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<http://www.sciencedirect.com/science/article/pii/S1077722915000243>

Bringing Technology to Training: Web-Based Therapist Training to Promote the Development of Competent Cognitive-Behavioral Therapists.

Muniya S. Khanna, Philip C. Kendall

Cognitive and Behavioral Practice

Available online 9 April 2015

doi:10.1016/j.cbpra.2015.02.002

In general, as well as part of dissemination and implementation science, there is the need to focus on training of mental health professionals in cognitive-behavioral therapy (CBT). Unfortunately, the usual training methods (e.g., workshops, seminars) and the availability of treatment manuals have not produced full uptake or quality practice. Web-based therapist training programs can improve and expand access to CBT training. Advantages of a web-based training approach allows for increased flexibility, accessibility, cost-efficiency, scalability, potential for both didactic and interactive learning, consistency in quality, and importantly, the potential for remote supervision/consultation. We provide a rationale for the use of technology in clinician training in CBT, highlight several promising programs, and describe the technology and research considerations in web-based training using the example of computer-based training in CBT for childhood anxiety disorders. We also discuss directions for future research, as well as the challenges that remain.

<http://tcp.sagepub.com/content/early/2015/05/02/0011000015576800.abstract>

Work Volition Among U.S. Veterans: Locus of Control as a Mediator.

Ryan D. Duffy, Alex Jadidian, Richard P. Douglass, and Blake A. Allan

The Counseling Psychologist

First published on May 4, 2015

doi:10.1177/0011000015576800

The present study examined correlates of work volition—the perceived capacity to make occupational choices despite constraints—with a diverse sample of 213 U.S. veterans. Veterans with higher levels of formal education, higher yearly incomes, were married, and were employed, endorsed greater work volition. Those who experienced lower posttraumatic stress disorder (PTSD) symptoms, endorsed lower levels of neuroticism, higher levels of conscientiousness, and higher levels of internal locus of control, also demonstrated greater levels of work volition. A structural model was run where PTSD symptoms, neuroticism, and conscientiousness were hypothesized to predict work volition via locus of control and compared

with an alternative model. After identifying a best fitting model, bootstrapping analyses demonstrated that locus of control fully mediated the relations between PTSD symptoms, neuroticism, and conscientiousness to work volition. Specifically, the key reason PTSD symptoms, neuroticism, and conscientiousness were related to work volition was their effect on general locus of control. Practical implications are discussed.

<http://tva.sagepub.com/content/early/2015/05/08/1524838015584355.abstract>

Relational Patterns Between Caregivers With PTSD and Their Nonexposed Children: A Review.

Elisa van Ee, Rolf J. Kleber, and Marian J. Jongmans

Trauma Violence Abuse

First published on May 11, 2015

doi:10.1177/1524838015584355

The question as to whether or not children can be affected by the traumatization of their parents has been the topic of a long-standing debate. This article provides a critical review of 72 research studies on traumatized parents with symptoms of posttraumatic stress disorder (PTSD), the parent–child interaction, and the impact on their nonexposed child (0–18 years). The evidence suggests that traumatization can cause parenting limitations, and these limitations can disrupt the development of the young child. From the studies reviewed several patterns emerged: Relational patterns of traumatized parents who are observed to be emotionally less available and who perceive their children more negatively than parents without symptoms of PTSD; relational patterns of children who at a young age are easily deregulated or distressed and at an older age are reported to face more difficulties in their psychosocial development than children of parents without symptoms of PTSD; and relational patterns that show remarkable similarities to relational patterns between depressed or anxious parents and their children. Mechanisms such as mentalization, attachment, physiological factors, and the cycle of abuse offer a valuable perspective to further our understanding of the relational patterns. This article builds on previous work by discussing the emerged patterns between traumatized parents and their nonexposed children from a relational and transactional perspective.

<http://tva.sagepub.com/content/early/2015/05/06/1524838015584365.abstract>

Clinician Responses to Client Traumas: A Chronological Review of Constructs and Terminology.

Jason M. Newell, Debra Nelson-Gardell, and Gordon MacNeil

Trauma Violence Abuse
First published on May 6, 2015
doi:10.1177/1524838015584365

This paper presents a chronologically-organized review of various concepts and constructs in the literature describing professional burnout, compassion fatigue, secondary traumatic stress reactions, as well as other related terms and constructs that have been used to describe these experiences among clinical practitioners and other social service professionals. A timeline will provide a graphic illustration of the historical relationships between the concepts under examination. This paper begins with a review of practitioner-related stress that primarily results from interaction with clients, followed by an examination of professional burnout, which is thought to result largely from environmentally-related issues. Finally, the paper concludes with a discussion of posttraumatic growth and compassion satisfaction.

<http://tva.sagepub.com/content/early/2015/05/08/1524838015584357.abstract>

Secondary Traumatization in Mental Health Professionals: A Systematic Review of Gender Findings.

Nehami Baum

Trauma Violence Abuse
First published on May 11, 2015
doi: 10.1177/1524838015584357

The issue of gender is largely ignored in studies of secondary traumatization (STS). This article addresses the question of gender differences in susceptibility to STS among clinicians who treat traumatized clients. It does so by systematically reviewing the very limited body of published findings on this subject to date. These are 10 published studies that measure STS by post-traumatic stress disorder (PTSD) symptomatology and 4 studies that measure it using Stamm's Professionals Quality of Life Survey (ProQOL), which queries PTSD symptomatology along with other difficulties that may arise in helping traumatized clients. Almost all the studies based on PTSD symptomatology show greater female susceptibility. Although the pattern is less clear in the ProQOL studies, the article argues that the research to date does not really show mixed findings, as is repeatedly claimed, but greater susceptibility among female clinicians. It also points out that the findings do not mean that male clinicians are unaffected by their traumatized clients and notes the various manifestations of their distress reported in the reviewed studies. The article offers a variety of explanations for the heightened female susceptibility.

<http://psycnet.apa.org/psycinfo/2015-19633-001/>

Clarifying Heterogeneity of Daytime and Nighttime Symptoms of Posttraumatic Stress in Combat Veterans With Insomnia.

Wallace, Meredith L.; Iyengar, Satish; Bramoweth, Adam D.; Frank, Ellen; Germain, Anne

Military Psychology

May 4 , 2015

<http://dx.doi.org/10.1037/mil0000077>

Daytime and nighttime symptoms of posttraumatic stress disorder (PTSD) are common among combat veterans and military service members. However, there is a great deal of heterogeneity in how symptoms are expressed. Clarifying the heterogeneity of daytime and nighttime PTSD symptoms through exploratory clustering may generate hypotheses regarding ways to optimally match evidence-based treatments to PTSD symptom profiles. We used mixture modeling to reveal clusters based on 6 daytime and nighttime symptoms of 154 combat veterans with insomnia and varying levels of PTSD symptoms. Three clusters with increasing symptom severity were identified ($n_1 = 50$, $n_2 = 70$, $n_3 = 34$). These results suggest that, among veterans with insomnia, PTSD symptoms tend to exist on a continuum of severity, rather than as a categorical PTSD diagnosis. Hypotheses regarding possible targeted treatment strategies for veterans within each identified cluster, as well as ways to generalize these methods to other groups within the military, are discussed. (PsycINFO Database Record (c) 2015 APA, all rights reserved)

<http://link.springer.com/article/10.1007/s11682-015-9402-8>

Subgroups of US IRAQ and Afghanistan veterans: associations with traumatic brain injury and mental health conditions.

Carlos A. Jaramillo, Douglas B. Cooper, Chen-Pin Wang, David F. Tate, Blessen C. Eapen, Gerald E. York, Mary Jo Pugh

Brain Imaging and Behavior

May 2015

U. S. veterans of Iraq and Afghanistan are known to have a high prevalence of traumatic brain injury (TBI), posttraumatic stress disorder (PTSD), and depression, which are often comorbid and share many symptoms. Attempts to describe this cohort by single diagnoses have limited our understanding of the complex nature of this population. The objective of this study was to identify subgroups of Iraq and Afghanistan veterans (IAVs) with distinct compositions of symptoms associated with TBI, PTSD, and depression. Our cross-sectional, observational study

included 303,716 IAVs who received care in the Veterans Health Administration in 2010–2011. Symptoms and conditions were defined using International Classification of Diseases, Ninth Revision codes and symptom-clusters were identified using latent class analysis. We identified seven classes with distinct symptom compositions. One class had low probability of any condition and low health care utilization (HCU) (48 %). Other classes were characterized by high probabilities of mental health comorbidities (14 %); chronic pain and sleep disturbance (20 %); headaches and memory problems (6 %); and auditory problems (2.5 %). Another class had mental health comorbidities and chronic pain (7 %), and the last had high probabilities of most symptoms examined (3 %). These last two classes had the highest likelihood of TBI, PTSD, and depression and were identified as high healthcare utilizers. There are subgroups of IAVs with distinct clusters of symptom that are meaningfully associated with TBI, PTSD, depression, and HCU. Additional studies examining these veteran subgroups could improve our understanding of this complex comorbid patient population.

<http://www.sciencedirect.com/science/article/pii/S1077722915000309>

Implementing Prolonged Exposure for Veterans With Comorbid PTSD and Traumatic Brain Injury: Two Case Studies.

Thad Q. Strom, Gregory K. Wolf, Eric Crawford, Melanie Blahnik, Tracy Kretzmer

Cognitive and Behavioral Practice
Available online 12 May 2015
doi:10.1016/j.cbpra.2015.03.003

Initial studies suggest that prolonged exposure (PE) can be successfully implemented with veterans with comorbid posttraumatic stress disorder (PTSD) and traumatic brain injury (TBI). However, due to persistent TBI-related cognitive deficits associated with moderate to severe TBI, clinicians may have significant concerns about implementing these treatments and may have questions about how to adapt procedures to facilitate successful outcomes. The present article demonstrates the successful implementation of PE in instances where the presence of TBI-related neurobehavioral symptoms interfered with standard treatment implementation. Procedural modifications such as the inclusion of partners or multidisciplinary staff, incorporation of compensatory strategies, and titration of exposure exercises are demonstrated. Finally, clinical recommendations are provided to assist mental health practitioners with assessment and treatment planning.

<http://www.ejpt.net/index.php/ejpt/article/view/27322>

Research on PTSD prevalence in OEF/OIF Veterans: expanding investigation of demographic variables.

Lynnette A. Averill, CJ Eubanks Fleming, Pamela L. Holens and Sadie E. Larsen

European Journal of Psychotraumatology

2015, 6: 27322

<http://dx.doi.org/10.3402/ejpt.v6.27322>

Background:

A series of recent articles has reported on well-designed studies examining base rates of posttraumatic stress disorder (PTSD) screenings within the Operation Enduring Freedom (Afghanistan conflict)/Operation Iraqi Freedom (Iraq conflict) (OEF/OIF) military population. Although these studies have a number of strengths, this line of research points out several key areas in need of further examination.

Objective:

Many OEF/OIF Veterans do not use available Veterans Affairs (VA) services, especially mental health care. This highlights the need to understand the differences between those who use and do not use the VA, especially as research with pre-OEF/OIF Veterans suggests that these two groups differ in significant ways. The high rates of PTSD-related concerns in non-VA users also points to a need to understand whether—and where—Veterans are seeking care outside the VA and the accessibility of evidence-based, trauma-focused treatments in the community and private sectors. Careful examination of relationship status is also paramount as little research has examined relationship status or other relationship context issues. Social support, especially from a spouse, can buffer the development of PTSD; however, relationship discord has the potential to greatly exacerbate PTSD symptomatology. Furthermore, given the additional risk factors for sexual minority Veterans to be exposed to trauma, the 2011 repeal of the US Military “Don’t Ask, Don’t Tell” policy, and the emergence of the VA as likely the largest health care provider for sexual minority Veterans, it will be critically important to study the trauma and mental health experiences of this group.

Conclusions:

Studies that examine prevalence rates of PTSD in the returning cohort contribute significantly to our understanding of the US OEF/OIF military population. Further study of PTSD in relation to demographic variables such as VA and non-VA use, relationship status, and sexual orientation will provide rich data that will enhance our ability to develop policy and practice to provide the best care to this population.

<http://psycnet.apa.org/psycinfo/2015-20382-001/>

Anger Intensification With Combat-Related PTSD and Depression Comorbidity.

Gonzalez, Oscar I.; Novaco, Raymond W.; Reger, Mark A.; Gahm, Gregory A.

Psychological Trauma: Theory, Research, Practice, and Policy

May 11 , 2015

<http://dx.doi.org/10.1037/tra0000042>

Anger is becoming more widely recognized for its involvement in the psychological adjustment problems of current war veterans. Recent research with combat veterans has found anger to be related to psychological distress, psychosocial functioning, and harm risk variables. Using behavioral health data for 2,077 treatment-seeking soldiers who had been deployed to Iraq and Afghanistan, this study examined whether anger disposition was intensified for those who met screen-threshold criteria for posttraumatic stress disorder (PTSD) and major depressive disorder (MDD). Anger was assessed with a 7-item screening measure previously validated with the study population. The study tested the hypothesis that anger would be highest when "PTSD & MDD" were conjoined, compared with "PTSD only," "MDD only," and "no PTSD, no MDD." PTSD and depression were assessed with well-established screening instruments. A self-rated "wanting to harm others" variable was also incorporated. Age, gender, race, military component, military grade, and military unit social support served as covariates. Hierarchical multiple regression was used to test the hypothesis, which was confirmed. Anger was intensified in the PTSD & MDD condition, in which it was significantly higher than in the other 3 conditions. Convergent support was obtained for "wanting to harm others" as an exploratory index. Given the high prevalence and co-occurrence of PTSD and MDD among veterans, the results have research and clinical practice relevance for systematic inclusion of anger assessment postdeployment from risk-assessment and screening standpoints. (PsycINFO Database Record (c) 2015 APA, all rights reserved)

<http://icl.sagepub.com/content/early/2015/05/08/1054137315585422.abstract>

Passive Suicidal Ideation: A Clinically Relevant Risk Factor for Suicide in Treatment-Seeking Veterans.

Christine N. May, James C. Overholser, Josephine Ridley, and Danielle Raymond

Illness, Crisis & Loss

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doi:10.1177/1054137315585422

Passive suicidal ideation is an important indicator of suicide risk because it is associated with significantly high levels of depression and suicidality, comparable to individuals experiencing active suicidal ideation. Passive suicidal ideation, or a passive desire to die, can be differentiated from active suicidal ideation (where individuals have a specific plan and intent to die). The present study examined passive suicidal ideation to determine how it relates to suicide risk and depression severity in 140 veterans from a psychiatric outpatient program at a local Veterans Affairs Medical Center. Participants were assessed for a depressive disorder using a structured clinical interview and completed self-report measures. Individuals with passive suicidal ideation scored similarly to active ideators and significantly higher than nonsuicidal ideators on measures of depression, suicidal behavior, and hopelessness. Asking about passive suicidal ideation in suicide risk assessment may allow clinicians to intervene earlier and decrease the likelihood of a suicide attempt.

<http://www.sciencedirect.com/science/article/pii/S1077722915000231>

Cognitive Behavioral Therapy Using Televideo.

Eve-Lynn Nelson, Angela Banitt Duncan

Cognitive and Behavioral Practice
Available online 27 March 2015
doi:10.1016/j.cbpra.2015.03.001

Televideo bridges the gap between high need for behavioral services in rural and other underserved areas and limited access to professionals trained in evidence-based strategies such as cognitive-behavioral therapy (CBT). The authors first summarize the current literature concerning CBT using televideo, including therapeutic rapport as well as condition-specific considerations related to depressive symptoms and suicidality; anxiety and obsessive-compulsive disorders; eating disorders; alcohol and substance abuse; and behavioral medicine. They then address establishing and sustaining a televideo practice, including concerns related to clients/families, therapists, telemedicine site coordinators, and broader community participants. They conclude with a case example highlighting ethical considerations related to CBT services over televideo.

<http://www.sciencedirect.com/science/article/pii/S0899588515000027>

Evidence-based Treatments for Military-related Posttraumatic Stress Disorder in a Veterans Affairs Setting.

Scott A. Driesenga, Jessica L. Rodriguez, Thomas Picard

Critical Care Nursing Clinics of North America
Volume 27, Issue 2, June 2015, Pages 247–270
doi:10.1016/j.cnc.2015.02.001
Management of Patients with Traumatic Injuries

Key Points

- Posttraumatic stress disorder has a significant negative impact on the physical, emotional, and mental health of individuals.
- Posttraumatic stress disorder has a high prevalence in the Veteran population.
- Thorough assessment of posttraumatic stress disorder is essential, and evidence-based treatments for posttraumatic stress disorder are very effective.
- A collaborative approach between primary care and mental health providers is critical.
- Many posttraumatic stress disorder symptoms respond quite well to appropriate psychopharmacologic intervention.

<http://www.ingentaconnect.com/content/ben/aps/2015/00000005/00000002/art00005>

The Effects of Mindfulness-Based Interventions on Sleep Disturbance: A Meta-Analysis.

W. Kanen, Jonathan; Nazir, Racha; Sedky, Karim; K. Pradhan, Basant

Adolescent Psychiatry
Volume 5, Number 2, April 2015, pp. 105-115(11)

Background:

Sleep disturbance, including insomnia, is a major health issue among both adults and adolescents. Mindfulness-based interventions (MBIs) have recently received increased attention as a non-pharmacological treatment option for patients with insomnia.

Objectives:

This meta-analysis assesses the effects of MBIs on sleep disturbance in the general population.

Methods:

A literature search was conducted using PubMed, Medline, PsychInfo, Google Scholar, and Cochrane library. The search terms were “mindfulness therapy”, “mindfulness based cognitive therapy”, “mindfulness based stress reduction”, “acceptance and commitment therapy”, and “yoga” crossed by “insomnia”, “adults”, “adolescents”, or “children”. All studies in English-language were examined through October 2013. Sixteen studies from different age groups were included in this meta-analysis. Sleep measurements were evaluated before and after MBIs, using both subjective as well as objective methods. Long-term effects were also examined.

Results:

The meta-analysis included 575 individuals across 16 studies. Ages ranged from 8-87 years and 82.09% of participants were female (472/575). MBIs were associated with increased sleep efficiency (SE; ES = 0.88; p & 0.0001) and total sleep time (TST; ES = 0.47; p = 0.003) as assessed by sleep log. Additionally, wake after sleep onset and sleep onset latency decreased (WASO; ES = -0.84; p & 0.0001; SOL; ES = -0.55; p & 0.00001). Changes in sleep when measured by polysomnography and actigraphy, however, were not statistically significant. Sleep improvements as assessed by sleep log continued 2-6 months following treatment initiation. Interpretation is limited by the small number of studies on MBIs for insomnia, especially in adolescent populations.

Conclusion:

This meta-analysis suggests efficacy of mindfulness-based interventions for improving sleep, as assessed by subjective sleep logs but not by objective measures, and this continued several months after treatment initiation. More research is needed to explore this promising treatment option for adults and adolescents with insomnia.

<http://www.nleomf.org/assets/pdfs/destination-zero/resources-wellness/Article-FBI-NA-Officer-Suicide.pdf>

Officer Suicide: Law Enforcement's Kryptonite : Bulletproofing your Agency and Officers from Self-Destruction through the use of a Development and Wellness Program ©

Captain Brian R. Nanavaty
Professional Performance Manager, Indianapolis Metropolitan Police Department
FBI National Academy

Why is it important to have an around the clock provider for public safety officers who experience symptoms of distress? According to a 2008 Badge of Life study on suicide and research provided by noted police researcher John Violanti, the number of officers taking their own lives is twice that of those officers killed by felons. Further information from the Badge of Life study presents a demographic profile of officers who take their own lives. The predominant profile is:

- Male,
- Age 40 - 44,
- 15-19 years of service ,
- Single,
- Approximately 11% are military veterans .

<http://onlinelibrary.wiley.com/doi/10.1111/jnu.12143/abstract>

Finding the New Normal: Accepting Changes After Combat-Related Mild Traumatic Brain Injury.

Hyatt, K. S., Davis, L. L. and Barroso, J.

Journal of Nursing Scholarship

Article first published online: 14 MAY 2015

DOI: 10.1111/jnu.12143

Introduction

More than 300,000 soldiers have returned from Southwest Asia (i.e., Iraq and Afghanistan) with combat-related mild traumatic brain injuries (mTBIs). Despite less visible physical injuries, these soldiers demonstrate various physical and cognitive symptoms that impact their ability to reintegrate post-mTBI. This study explores family reintegration experiences, as described by married dyads, following a combat-related mTBI.

Methods

Nine soldiers with mTBI and their spouses participated, and a total of 27 interviews, both joint and individual, were conducted. Strauss and Corbin's grounded theory methodology and semistructured interviews were used to collect participants' perceptions and analyze the data.

Findings

The overarching theme of the reintegration experience is described as finding the "new normal." A new normal was defined by participants as the couple's new, post-mTBI expectation of the family unit or family routine. Some participants indicated that they had accepted the post-mTBI changes and were working toward this new normal, whereas others indicated these changes were unacceptable and continued their efforts to return to pre-injury functioning.

Conclusions

Individuals with mTBI and their families may benefit from interventions that directly address mismatched expectations and promote the acceptance of a new normal.

<http://www.tandfonline.com/doi/abs/10.1080/01926187.2015.1034633>

Military Wives Emotionally Coping During Deployment: Balancing Dependence and Independence.

Bryan Cafferky , Lin Shi

The American Journal of Family Therapy
Vol. 43, Iss. 3, 2015
DOI:10.1080/01926187.2015.1034633

The purpose of this qualitative study was to explore how military wives' coping mechanisms are related to their emotional connection with their deployed husbands. Conceptualizing the marital relationship as an attachment system, we explored how military wives adopted various coping mechanisms during their husbands' deployment and identified two types of efforts toward independence: self-sufficient independence through emotional avoidance, and autonomous interdependence through emotional connection. These are consistent with those coping behaviors informed by secure and avoidant attachment styles. Clinical implications are offered based on the discussion of the results.

http://www.rand.org/pubs/research_reports/RR435.html

Improving Care for Co-Occurring Psychological Health and Substance Use Disorders: An Implementation Evaluation of the Co-Occurring Disorders Clinician Training Program

Kimberly A. Hepner, Lynsay Ayer, Brinda Venkatesh, Carrie M. Farmer

RAND Corporation, 2015

In the past decade, the number of individuals treated by the MHS for psychological health conditions has grown significantly. Patients with co-occurring psychological health and substance abuse conditions have unique treatment needs, and evidence suggests that integrated treatment for these conditions may be more effective than treating each separately. The Navy's Bureau of Medicine contracted with Hazelden to provide training for clinicians to deliver an evidence-based intervention for treating patients with co-occurring disorders. The Hazelden training, the Co-Occurring Disorders Clinician Training Program (CODP), began in 2008.

RAND evaluated the implementation of the training among Substance Abuse Rehabilitation Program (SARP) personnel to understand the CODP approach and goals, and to describe the training program and materials and trainee perceptions, identify which program elements were implemented and sustained, identify facilitators and barriers to implementation, and describe programs' capabilities to provide integrated care.

This report presents the results and makes recommendations for improving training of SARP personnel. RAND researchers formulated the following recommendations: Develop a training plan, obtain leadership support, plan for staff turnover, provide consultation after training, and evaluate training efforts; ensure that clinician training focuses on materials and skills most relevant to their practice; consider requiring that all service members receiving care from a

SARP be screened for substance use and psychological health problems; identify and certify select sites as providing enhanced co-occurring disorders services; and implement measures to assess the quality of care at SARPs.

<http://onlinelibrary.wiley.com/doi/10.1002/jts.22006/abstract>

Effectiveness of Cognitive Processing Therapy for Male and Female U.S. Veterans With and Without Military Sexual Trauma.

Voelkel, E., Pukay-Martin, N. D., Walter, K. H. and Chard, K. M.

Journal of Traumatic Stress

Article first published online: 14 MAY 2015

DOI: 10.1002/jts.22006

Military sexual trauma (MST) affects approximately 2% and 36% of male and female veterans, respectively, (e.g., Allard, Gregory, Klest, & Platt, 2011). Although the deleterious consequences of MST have been clearly established, few studies have explored treatment effectiveness for this population. Using archival data from a residential treatment program, the current study explored the effectiveness of cognitive processing therapy (CPT) in treating full or subthreshold posttraumatic stress disorder (PTSD) to compare U.S. veterans reporting an MST index trauma (MST-IT) to those without MST-IT. Of the 481 participants, 40.7% endorsed MST-IT. Multiway frequency analyses were utilized to compare men and women with and without MST on baseline demographic variables. Hierarchical linear models were constructed to investigate treatment outcome by MST status and sex. Results showed that 44.8%, 23.8%, and 19.6% of the variation in clinician- and self-reported PTSD and depression symptoms were explained by three models. Scores on all outcome measures significantly decreased over time for both groups. Additionally, women demonstrated a sharper decrease in PTSD symptoms over time than men. Lastly, men who reported MST-IT had higher PTSD symptoms than men without MST-IT on average. With no control group or random assignment, preliminary findings suggest residential treatment including CPT may be effective for MST-IT regardless of sex.

<http://onlinelibrary.wiley.com/doi/10.1002/jts.22009/abstract>

Mental Health and Substance Use Factors Associated With Unwanted Sexual Contact Among U.S. Active Duty Service Women.

Stahlman, S., Javanbakht, M., Cochran, S., Hamilton, A. B., Shoptaw, S. and Gorbach, P. M.

Journal of Traumatic Stress

Article first published online: 14 MAY 2015
DOI: 10.1002/jts.22009

Many U.S. military women are exposed to unwanted sexual contact during military service, which can have important implications for mental health. Using data from the 2008 Department of Defense Survey of Health Related Behaviors, we employed multiple logistic regression methods to examine whether unwanted sexual contact was associated with stress, screening positive for mental disorders, or substance use, among active duty service women. The sample included 7,415 female military personnel, of whom 13.4% reported unwanted sexual contact (including any touching of genitals) since entering the military. After adjusting for potentially confounding variables, factors independently associated with unwanted sexual contact included military-related stress (adjusted odds ratio [AOR] = 2.44), family/personal life-related stress (AOR = 1.78), and gender-related stress (AOR = 1.98) in the past 12 months. In addition, screening positive for depression, anxiety, posttraumatic stress disorder, or psychological distress, and suicidal ideation or attempt were associated with unwanted sexual contact (AOR = 1.57–2.11). For drug/alcohol use, only misuse of tranquilizers/muscle relaxers (past 12 months) was associated with report of unwanted sexual contact (AOR = 1.35). Given the prevalence of unwanted sexual contact and corresponding adverse health outcomes in this sample of active duty women, strategies to create military structural/cultural changes and reduce gender-related stress and sexism are needed.

<http://onlinelibrary.wiley.com/doi/10.1002/jts.22010/abstract>

Types and Number of Traumas Associated With Suicidal Ideation and Suicide Attempts in PTSD: Findings From a U.S. Nationally Representative Sample.

Daniel M. LeBouthillier, Katherine A. McMillan, Michel A. Thibodeau and Gordon J. G. Asmundson

Journal of Traumatic Stress
Article first published online: 19 MAY 2015
DOI: 10.1002/jts.22010

Posttraumatic stress disorder (PTSD) is associated with suicidal ideation and suicide attempt; however, research has largely focused on specific samples and a limited range of traumas. We examined suicidal ideation and suicide attempt relating to 27 traumas within a nationally representative U.S. sample of individuals with PTSD. Data were from the National Epidemiologic Survey of Alcohol and Related Conditions (N = 34,653). Participants were assessed for lifetime PTSD and trauma history, suicidal ideation, and suicide attempt. We calculated the proportion of individuals reporting suicidal ideation or suicide attempt for each trauma and for the number of unique traumas experienced. Most traumas were associated with greater suicidal ideation and suicide attempt in individuals with PTSD compared to individuals

with no lifetime trauma or with lifetime trauma but no PTSD. Childhood maltreatment, assaultive violence, and peacekeeping traumas had the highest rates of suicidal ideation (49.1% to 51.9%) and suicide attempt (22.8% to 36.9%). There was substantial variation in rates of suicidal ideation and suicide attempt for war and terrorism-related traumas. Multiple traumas increased suicidality, such that each additional trauma was associated with an increase of 20.1% in rate of suicidal ideation and 38.9% in rate of suicide attempts. Rates of suicidal ideation and suicide attempts varied markedly by trauma type and number of traumas, and these factors may be important in assessing and managing suicidality in individuals with PTSD.

<http://www.sciencedirect.com/science/article/pii/S138994571500773X>

Sleep difficulties one year following mild traumatic brain injury in a population-based study.

Alice Theadom, Mark Cropley, Priya Parmar, Suzanne Barker-Collo, Nicola Starkey, Kelly Jones, Valery L Feigin

Sleep Medicine

Available online 15 May 2015

doi:10.1016/j.sleep.2015.04.013

Background

Sleep quality affects all aspects of daily functioning and is vital for facilitating recovery from illness and injury. Sleep commonly becomes disrupted following moderate to severe brain injury, yet little is known about the prevalence of sleep disruption over time and how it impacts on recovery following mild injury.

Methods

This was a longitudinal study of 346 adults who experienced a mild brain injury (aged ≥ 16 years) identified within a population-based incidence sample in New Zealand. The prevalence of sleep difficulties was assessed at baseline (within 2 weeks), 1, 6 and 12 months, alongside other key outcomes.

Results

One year post-injury, 41.4% of people were identified as having clinically significant sleep difficulties, with 21.0% at a level indicative of insomnia. Poor sleep quality at baseline was significantly predictive of poorer post-concussion symptoms, mood, community integration and cognitive ability one year post-injury. Prevalence of insomnia following mild TBI was more than three times the rate found in the general population. Of those completing a sleep assessment at

6 and 12 months, 44.9% of the sample showed improvements in sleep quality, 16.2% remained stable and 38.9% worsened.

Conclusions

Screening for sleep difficulties should occur routinely following a mild brain injury to identify adults potentially at risk of poor recovery. Interventions to improve sleep are needed to facilitate recovery from injury and prevent persistent sleep difficulties emerging.

<http://www.ncbi.nlm.nih.gov/pubmed/25987198>

Compr Psychiatry. 2015 May 1. pii: S0010-440X(15)00063-2. doi: 10.1016/j.comppsy.2015.04.012. [Epub ahead of print]

The effects of aggression on symptom severity and treatment response in a trial of cognitive behavioral therapy for panic disorder.

Cassiello-Robbins C, Conklin LR, Anakwenze U, Gorman JM, Woods SW, Shear MK, Barlow DH

BACKGROUND:

Previous research suggests that patients with panic disorder exhibit higher levels of aggression than patients with other anxiety disorders. This aggression is associated with more severe symptomatology and interpersonal problems. However, few studies have examined whether higher levels of aggression are associated with a worse treatment response in this population.

METHODS:

The present study sought to examine the association of aggression with panic disorder symptom severity in a sample of 379 patients who participated in a trial examining long-term strategies for the treatment of panic disorder.

RESULTS:

We found that aggression was significantly associated with higher baseline levels of panic disorder symptoms, anxiety, depression, and functional impairment. Further, we found that patients higher in aggression did not achieve the same level of improvement in general anxiety symptoms during treatment compared to patients lower in aggression, even when controlling for baseline anxiety symptom severity.

CONCLUSION:

These results suggest that more research is needed concerning patients with anxiety disorders with higher aggression, as they may be a group in need of additional treatment considerations. Copyright © 2015. Published by Elsevier Inc.

<http://www.ncbi.nlm.nih.gov/pubmed/25981329>

Behav Res Ther. 2015 May 6;70:47-55. doi: 10.1016/j.brat.2015.05.002. [Epub ahead of print]

Internet-vs. group-delivered cognitive behavior therapy for insomnia: A randomized controlled non-inferiority trial.

Blom K, Tarkian Tillgren H, Wiklund T, Danlycke E, Forssén M, Söderström A, Johansson R, Hesser H, Jernelöv S, Lindefors N, Andersson G, Kaldo V

The aim of this study was to compare guided Internet-delivered to group-delivered cognitive behavioral therapy (CBT) for insomnia. We conducted an 8-week randomized controlled non-inferiority trial with 6-months follow-up. Participants were forty-eight adults with insomnia, recruited via media. Interventions were guided Internet-delivered CBT (ICBT) and group-delivered CBT (GCBT) for insomnia. Primary outcome measure was the Insomnia Severity Index (ISI), secondary outcome measures were sleep diary data, depressive symptoms, response- and remission rates. Both treatment groups showed significant improvements and large effect sizes for ISI (Within Cohen's d: ICBT post = 1.8, 6-months follow-up = 2.1; GCBT post = 2.1, 6-months follow-up = 2.2). Confidence interval of the difference between groups post-treatment and at FU6 indicated non-inferiority of ICBT compared to GCBT. At post-treatment, two thirds of patients in both groups were considered responders (ISI-reduction > 7p). Using diagnostic criteria, 63% (ICBT) and 75% (GCBT) were in remission. Sleep diary data showed moderate to large effect sizes. We conclude that both guided Internet-CBT and group-CBT in this study were efficacious with regard to insomnia severity, sleep parameters and depressive symptoms. The results are in line with previous research, and strengthen the evidence for guided Internet-CBT for insomnia. TRIAL REGISTRATION: The study protocol was approved by, and registered with, the regional ethics review board in Linköping, Sweden, registration number 2010/385-31. Copyright © 2015 The Authors. Published by Elsevier Ltd.. All rights reserved.

<http://www.ncbi.nlm.nih.gov/pubmed/25974059>

J Nerv Ment Dis. 2015 May 12. [Epub ahead of print]

Eye Movement Desensitization and Reprocessing Versus Cognitive-Behavioral Therapy for Adult Posttraumatic Stress Disorder: Systematic Review and Meta-Analysis.

Chen L, Zhang G, Hu M, Liang X

Posttraumatic stress disorder (PTSD) is a relatively common mental disorder, with an estimated lifetime prevalence of ~5.7%. Eye movement desensitization and reprocessing (EMDR) and cognitive-behavioral therapy (CBT) are the most often studied and most effective psychotherapies for PTSD. However, evidence is inadequate to conclude which treatment is superior. Therefore, we conducted a meta-analysis to confirm the effectiveness of EMDR compared to CBT for adult PTSD. We searched Medline, PubMed, Ebsco, Proquest, and Cochrane (1989-2013) to identify relevant randomized control trials comparing EMDR and CBT for PTSD. We included 11 studies (N = 424). Although all the studies had methodological limitations, meta-analyses for total PTSD scores revealed that EMDR was slightly superior to CBT. Cumulative meta-analysis confirmed this and a meta-analysis for subscale scores of PTSD symptoms indicated that EMDR was better for decreased intrusion and arousal severity compared to CBT. Avoidance was not significantly different between groups. EMDR may be more suitable than CBT for PTSD patients with prominent intrusion or arousal symptoms. However, the limited number and poor quality of the original studies included suggest caution when drawing final conclusions.

<http://www.ncbi.nlm.nih.gov/pubmed/25970869>

FP Essent. 2015 May;432:21-6.

Chronic pain management: nonpharmacological therapies for chronic pain.

Chang KL, Fillingim R, Hurley RW, Schmidt S

Nonpharmacologic therapies have become a vital part of managing chronic pain (CP). Although these can be used as stand-alone therapies, nonpharmacologic treatments often are used to augment and complement pharmacologic treatments (ie, multimodal therapy).

Nonpharmacologic approaches can be classified as behavioral, cognitive, integrative, and physical therapies. Core principles in developing a treatment plan are explaining the nature of the CP condition, setting appropriate goals, and developing a comprehensive treatment approach and plan for adherence. Clinicians should become familiar with these interventions so that they can offer patients flexibility in the pain management approach. Effective noninvasive treatment modalities for CP include behavioral therapy for short-term pain relief; cognitive behavioral therapy for reducing long-term pain and disability; hypnosis as adjunctive therapy; guided imagery, diaphragmatic breathing, and muscle relaxation, especially for cancer-related pain; mindfulness-based stress reduction for patients with chronic low back pain; acupuncture for multiple pain conditions; combination manipulation, manual therapy, endurance exercise, stretching, and strengthening for chronic neck pain; animal-assisted therapy; and S-adenosyl-L-methionine for joint pain. Guidelines for use of these treatment modalities are based on expert panel recommendations in combination with data from randomized controlled trials. Written permission from the American Academy of Family Physicians is required for reproduction of this material in whole or in part in any form or medium.

<http://www.ncbi.nlm.nih.gov/pubmed/25970233>

J Neurotrauma. 2015 May 13. [Epub ahead of print]

Prevalence & Predictors of Poor Recovery from Mild Traumatic Brain Injury.

Rabinowitz AR, Li X, McCauley SR, Wilde EA, Barnes AF, Hanten G, Mendez D, McCarthy JJ, Levin H

Although most mild Traumatic Brain Injury (mTBI) patients recover within three months, a subgroup of patients experience persistent symptoms. Yet, the prevalence and predictors of persistent dysfunction in mTBI patients remain poorly understood. In a longitudinal study, we evaluated predictors of symptomatic and cognitive dysfunction in adolescents and young adults with mTBI, as compared with two control groups-patients with orthopedic injuries, and healthy uninjured individuals. Outcomes were assessed three months post injury. Poor symptomatic outcome at was defined as exhibiting a symptom score higher than 90% of the orthopedic control (OC) group, and poor cognitive outcome was defined as exhibiting cognitive performance poorer than 90% of the OC group. At three months post injury, over half of the patients with mTBI (52%) exhibited persistently elevated symptoms, and more than a third (36.4%) exhibited poor cognitive outcome. Whereas the rate of high symptom report in mTBI was markedly greater than that of typically developing (13%) and OC (17%) groups; the proportion of those with poor cognitive performance in the mTBI group exceeded that of typically developing controls (15.8%), but was similar to that of the OC group (34.9%). Older age at injury, female gender, and acute symptom report were predictors of poor symptomatic outcome at three months. Socioeconomic status was the only significant predictor of poor cognitive outcome at three months.

<http://www.ncbi.nlm.nih.gov/pubmed/25961867>

Psychol Trauma. 2015 May 11. [Epub ahead of print]

A Meta-Analytic Review of Overgeneral Memory: The Role of Trauma History, Mood, and the Presence of Posttraumatic Stress Disorder.

Ono M, Devilly GJ, Shum DH

A number of studies suggest that a history of trauma, depression, and posttraumatic stress disorder (PTSD) are associated with autobiographical memory deficits, notably overgeneral memory (OGM). However, whether there are any group differences in the nature and magnitude

of OGM has not been evaluated. Thus, a meta-analysis was conducted to quantify group differences in OGM. The effect sizes were pooled from studies examining the effect on OGM from a history of trauma (e.g., childhood sexual abuse), and the presence of PTSD or current depression (e.g., major depressive disorder). Using multiple search engines, 13 trauma studies and 12 depression studies were included in this review. A depression effect was observed on OGM with a large effect size, and was more evident by the lack of specific memories, especially to positive cues. An effect of trauma history on OGM was observed with a medium effect size, and this was most evident by the presence of overgeneral responses to negative cues. The results also suggested an amplified memory deficit in the presence of PTSD. That is, the effect sizes of OGM among individuals with PTSD were very large and relatively equal across different types of OGM. Future studies that directly compare the differences of OGM among 4 samples (i.e., controls, current depression without trauma history, trauma history without depression, and trauma history and depression) would be warranted to verify the current findings. (PsycINFO Database Record (c) 2015 APA, all rights reserved).

<http://www.ncbi.nlm.nih.gov/pubmed/25957940>

Cochrane Database Syst Rev. 2015 May 10;5:CD007803. [Epub ahead of print]

Augmentation of cognitive and behavioural therapies (CBT) with d-cycloserine for anxiety and related disorders.

Ori R, Amos T, Bergman H, Soares-Weiser K, Ipser JC, Stein DJ

BACKGROUND:

A significant number of patients who suffer with anxiety and related disorders (that is post-traumatic stress disorder (PTSD), social anxiety disorder (SAnD), panic disorder with or without agoraphobia (PD), specific phobia (SPh) and obsessive compulsive disorder (OCD)) fail to respond optimally to first-line treatment with medication or cognitive and behavioural therapies. The addition of d-cycloserine (DCS) to cognitive and behavioural therapies may improve treatment response by impacting the glutamatergic system. This systematic review aimed to investigate the effects of adding DCS to cognitive and behavioural therapies by synthesising data from relevant randomised controlled trials and following the guidelines recommended by Cochrane to minimise systematic sources of bias.

OBJECTIVES:

To assess the effect of DCS augmentation of cognitive and behavioural therapies compared to placebo augmentation of cognitive and behavioural therapies in the treatment of anxiety and related disorders. Additionally, to assess the efficacy and tolerability of DCS across different anxiety and related disorders.

SEARCH METHODS:

This review fully incorporates studies identified from a search of the Cochrane Depression, Anxiety and Neurosis Controlled Trials Register (CCDANCTR) to 12 March 2015. This register includes relevant randomised controlled trials (RCTs) from: the Cochrane Library (all years), EMBASE (1974 to date), MEDLINE (1950 to date), PsycINFO (1967 to date), the World Health Organization's trials portal (ICTRP) and ClinicalTrials.gov . Reference lists from previous meta-analyses and reports of RCTs were also checked. No restrictions were placed on language, setting, date or publication status.

SELECTION CRITERIA:

All RCTs of DCS augmentation of cognitive and behavioural therapies versus placebo augmentation of cognitive and behavioural therapies for anxiety and related disorders were included.

DATA COLLECTION AND ANALYSIS:

Two authors (RO and TA) independently assessed RCTs for eligibility and inclusion, extracted outcomes and risk of bias data and entered these into a customised extraction form. Investigators were contacted to obtain missing data. In addition, data entry and analysis were performed by two review authors (KSW and HB).

MAIN RESULTS:

Twenty-one published RCTs, with 788 participants in outpatient settings, were included in the review. Sixteen studies had an age range of 18 to 75 years, while four investigated paediatric populations aged 8 to 17 years. The 21 RCTs investigated OCD (number of RCTs (N) = 6), PTSD (N = 5), SAnD (N = 5), SPh (N = 3) and PD (N = 2). There was no evidence of a difference between DCS augmentation of cognitive and behavioural therapies and placebo augmentation of cognitive and behavioural therapies for the treatment of anxiety and related disorders in adults at the endpoint (treatment responders, N = 9, risk ratio (RR) 1.10; 95% confidence interval (CI) 0.89 to 1.34; number of participants (n) = 449; low quality evidence) and between 1 and 12 months follow-up (N = 7, RR 1.08; 95% CI 0.90 to 1.31; n = 383). DCS augmentation of cognitive and behavioural therapies was not superior to placebo augmentation of cognitive and behavioural therapies for children and adolescents, both at the endpoint (N = 4, RR 1.01; 95% CI 0.78 to 1.31; n = 121; low quality evidence) and between 3 and 12 months follow-up (N = 3, RR 0.86; 95% CI 0.67 to 1.09; n = 91). There was no evidence of a difference in treatment acceptability for DCS augmentation of cognitive and behavioural therapies compared with placebo augmentation of cognitive and behavioural therapies in adults (N = 16, RR 0.88; 95% CI 0.61 to 1.25; n = 740), nor in children and adolescents (N = 4, RR 0.90; 95% CI 0.17 to 4.69; n = 131). These conclusions were based on moderate quality evidence for adults, and very low quality evidence for children and adolescents. Although the observed difference was small, it is noteworthy that there was a high baseline efficacy of exposure-based therapies alone in the included trials. Due to the limited number of studies, subgroup analysis of moderating factors for clinical and methodological effect could not take place. Most information from the studies was rated as having either low risk or unclear risk of bias. The imprecision

found in study measures, marked inconsistency across studies and lack of generalisability of outpatient settings are important limitations.

AUTHORS' CONCLUSIONS:

This review found no evidence of a difference between DCS augmentation of cognitive and behavioural therapies and placebo augmentation of cognitive and behavioural therapies for treating anxiety and related disorders in children, adolescents and adults. These findings are based on low quality evidence, small sample sizes and incomplete data for clinical response, which precludes us from drawing conclusions on the use of DCS augmentation of cognitive and behavioural therapies at this stage. Further research is necessary to assess the use of DCS compared with placebo augmentation of cognitive and behavioural therapies, and determine mechanisms of action as well as magnitude of effect in anxiety and related disorders. More trials could provide a more precise estimate of treatment effects of DCS and would allow for a more comprehensive look at sources of heterogeneity between trial results.

<http://www.ncbi.nlm.nih.gov/pubmed/25956251>

Neurosci Biobehav Rev. 2015 May 6;55:68-77. doi: 10.1016/j.neubiorev.2015.04.010. [Epub ahead of print]

Sleep disruption and the sequelae associated with traumatic brain injury.

Lucke-Wold BP, Smith KE, Nguyen L, Turner RC, Logsdon AF, Jackson GJ, Huber JD, Rosen CL, Miller DB

Sleep disruption, which includes a loss of sleep as well as poor quality fragmented sleep, frequently follows traumatic brain injury (TBI) impacting a large number of patients each year in the United States. Fragmented and/or disrupted sleep can worsen neuropsychiatric, behavioral, and physical symptoms of TBI. Additionally, sleep disruption impairs recovery and can lead to cognitive decline. The most common sleep disruption following TBI is insomnia, which is difficulty staying asleep. The consequences of disrupted sleep following injury range from deranged metabolomics and blood brain barrier compromise to altered neuroplasticity and degeneration. There are several theories for why sleep is necessary (e.g., glymphatic clearance and metabolic regulation) and these may help explain how sleep disruption contributes to degeneration within the brain. Experimental data indicate disrupted sleep allows hyperphosphorylated tau and amyloid β plaques to accumulate. As sleep disruption may act as a cellular stressor, target areas warranting further scientific investigation include the increase in endoplasmic reticulum and oxidative stress following acute periods of sleep deprivation. Potential treatment options for restoring the normal sleep cycle include melatonin derivatives and cognitive behavioral therapy. Published by Elsevier Ltd.

Links of Interest

How PTSD Became a Problem Far Beyond the Battlefield

<http://www.vanityfair.com/news/2015/05/ptsd-war-home-sebastian-junger>

War "exists in an outside moral universe"

<http://www.vox.com/2015/5/7/8553079/moral-injury-explained>

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/>

Tackling Treatment-Resistant Depression Using CBT

<http://www.psychiatryadvisor.com/apa-2015-coverage/treatment-resistant-depression-cognitive-behavioral-therapy/article/415141/>

There's a divide between civilians and soldiers, partly because of Hollywood

http://www.washingtonpost.com/lifestyle/style/theres-a-divide-between-civilians-and-soldiers-hollywood-is-partly-to-blame/2015/05/17/ea1332f0-f819-11e4-a13c-193b1241d51a_story.html

Substance abuse risk not greater in those using medical marijuana with prescribed opioids

<http://www.sciencedaily.com/releases/2015/05/150518081830.htm>

Resource of the Week: [Contact Your Government, by Topic](#)

USA.Gov is the official portal to the United States government and, like the United States government, it's vast and often difficult to navigate. But there is SO much useful information here, including this one-stop shopping section of contact information for government agencies, based on the topic you're looking for. This resource is not exhaustive, but it's a decent place to start.



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Benefits

- [Federal Employee Retirement Benefits](#)
- [Food Stamps \(Supplemental Nutrition Assistance Program\)](#) - Call to learn more about eligibility requirements and the nutritional benefits of the program.
- [Head Start Program Locator](#) - Find information to enroll your child in a Head Start pre-school in your area.
- [Health Insurance for Children](#) - Call the program office in your state to see if your children are eligible for free or low-cost health insurance.
- [Heating and Cooling Assistance for Your Home](#) - Call the Low Income Home Energy Assistance Program Office that serves your state or tribe.

Military and Veterans

- [Air Force Contacts](#)
- [Air Force Recruiting](#)
- [Army Personnel Locator](#) – Write to the U.S. Army to locate active duty personnel.
- [Army Recruiting](#) – Find an Army recruiter near you
- [Department of Defense](#) – E-mail, call or mail questions and requests for information.
- [Department of Veterans Affairs](#) – E-mail, call, fax or mail questions, comments or complaints.
- [Marines Contacts](#) – E-mail your question to the Marine Corps.
- [Marines Recruiting](#)
- [Navy contacts](#)
- [Navy Recruiting](#) – Navy recruiting website
- [Troops](#) – E-mail greetings to overseas troops.
- [Veterans Employment and Training](#) – Key contacts for grants and employment and training assistance for veterans.
- [Veterans Issues](#) – E-mail inquiries about medical and other benefits, cemeteries, agent orange and Persian Gulf illness.
- [World War II Memorial](#) – The World War II Memorial, completed in 2004 in Washington, DC, honors the 16 million who served and the more than 400,000 who died.

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