When examined at the diagnostic level, posttraumatic cognitions for one diagnosis did not vary as a function of whether the other diagnosis was present. In the MVA sample, both diagnosed PTSD and GAD were associated with elevations in negative thoughts about the self. Diagnosed GAD was also significantly associated with negative thoughts about the world. In the IPV sample, diagnosed PTSD was associated with elevations in negative thoughts about the self only. When continuously measured PTSD and GAD were examined, results indicated that negative thoughts about the self showed significant simultaneous associations with PTSD and GAD in both samples. In the MVA sample, negative thoughts about the world and self-blame showed significant associations with PTSD but not with GAD. In the IPV sample, negative thoughts about the world and self-blame were not significantly associated with either PTSD or GAD. Results are discussed in light of current treatment models for these conditions, with emphasis on the potential for addressing transdiagnostic processes as a more effective approach to treating comorbid conditions following trauma.

<http://www.tandfonline.com/doi/abs/10.1080/10572252.2015.1044120>

Legitimizing the Wound: Mapping the Military's Diagnostic Discourse of Traumatic Brain Injury.

Tom Lindsley

Technical Communication Quarterly

Accepted author version posted online: 29 Apr 2015

DOI:10.1080/10572252.2015.1044120

Following reports spanning from the beginning of the OEF (Operation Enduring Freedom) and OIF (Operation Iraqi Freedom) conflicts to the early 2010s, this rhetorical investigation analyzes the U.S. military's diagnostic practices used to identify mild traumatic brain injury (mTBI) in blast-affected troops. Considering the notion of "wound/injury" as a possible boundary object, this paper discusses how the conceptual framing of "invisible" injuries may produce interruptions of distrust that inhibit effective diagnosis.

<http://link.springer.com/article/10.1007/s11325-015-1184-0>

The state of Veterans Affairs sleep medicine programs: 2012 inventory results.

Kathleen Sarmiento, John Rossettie, Carl Stepnowsky, Charles Atwood, Alan Calvitti, the VA Sleep Network

Sleep and Breathing
April 2015

Purpose

The Veterans Health Administration (VHA) represents one of the largest integrated health-care systems in the country. In 2012, the Veterans Affairs Sleep Network (VASN) sought to identify available sleep resources at VA medical centers (VAMCs) across the country through a national sleep inventory.

Methods

The sleep inventory was administered at the annual 2012 VA Sleep Practitioners meeting and by email to sleep contacts at each VAMC. National prosthetics contacts were used to identify personnel at VAMCs without established sleep programs. Follow-up emails and telephone calls were made through March 2013.

Results

One hundred eleven VA medical centers were included for analysis. Thirty-nine programs did not respond, and 10 were considered “satellites,” referring all sleep services to a larger neighboring VAMC. Sleep programs were stratified based on extent of services offered (i.e., in-lab and home testing, sleep specialty clinics, cognitive behavioral therapy for insomnia (CBT-i)): 28 % were complex sleep programs (CSPs), 46 % were intermediate (ISPs), 9 % were standard (SSPs), and 17 % offered no formal sleep services. Overall, 138,175 clinic visits and 90,904 sleep testing encounters were provided in fiscal year 2011 by 112.1 physicians and clinical psychologists, 100.4 sleep technologists, and 115.3 respiratory therapists. More than half of all programs had home testing and CBT-i programs, and 26 % utilized sleep telehealth.

Conclusions

The 2012 VA sleep inventory suggests considerable variability in sleep services within the VA. Demand for sleep services is high, with programs using home testing, sleep telehealth, and a growing number of mid-level providers to improve access to care.

<http://www.sciencedirect.com/science/article/pii/S0749070415000287>

Sleep in Traumatic Brain Injury.

James Vermaelen, Patrick Greiffenstein, Bennett P. deBoisblanc

Critical Care Clinics

Available online 29 April 2015

doi:10.1016/j.ccc.2015.03.012

KEY POINTS

- Traumatic brain injury (TBI) is a common indication for ICU admission.
- Disruptions in sleep architecture are nearly ubiquitous in this population.
- The most commonly diagnosed sleep disturbances are insomnias, hypersomnias, and sleep-disordered breathing.
- The diagnosis of a sleep disturbance requires appropriate testing of patients for whom there is a high index of suspicion.

http://journals.lww.com/headtraumarehab/Abstract/publishahead/Persistent_Sleep_Disturbances_Independently.99711.aspx

Persistent Sleep Disturbances Independently Predict Poorer Functional and Social Outcomes 1 Year After Mild Traumatic Brain Injury.

Chan, Lai Gwen MRCP, MRCPsych; Feinstein, Anthony MPhil, PhD, FRCP

Journal of Head Trauma Rehabilitation:

Post Author Corrections: April 29, 2015

doi: 10.1097/HTR.000000000000119

Objective:

To investigate the effect of sleep disturbances on functional and social outcomes after mild traumatic brain injury.

Setting:

Outpatient traumatic brain injury clinic in a tertiary trauma center.

Participants:

A total of 374 mild traumatic brain injury patients were assessed within 3 months of injury and followed up every 3 months for 1 year.

Design:

Analysis of a historical cohort in a naturalistic clinical setting.

Main measures:

At each visit, symptoms of concussion and psychological distress and indices of functional and

social outcomes were measured with the Rivermead Postconcussion Questionnaire, 28-item General Health Questionnaire, and Rivermead Head Injury Follow-up Questionnaire, respectively. Changes in outcome scores over time were explored using repeated measures analysis of variance and compared between subjects with persistent (SD) and recovered (SR) sleep disturbances. Predictors of functional/social outcome were determined using linear regression.

Results:

The percentages of subjects reporting sleep disturbances at each time point were 71.9%, 57.2%, 55.1%, and 53.7%, respectively. For functional and social outcomes, significant effects of time ($F_{3,315} = 9.54$; $P < .001$), group (SD vs SR) $F_{1,317} = 5.32$; $P = .022$, and time X group interaction $F_{3,315} = 4.14$; $P = .007$ were found. Persistent sleep disturbance ($P = 0.011$) and higher symptom burden at 6 months postinjury ($P < .0001$) were independent predictors of poorer outcome.

Conclusion:

Sleep disturbance, independent of psychological distress, is an important prognostic factor of functional and social outcomes after mild traumatic brain injury.

Copyright (C) 2015 Wolters Kluwer Health, Inc. All rights reserved.

<http://www.tandfonline.com/doi/abs/10.1080/13607863.2015.1033679>

Combat exposure, social relationships, and subjective well-being among middle-aged and older Veterans.

Aging & Mental Health

Published online: 30 Apr 2015

DOI:10.1080/13607863.2015.1033679

Objectives:

This study described the association of subjective well-being with combat exposure and social relationships among middle-aged and older Veteran men in the USA. The stress-buffering hypothesis, which predicts social relationships may moderate the association between combat exposure and subjective well-being, was also examined.

Method:

Data from the 2008 Health and Retirement Study ($N = 2961$) were used to estimate logistic regression models, focusing on three measures of subjective well-being: depression, life satisfaction, and self-reported health.

Results:

In the fully adjusted models, there were no statistically significant relationships between combat

exposure and the three indicators of subjective well-being. However, compared to Veterans who had lower scores on the social relationship index, Veterans who had higher scores were less likely to be depressed and less likely to report poor or fair health. Veterans who had higher scores on the social relationships index reported higher levels of life satisfaction than those Veterans who had lower scores. There was no evidence for a social relationships buffering effect.

Conclusion:

The results of this study demonstrated that combat exposure did not have a long-term relationship with subjective well-being. Longitudinal research designs with more comprehensive indicators of combat exposure may help researchers better understand some of the underlying complexity of this relationship. Complementary research with samples of women Veterans, as well as samples of Hispanic, and non-Black, non-White Veterans, is also needed.

<http://ps.psychiatryonline.org/doi/abs/10.1176/appi.ps.201400346>

Socioeconomic Status and Mental Health Service Use Among National Guard Soldiers.

Rebecca K. Sripada, Ph.D.; Sarah K. H. Richards, L.M.S.W.; Sheila A. M. Rauch, Ph.D.; Heather M. Walters, M.S.; Dara Ganoczy, M.P.H.; Kipling M. Bohnert, Ph.D.; Lisa A. Gorman, Ph.D.; Michelle Kees, Ph.D.; Adrian J. Blow, Ph.D.; Marcia Valenstein, M.D., M.S.

Psychiatric Services

<http://dx.doi.org/10.1176/appi.ps.201400346>

Objective:

Convergent evidence suggests that low socioeconomic status (SES) may be related to reduced mental health service use. However, this relationship has not been tested in the National Guard (NG) population, in which the prevalence of mental health symptoms is high.

Methods:

Surveys were completed by 1,262 NG soldiers. SES was measured by education and income. Adjusted multivariable regression models assessed associations between SES, overall service use, and use of specific types of services.

Results:

SES was not associated with overall use but was associated with use of certain types of services. Higher SES was associated with lower likelihood of psychotropic medication use (odds ratio=.83, 95% confidence interval=.72-.96), and higher SES strengthened the positive relationship between PTSD and use of individual therapy.

Conclusions:

Higher SES may increase the use of individual therapy among soldiers with PTSD. Barriers to care among individuals with low SES merit continued attention and outreach efforts.

<http://ps.psychiatryonline.org/doi/abs/10.1176/appi.ps.201400031>

Changes in Suicide Mortality for Veterans and Nonveterans by Gender and History of VHA Service Use, 2000–2010.

Claire A. Hoffmire, Ph.D.; Janet E. Kemp, R.N., Ph.D.; Robert M. Bossarte, Ph.D.

Psychiatric Services

<http://dx.doi.org/10.1176/appi.ps.201400031>

Objective:

Veterans are believed to be at high risk of suicide. However, research comparing suicide rates between veterans and nonveterans is limited, and even less is known regarding differences by history of Veterans Health Administration (VHA) service use. This study directly compared veteran and nonveteran suicide risk while for the first time differentiating veterans by VHA service use.

Methods:

The cross-sectional study analyzed data from 173,969 adult suicide decedents from 23 states (2000–2010) included in the U.S. Department of Veterans Affairs suicide data archive. Annual standardized mortality ratios (SMRs) were computed for veterans compared with nonveterans and for veterans who used VHA services compared with veterans who did not, overall and separately for males and females.

Results:

After the analysis controlled for age and gender differences, the number of observed veteran suicides was approximately 20% higher than expected in 2000 (SMR=1.19, 95% confidence interval [CI]=1.10–1.28), and this increased to 60% higher by 2010 (SMR=1.63, CI=1.58–1.68). The elevated risk for female veterans (2010 SMR=5.89) was higher than that observed for male veterans (2010 SMR=1.54). Trends for non-VHA-utilizing veterans mirrored those of the veteran population as a whole, and the SMR for VHA-utilizing veterans declined. Since 2003, the number of suicides among VHA-utilizing veterans was less than expected when compared directly with the suicide rate among non-VHA-utilizing veterans.

Conclusions:

Veterans are members of the community and, as such, are an important part of observed increases in U.S. suicide rates. Not all veterans are at equal or increasing risk of suicide, however. VHA-utilizing veterans appear to have declining absolute and relative suicide rates.

<http://psycnet.apa.org/psycinfo/2015-17764-001/>

Memory and Narrative of Traumatic Events: A Literature Review.

Crespo, María; Fernández-Lansac, Violeta

Psychological Trauma: Theory, Research, Practice, and Policy

Apr 27 , 2015

<http://dx.doi.org/10.1037/tra0000041>

This study presents a literature review of 22 studies published since 2004 that use linguistic procedures to evaluate narratives by persons who had suffered any traumatic event. The aim is to analyze the features of traumatic memories and, thus, how individuals construct and integrate their recall of what happened with other autobiographical memories. It uses cognitive theoretical models of posttraumatic stress disorder (PTSD) and their hypotheses about trauma memories as a framework. Findings reveal that trauma narratives are dominated by sensorial/perceptual and emotional details. The study of other narrative aspects (i.e., fragmentation, length, temporal context, and references to self) provides heterogeneous results. Results are discussed in light of the current state of PTSD research, exploring the principal hypotheses that have been proposed in cognitive theories to explain clinical findings. (PsycINFO Database Record (c) 2015 APA, all rights reserved)

<http://www.sciencedirect.com/science/article/pii/S0165178115002371>

Posttraumatic stress disorder's dysphoria dimension And Relations with Generalized Anxiety Disorder Symptoms.

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

Psychiatry Research

Available online 30 April 2015

doi:10.1016/j.psychres.2015.04.034

The present study investigated symptom relations between two highly comorbid disorders - posttraumatic stress disorder (PTSD) and generalized anxiety disorder (GAD) – by exploring their underlying dimensions. Based on theory and prior empirical research it was expected that the dysphoria factor of PTSD would be more highly related to GAD. As part of a longitudinal project of mental health among Ohio National Guard Soldiers, 1266 subjects were administered

the Posttraumatic Stress Disorder Checklist (PCL) and Generalized Anxiety Disorder-7 scale (GAD-7). Confirmatory factor analyses (CFAs) were conducted to examine two models of PTSD and to determine which PTSD factors were more related to the GAD factor. The results indicate that the GAD factor was significantly more highly correlated with PTSD's dysphoria factor than with all other PTSD factors, including PTSD's reexperiencing factor, avoidance factor, and hyperarousal factor. Results indicate GAD was not significantly more highly correlated with numbing than most other factors of PTSD. The results are consistent with prior research. Implications of the results are discussed in regards to PTSD in DSM-5, comorbidity and diagnostic specificity.

<http://www.sciencedirect.com/science/article/pii/S1047965114001417>

Psychiatric and Psychological Perspectives on Chronic Pain.

Catherine Q. Howe, James P. Robinson, Mark D. Sullivan

Physical Medicine and Rehabilitation Clinics of North America
Volume 26, Issue 2, May 2015, Pages 283–300
doi:10.1016/j.pmr.2014.12.003

Physiatrists who treat patients with chronic pain frequently request assistance from mental health practitioners. The 2 types of professionals who typically evaluate these patients are psychiatrists and clinical psychologists. The present article describes the perspectives taken by these 2 professional groups and offers recommendations about when to refer to a psychiatrist versus a psychologist.

<http://www.emeraldinsight.com/doi/abs/10.1108/JACPR-10-2014-0143>

Treating suicidal risk in a post-healthcare reform era.

David A Jobes , Maureen Elizabeth Bowers

Journal of Aggression, Conflict and Peace Research
Vol. 7 Iss: 3

Purpose

This article is intended to fully consider the potential changes in clinical suicide prevention that may evolve after the passing of the Patient Protection and Affordable Care Act (ACA). We argue that it is wise to anticipate demand for suicide specific evidence based treatments (EBTs) moving forward. We outline current best practices in clinical suicide prevention, and describe

the Collaborative Assessment and Management of Suicidality (CAMS) as an example of how a suicide focused EBT can adapt to some predicted changes.

Design/methodology/approach

This conceptual paper first presents an overview of the main effects of ACA within the behavioral health care system. Next, we review contemporary approaches to the treatment of suicidal patients, as well as current treatment limitations. We present CAMS as a model of a suicide focused EBT that holds promise for use in the post-ACA era. To close, we discuss anticipated changes in suicide treatment and illustrate that CAMS is adaptable to these changes.

Findings

ACA mandates several changes: implementation of EBTs, better preventative care, integrated treatment models, and improved healthcare administration. A central effect of ACA in behavioral health care is the increased use of EBTs. Therefore effective EBTs for suicide prevention are described.

Originality/value

Anticipating how ACA will affect clinical suicide prevention is necessary, as it is historically a very challenging area of treatment within behavioral health care and a significant public health concern. This paper highlights the importance of the use suicide-specific EBTs.

<http://ps.psychiatryonline.org/doi/abs/10.1176/appi.ps.201400318>

Implementing a Web-Based Intervention to Train Community Clinicians in an Evidence-Based Psychotherapy: A Pilot Study.

Bradley D. Stein, Karen L. Celedonia, Holly A. Swartz, Melissa E. DeRosier, Mark J. Sorbero, Rayni A. Brindley, Rachel M. Burns, Andrew W. Dick, and Ellen Frank

Psychiatric Services

Accepted: January 22, 2015

<http://dx.doi.org/10.1176/appi.ps.201400318>

Objective:

The authors conducted a feasibility assessment of online training plus an online learning collaborative to support implementation of an evidence-based psychosocial treatment in a community mental health system.

Methods:

Two mental health centers were randomly allocated to in-person training with local supervision, and three were assigned to online training plus an online learning collaborative supported by

expert clinicians. Participants (N=36) were clinicians interested in interpersonal and social rhythm therapy (IPSRT), an evidence-based psychotherapy for bipolar disorder. After training, 136 patients reported monthly on the extent to which clinicians used 19 IPSRT techniques.

Results:

Clinicians from both training groups increased use of IPSRT techniques. Patients of clinicians receiving Internet-supported e-learning and of those receiving in-person training reported comparable clinician use of IPSRT techniques.

Conclusions:

Internet-supported e-learning by community clinicians was found to be feasible and led to uptake of an evidence-based psychotherapy comparable to that by clinicians who received face-to-face training.

http://journals.lww.com/lww-medicalcare/Fulltext/2015/04001/Assessment_of_the_Healthcare_Needs_and_Barriers_to.8.aspx

Assessment of the Healthcare Needs and Barriers to VA Use Experienced by Women Veterans: Findings From the National Survey of Women Veterans.

Washington, Donna L. MD, MPH; Farmer, Melissa M. PhD; Mor, Su Sun MPH; Canning, Mark BA; Yano, Elizabeth M. PhD, MSPH

Medical Care:

April 2015 - Volume 53 - Issue - p S23–S31

doi: 10.1097/MLR.0000000000000312

Access to Care and Rural Health

Background:

Prior regional studies of women Veterans identified barriers to Veterans Affairs (VA) healthcare use. However, these studies do not reflect the demographic profile of women Veterans nationally, recent advances in VA women's healthcare, and the national context of expanded healthcare alternatives.

Objective:

To characterize health, VA perceptions, barriers, healthcare delivery preferences, and reasons for VA or non-VA healthcare use in a national women Veteran sample.

Methods: Cross-sectional, population-based 2008–2009 National Survey of Women Veterans (n=3611).

Results:

VA users had worse physical and mental health than non-VA-only users and healthcare nonusers. Older women Veterans had worse physical health, whereas younger groups had worse mental health. Healthcare use was highest for dual users, followed by VA-only users, but did not differ by age group. Healthcare nonusers were most likely to lack a regular source for healthcare. Perceptions of VA care quality and sex-appropriateness were highest for VA-only, followed by dual, then non-VA-only users. VA perceptions were guided by personal experience for 90% of VA users, versus media or other secondhand sources for 70% of other groups. Non-VA-only users and healthcare nonusers had more knowledge gaps about VA and misperceptions about VA eligibility and services; non-VA-only users more likely encountered VA enrollment barriers.

Conclusions:

Many nonusers had healthcare needs that were not met. Positive VA perceptions by women with first-hand VA experience, contrasted with VA knowledge gaps by those without such exposure, suggests the need for more education about available VA healthcare services. VA planning should account for mental health needs and healthcare use by younger women Veterans.

<http://hpg.sagepub.com/content/early/2015/04/30/1359105315583371.abstract>

Web-based intervention improves social acknowledgement and disclosure of trauma, leading to a reduction in posttraumatic stress disorder symptoms.

Wei Xu, Jianping Wang, Zhiyun Wang, Yifei Li, Wei Yu, Qiuyuan Xie, Li He, and Andreas Maercker

Journal of Health Psychology

Published online before print May 1, 2015

doi: 10.1177/1359105315583371

This study aims to investigate the effectiveness of web-based intervention on social acknowledgement and disclosure of trauma and to examine the mediating effect of the improvement in social acknowledgement and disclosure of trauma on the reduction of posttraumatic stress disorder symptoms. A randomized controlled trial was used, with 21 participants in a web-based intervention group and 29 participants in a wait-list control group completing a pre-test and post-test. Results showed that social acknowledgement and disclosure of trauma improved significantly after 1-month intervention, and this improvement mediated the reduction in the posttraumatic stress disorder symptoms. Implications and limitations of this study are discussed.

<http://journals.plos.org/plosone/article?id=10.1371/journal.pone.0116889>

Minds “At Attention”: Mindfulness Training Curbs Attentional Lapses in Military Cohorts.

Jha AP, Morrison AB, Dainer-Best J, Parker S, Rostrup N, Stanley EA

PLoS ONE 10(2): e0116889.

doi:10.1371/journal.pone.0116889

We investigated the impact of mindfulness training (MT) on attentional performance lapses associated with task-unrelated thought (i.e., mind wandering). Periods of persistent and intensive demands may compromise attention and increase off-task thinking. Here, we investigated if MT may mitigate these deleterious effects and promote cognitive resilience in military cohorts enduring a high-demand interval of predeployment training. To better understand which aspects of MT programs are most beneficial, three military cohorts were examined. Two of the three groups were provided MT. One group received an 8-hour, 8-week variant of Mindfulness-based Mind Fitness Training (MMFT) emphasizing engagement in training exercises (training-focused MT, $n = 40$), a second group received a didactic-focused variant emphasizing content regarding stress and resilience (didactic-focused MT, $n = 40$), and the third group served as a no-training control (NTC, $n = 24$). Sustained Attention to Response Task (SART) performance was indexed in all military groups and a no-training civilian group (CIV, $n = 45$) before (T1) and after (T2) the MT course period. Attentional performance (measured by A' , a sensitivity index) was lower in NTC vs. CIV at T2, suggesting that performance suffers after enduring a high-demand predeployment interval relative to a similar time period of civilian life. Yet, there were significantly fewer performance lapses in the military cohorts receiving MT relative to NTC, with training-focused MT outperforming didactic-focused MT at T2. From T1 to T2, A' degraded in NTC and didactic-focused MT but remained stable in training-focused MT and CIV. In sum, while protracted periods of high-demand military training may increase attentional performance lapses, practice-focused MT programs akin to training-focused MT may bolster attentional performance more than didactic-focused programs. As such, training-focused MT programs should be further examined in cohorts experiencing protracted high-demand intervals.

Links of Interest

How PTSD Can Lead to Sexual Dysfunction

<http://www.menshealth.com/health/ptsd-causes-sexual-dysfunction>

Army morale low despite 6-year, \$287M optimism program

<http://www.usatoday.com/story/news/nation/2015/04/16/army-survey-morale/24897455/>

National Guard Members Face Challenges In Seeking Help For PTSD

<http://www.npr.org/2015/04/22/401540466/national-guard-members-face-challenges-in-seeking-help-for-ptsd>

Cognitive Behavioral Therapy for Insomnia Reduces Clinical Pain

<http://www.neurologyadvisor.com/cognitive-behavioral-therapy-insomnia-reduces-clinical-pain/article/412112/>

Could Mindfulness Therapy Help People With Depression?

<http://www.care2.com/causes/could-mindfulness-therapy-help-people-with-depression.html>

Carter: DoD Examines, Uses New Data to Combat Sexual Assault

<http://www.health.mil/News/Articles/2015/05/04/Carter-DoD-Examines-Uses-New-Data-to-Combat-Sexual-Assault>

The dark side of cannabis: Panic attacks, nausea

<http://www.sciencedaily.com/releases/2015/05/150505102117.htm>

Study links insomnia to impaired work performance in night shift workers

<http://www.sciencedaily.com/releases/2015/04/150427112914.htm>

Health Visits May Offer Chance to Prevent Suicide; Study says many see a doctor before ending their life

http://www.nlm.nih.gov/medlineplus/news/fullstory_152212.html

Understanding Moral Injury

<http://www.realwarriors.net/active/treatment/moralinjury.php>

Veterans learn to fish to heal

<http://www.gazette.net/article/20150506/NEWS/150509624/1007&source=RSS&template=gazette>

Resource of the Week: [Veteran Vision Project](#)

This is an intriguing, moving, ongoing photo essay that attempts to depict the the transition from Military member to civilian/Veteran. Photographer Devin Mitchell traveled around the United States, connected with Veterans, and took two photos of each -- one in civilian clothing and one in uniform. Using Photoshop, Mitchell combined the two images so that the civilian is shown looking at his/her former military self in a mirror. The ongoing series of images is also available on [Instagram](#).



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