



CDP Research Update -- May 14, 2015

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- Examining Post-Traumatic Stress Disorder and the Plight of Vietnam Veterans.
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- Implementing a Web-Based Intervention to Train Community Clinicians in an Evidence-Based Psychotherapy: A Pilot Study.
- Links of Interest
- Resource of the Week: U.S. Census Bureau -- Veterans

http://sapr.mil/public/docs/reports/FY14_Annual/FY14_DoD_SAPRO_Annual_Report_on_Sexual_Assault.pdf

FY14 Annual Report on Sexual Assault in the Military

U.S. Department of Defense
Sexual Assault Prevention and Response Office

May 1, 2015 (released)

From fiscal year 2012 to fiscal year 2013, there was an unprecedented 53% increase in victim reports of sexual assault. In fiscal year 2014, the high level of reporting seen in fiscal year 2013 was sustained with 6,131 reports of sexual assault (see Figure 1, below). This figure represents an increase of 11% over fiscal year 2013 numbers. In fiscal year 2014, victims made 4,660 Unrestricted Reports and 1,840 initial Restricted Reports of sexual assault. At the close of fiscal year 2014, 1,471 reports remained Restricted. Over time, the percentage of victims who convert

their Restricted Reports to Unrestricted Reports has remained relatively stable with an average of 15%. However, in fiscal year 2014, the conversion rate increased to 20%.

Overall, surveys of sexual assault victims suggest that those who reported their sexual assault were satisfied with their decision. According to the 2014 RAND Military Workplace Study, approximately 72% of Service member victims who indicated that they reported their sexual assault said they would make the same decision if they had to do it over again. Furthermore, according to the Survivor Experience Survey, 73% of Service member victims who participated in the survey indicated that, based on their overall experience of reporting, they would recommend that others report.

<http://www.ncbi.nlm.nih.gov/pubmed/25943761>

Nicotine Tob Res. 2015 May 4. pii: ntv094. [Epub ahead of print]

Cost-effectiveness of integrating tobacco cessation into Post-Traumatic Stress Disorder treatment.

Barnett PG, Jeffers A, Smith MW, Chow BK, McFall M, Saxon A

INTRODUCTION:

We examined the cost-effectiveness of smoking cessation integrated with treatment for Post-Traumatic Stress Disorder (PTSD).

METHODS:

Smoking veterans receiving care for PTSD (N=943) were randomized to care integrated with smoking cessation versus referral to a smoking cessation clinic. Smoking cessation services, health care cost and utilization, quality of life, and biochemically-verified abstinence from cigarettes were assessed over 18-months of follow-up. Clinical outcomes were combined with literature on changes in smoking status and the effect of smoking on health care cost, mortality, and quality of life in a Markov model of cost-effectiveness over a lifetime horizon. We discounted cost and outcomes at 3% per year and report costs in 2010 U.S. dollars.

RESULTS:

The mean of smoking cessation services cost was \$1,286 in those randomized to integrated care and \$551 in those receiving standard care ($p < 0.001$). There were no significant differences in the cost of mental health services or other care. After 12 months, prolonged biochemically verified abstinence was observed in 8.9% of those randomized to integrated care and 4.5% of those randomized to standard care ($p = 0.004$). The model projected that Integrated Care added \$836 in lifetime cost and generated 0.0259 Quality Adjusted Life Years (QALYs), an incremental cost-effectiveness ratio of \$32,257 per QALY. It was 86.0% likely to be cost-effective compared to a threshold of \$100,000/QALY.

CONCLUSIONS:

Smoking cessation integrated with treatment for PTSD was cost-effective, within a broad confidence region, but less cost-effective than most other smoking cessation programs reported in the literature.

Published by Oxford University Press on behalf of the Society for Research on Nicotine and Tobacco 2015. This work is written by (a) US Government employee(s) and is in the public domain in the US.

<http://www.ncbi.nlm.nih.gov/pubmed/25942646>

J Anxiety Disord. 2015 Apr 21;33:1-7. doi: 10.1016/j.janxdis.2015.04.002. [Epub ahead of print]

Intensive weekend group treatment for panic disorder and its impact on co-occurring PTSD: A pilot study.

Teng EJ, Barrera TL, Hiatt EL, Chaison AD, Dunn NJ, Petersen NJ, Stanley MA

This pilot study examines the feasibility, acceptability, and potential effectiveness of delivering an intensive weekend group treatment for panic disorder (PD) to Veterans returning from deployments to Iraq and Afghanistan with co-occurring posttraumatic stress disorder (PTSD). The treatment program lasted 6h each day and was delivered by two experienced therapists. Patients received core components of panic treatment, including psychoeducation, cognitive restructuring, and interoceptive exposure. The interoceptive exposure exercises directly targeted anxiety sensitivity, a psychological construct also implicated in the maintenance of PTSD. Eighty-nine percent of patients who expressed interest in the treatment attended a baseline evaluation, and 63% of those who were study eligible initiated treatment. Treatment retention was high, with all 10 patients who initiated treatment completing the program. Veterans reported finding the treatment and delivery format highly acceptable and reported high levels of satisfaction. Panic symptoms improved significantly following the treatment and were maintained at a 7-month follow-up, with 71.4% of the sample reporting being panic free. Co-occurring PTSD symptoms also improved along with symptoms of anxiety and depression. Preliminary findings suggest that brief and intensive group treatments for PD/PTSD are a promising method of delivering cognitive behavioral therapy that may rapidly improve symptoms. This innovative treatment delivery format also may be a cost-effective way of increasing treatment engagement through increased access to quality care.

Published by Elsevier Ltd.

<http://www.ncbi.nlm.nih.gov/pubmed/25939318>

Dtsch Arztebl Int. 2015 Apr 17;112(16):271-8. doi: 10.3238/arztebl.2015.0271.

Risks associated with the non-medicinal use of cannabis.

Hoch E, Bonnetn U, Thomasius R, Ganzer F, Havemann-Reinecke U, Preuss UW.

BACKGROUND:

Cannabis is the most commonly consumed illicit drug around the world; in Germany, about 4.5% of all adults use it each year. Intense cannabis use is associated with health risks. Evidence-based treatments are available for health problems caused by cannabis use.

METHODS:

Selective literature review based on a search of the PubMed database, with special emphasis on systematic reviews, meta-analyses, cohort studies, randomized controlled trials (RCTs), case-control studies, and treatment guidelines.

RESULTS:

The delta-9-tetrahydrocannabinol content of cannabis products is rising around the world as a result of plant breeding, while cannabidiol, in contrast, is often no longer detectable. Various medical conditions can arise acutely after cannabis use, depending on the user's age, dose, frequency, mode and situation of use, and individual disposition; these include panic attacks, psychotic symptoms, deficient attention, impaired concentration, motor incoordination, and nausea. In particular, intense use of high doses of cannabis over many years, and the initiation of cannabis use in adolescence, can be associated with substance dependence (DSM-5; ICD-10), specific withdrawal symptoms, cognitive impairment, affective disorders, psychosis, anxiety disorders, and physical disease outside the brain (mainly respiratory and cardiovascular conditions). At present, the most effective way to treat cannabis dependence involves a combination of motivational encouragement, cognitive behavioral therapy, and contingency management (level 1a evidence). For adolescents, family therapy is also recommended (level 1a evidence). No pharmacological treatments can be recommended to date, as evidence for their efficacy is lacking.

CONCLUSION:

Further research is needed to elucidate the causal relationships between intense cannabis use and potential damage to physical and mental health. Health problems due to cannabis use can be effectively treated.

<http://www.ncbi.nlm.nih.gov/pubmed/25938629>

Psychol Addict Behav. 2015 May 4. [Epub ahead of print]

Computer-Assisted Behavioral Therapy and Contingency Management for Cannabis Use Disorder.

Budney AJ, Stanger C, Tilford JM, Scherer EB, Brown PC, Li Z, Li Z, Walker DD.

Computer-assisted behavioral treatments hold promise for enhancing access to and reducing costs of treatments for substance use disorders. This study assessed the efficacy of a computer-assisted version of an efficacious, multicomponent treatment for cannabis use disorders (CUD), that is, motivational enhancement therapy, cognitive-behavioral therapy, and abstinence-based contingency-management (MET/CBT/CM). An initial cost comparison was also performed. Seventy-five adult participants, 59% Black, seeking treatment for CUD received either, MET only (BRIEF), therapist-delivered MET/CBT/CM (THERAPIST), or computer-delivered MET/CBT/CM (COMPUTER). During treatment, the THERAPIST and COMPUTER conditions engendered longer durations of continuous cannabis abstinence than BRIEF ($p < .05$), but did not differ from each other. Abstinence rates and reduction in days of use over time were maintained in COMPUTER at least as well as in THERAPIST. COMPUTER averaged approximately \$130 ($p < .05$) less per case than THERAPIST in therapist costs, which offset most of the costs of CM. Results add to promising findings that illustrate potential for computer-assisted delivery methods to enhance access to evidence-based care, reduce costs, and possibly improve outcomes. The observed maintenance effects and the cost findings require replication in larger clinical trials. (PsycINFO Database Record (c) 2015 APA, all rights reserved).

<http://www.ncbi.nlm.nih.gov/pubmed/25938187>

Behav Res Ther. 2015 Apr 12;70:11-22. doi: 10.1016/j.brat.2015.04.005. [Epub ahead of print]

Mindfulness and acceptance-based group therapy and traditional cognitive behavioral group therapy for social anxiety disorder: Mechanisms of change.

Kocovski NL, Fleming JE, Hawley LL, Ho MH, Antony MM

The present study investigated mechanisms of change for two group treatments for social anxiety disorder (SAD): cognitive behavioral group therapy (CBGT) and mindfulness and acceptance-based group therapy (MAGT). Participants were treatment completers ($n = 37$ for MAGT, $n = 32$ for CBGT) from a randomized clinical trial. Cognitive reappraisal was the hypothesized mechanism of change for CBGT. Mindfulness and acceptance were hypothesized mechanisms of change for MAGT. Latent difference score (LDS) analysis results demonstrate

that cognitive reappraisal coupling (in which cognitive reappraisal is negatively associated with the subsequent rate of change in social anxiety) had a greater impact on social anxiety for CBGT than MAGT. The LDS bidirectional mindfulness model (mindfulness predicts subsequent change in social anxiety; social anxiety predicts subsequent change in mindfulness) was supported for both treatments. Results for acceptance were less clear. Cognitive reappraisal may be a more important mechanism of change for CBGT than MAGT, whereas mindfulness may be an important mechanism of change for both treatments.
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<http://www.ncbi.nlm.nih.gov/pubmed/25939115>

Mil Med. 2015 May;180(5):582-90. doi: 10.7205/MILMED-D-14-00451.

Auricular acupuncture for sleep disturbance in veterans with post-traumatic stress disorder: a feasibility study.

King HC, Spence DL, Hickey AH, Sargent P, Elesh R, Connelly CD

The purpose of this study was to examine the feasibility and acceptability of an auricular acupuncture (AA) insomnia regimen among Operation Iraqi Freedom and Operation Enduring Freedom veterans with post-traumatic stress disorder and sleep disturbance. Secondly, this study examined the effect of an AA insomnia regimen on objective sleep times by wrist actigraphy, subjective sleep times by sleep diary, and sleep quality ratings utilizing the Pittsburgh Sleep Quality Index. Veterans (n = 30) were randomized to receive a 3-week AA insomnia regimen. Veterans receiving the AA insomnia regimen reported it as a more acceptable treatment for sleep disturbance than subjects in the control group (AA group median = 5 vs. control group median = 3, p = 0.004). Significant differences between groups were found on the sleep quality and daytime dysfunction components of the Pittsburgh Sleep Quality Index (p = 0.003, p = 0.004). No other significant differences between groups were found for objective and subjective sleep measures. These results suggest that an AA insomnia regimen may improve sleep quality and daytime dysfunction among veterans with post-traumatic stress disorder. Future, large-scale, prospective clinical trials are needed to examine AA effects on sleep.
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<http://www.ncbi.nlm.nih.gov/pubmed/25941974>

Behav Res Ther. 2015 Apr 28;70:23-31. doi: 10.1016/j.brat.2015.04.011. [Epub ahead of print]

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

Beck JG, Jones JM, Reich CM, Woodward MJ, Cody MW

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.

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<http://www.ncbi.nlm.nih.gov/pubmed/25939106>

Mil Med. 2015 May;180(5):524-32. doi: 10.7205/MILMED-D-14-00468.

Military, demographic, and psychosocial predictors of military retention in enlisted army soldiers 12 months after deployment to Iraq.

Vasterling JJ, Proctor SP, Aslan M, Ko J, Jakupcak M, Harte CB, Marx BP, Concato J

OBJECTIVE:

To examine military, demographic, and psychosocial predictors of military retention following operational deployment.

METHODS:

Military status 12 months following return from Iraq deployment was assessed via service records in 740 regular active duty Army Soldiers. Potential predictors of military retention were derived from prospectively administered in-person interviews and questionnaires conducted within 3 months following return from Iraq.

RESULTS:

At 12 months following return from deployment, 18.1% (n = 134) of the sample had separated from military service. Cox proportional hazards analyses, adjusting for demographic, military, and psychosocial predictors, identified several factors that were independently associated with military attrition: less than (vs. equal to or more than) 6 years military experience (hazards ratio [HR], 3.98; 95% CI, 2.12-7.45); unmarried (vs. married) status (HR, 1.51; 95% CI, 1.06-2.16); and lower (vs. higher) levels of self-reported unit support during deployment (HR, 2.22; 95% CI, 1.42-3.47).

CONCLUSIONS:

Service members early in their career may be especially prone to military attrition. With regard to military retention, our findings suggest that it may be particularly important to develop initiatives that target organizational cohesion and support.

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<http://www.ncbi.nlm.nih.gov/pubmed/25939018>

J Consult Clin Psychol. 2015 May 4. [Epub ahead of print]

A Randomized Clinical Trial of Group Cognitive Processing Therapy Compared With Group Present-Centered Therapy for PTSD Among Active Duty Military Personnel.

Resick PA, Wachen JS, Mintz J, Young-McCaughan S, Roache JD, Borah AM, Borah EV, Dondanville KA, Hembree EA, Litz BT, Peterson AL; STRONG STAR Consortium.

OBJECTIVE:

To determine whether group therapy improves symptoms of posttraumatic stress disorder (PTSD), this randomized clinical trial compared efficacy of group cognitive processing therapy (cognitive only version; CPT-C) with group present-centered therapy (PCT) for active duty military personnel.

METHOD:

Patients attended 90-min groups twice weekly for 6 weeks at Fort Hood, Texas. Independent assessments were administered at baseline, weekly before sessions, and 2 weeks, 6 months, and 12 months posttreatment. A total of 108 service members (100 men, 8 women) were randomized. Inclusion criteria included PTSD following military deployment and medication stability. Exclusion criteria included suicidal/homicidal intent or other severe mental disorders requiring immediate treatment. Follow-up assessments were administered regardless of treatment completion. Primary outcome measures were the PTSD Checklist (Stressor Specific Version; PCL-S) and Beck Depression Inventory-II. The Posttraumatic Stress Symptom Interview (PSS-1) was a secondary measure.

RESULTS:

Both treatments resulted in large reductions in PTSD severity, but improvement was greater in CPT-C. CPT-C also reduced depression, with gains remaining during follow-up. In PCT, depression only improved between baseline and before Session 1. There were few adverse events associated with either treatment.

CONCLUSIONS:

Both CPT-C and PCT were tolerated well and reduced PTSD symptoms in group format, but only CPT-C improved depression. This study has public policy implications because of the number of active military needing PTSD treatment, and demonstrates that group format of treatment of PTSD results in significant improvement and is well tolerated. Group therapy may be an important format in settings in which therapists are limited. (PsycINFO Database Record (c) 2015 APA, all rights reserved).

<http://www.ncbi.nlm.nih.gov/pubmed/25936834>

Psychiatry Res. 2015 Apr 22. pii: S0165-1781(15)00134-1. doi: 10.1016/j.psychres.2015.03.011. [Epub ahead of print]

Identifying latent profiles of posttraumatic stress and major depression symptoms in Canadian veterans: Exploring differences across profiles in health related functioning.

Armour C, Contractor A, Elhai JD, Stringer M, Lyle G, Forbes D, Richardson JD

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. Copyright © 2015 Elsevier Ireland Ltd. All rights reserved.

<http://www.ncbi.nlm.nih.gov/pubmed/25842650>

AANA J. 2014 Oct;82(5):355-62.

Pharmacologic, physiologic, and psychological characteristics associated with emergence delirium in combat veterans.

Wilson JT.

The goal of this research was to investigate, through active-duty Army anesthesia providers, their perceptions on emergence delirium (ED) in US combat veterans. Specifically, the pharmacologic, physiologic, and psychological characteristics associated with ED. An online survey was sent to all active-duty Army anesthesia providers with a response rate of 34%. Results indicated that the providers overwhelmingly agreed that ED was related to type of anesthetic used (67.1%) with potent inhalational agents and ketamine ranking highest (88.6% and 63.6%, respectively). Providers also overwhelmingly considered both physiologic and psychological factors (86.8% and 97.1%, respectively) as producing ED in combat veterans. Young age (57.5%) and traumatic brain injury (54.2%) were believed to be the most likely physiologic factors, with posttraumatic stress disorder (88%) and anxiety (84.8%) rated highest for psychological factors related to ED. This study emphasizes the need to develop a prospective clinical database involving all military anesthesia providers that could collect demographic, pharmacologic, psychological, and physiologic information on all combat veterans undergoing anesthesia. This kind of longitudinal data would provide answers to many of the unanswered questions that we currently have regarding combat veterans and ED.

<http://publications.amsus.org/doi/abs/10.7205/MILMED-D-14-00210>

Health in the News: An Analysis of Magazines Coverage of Health Issues in Veterans and Military Service Organizations.

Nattinee Jitnarin , PhD; Walker S.C. Poston , PhD, MPH; Christopher K. Haddock , PhD; Sara Jahnke , PhD

Military Medicine

Volume 180 Issue 5

May 2015, pp. 539-546

DOI: <http://dx.doi.org/10.7205/MILMED-D-14-00210>

The purpose of this study was to conduct a content analysis of Veterans and Military Service Organizations (VMSOs) magazines to determine what health-related topics VMSOs target and how they inform their constituencies about health issues. Health-related topics in 288 VMSOs'

magazines from 21 VMSOs published in 2011 and 2012 were coded by trained raters using a standardized manual. The top three most addressed health topics were Health Services (Health care, Insurance), Disability and Disability benefits, and post-traumatic stress disorder. Topics least frequently covered were Tobacco and Smoking cessation, Illegal drugs, Alcohol, Gulf War Syndrome, and Weight and Body composition. VMSOs are concerned about the health and well-being of their members given the considerable amount of content devoted to certain health topics such as health insurance concerns, disability, and post-traumatic stress disorder. However, other health concerns that affect a considerable number of both current military personnel and veterans and cost both the Department of Veterans Affairs and the Department of Defense millions annually, such as drug and alcohol problems, and tobacco use and smoking cessation, are infrequently covered. The results of this study improve our understanding of the health-related information that reaches the military and veteran populations through this important media outlet.

<http://www.sciencedirect.com/science/article/pii/S0191886915002986>

Differential mediating effects of PTSD symptom clusters on alcohol use and sleep in university students with trauma experiences: A multi-group analysis.

Jong-Sun Lee, Sang Won Lee, Kyeong-Sook Choi, Un-Sun Chung, Bumseok Jeong

Personality and Individual Differences
Volume 85, October 2015, Pages 1–6
doi:10.1016/j.paid.2015.04.035

This study investigates the differential mediating pathways of PTSD symptom clusters in the relationship between traumatic events and alcohol use or poor sleep quality in a sample of university students with traumatic life experiences using a path analysis. Gender difference was also examined using multi-group analysis. Male (N = 1471) and female (N = 528) university students completed an online mental health survey consisting of the Life Event Checklist, the Impact of Event Scale-Revised, the CAGE Questionnaire, and the Pittsburgh Sleep Quality Index. Results showed that traumatic events had a direct impact on both alcohol use and poor sleep quality. The indirect impact of traumatic events on alcohol use appeared to be through PTSD-avoidance, and the indirect impact of traumatic events on poor sleep quality appeared to be through PTSD-intrusion and PTSD-hyperarousal. A multi-group analysis showed that male students are 3.25 times more likely to use alcohol in response to traumatic stress than female students. Our findings suggest that there are differential mediating mechanisms of PTSD symptom clusters underlying alcohol use or poor sleep quality following traumatic events, indicating the importance of developing symptom-tailored therapeutic intervention.

<http://link.springer.com/article/10.1007/s10879-015-9306-3>

Virtual Reality Exposure for PTSD Due to Military Combat and Terrorist Attacks.

Albert Rizzo, Judith Cukor, Maryrose Gerardi, Stephanie Alley, Chris Reist, Mike Roy, Barbara O. Rothbaum, JoAnn Difede

Journal of Contemporary Psychotherapy
May 2015

Humans exposed to war and terrorist attacks are at risk for the development of posttraumatic stress disorder (PTSD). Numerous reports indicate that the incidence of PTSD in both returning Operation Enduring Freedom/Operation Iraqi Freedom (OEF/OIF) military personnel and survivors of the 9/11 World Trade Center (WTC) attacks is significant. These situations have served to motivate research on how to better develop and disseminate evidence-based treatments for PTSD and other related psychosocial conditions. Virtual reality (VR) delivered exposure therapy for PTSD is currently being used to treat combat and terrorist attack related PTSD with initial reports of positive outcomes. This paper presents an overview and rationale for the use of VR exposure therapy with anxiety disorders and PTSD and describes the status of two systems (Virtual Iraq/Afghanistan and Virtual World Trade Center) developed for this purpose.

<http://www.tandfonline.com/doi/abs/10.1080/07448481.2015.1040408>

The Role of Psychological Symptomatology and Social Support in the Academic Adjustment of Previously Deployed Student Veterans.

Robyn Campbell , Shelley A. Riggs

Journal of American College Health
Accepted author version posted online: 05 May 2015
DOI:10.1080/07448481.2015.1040408

Context:

Research has indicated that returning OEF/OIF veterans are experiencing mental health concerns following deployment. Increasing numbers of veterans are enrolling in higher education institutions; there is a scarcity of empirical research investigating student veterans' experiences as they transition into college.

Objective:

To examine the effects of psychological distress and social support on academic adjustment among a sample of student veterans who were previously deployed.

Design, Setting, and Participants:

Participants were 117 military veterans enrolled in college. Questionnaires were administered via Survey Monkey from June 2012 to April 2013.

Results:

Results indicated that military unit support during deployment, current social support, anxiety and post-traumatic symptoms, but not depressive symptoms were significantly associated with academic adjustment.

Conclusions:

Results from the current study can be used by college administrators and counseling centers to improve service delivery and programming specifically for student veterans.

<http://psycnet.apa.org/index.cfm?fa=browsePA.volumes&jcode=pro>

Professional Psychology: Research and Practice

Special Section: Research on psychological issues and interventions for military personnel, veterans, and their families, part II

April 2015

Introduction to the special section: Research on psychological issues and interventions for military personnel, veterans, and their families, part II.

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Chan, Connie S.

Brief intervention to reduce hazardous drinking and enhance coping among OEF/OIF/OND veterans.

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VA PTSD clinic director perspectives: How perceptions of readiness influence delivery of evidence-based PTSD treatment.

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Three-generation model: A family systems framework for the assessment and treatment of veterans with posttraumatic stress disorder and related conditions.

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Allard, Michael D.; Pentel, Kimberly Z.; Simon, Naomi M.

After “Don’t ask don’t tell”: Competent care of lesbian, gay and bisexual military personnel during the DoD policy transition.

Pages 107-115

Johnson, W. Brad; Rosenstein, Judith E.; Buhrke, Robin A.; Haldeman, Douglas C.

<http://scholar.utc.edu/cgi/viewcontent.cgi?article=1320&context=theses>

The moderating influence of personality on combat veterans transitioning into civilian college life.

Jason L. Davis

Thesis, Master of Science: Psychology
University of Tennessee at Chattanooga
May 2015

Combat veterans returning to a civilian lifestyle are assisted in many ways during their transition. These services are not only demonstrations of patriotic support, but are typically intended to aid veterans with their transition. The transition for combat veterans is, in many ways, completely different from what most of us will ever experience. Several factors may influence the overall success of this transition for veterans. This study examined the relationship between veterans’ combat experiences and their transition into civilian college life. The constructs of transition were defined by grade point average (GPA) and current well-being. The influence of certain personality traits on this relationship was considered and evaluated. Combat experience was found to have a slight negative relationship to both GPA and well-being. Personality factors such as extraversion, emotionality, and conscientiousness were found to have some potential influence on this relationship. The implications of these findings are discussed.

<http://www.tandfonline.com/doi/abs/10.1080/15433714.2014.992695>

The Impact of Combat Status on Veterans’ Attitudes Toward Help Seeking: The Hierarchy of Combat Elitism.

Wendy Ashley , Jodi Constantine Brown

Journal of Evidence-Informed Social Work
Published online: 05 May 2015

DOI:10.1080/15433714.2014.992695

Many veterans do not seek assistance for mental health concerns despite the staggering prevalence of trauma-related symptomatology. Barriers to service provision include personal and professional stigma and inter-veteran attitudes that dictate who is more or less deserving of services. Veteran attitudes are shaped by military culture, which promotes a hyper-masculine paradigm upholding combat experience as the defining feature of the "ideal soldier." The stratification of soldiers into combat or non-combat status creates a hierarchy of combat elitism that extends far beyond active duty. This pilot study surveyed veterans (n = 24) to explore how combat experience may affect attitudes toward help seeking. Findings indicate combat and non-combat veterans are less accepting of non-combat veterans' help-seeking behavior, supporting the notion that veterans' attitudes toward help seeking are influenced by combat status. Despite limitations, the results of this study reflect a need for increased attention to the attitudes veterans have about each other and themselves.

<http://www.ncbi.nlm.nih.gov/pubmed/25957855>

Alcohol. 2015 Jan 7. pii: S0741-8329(14)20210-2. doi: 10.1016/j.alcohol.2014.12.003. [Epub ahead of print]

Assessment and treatment of insomnia in adult patients with alcohol use disorders.

Brower KJ

Insomnia in patients with alcohol dependence has increasingly become a target of treatment due to its prevalence, persistence, and associations with relapse and suicidal thoughts, as well as randomized controlled studies demonstrating efficacy with behavior therapies and non-addictive medications. This article focuses on assessing and treating insomnia that persists despite 4 or more weeks of sobriety in alcohol-dependent adults. Selecting among the various options for treatment follows a comprehensive assessment of insomnia and its multifactorial causes. In addition to chronic, heavy alcohol consumption and its effects on sleep regulatory systems, contributing factors include premorbid insomnia; co-occurring medical, psychiatric, and other sleep disorders; use of other substances and medications; stress; environmental factors; and inadequate sleep hygiene. The assessment makes use of history, rating scales, and sleep diaries as well as physical, mental status, and laboratory examinations to rule out these factors. Polysomnography is indicated when another sleep disorder is suspected, such as sleep apnea or periodic limb movement disorder, or when insomnia is resistant to treatment. Sobriety remains a necessary, first-line treatment for insomnia, and most patients will have some improvement. If insomnia-specific treatment is needed, then brief behavioral therapies are the treatment of choice, because they have shown long-lasting benefit without worsening of drinking outcomes. Medications work faster, but they generally work only as long as they are taken. Melatonin agonists; sedating antidepressants, anticonvulsants, and antipsychotics; and

benzodiazepine receptor agonists each have their benefits and risks, which must be weighed and monitored to optimize outcomes. Some relapse prevention medications may also have sleep-promoting activity. Although it is assumed that treatment for insomnia will help prevent relapse, this has not been firmly established. Therefore, insomnia and alcohol dependence might be best thought of as co-occurring disorders, each of which requires its own treatment. Copyright © 2015 Elsevier Inc. All rights reserved.

<http://www.tandfonline.com/doi/full/10.1080/21635781.2015.1038401>

A Mixed Methods Content Analysis of Military Family Literature.

Carissa D'Aniello , Lyn E. Moore

Military Behavioral Health

Published online: 07 May 2015

DOI:10.1080/21635781.2015.1038401

Mixed methods research designs are becoming a popular methodology used to investigate the unique circumstances, stressors, and needs of military families. Mixed methods military family research lacks intentionality in the design of the study, and adherence to formal design types by Creswell and Plano Clark (2011) and Green, Caracelli, and Graham (1989). This content analysis of mixed methods research of military families is an initial inquiry into the current state of this research. We analyzed the methodology of 12 (n = 12) mixed methods studies for adherence to typologies created by Creswell and Plano Clark (2011) and Greene and colleagues (1989). No articles mentioned that their research was conducted using a specific methodological design. We recommend intentionality in designing mixed methods research and in preparing mixed methods manuscripts. Intentionality is an indication of high caliber mixed methods research, ensuring the advancement of the field and legitimizing it as a third methodology.

<http://www.tandfonline.com/doi/full/10.1080/21635781.2015.1038402>

The Impact of Maternal and Paternal Deployment on Depressive Symptoms and Well-Being Among Military-Connected Youth.

Kathrine Sullivan , Rami Benbenishty , Ron Avi Astor , Gordon Capp , Tamika D. Gilreath , Eric Rice

Military Behavioral Health

Published online: 07 May 2015

DOI:10.1080/21635781.2015.1038402

Objective:

This study examines how military parents' gender moderates the association between deployments and well-being and depression among military-connected youth.

Methods:

Secondary analyses were run on 2011 California Healthy Kids Survey data from 1,370 military-connected adolescents.

Results:

For depression, we found a significant interaction between deployments and parents' gender ($\beta = .10$, $p = 0.0208$). The relationship between deployment and depression is stronger for children of female service members. We also found a significant association between two or more deployments and well-being ($\beta = 0.24$, $p = 0.0049$).

Discussion:

Children of female service members may be at greater risk of psychosocial morbidity. Further, youth well-being may increase during/following deployments, perhaps suggesting resilience.

<http://www.tandfonline.com/doi/full/10.1080/21635781.2015.1038404>

Military Sexual Assault Prevention and Male Rape Myth Acceptance.

Judith E. Rosenstein

Military Behavioral Health

Published online: 07 May 2015

DOI:10.1080/21635781.2015.1038404

Discussion of military sexual assault has largely focused on women, but men comprise a large percentage of survivors. Men are also less likely to report or seek care, partly because of rape myths. Rape myth acceptance (RMA) regarding female victims declines following interventions; however, the impact when victims are male is unclear. This cross-sectional study of U.S. Naval Academy midshipmen examines the relationship between an intervention and both types of RMA. One group completed the survey after a mandated sexual assault prevention training, while the other completed it before. More training was associated with lower RMA for both myth types.

<http://www.ncbi.nlm.nih.gov/pubmed/25651149>

US Army Med Dep J. 2015 Jan-Mar:73-8.

Associations between operationally estimated blast exposures and postdeployment diagnoses of postconcussion syndrome and posttraumatic stress disorder.

Saxe JL, Perdue CL

Traumatic brain injuries and other blast-related injuries have been identified as the signature injury of the wars in Iraq and Afghanistan. Some operational units in Iraq, especially those responsible for clearing roadways, were exposed to hundreds of blast incidents and thousands of individual doses of concussive energy during their lengthy deployments. Using operational records maintained by a single command element, the researchers conducted a retrospective cohort study evaluating the association between estimated individual exposures to blasts and the risk for postconcussion syndrome (PCS) and posttraumatic stress disorder (PTSD). Tactical records documented all of the relevant details of the subjects' exposures to blasts during their missions. During the study period there were 313 blasts involving 418 service members resulting in 4,250 blast person events. Of that population, 12.9% were diagnosed with PCS, 8.6% with PTSD, and 5.3% with both. This study suggests that estimating the total individual dosage to concussive forces through physical evidence at the scene could be a useful predictor of future brain-disorder diagnoses. Those in vehicles sustaining heavy blast damage are at increased risk of being diagnosed with PTSD with a rate ratio of 2.79 (95% CI, 1.27-6.13) and PTSD in conjunction with PCS with a rate ratio of 4.10 (95% CI, 1.63-10.28). Standardization of the data collection method for blast incidents and additional follow-up studies could lead to the development of better ways of monitoring operational risk factors for negative health outcomes, plans to intervene in order to minimize health risks, and establish customized follow-up protocols based on specific dosage thresholds.

<http://onlinelibrary.wiley.com/doi/10.1002/jts.22007/abstract>

Couple Treatment for Alcohol Use Disorder and Posttraumatic Stress Disorder: Pilot Results From U.S. Military Veterans and Their Partners.

Schumm, J. A., Monson, C. M., O'Farrell, T. J., Gustin, N. G. and Chard, K. M.

Journal of Traumatic Stress

Article first published online: 12 MAY 2015

DOI: 10.1002/jts.22007

We studied 13 U.S. male military veterans and their female partners who consented to participate in an uncontrolled trial of couple treatment for alcohol use disorder and posttraumatic

stress disorder (CTAP). CTAP is a 15-session, manualized therapy, integrating behavioral couples therapy for alcohol use disorder (AUD) with cognitive-behavioral conjoint therapy for posttraumatic stress disorder (PTSD). Due to ineligibility ($n = 1$) and attrition ($n = 3$), 9 couples completed the study, and 7 completed 12 or more sessions. There were 8 veterans who showed clinically reliable pre- to posttreatment reduction of PTSD outcomes. There were also significant group-level reductions in clinician-, veteran-, and partner-rated PTSD symptoms ($d = 0.94$ to 1.71). Most veterans showed clinically reliable reductions in percentage days of heavy drinking. Group-level reduction in veterans' percentage days of heavy drinking was significant ($d = 1.01$). There were 4 veterans and 3 partners with clinically reliable reductions in depression, and group-level change was significant for veterans ($d = 0.93$) and partners ($d = 1.06$). On relationship satisfaction, 3 veterans and 4 partners had reliable improvements, and 2 veterans and 1 partner had reliable deterioration. Group-level findings were nonsignificant for veteran relationship satisfaction ($d = 0.26$) and for partners ($d = 0.52$). These findings indicate that CTAP may be a promising intervention for individuals with comorbid PTSD and AUD who have relationship partners.

<http://www.sciencedirect.com/science/article/pii/S0887618515000638>

Cognitive-behavioral Therapy for Late-life Anxiety: Similarities and Differences between Veteran and Community Participants.

Terri L. Barrera, Jeffrey A. Cully, Amber B. Amspoker, Nancy L. Wilson, Cynthia Kraus-Schuman, Paula D. Wagener, Jessica S. Calleo, Ellen J. Teng, Howard M. Rhoades, Nicholas Masozera, Mark E. Kunik, Melinda A. Stanley

Journal of Anxiety Disorders
Available online 7 May 2015
doi:10.1016/j.janxdis.2015.04.005

Cognitive-behavioral therapy (CBT) is an evidence-based treatment for anxiety; however, a growing body of research suggests that CBT effect sizes are smaller in Veteran samples. The aim of this study was to perform secondary data analyses of a randomized controlled trial of CBT for late-life generalized anxiety disorder compared with treatment as usual (TAU) in a Veteran ($n = 101$) and community-based ($n = 122$) sample. Veterans had lower income and less education than community participants, greater severity on baseline measures of anxiety and depression, poorer physical health, and higher rates of psychiatric comorbidity. Treatment effects were statistically significant in the community sample (all $ps < .01$), but not in Veterans (all $ps > .05$). Further analyses in Veterans revealed that poorer perceived social support significantly predicted poorer outcomes (all $ps < .05$). Our results underscore the complexity of treating Veterans with anxiety, and suggest that additional work is needed to improve the efficacy of CBT for Veterans, with particular attention to social support.

<http://onlinelibrary.wiley.com/doi/10.1111/ajad.12219/abstract>

Correlates of major depressive disorder with and without comorbid alcohol use disorder nationally in the veterans health administration.

Yoon, G., Petrakis, I. L. and Rosenheck, R. A.

The American Journal on Addictions

Article first published online: 7 MAY 2015

DOI: 10.1111/ajad.12219

Background and Objectives

This study assesses medical and psychiatric comorbidities, service utilization, and psychotropic medication prescriptions in veterans with comorbid major depressive disorder (MDD) and alcohol use disorder (AUD) relative to veterans with MDD alone.

Methods

Using cross-sectional administrative data (fiscal year [FY]2012: October 1, 2011–September 30, 2012) from the Veterans Health Administration (VHA), we identified veterans with a diagnosis of current (12-month) MDD nationally (N = 309,374), 18.8% of whom were also diagnosed with current (12-month) AUD. Veterans with both MDD and AUD were compared to those with MDD alone on sociodemographic characteristics, current (12-month) medical and psychiatric disorders, service utilization, and psychotropic prescriptions. We then used logistic regression analyses to calculate odds ratio and 95% confidence interval of characteristics that were independently different between the groups.

Results

Dually diagnosed veterans with MDD and AUD, relative to veterans with MDD alone, had a greater number of comorbid health conditions, such as liver disease, drug use disorders, and bipolar disorder as well as greater likelihood of homelessness and higher service utilization.

Conclusions and Scientific Significance

Dually diagnosed veterans with MDD and AUD had more frequent medical and psychiatric comorbidities and more frequently had been homeless. These data suggest the importance of assessing the presence of comorbid medical/psychiatric disorders and potential homelessness in order to provide appropriately comprehensive treatment to dually diagnosed veterans with MDD and AUD and indicate a need to develop more effective treatments for combined disorders.

http://www.springfieldcollege.edu/Assets/pdfs/ssw/SSWJournal_vol12_1.pdf#page=51

Experiences of People in Close Relationships with Combat Veterans Suffering From Post-Traumatic Stress Disorder.

Abbie Rieley Vita

Journal of Advanced Generalist Social Work Practice, 2015

The purpose of this study was to learn about the life experiences of people who are in close relationships with combat veterans who are suffering, or who have suffered, with post-traumatic stress disorder (PTSD). According to the National Center for PTSD (2011), from 1999-2010, the Department of Veterans Affairs saw a 222 percent increase in the number of veterans in the United States military being treated for PTSD. PTSD occurs in approximately 11 to 20 percent of Iraq and Afghanistan war veterans, 10 percent of Gulf war veterans, and about 30 percent of Vietnam veterans (National Center for PTSD, 2007). Clearly, the impact of PTSD is significant among military combat veterans. The question of interest here is what we can learn about the experience of being in a close relationship with a combat veteran who suffers from PTSD.

<http://www.tandfonline.com/doi/full/10.1080/21635781.2015.1038405>

A Preliminary Examination of Negative Affect, Emotion Dysregulation, and Risky Behaviors Among Military Veterans in Residential Substance Abuse Treatment.

Nicole H. Weiss , Daniel C. Williams , Kevin M. Connolly

Military Behavioral Health

Published online: 11 May 2015

DOI:10.1080/21635781.2015.1038405

Substance use disorder (SUD) is highly prevalent among military populations and associated with a wide range of negative outcomes. The goal of the present study was to explicate the relations among negative affect, emotion dysregulation, and urges to engage in risky behaviors among military veterans in residential SUD treatment. Emotion dysregulation (overall and three dimensions: access to emotion regulation strategies, impulse control, and emotional awareness) mediated the relation between negative affect and urges to engage in risky behaviors. Findings highlight the potential utility of treatments targeting emotion dysregulation in reducing risky behaviors among military veterans with SUD.

<http://link.springer.com/article/10.1007/s10597-015-9884-2>

Continuing Education on Suicide Assessment and Crisis Intervention: What Can We Learn About the Needs of Mental Health Professionals in Community Practice?

Rebecca Mirick, James McCauley, Joanna Bridger, Larry Berkowitz

Community Mental Health Journal
May 2015

This study examined the impact of a 1-day continuing education training for mental health professionals on knowledge and confidence around suicide assessment and intervention. Data on knowledge, confidence and the utility of information were collected through pretests and posttests at 12 trainings at local community agencies. Findings indicate that a continuing education workshop can increase knowledge and self-confidence. Several participant characteristics were associated with knowledge and confidence at pretest; only being trained as a mental health professional and previous training remained significant at posttest. Participants identified training components which were new and useful. Implications for training and education are discussed.

<http://onlinelibrary.wiley.com/doi/10.1002/capr.12035/abstract>

Promoting recovery from suicidal ideation through the development of protective factors.

Paul W.G. Surgenor

Counselling and Psychotherapy Research
Article first published online: 9 MAY 2015
DOI: 10.1002/capr.12035

Background

The important message of engendering hope in clients with suicidal ideation has frequently been obscured by the prevalence of a negative risk factors perspective and by a general lack of empirical support for intervention models based on developing protective factors.

Aim

This research aimed to explore recovery from suicidal ideation in the six months following engagement in a protective factors-based therapeutic intervention.

Method

Recovery was ascertained by the change in levels of positive and negative outlook, as measured by the PHQ-9, the single-item self-esteem indicator, and the positive and negative

suicide ideation inventory. This involved administering a questionnaire to clients pre-therapy (n = 376) and again to the same clients one month (n = 147), three months (n = 130) and six months (n = 107) post-therapy. All participants were over 18 years old and presented to a suicide intervention charity for therapy due to suicidal ideation.

Findings

Results showed an overall significant effect for engaging in therapy. Comparisons revealed statistically significant decreases in levels of negative outlook and increases in positive outlook, with the largest differences observed in pre-therapy and six-month post-therapy comparisons.

Implications

Results provide support for the efficacy of intervention models that develop a client's protective factors and for the ability of a client to recover from suicidal ideation. Findings may also encourage therapists to reconsider reliance on the traditional negative model of suicide intervention and to explore intervention methods that enhance clients' protective factors in line with the positive psychology perspective.

<http://link.springer.com/article/10.1007/s10591-015-9336-8>

Changing the Personal Narrative: A Pilot Study of a Resiliency Intervention for Military Spouses.

Michelle Kees, Laura S. Nerenberg, Jodi Bachrach, Leslie A. Sommer

Contemporary Family Therapy
May 2015

The more than decade long tempo of war has taken a considerable toll on military families, with the rates of mental health concerns in non-deployed spouses on the rise. To date, few evidence-based programs exist to meet the unique needs of military spouses. The current study presents early findings from the development and implementation of HomeFront Strong (HFS), an 8 week group-based resiliency intervention designed to support military spouses through deployment transitions. In three group cohorts, 20 women completed the HFS intervention, and 14 of those participants provided evaluation data at the pre-group and 3 month follow up (3MFU) assessments, including a semi-structured interview designed to elicit a personal narrative about deployment experiences. Thematic analyses of the personal narratives demonstrated that negative cognitions (e.g., helplessness; feeling unsupported) about deployment were associated with higher rates of depression prior to group participation. At 3MFU, personal narratives included more positive cognitions and fewer negative cognitions, suggesting that HFS changed the way spouses thought about their deployment experiences. Moreover, participants reported fewer symptoms of depression, higher levels of social support,

and greater life satisfaction at 3MFU. While this Phase I study is small and lacks a comparison group, the demonstration of positive results is promising and warrants further attention.

<http://psycnet.apa.org/psycinfo/2015-18946-001/>

A Randomized Clinical Trial of Group Cognitive Processing Therapy Compared With Group Present-Centered Therapy for PTSD Among Active Duty Military Personnel.

Resick, Patricia A.; Wachen, Jennifer Schuster; Mintz, Jim; Young-McCaughan, Stacey; Roache, John D.; Borah, Adam M.; Borah, Elisa V.; Dondanville, Katherine A.; Hembree, Elizabeth A.; Litz, Brett T.; Peterson, Alan L. On behalf of the STRONG STAR Consortium

Journal of Consulting and Clinical Psychology

May 4 , 2015

<http://dx.doi.org/10.1037/ccp0000016>

Objective:

To determine whether group therapy improves symptoms of posttraumatic stress disorder (PTSD), this randomized clinical trial compared efficacy of group cognitive processing therapy (cognitive only version; CPT-C) with group present-centered therapy (PCT) for active duty military personnel.

Method:

Patients attended 90-min groups twice weekly for 6 weeks at Fort Hood, Texas. Independent assessments were administered at baseline, weekly before sessions, and 2 weeks, 6 months, and 12 months posttreatment. A total of 108 service members (100 men, 8 women) were randomized. Inclusion criteria included PTSD following military deployment and medication stability. Exclusion criteria included suicidal/homicidal intent or other severe mental disorders requiring immediate treatment. Follow-up assessments were administered regardless of treatment completion. Primary outcome measures were the PTSD Checklist (Stressor Specific Version; PCL-S) and Beck Depression Inventory-II. The Posttraumatic Stress Symptom Interview (PSS-1) was a secondary measure.

Results:

Both treatments resulted in large reductions in PTSD severity, but improvement was greater in CPT-C. CPT-C also reduced depression, with gains remaining during follow-up. In PCT, depression only improved between baseline and before Session 1. There were few adverse events associated with either treatment.

Conclusions:

Both CPT-C and PCT were tolerated well and reduced PTSD symptoms in group format, but only CPT-C improved depression. This study has public policy implications because of the number of active military needing PTSD treatment, and demonstrates that group format of

treatment of PTSD results in significant improvement and is well tolerated. Group therapy may be an important format in settings in which therapists are limited. (PsycINFO Database Record (c) 2015 APA, all rights reserved)

<http://informahealthcare.com/doi/abs/10.3109/02699052.2015.1009168>

Transcranial magnetic stimulation: A potential new treatment for depression associated with traumatic brain injury.

Irving M. Reti, Noah Schwarz, Aaron Bower, Michael Tibbs, and Vani Rao

Brain Injury

Posted online on May 7, 2015.

(doi:10.3109/02699052.2015.1009168)

Background:

Each year, more than 1.7 million Americans suffer a traumatic brain injury (TBI) and the lifetime prevalence of major depressive disorder following TBI is between 25–50%. There are no validated established strategies to treat TBI depression. Repetitive transcranial magnetic stimulation (rTMS) is a novel putative treatment option for post-TBI depression, which, compared with standard pharmacological agents, may provide a more targeted treatment with fewer side-effects. However, TBI is associated with an increased risk of both early and late spontaneous seizures, a significant consideration in evaluating rTMS as a potential treatment for TBI depression. Whilst the risk of seizure from rTMS is low, underlying neuropathology may somewhat increase that risk.

Review:

This review focuses on the safety aspects of rTMS in TBI patients. The authors review why low frequency rTMS might be less likely to trigger a seizure than high frequency rTMS and propose low frequency rTMS as a safer option in TBI patients. Because there is little data on the safety of rTMS in TBI, the authors also review the safety of rTMS in patients with other brain pathology.

Conclusion:

It is concluded that pilot safety and tolerability studies should be first conducted in persons with TBI and neuropsychiatric comorbidities. These results could be used to help design larger randomized controlled trials.

<http://onlinelibrary.wiley.com/doi/10.1111/ajad.12219/abstract>

Correlates of major depressive disorder with and without comorbid alcohol use disorder nationally in the Veterans Health Administration.

Yoon, G., Petrakis, I. L. and Rosenheck, R. A.

The American Journal on Addictions

Article first published online: 7 MAY 2015

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Background and Objectives

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Methods

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<http://psycnet.apa.org/psycinfo/2015-18949-001/>

Military Masculinity, Movies, and the DSM: Narratives of Institutionally (En)Gendered Trauma.

Shields, Duncan M.

Psychology of Men & Masculinity

May 4 , 2015

<http://dx.doi.org/10.1037/a0039218>

During consultations regarding revisions to posttraumatic stress disorder (PTSD) as a classification in Diagnostic and Statistical Manual for Mental Disorders-Fifth Edition (DSM-5), some military leaders expressed concern that the word “disorder” may make soldiers with PTSD symptoms reluctant to ask for help. Despite this recognition of the linkage between military masculine gender norms, language, and male help-seeking behavior, the way that conflicting military masculine norms and psychiatric discourses of disorder play out in the experience of individual traumatized male veterans remains largely unarticulated. This article seeks to contextualize discussions about men and trauma; to examine and make explicit the masculine gender role norms of stoicism and agency across 3 domains including popular culture, psychiatric discourse, and 1 veteran’s trauma narrative. I argue that any representation of men’s trauma within a singular narrative of disorder “of the individual,” situated “within the individual,” misses key aspects, and potential drivers of the male experience of trauma and recovery. To articulate this conceptual argument, I interrogate 3 narrative sources that appear in the life of Jack, an Afghanistan veteran, including: (a) a popular warrior genre movie, 300; (b) the diagnostic category for PTSD in the DSM-5; and (c) Jack’s personal account of his trauma and its aftermath. These examples suggest that masculine role narratives, embedded in cultural institutions, may colonize the personal trauma stories of affected male veterans, inadvertently contributing to their isolation and their suffering, complicating their recovery. (PsycINFO Database Record (c) 2015 APA, all rights reserved)

<http://informahealthcare.com/doi/abs/10.3109/02699052.2015.1022879>

Characterization of acute stress reaction following an IED blast-related mild traumatic brain injury.

Jacob N. Norris, Scottie Smith, Erica Harris, David Walter Labrie, and Stephen T. Ahlers

Brain Injury

Posted online on May 8, 2015

(doi:10.3109/02699052.2015.1022879)

Primary objective:

To characterize an acute stress reaction (ASR) following an improvised explosive device (IED) blast-related mild traumatic brain injury (mTBI).

Research design:

Participants were male, US military personnel treated in Afghanistan within 4 days following an IED-related mTBI event (n = 239).

Methods and procedures:

Demographics, diagnosis of ASR, injury history and self-reported mTBIs, blast exposures and psychological health histories were recorded.

Main outcomes and results:

In total, 12.5% of patients met ASR criteria. Patients with ASR were significantly younger and junior in rank ($p < 0.05$). Patients with ASR were more likely to experience the IED-blast while dismounted, report a loss of consciousness (LOC) and higher pain levels ($p < 0.05$). Adjusting for age and rank, multivariate logistic regression showed an association between mTBI history and ASR (AOR = 1.405; 95% CI = 1.105–1.786, $p < 0.01$). Adjusting for mechanism of injury (dismounted vs. mounted), LOC and pain, multivariate logistic regression showed an association between mTBI history and ASR (AOR = 1.453; 95% CI = 1.132–1.864, $p < 0.01$). Prior blast exposure and past psychological health issues were not associated with ASR.

Conclusions:

A history of multiple mTBIs is associated with increased risk of ASR. Future research is warranted.

<http://ir.uiowa.edu/iowa-historical-review/vol5/iss1/2/>

Examining Post-Traumatic Stress Disorder and the Plight of Vietnam Veterans.

Joe L. Stein

Iowa Historical Review

Vol. 5: Iss. 1: 7-22

Human beings have been afflicted by the lasting mental effects of warfare for thousands of years. Over twenty - four hundred years ago, the Greek historian Herodotus wrote of a soldier at the battle of Marathon who, after witnessing the death of the soldier next to him, went completely blind, despite being “wounded in no part of his body.” William Shakespeare, too, saw the effects of war on the minds of its survivors. After her husband’s return from war in *King Henry IV*, Lady Percy wonders of him, “What is’t that takes from thee thy stomach, pleasure, and thy golden sleep?” Both of these writings reference a mental disorder seemingly caused by

the intense traumas of war. This disorder has gone by many different names, including shell shock, the thousand - yard stare, and war neurosis. Today, we classify this disorder as post - traumatic stress disorder, or PTSD.

<http://onlinelibrary.wiley.com/doi/10.1111/ajpy.12097/abstract>

The role of trauma-related cognitive processes in the relationship between combat-PTSD symptom severity and anger expression and control.

Germain, C. L., Kangas, M., Taylor, A. and Forbes, D.

Australian Journal of Psychology

Article first published online: 8 MAY 2015

DOI: 10.1111/ajpy.12097

Objective

Research suggests that the way anger is expressed and efforts to control anger may be particularly important in post-traumatic stress disorder (PTSD). However, factors influencing the association between PTSD symptom severity and anger expression and control, and whether these associations are influenced in part by cognitive processes, have yet to be investigated in combat veterans. The aim of the present study was to investigate the mediating effect of trauma-related cognitive variables between combat-PTSD symptom severity and anger expression in Australian veterans.

Method

A sample of 149 treatment-seeking Australian older-aged veterans with chronic combat-related PTSD completed a battery of measures that assessed combat-PTSD symptom severity, anger indices, trauma-related rumination, cognitive suppression, and trauma appraisals.

Results

Path analyses revealed that negative beliefs about self partially mediated the effect of PTSD symptom severity and anger suppression, and PTSD symptom severity and anger control, while negative beliefs about the world partially mediated the association between PTSD severity and outward expression of anger. A significant direct effect from combat-PTSD symptom severity to outward expression was also found.

Conclusions

Findings lend support to targeted assessment and treatment of negative trauma-related appraisals, particularly negative beliefs about self and the world, to concomitantly enhance anger coping and emotion regulation in middle- to older-aged veterans with chronic combat-related PTSD.

<http://onlinelibrary.wiley.com/doi/10.1002/sm2.62/full>

Perspectives on Sexual Health and Function of Recent Male Combat Veterans of Iraq and Afghanistan.

Helmer, D. A., Beaulieu, G., Powers, C., Houlette, C., Latini, D. and Kauth, M.

Sexual Medicine

Article first published online: 8 MAY 2015

DOI: 10.1002/sm2.62

Background

U.S. veterans of recent wars in Iraq and Afghanistan may be at greater risk for sexual dysfunction due to injuries, mental health conditions, medications used to treat those conditions, and psychosocial factors.

Objective

To explore the perceptions of recent Veterans about sexual health and dysfunction, contributing factors, its impact and solutions.

Design

Qualitative study.

Participants

Eight men who screened positive for sexual dysfunction at initial presentation to a postdeployment clinic at a Veterans Affairs medical center.

Approach

Patients who screened positive for sexual dysfunction and indicated an interest in participating were contacted and scheduled for an in-person private interview with a researcher. Interviews were semistructured, utilizing open-ended and follow-up probe questions to elicit the individual's perspective about sexual dysfunction and its cause, impact and solutions. Interviews were recorded, transcribed and analyzed for themes.

Key Results

These heterosexual men discussed a range of sexual dysfunction in their activities including lack of desire, erectile dysfunction, delayed orgasm, premature ejaculation, and distraction. They also discussed the importance of setting or context and changes over time to their sexual health and function. The men shared their ideas about contributory factors, including normal aging, medication side effects, injury and a possible role for combat deployment more generally. Reported solutions for sexual dysfunction included medications, herbal remedies, and new positions and approaches to sexual activity. Participants reported discussing sexual dysfunction

with their health-care providers and what was helpful. Finally, the men expressed in their own words the significant impact of sexual dysfunction on their self-perception, their partners, and their relationships.

Conclusions

Sexual dysfunction in recent combat veterans can have important negative effects on their health and relationships. Our findings elucidate perceived contributory factors and preferred solutions, which can be applied by health-care providers to improve the management of sexual dysfunction in these patients.

http://www.rand.org/pubs/research_reports/RR653.html

Care Transitions to and from the National Intrepid Center of Excellence (NICoE) for Service Members with Traumatic Brain Injury

by Lynsay Ayer, Coreen Farris, Carrie M. Farmer, Lily Geyer, Dionne Barnes-Proby, Gery W. Ryan, Lauren Skrabala, Deborah M. Scharf

RAND Corporation, 2015

Improvised explosive devices (IEDs) have been one of the leading causes of death and injury among U.S. troops. Those who survive an IED blast or other injuries may be left with a traumatic brain injury (TBI) and attendant or co-occurring psychological symptoms. In response to the need for specialized services for these populations, the U.S. Department of Defense (DoD) established the National Intrepid Center of Excellence (NICoE) in Bethesda, Maryland, in 2010. The NICoE's success in fulfilling its mission is impacted by its relationships with home station providers, patients, and their families. The RAND Corporation was asked to evaluate these relationships and provide recommendations for strengthening the NICoE's efforts to communicate with these groups to improve patients' TBI care. Through surveys, site visits, and interviews with NICoE staff, home station providers, service members who have received care at the NICoE, and the families of these patients, RAND's evaluation examined the interactions between the NICoE and the providers responsible for referring patients and implementing treatment plans.

<http://www.sciencedirect.com/science/article/pii/S1064748115001396>

Is Post-Traumatic Stress Disorder Associated with Premature Senescence? A Review of the Literature.

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Objective

Post-traumatic stress disorder (PTSD) has major public health significance. Evidence that PTSD may be associated with premature senescence (early or accelerated aging) would have major implications for quality of life and healthcare policy. We conducted a comprehensive review of published empirical studies relevant to early aging in PTSD.

Method

Our search included the PubMed, PsycINFO, and PILOTS databases for empirical reports published since the year 2000 relevant to early senescence and PTSD, including: 1) biomarkers of senescence (leukocyte telomere length [LTL] and pro-inflammatory markers), 2) prevalence of senescence-associated medical conditions, and 3) mortality rates.

Results

All six studies examining LTL indicated reduced LTL in PTSD (pooled Cohen's $d = 0.76$). We also found consistent evidence of increased pro-inflammatory markers in PTSD (mean Cohen's d s), including C-reactive protein = 0.18, Interleukin-1 beta = 0.44, Interleukin-6 = 0.78, and tumor necrosis factor alpha = 0.81. The majority of reviewed studies also indicated increased medical comorbidity among several targeted conditions known to be associated with normal aging, including cardiovascular disease, type 2 diabetes mellitus, gastrointestinal ulcer disease, and dementia. We also found seven of 10 studies indicated PTSD to be associated with earlier mortality (average hazard ratio: 1.29).

Conclusion

In short, evidence from multiple lines of investigation suggests that PTSD may be associated with a phenotype of accelerated senescence. Further research is critical to understand the nature of this association. There may be a need to re-conceptualize PTSD beyond the boundaries of mental illness, and instead as a full systemic disorder.

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

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

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Psychiatric Services

<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.

Links of Interest

PTSD isn't about what happens on the battlefield, but what happens back home

<http://www.pri.org/stories/2015-05-13/ptsd-isnt-about-what-happens-battlefield-what-happens-back-home>

Marine Honors Those Lost in Battle by Seeking Mental Health Help

<http://www.health.mil/News/Articles/2015/05/07/Marine-Honors-Those-Lost-in-Battle-by-Seeking-Mental-Health-Help>

DoD child psychologist helps military children cope

<http://www.health.mil/News/Articles/2015/05/07/DoD-child-psychologist-helps-military-children-cope>

Center for Deployment Psychology-Led Program Cited as Model for Mental Health Legislation
<http://www.newswise.com/articles/center-for-deployment-psychology-led-program-cited-as-model-for-mental-health-legislation>

Traumatic brain injury linked to increased road rage
<http://www.sciencedaily.com/releases/2015/05/150505121332.htm>

Train your brain to feel less pain
<http://www.smh.com.au/nsw/train-your-brain-to-feel-less-pain-20150509-ggxvqg.html>

CBT Equal to Light Therapy for SAD
<http://www.medscape.com/viewarticle/844473>

New studies focus on service dogs and PTSD
<http://www.militarytimes.com/story/military/benefits/health-care/2015/05/10/ptsd-service-dogs-va-perdue/70944650/>

Understanding and Managing Anxiety Disorders
<http://www.realwarriors.net/active/treatment/anxietydisorders.php>

Discussing your Psychological Health with a Provider
<http://www.realwarriors.net/active/treatment/discussingmentalhealth.php>

Resource of the Week: [U.S. Census Bureau -- Veterans](#)

Although the U.S. Department of Veterans Affairs offers [a wealth of statistics](#) about America's veteran population, don't overlook the U.S. Census Bureau as a source of demographic, social, and economic data on veterans. There's also a [detailed explanation and history](#) of veteran status questions included in the U.S. Census.

Veterans

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Demographic, social, and economic data on veterans are collected on several U.S. Census Bureau surveys. These data are used for policy analysis, program planning, and budgeting of veteran programs.

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Infographic – World War II: 70 Years On

May 08, 2015

The Census Bureau presents a wide range of statistics related to those who served in World War II.



The Employment Status and Occupations of Gulf War-Era Veterans

November 10, 2014

A new report looks at those Gulf War veterans who began service on or after August 1990, the official start of the first Gulf War.



D-Day: 70th Anniversary

June 06, 2014

The Census Bureau presents data on the number of World War II veterans at different points since 1960.

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