



CDP Research Update -- June 4, 2015

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<http://content.govdelivery.com/accounts/USVHA/bulletins/106d767>

PTSD Monthly Update -- May 2015
June is PTSD Awareness Month

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

The National Center for PTSD invites you to Help Raise PTSD Awareness during the month of June to help those with PTSD. We encourage everyone to learn, connect, and share with others.

Learn About PTSD

Take the mystery out of PTSD: learn what it is, who is affected, and how treatment can help.

Find out if you or a loved one has PTSD, and discover ways to get help.

View a series of short, animated videos that describe PTSD and what treatment is like. Take advantage of online tools that help manage PTSD symptoms with PTSD Coach Online and mobile apps.

Hear from Veterans and their providers at AboutFace.

Visit the National Center for PTSD website for more information.

Connect With Others Who Can Help

Give support. Get support. You can make a difference today in someone's life. For many people, it can be hard to reach out for help. Read tips on how to overcome barriers to care, and know that there is support for family and friends too.

Share With Others to Spread the Word!

Please spread the word to help raise awareness of PTSD and its effective treatments. Reach out to friends, family, and others in your community. We provide a variety of ideas and Promotional Materials to help you distribute information to your community or organize an event...

<http://www.cdc.gov/nchs/data/databriefs/db203.htm>

Serious Psychological Distress Among Adults: United States, 2009–2013

National Center for Health Statistics (CDC)

Number 203, May 2015

Key findings

Data from the National Health Interview Survey, 2009–2013

- In every age group, women were more likely to have serious psychological distress than men. Among all adults, as income increased, the percentage with serious psychological distress decreased.
- Adults aged 18–64 with serious psychological distress were more likely to be uninsured (30.4%) than adults without serious psychological distress (20.5%).
- More than one-quarter of adults aged 65 and over with serious psychological distress (27.3%) had limitations in activities of daily living.
- Adults with serious psychological distress were more likely to have chronic obstructive pulmonary disease, heart disease, and diabetes than adults without serious psychological distress.

<http://www.ncbi.nlm.nih.gov/pubmed/25961373>

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

The Effects of Cognitive Behavioral Therapy as an Anti-Depressive Treatment is Falling: A Meta-Analysis.

Johnsen TJ, Friberg O.

A meta-analysis examining temporal changes (time trends) in the effects of cognitive behavioral therapy (CBT) as a treatment for unipolar depression was conducted. A comprehensive search of psychotherapy trials yielded 70 eligible studies from 1977 to 2014. Effect sizes (ES) were quantified as Hedge's *g* based on the Beck Depression Inventory (BDI) and the Hamilton Rating Scale for Depression (HRSD). Rates of remission were also registered. The publication year of each study was examined as a linear metaregression predictor of ES, and as part of a 2-way interaction with other moderators (Year × Moderator). The average ES of the BDI was 1.58 (95% CI [1.43, 1.74]), and 1.69 for the HRSD (95% CI [1.48, 1.89]). Subgroup analyses revealed that women profited more from therapy than did men ($p < .05$). Experienced psychologists ($g = 1.55$) achieved better results ($p < .01$) than less experienced student therapists ($g = 0.98$). The metaregressions examining the temporal trends indicated that the effects of CBT have declined linearly and steadily since its introduction, as measured by patients' self-reports (the BDI, $p < .001$), clinicians' ratings (the HRSD, $p < .01$) and rates of remission ($p < .01$). Subgroup analyses confirmed that the declining trend was present in both within-group (pre/post) designs ($p < .01$) and controlled trial designs ($p = .02$). Thus, modern CBT clinical trials seemingly provided less relief from depressive symptoms as compared with the seminal trials. Potential causes and possible implications for future studies are discussed. (PsycINFO Database Record)

http://www.rand.org/pubs/research_reports/RR994.html

Public-Private Partnerships for Providing Behavioral Health Care to Veterans and Their Families: What Do We Know, What Do We Need to Learn, and What Do We Need to Do?

Eric R. Pedersen, Nicole K. Eberhart, Kayla M. Williams, Terri Tanielian, Caroline Epley, Deborah M. Scharf

RAND Corporation, 2015

American veterans and their family members struggle with behavioral health problems, yet few engage in treatment to address these problems. Barriers to care include trouble accessing

treatment and limited communication between civilian and military health care systems, which treat veterans and their family members separately. Even though the Department of Veterans Affairs (VA) is making efforts to address barriers to care, more work is needed to effectively serve veterans and their families. Public-private partnerships have been discussed as a potential solution and could include collaborations between a public agency, such as the VA, and a private organization, such as a veteran service organization, private industry, or private hospital. Despite the call for such partnerships, not much is known about what a public-private partnership would entail for addressing behavioral health concerns for veterans and their families. The health care literature is sparse in this area, and published examples and recommendations are limited. Thus, the authors wrote this report to inform the creation of public-private partnerships to better serve veterans and their families. The report outlines nine key components for public-private partnerships addressing veteran behavioral health care. These components are supported by qualitative interview data from five successful public-private partnerships that serve veterans and their families. This report will assist policymakers in the VA and other federal agencies in developing and fostering public-private partnerships to address the behavioral health care needs of veterans and their families. The report also discusses next steps for research and policymaking efforts with regard to these partnerships.

<http://ajh.sagepub.com/content/early/2015/05/18/1049909115586556.abstract>

Medication Needs Vary for Terminally Ill Vietnam Era Veterans With and Without a Diagnosis of PTSD.

Esther Kelley-Cook, George Nguyen, Shuko Lee, Tressia M. Edwards, and Sandra Sanchez-Reilly

American Journal of Hospice & Palliative Medicine
Published online before print May 19, 2015
doi: 10.1177/1049909115586556

This retrospective pilot study aims to evaluate the clinical impact of palliative care in the treatment of terminally ill Vietnam Veterans with a history of posttraumatic stress disorder (PTSD) versus those without PTSD, as it pertains to medications for symptom control at the end of life (EOL). Active prescriptions for benzodiazepines, hypnotics, antidepressants, and antipsychotic medications at the EOL were recorded. During EOL care, 28 (72%) participants with PTSD used these medications versus 55 (40%) of the non-PTSD participants ($P = .0005$). There was significant correlation between a lifetime diagnosis of PTSD with antidepressant use ($P = .0002$) and hypnotics ($P = .0085$) during EOL care but not with benzodiazepines or antipsychotics. The higher utilization of certain medication classes among participants with PTSD may indicate that PTSD treatment should continue at the EOL to improve care.

<http://www.sciencedirect.com/science/article/pii/S0022399915004389>

Sleep deprivation affects reactivity to positive but not negative stimuli.

June J. Pilcher, Christina Callan, J. Laura Posey

Journal of Psychosomatic Research
Available online 16 May 2015
doi:10.1016/j.jpsychores.2015.05.003

Objective

The current study examined the effects of partial and total sleep deprivation on emotional reactivity.

Methods

Twenty-eight partially sleep-deprived participants and 31 totally sleep-deprived participants rated their valence and arousal responses to positive and negative pictures across four testing sessions during the day following partial sleep deprivation or during the night under total sleep deprivation.

Results

The results suggest that valence and arousal ratings decreased under both sleep deprivation conditions. In addition, partial and total sleep deprivation had a greater negative effect on positive events than negative events.

Conclusion

These results suggest that sleep-deprived persons are more likely to respond less to positive events than negative events. One explanation for the current findings is that negative events could elicit more attentive behavior and thus stable responding under sleep deprivation conditions. As such, sleep deprivation could impact reactivity to emotional stimuli through automated attentional and self-regulatory processes.

<http://www.jsad.com/doi/abs/10.15288/jsad.2015.76.355>

Personalized Drinking Feedback Intervention for Veterans of the Wars in Iraq and Afghanistan: A Randomized Controlled Trial.

Matthew P. Martens, Ph.D., Jennifer M. Cadigan, M.A., Randall E. Rogers, Ph.D. & Zachary H. Osborn, Ph.D.

Journal of Studies on Alcohol and Drugs

76(3), 355–359 (2015)

<http://dx.doi.org/10.15288/jsad.2015.76.355>

Objective:

Research has shown that U.S. military veterans are at risk relative to the general adult population for excessive alcohol consumption, and veterans of the wars in Afghanistan and Iraq (Operation Enduring Freedom [OEF], Operation Iraqi Freedom [OIF], and Operation New Dawn [OND]) particularly so. The purpose of this study was to examine the efficacy of a brief personalized drinking feedback intervention tailored for veterans.

Method:

All veterans who presented to the OEF/OIF/OND Seamless Transition Clinic at the Harry S. Truman Memorial Veterans' Hospital (Columbia, MO) were eligible to participate. Participants were 325 veterans (93% male; 82% White, 75% Army, Mage = 32.20 years) who were randomly assigned to one of two conditions: personalized drinking feedback (PDF) or educational information (EDU). Those in the PDF condition received personalized information about their alcohol use, including social norms comparisons, risks associated with reported drinking levels, and a summary of their alcohol-related problems. Follow-up assessments were completed at 1 and 6 months after intervention (response rates = 93% and 86%, respectively).

Results:

Results indicated a significant ($p < .05$) Omnibus Group \times Time effect for estimated peak blood alcohol concentration, although tests of simple main effects did not indicate between-group differences at the individual follow-up points. Among baseline abstainers, those in the PDF condition were more likely than those in the EDU condition to remain an abstainer at 6-month follow-up ($p < .05$).

Conclusions:

These findings provide preliminary support for the efficacy of a brief, inexpensive alcohol prevention/intervention for young adult military veterans.

<http://online.liebertpub.com/doi/abs/10.1089/tmj.2014.0114>

Implementation of Video Telehealth to Improve Access to Evidence-Based Psychotherapy for Posttraumatic Stress Disorder.

Lindsay Jan A., Kauth Michael R., Hudson Sonora, Martin Lindsey A., Ramsey David J., Daily Lawrence, and Rader John

Telemedicine and e-Health
June 2015, 21(6): 467-472
doi:10.1089/tmj.2014.0114

Background:

Increasing access to psychotherapy for posttraumatic stress disorder (PTSD) is a primary focus of the Department of Veterans Affairs (VA) healthcare system. Delivery of treatment via video telehealth can expand availability of treatment and be equally effective as in-person treatment. Despite VA efforts, barriers to establishing telehealth services remain, including both provider acceptance and organizational obstacles. Thus, development of specific strategies is needed to implement video telehealth services in complex healthcare systems, like the VA.

Materials and Methods:

This project was guided by the Promoting Action on Research Implementation in Health Services framework and used external facilitation to increase access to psychotherapy via video telehealth. The project was conducted at five VA Medical Centers and their associated community clinics across six states in the South Central United States.

Results:

Over a 21-month period, 27 video telehealth clinics were established to provide greater access to evidence-based psychotherapies for PTSD. Examination of change scores showed that participating sites averaged a 3.2-fold increase in unique patients and a 6.5-fold increase in psychotherapy sessions via video telehealth for PTSD. Differences between participating and nonparticipating sites in both unique patients and encounters were significant ($p=0.041$ and $p=0.009$, respectively). Two groups emerged, separated by degree of engagement in the facilitation intervention. Facilitation was perceived as useful by providers.

Conclusions:

To our knowledge, this is the first prospective study of external facilitation as an implementation strategy for telehealth. Our findings suggest that external facilitation is an effective and acceptable strategy to support providers as they establish clinics and make complex practice changes, such as implementing video telehealth to deliver psychotherapy.

http://www.rand.org/pubs/research_reports/RR870z4.html

Sexual Assault and Sexual Harassment in the U.S. Military Volume 3. Estimates for Coast Guard Service Members from the 2014 RAND Military Workplace Study

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

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

RAND Corporation, 2015

In early 2014, the Department of Defense Sexual Assault Prevention and Response Office asked the RAND National Defense Research Institute to conduct an independent assessment of sexual assault, sexual harassment, and gender discrimination in the military — an assessment last conducted in 2012 by DoD using the Workplace and Gender Relations Survey of Active Duty Members. The Coast Guard also requested inclusion of its members. The resulting RAND Military Workplace Study included a survey of 560,000 U.S. service members fielded in August and September of 2014. About 14,000 active-component Coast Guard members and all 7,592 Coast Guard Reserve members were among those invited to participate in the survey. This volume presents results from this survey for the U.S. Coast Guard and the Coast Guard Reserve. It includes estimates of the number of Coast Guard members who experienced sexual assault, sexual harassment, or gender discrimination in the past year, as well as detailed information about the characteristics of those incidents, decisions to report, and experiences with response and legal systems. It also describes Coast Guard members' beliefs and attitudes about these problems.

<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.

LeBouthillier, D. M., McMillan, K. A., Thibodeau, M. A. and Asmundson, G. J. G.

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.ejpt.net/index.php/ejpt/article/view/28074>

The underlying dimensionality of PTSD in the diagnostic and statistical manual of mental disorders: where are we going?

Cherie Armour

European Journal of Psychotraumatology

2015, 6: 28074

<http://dx.doi.org/10.3402/ejpt.v6.28074>

There has been a substantial body of literature devoted to answering one question: Which latent model of posttraumatic stress disorder (PTSD) best represents PTSD's underlying dimensionality? This research summary will, therefore, focus on the literature pertaining to PTSD's latent structure as represented in the fourth (DSM-IV, 1994) to the fifth (DSM-5, 2013) edition of the DSM. This article will begin by providing a clear rationale as to why this is a pertinent research area, then the body of literature pertaining to the DSM-IV and DSM-IV-TR will be summarised, and this will be followed by a summary of the literature pertaining to the recently published DSM-5. To conclude, there will be a discussion with recommendations for future research directions, namely that researchers must investigate the applicability of the new DSM-5 criteria and the newly created DSM-5 symptom sets to trauma survivors. In addition, researchers must continue to endeavour to identify the "correct" constellations of symptoms within symptom sets to ensure that diagnostic algorithms are appropriate and aid in the development of targeted treatment approaches and interventions. In particular, the newly proposed DSM-5 anhedonia model, externalising behaviours model, and hybrid models must be further investigated. It is also important that researchers follow up on the idea that a more parsimonious latent structure of PTSD may exist.

<http://www.journalsleep.org/ViewAbstract.aspx?pid=30045>

Treating Acute Insomnia: A Randomized Controlled Trial of a "Single-Shot" of Cognitive Behavioral Therapy for Insomnia.

Ellis JG, Cushing T, Germain A.

SLEEP

2015;38(6):971–978

<http://dx.doi.org/10.5665/sleep.4752>

Study Objectives:

Despite considerable evidence supporting cognitive behavioral therapy for insomnia (CBT-I) for chronic insomnia, it remains untested within the context of acute insomnia. This study examined the efficacy of a single session of CBT-I, with an accompanying self-help pamphlet, for individuals with acute insomnia.

Design:

A pragmatic parallel group randomized controlled trial.

Setting:

Community.

Participants:

Forty adults (mean age 32.9 ± 13.72 y) with Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) defined insomnia disorder, except a self-reported duration of less than 3 mo (i.e., acute insomnia), who reported no previous exposure to CBT-I and were not currently taking medication for sleep.

Interventions:

A single 60- to 70-min session of CBT-I ($n = 20$), with an accompanying self-help pamphlet, or wait list control group ($n = 20$). All subjects were offered a full individual course of CBT-I on completion of the study, regardless of group allocation.

Measurements and Results:

Subjects completed sleep diaries and the Insomnia Severity Index (ISI) pretreatment and 1 mo following treatment. There were no between-group differences on baseline ISI scores or subjective sleep continuity. The intervention group reported significantly lower ISI scores than controls ($t(38) 2.24, P < 0.05$) at follow-up. Further, using proposed ISI scores for identifying insomnia caseness (i.e., ≥ 10), 60% of those in the CBT-I group had remitted by 1 mo compared to 15% of those in the control group.

Conclusions:

This single session of cognitive behavioral therapy for insomnia (CBT-I) is sufficiently efficacious for a significant proportion of those with acute insomnia. The results are discussed in terms of integrating this brief form of CBT-I into the “stepped care” model of insomnia.

Trial Registration:

Testing the efficacy of an early intervention for acute insomnia (SRCTN05891695)

<http://www.controlled-trials.com/ISRCTN05891695>.

<http://www.sciencedirect.com/science/article/pii/S0143622815000880>

Geographic variation in male suicide rates in the United States.

Andrew B. Trgovac, Peter J. Kedron, Sharmistha Bagchi-Sen

Geographic variation in male suicide rates in the United States

Applied Geography

Volume 62, August 2015, Pages 201–209

doi:10.1016/j.apgeog.2015.04.005

This study examines geographic variability of factors associated with male suicide in the United States using county-level data covering 2000 to 2006. Three variables are used as indicators of social isolation: separated/divorced marital status, migration status, and unemployment. A geographically weighted regression analysis shows variation from analogous global ordinary least squares and spatial error regression analyses. Separated/divorced marital status demonstrated a global positive influence. Migration and unemployment effects ranged from positive to negative across the United States, showing some geographic clustering. The findings suggest regional variation is masked by global models and the effect of social isolation indicators have on suicide may vary with geographic context. Any detection of at-risk population will require careful evaluation of privacy issues given the sensitive nature of the health topic.

<http://psycnet.apa.org/journals/pst/52/2/185/>

Evidence-based supervision: Tracking outcome and teaching principles of change in clinical supervision to bring science to integrative practice.

Holt, Hannah; Beutler, Larry E.; Kimpara, Satoko; Macias, Sandra; Haug, Nancy A.; Shiloff, Nicole; Goldblum, Peter; Temkin, Rainey Sealey; Stein, Mickey

Psychotherapy, Vol 52(2), Jun 2015, 185-189.

<http://dx.doi.org/10.1037/a0038732>

Special Section: Supervision Process.

Supervision is the primary way in which psychotherapy trainees develop the skills of applying interventions, conceptualizing cases, and practicing self-reflection. Although critical to professional development, the nature and objectives of supervision can vary widely among supervisors, depending on idiosyncratic differences and the orientation used. As clinical psychology moves toward integrating science and practice, the need to teach students evidence-based principles of therapeutic change and how to use outcome measures to enhance progress is paramount. Furthermore, with hundreds of “evidence-based” interventions and

widely diverse supervisors, the fact that cross-cutting interventions and common factors carry the burden of most therapeutic change is frequently lost. In this article, we outline an experimental training system that is being tested as a means to teach student-therapists to use empirically established moderators (treatment factors) and mediators of change to tailor their interventions to client differences. This experimental approach is derived from Systematic Treatment Selection (Beutler, Clarkin, & Bongar, 2000), a cross-cutting system that can be used to aid individualized treatment planning as well as to track and use client outcomes in clinical supervision within a graduate-level training clinic. (PsycINFO Database Record (c) 2015 APA, all rights reserved)

<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.sciencedirect.com/science/article/pii/S0010440X1500070X>

Panic symptoms and elevated suicidal ideation and behaviors among trauma exposed individuals: Moderating effects of Post-traumatic Stress Disorder.

Brian J. Albanese, Aaron M. Norr, Daniel W. Capron, Michael J. Zvolensky, Norman B. Schmidt

Comprehensive Psychiatry

Available online 21 May 2015

doi:10.1016/j.comppsy.2015.05.006

Panic attacks (PA) are highly prevalent among trauma exposed individuals and have been associated with a number of adverse outcomes. Despite high suicide rates among trauma exposed individuals, research to date has not examined the potential relation between panic symptoms and suicidal ideation and behaviors among this high risk population. The current study tested the association of panic with suicidal ideation and behaviors among a large sample of trauma exposed smokers. Community participants (N = 421) who reported a lifetime history of trauma exposure were assessed concurrently for current panic, suicidal ideation and behaviors, and psychiatric diagnoses. Those who met criteria for a current panic disorder diagnosis were removed from analyses to allow for the assessment of non-PD related panic in line with the recent addition of the PA specifier applicable to all DSM-5 disorders. Findings indicated that panic symptoms were significantly associated with suicidal ideation and behaviors beyond the effects of depression and number of trauma types experienced. Further, post-traumatic stress disorder (PTSD) diagnostic status significantly moderated this relationship, indicating the relationship between panic and suicidal ideation and behaviors is potentiated among individuals with a current PTSD diagnosis. This investigation suggests panic symptoms may be a valuable clinical target for the assessment and treatment of suicidal ideation and behaviors among trauma exposed individuals.

<http://link.springer.com/article/10.1007/s12207-015-9226-2>

Detection System for Malingered PTSD and Related Response Biases.

Gerald Young

Psychological Injury and Law

May 2015

DOI 10.1007/s12207-015-9226-2

This article consists mostly of an appendix on the detection of feigned/malingered PTSD that was justified after analysis of extant malingering detection systems and then presented in Young (2014a) as a long table. The submission reviewers at the journal had considered it appropriate that, although it had been published in book format, it is opened up to peer-review commentary to deal with errors of omission and commission, thereby leading to relevant changes, if any, before further use other than as a guide to assessments in the area. In this regard, we solicit reviews, comments, criticisms, suggestions for change, and so on, with a response (rebuttal) to follow. The present malingered PTSD detection system constitutes the first in the field. It incorporates multiple corrections and additions relative to the extant systems on which it is based (MND, Malingered Neurocognitive Dysfunction; MPRD, Malingered Pain-Related Disability; respectively, Slick, Sherman, & Iverson, 1999; Bianchini, Greve, & Glynn, 2005). It includes very specific rules and procedures both for testing and considering inconsistencies/discrepancies in the file history. Therefore, it is comprehensive and lengthy, or takes about ten times as long to present in tabular format as the MND and MPRD systems on which it is based, (portions in italics indicate what is new to the system). It was constructed to permit the creation of equivalent systems for neurocognition and pain, presented in Young (2014a). The system is useful to mental health professionals not well-versed in psychological testing because, aside from its testing component, it includes extensive procedures for evaluating inconsistencies/discrepancies in examinee files. The system needs evaluation of its reliability and validity, as well as clinical utility.

http://www.acofp.org/uploadedFiles/ACOFP/Journal_and_Clinical_Resources/OFP/May.June.pdf#page=36

Screening for Sleep Apnea in Posttraumatic Stress Disorder.

R. Gregory Lande, DO; Cynthia Gragnani, Ph.D

Osteopathic Family Physician

Volume 7, No. 3, May/June 2015

Sleep problems are one of the most enduring complaints from individuals with post-traumatic stress disorder. In this study, the investigators explored the relationships between a commonly administered post-traumatic stress disorder screening instrument, the Posttraumatic Stress Disorder Checklist – Military Version (PCLm) and results obtained from home sleep studies obtained from active duty service members. This retrospective study was conducted among

active duty service members receiving care on the Psychiatry Continuity Service (PCS) at Walter Reed National Military Medical Center. The investigators examined 135 records of subjects referred for an enhanced sleep assessment from October 1, 2010 through November 30, 2013. There were significant direct correlations between the PCLm score and the sleep assessment values: wake percent (n=121, p=.022), onset of first deep sleep (n=106, p=.024), the apnea/hypopnea index (n=110, p=.028) and the oxygen desaturation index (n=110, p=.025).

<http://www.sciencedirect.com/science/article/pii/S1521694215000340>

Psychological aspects of chronic musculoskeletal pain.

Leslie J. Crofford

Best Practice & Research Clinical Rheumatology

Available online 21 May 2015

doi:10.1016/j.berh.2015.04.027

Chronic musculoskeletal pain, by its very nature, is associated with negative emotions and psychological distress. There are individual differences in personality, coping skills, behavioral adaptation, and social support that dramatically alter the psychological outcomes of patients with chronic pain. Patients who have an aspect of central pain amplification associated with mechanical or inflammatory pain and patients with fibromyalgia (FM) are likely to exhibit higher levels of psychological distress and illness behaviors. This manuscript discusses several different constructs for the association between chronic pain, central pain amplification, and psychological distress. The first key question addresses mechanisms shared in common between chronic pain and mood disorders, including the individual factors that influence psychological comorbidity, and the second addresses how pain affects mood and vice versa. Finally, the utility of cognitive behavioral approaches in the management of chronic pain symptoms is discussed.

<http://onlinelibrary.wiley.com/doi/10.1111/sbr.12125/abstract;jsessionid=26D0DBA825AB61016E5DC8DE05BC3502>

Effects of two-session group cognitive behavioral therapy for psychophysiological insomnia: A preliminary study.

Harada, D., Yamadera, W., Sato, M., Iwashita, M., Aoki, R., Obuchi, K., Ozone, M., Itoh, H. and Nakayama, K.

Sleep and Biological Rhythms

Article first published online: 21 MAY 2015
DOI: 10.1111/sbr.12125

The authors evaluated the effects of brief group cognitive behavioral therapy for insomnia (G-CBT-I) in outpatients with psychophysiological insomnia (PPI). This brief G-CBT-I was designed to yield results in a shorter period of time, because its strategy was intended to lower the dropout rate and enhance the cost performance. And also, it was intended to be easy to make use of CBT-I for both therapists and patients. This process consists of four components and only two sessions weekly, and a total therapy time is approximately 3 h. Thirty-three participants (including 17 women) with PPI received G-CBT-I therapy. The short-term outcome (4 weeks after G-CBT-I) was measured using sleep logs, actigraphy, the Japanese version of the Pittsburgh Sleep Quality Index (PSQI-J), and the Japanese version of the Dysfunctional Beliefs and Attitudes about Sleep Scale (DBAS-J). The long-term outcome was evaluated by checking medical records at 6 months after G-CBT-I. At 4 weeks after G-CBT-I, subjective sleep onset latency decreased by 32.1%, and objective sleep efficiency increased to approximately 90%. The dissociation between subjective and objective evaluations of sleep decreased. The total score of the PSQI-J and the scores on the DBAS-J (“consequences of insomnia”, “control and predictability of sleep”, and “sleep-promoting practice”) were decreased. At the long-term follow-up, the amount of hypnotics needed by each participant decreased by 0.6 mg (1 being equivalent to 1 mg of flunitrazepam) (33% reduction). These findings suggested that patients with PPI could derive significant benefit from brief G-CBT-I therapy.

<http://www.sciencedirect.com/science/article/pii/S0006322315004321>

Soldiers with PTSD see a world full of threat: MEG reveals enhanced tuning to combat-related cues.

Rebecca M. Todd, Matt J. Mac Donald, Paul Sedge, Amanda Robertson, Rakesh Jetly, Margot J. Taylor, Elizabeth W. Pang

Biological Psychiatry

Available online 26 May 2015

doi:10.1016/j.biopsych.2015.05.011

Background

Post-traumatic stress disorder (PTSD) is linked to elevated arousal and alterations in cognitive processes. Yet whether a traumatic experience is linked to neural and behavioural differences in selective attentional tuning to traumatic stimuli is not known. The present study examined selective awareness of threat stimuli and underlying temporal-spatial patterns of brain activation associated with PTSD.

Methods

Participants were 44 soldiers from the Canadian Armed Forces, 22 with PTSD and 22 without. All completed neuropsychological tests and clinical assessments. Magnetoencephalography (MEG) data were collected while participants identified two targets in a rapidly presented stream of words. The first target was a number and the second target (T2) was either a combat-related or neutral word. The difference in accuracy for combat-related vs. neutral words was used as a measure of attentional bias.

Results

All soldiers showed a bias for combat-related words. This bias was enhanced in the PTSD group, and behavioural differences were associated with distinct patterns of brain activity. At early latencies non-PTSD soldiers showed activation of midline frontal regions associated with fear regulation (90-340ms after T2 presentation), whereas those with PTSD showed greater visual cortex activation linked to enhanced visual processing of trauma stimuli (200-300ms).

Conclusions

These findings suggest that attentional biases in PTSD are linked to deficits in very rapid regulatory activation observed in healthy controls. Thus, sufferers with PTSD may literally see a world more populated by traumatic cues, contributing to a positive feedback loop that perpetuates the effects of trauma.

<http://onlinelibrary.wiley.com/doi/10.1002/jclp.22192/abstract>

Predictors of Suicidal Ideation Across Deployment: A Prospective Study.

Cigrang, J. A., Balderrama-Durbin, C., Snyder, D. K., Talcott, G. W., Tatum, J., Baker, M., Cassidy, D., Sonnek, S., Smith Slep, A. M. and Heyman, R. E.

Journal of Clinical Psychology

Article first published online: 25 MAY 2015

DOI: 10.1002/jclp.22192

Objective

Concurrent and prospective predictors of suicidal ideation were examined in a sample of 318 United States Air Force Security Forces across a 1-year deployment in Iraq and 6- to 9-month follow-up.

Method

Participants included 294 male and 24 female Airmen ranging in age from 18 to 46 years, predominantly (67%) Caucasian. Measures included self-reports of postdeployment suicidal ideation, posttraumatic stress and depressive symptoms, alcohol use, combat experiences, relationship distress, social support, and postdeployment readjustment.

Results

Problem drinking before deployment prospectively predicted postdeployment suicidal ideation in univariate analyses. Depressive symptoms and problem drinking were significant independent predictors of postdeployment suicidal ideation. Findings demonstrated a ninefold increase in suicidal ideation among service members with even mild depressive symptoms if moderate problem drinking was also present.

Conclusions

Predeployment problem drinking may serve as a modifiable target for early intervention of suicidal ideation. Findings illuminate the compound risk of comorbid depressive symptoms and moderate problem drinking in predicting suicidal ideation.

<http://www.biolmoodanxietydisord.com/content/5/1/3/abstract>

Sleep and REM sleep disturbance in the pathophysiology of PTSD: the role of extinction memory.

Edward F. Pace-Schott, Anne Germain and Mohammed R. Milad

Biology of Mood & Anxiety Disorders 2015, 5:3
doi:10.1186/s13587-015-0018-9

Post-traumatic stress disorder (PTSD) is accompanied by disturbed sleep and an impaired ability to learn and remember extinction of conditioned fear. Following a traumatic event, the full spectrum of PTSD symptoms typically requires several months to develop. During this time, sleep disturbances such as insomnia, nightmares, and fragmented rapid eye movement sleep predict later development of PTSD symptoms. Only a minority of individuals exposed to trauma go on to develop PTSD. We hypothesize that sleep disturbance resulting from an acute trauma, or predating the traumatic experience, may contribute to the etiology of PTSD. Because symptoms can worsen over time, we suggest that continued sleep disturbances can also maintain and exacerbate PTSD. Sleep disturbance may result in failure of extinction memory to persist and generalize, and we suggest that this constitutes one, non-exclusive mechanism by which poor sleep contributes to the development and perpetuation of PTSD. Also reviewed are neuroendocrine systems that show abnormalities in PTSD, and in which stress responses and sleep disturbance potentially produce synergistic effects that interfere with extinction learning and memory. Preliminary evidence that insomnia alone can disrupt sleep-dependent emotional processes including consolidation of extinction memory is also discussed. We suggest that optimizing sleep quality following trauma, and even strategically timing sleep to strengthen extinction memories therapeutically instantiated during exposure therapy, may allow sleep itself to be recruited in the treatment of PTSD and other trauma and stress-related disorders.

<http://psycnet.apa.org/?&fa=main.doiLanding&doi=10.1037/tra0000034>

Do Scores on the Beck Depression Inventory-II Predict Outcome in Cognitive Processing Therapy?

Hemmy Asamsama, Octaviana; Dickstein, Benjamin D.; Chard, Kathleen M.

Psychological Trauma: Theory, Research, Practice, and Policy

May 25 , 2015

Current treatment guidelines for posttraumatic stress disorder (PTSD) recognize that severe depression may limit the effectiveness of trauma-focused interventions, making it necessary to address depression symptomatology first. However, there is a paucity of research providing specific treatment recommendations using a common depression measure like the Beck Depression Inventory-II (BDI-II). Accordingly, we examined the utility of using BDI-II cutoff scores for predicting response to cognitive processing therapy (CPT). Our sample was 757 military veterans receiving outpatient therapy at a Department of Veterans Affairs specialty clinic. At baseline, the majority of participants (58.9%) reported BDI-II scores suggestive of severe depression, and 459 (60.7%) met DSM-IV diagnostic criteria for major depressive disorder (MDD). Despite this high level of depression severity, most participants who completed therapy experienced a clinically significant reduction in symptoms (75.1%). No differences were observed across BDI-II groups on rates of clinically significant change in PTSD symptoms or on rates of treatment completion. Taken together, results suggest that CPT is an effective treatment, even in cases of severe co-occurring depression. Limitations and implications for treatment guidelines are discussed. (PsycINFO Database Record (c) 2015 APA, all rights reserved)

<http://www.sciencedirect.com/science/article/pii/S0022395615001557>

Latent Profile Analyses of Posttraumatic Stress Disorder, Depression and Generalized Anxiety Disorder Symptoms in Trauma-Exposed Soldiers.

Ateka A. Contractor, Jon D. Elhai, Thomas H. Fine, Marijo B. Tamburrino, Gregory Cohen, Edwin Shirley, Philip K. Chan, Israel Liberzone, Sandro Galea, Joseph R. Calabrese

Journal of Psychiatric Research

Available online 30 May 2015

doi:10.1016/j.jpsychires.2015.05.014

Posttraumatic stress disorder (PTSD) is comorbid with major depressive disorder (MDD);

Kessler et al., 1995) and generalized anxiety disorder (GAD; Brown et al., 2001). We aimed to (1) assess discrete patterns of post-trauma PTSD-depression-GAD symptoms using latent profile analyses (LPA), and (2) assess covariates (gender, income, education, age) in defining the best fitting class solution. The PTSD Checklist (assessing PTSD symptoms), GAD-7 scale (assessing GAD symptoms), and Patient Health Questionnaire-9 (assessing depression) were administered to 1266 trauma-exposed Ohio National Guard soldiers. Results indicated three discrete subgroups based on symptom patterns with mild (class 1), moderate (class 2) and severe (class 3) levels of symptomatology. Classes differed in symptom severity rather than symptom type. Income and education significantly predicted class 1 versus class 3 membership, and class 2 versus class 3. In conclusion, there is heterogeneity regarding severity of PTSD-depression-GAD symptomatology among trauma-exposed soldiers, with income and education predictive of class membership.

<http://psycnet.apa.org/?&fa=main.doiLanding&doi=10.1037/tra0000055>

Efficacy of a Brief Treatment for Nightmares and Sleep Disturbances for Veterans.

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

Psychological Trauma: Theory, Research, Practice, and Policy
May 25 , 2015

Nightmares and sleep disturbances are common complaints among military Veterans (Plumb & Zelman, 2009) and may be difficult to eradicate (Forbes, Phelps, & McHugh, 2001). A treatment protocol (Exposure, Relaxation, and Rescription Therapy [ERRT]) targeting nightmares and sleep disturbances, which has been used effectively in civilian populations, was adapted for the military (ERRT-M). A pilot study evaluated the efficacy of ERRT-M in improving sleep quality and quantity and reducing nightmares, symptoms of posttraumatic stress disorder, and depression in a trauma-exposed, Veteran sample (N = 19). At 1 week after treatment, analyses revealed improvements in nightmare frequency and severity, depression, sleep quality, and insomnia severity. Treatment gains were maintained at a 2-month follow-up. Fifty percent of the sample was considered treatment responders (i.e., no nightmares in the previous week). Results of this pilot study suggest that directly targeting sleep and nightmares is successful in alleviating sleep disturbances and related psychopathology in some Veterans. (PsycINFO Database Record (c) 2015 APA, all rights reserved)

<http://link.springer.com/article/10.1007/s10591-015-9341-y>

Reporting for Double Duty: A Dyadic Perspective on the Biopsychosocial Health of Dual Military Air Force Couples.

Meghan H. Lacks, Angela L. Lamson, Melissa E. Lewis, Mark B. White, Carmen Russoniello

Contemporary Family Therapy
May 2015

There are approximately 1.5 million active duty service members in today's military and approximately 726,000 (56.1 %) of these individuals are married. Therefore, healthy couple functioning is important for the military community. Although there is current literature on couple functioning in non-dual military couples, there is limited research on the marital health of dual military couples. This study explored the marital health (marital satisfaction, adjustment, and quality) and stress among dual Air Force couples in relation to length of time in service, rank, deployments, and level of physiological stress. Results indicated that husbands' deployments, rank, and time in service were related to his physiological distress, wives' rank was negatively related to her marital adjustment and marital quality, and husbands' marital satisfaction was negatively related to wives' rank. Future research recommendations and implications for using a biopsychosocial approach for assessing dual military couples are provided.

<http://www.sciencedirect.com/science/article/pii/S0272735815000768>

Evaluating factors and interventions that influence help-seeking and mental health service utilization among suicidal individuals: A review of the literature.

Melanie A. Hom, Ian H. Stanley, Thomas E. Joiner Jr.

Clinical Psychology Review
Volume 40, August 2015, Pages 28–39
doi:10.1016/j.cpr.2015.05.006

Connecting suicidal individuals to appropriate mental health care services is a key component of suicide prevention efforts. This review aims to critically discuss the extant literature on help-seeking and mental health service utilization among individuals at elevated risk for suicide, as well as to outline challenges and future directions for research in this area. Across studies, the rate of mental health service use for those with past-year suicide ideation, plans, and/or attempts was approximately 29.5% based on weighted averages, with a lack of perceived need for services, preference for self-management, fear of hospitalization, and structural factors (e.g., time, finances) identified as key barriers to care. Studies also revealed facilitators to care, which include mental health literacy, positive views of services, and encouragement from family or friends to seek support. To address these low rates of help-seeking and barriers to care, a number of interventions have been developed, including psychoeducation-based programs, peer and gatekeeper training, and screening-based approaches. Despite these efforts, it appears that work is still needed to gauge the impact of these interventions on behavioral

outcomes and to more rigorously test their effectiveness. Additional implications for future research on help-seeking among suicidal individuals are discussed.

<http://online.liebertpub.com/doi/abs/10.1089/acm.2014.0324>

Challenges to Enrollment and Participation in Mindfulness-Based Stress Reduction Among Veterans: A Qualitative Study.

Martinez Michelle E., Kearney David J., Simpson Tracy, Felleman Benjamin I., Bernardi Nicole, and Sayre George

The Journal of Alternative and Complementary Medicine
Online Ahead of Print: May 28, 2015
doi:10.1089/acm.2014.0324

Background:

Mindfulness-Based Stress Reduction (MBSR) is associated with reduced depressive symptoms, quality of life improvements, behavioral activation, and increased acceptance among veterans. This study was conducted to increase the reach and impact of a veterans' MBSR program by identifying barriers to enrollment and participation to inform modifications in program delivery.

Objective:

Verify or challenge suspected barriers, and identify previously unrecognized barriers, to enrollment and participation in MBSR among veterans.

Design:

A retrospective qualitative analysis of semistructured interviews.

Setting/location:

VA Puget Sound Health Care System (Seattle, WA).

Subjects:

68 interviewed, and 48 coded and analyzed before reaching saturation.

Approach:

Content analysis of semistructured interviews.

Results:

Of the participants who enrolled, most (78%) completed the program and described MBSR positively. Veterans identified insufficient or inaccurate information, scheduling issues, and an aversion to groups as barriers to enrollment. Participants who discontinued the program cited logistics (e.g., scheduling and medical issues), negative reactions to instructors or group

members, difficulty understanding the MBSR practice purposes, and struggling to find time for the practices as barriers to completion. Other challenges (cohort dynamics, teacher impact on group structure and focus, instructor lack of military service, and physical and psychological challenges) did not impede participation; we interpreted these as growth-facilitating challenges. Common conditions among veterans (chronic pain, posttraumatic stress disorder, and depression) were not described as barriers to enrollment or completion.

Conclusions:

Women-only MBSR groups and tele-health MBSR groups could improve accessibility to MBSR for veterans by addressing barriers such as commute anxiety, time restrictions, and an aversion to mixed gender groups among women. Educating MBSR teachers about veteran culture and health challenges faced by veterans, adding psychoeducation materials that relate mindfulness practice to conditions common among veterans, and improving visual aids for mindful movement exercises in the workbook could better accommodate veterans who participate in MBSR.

<http://www.ncbi.nlm.nih.gov/pubmed/26035198>

J Clin Psychiatry. 2015 May;76(5):e639-44. doi: 10.4088/JCP.14m09057.

Early discontinuation and suboptimal dosing of prazosin: a potential missed opportunity for veterans with posttraumatic stress disorder.

Alexander B, Lund BC, Bernardy NC, Christopher ML, Friedman MJ.

OBJECTIVE:

Clinical Practice Guidelines issued by the US Department of Veterans Affairs (VA) and the Department of Defense recommend prazosin for sleep/nightmares for veterans with posttraumatic stress disorder (PTSD). As existing literature suggests this novel treatment option to be underutilized, we examined a cohort of veterans with PTSD initiating prazosin to characterize their typical duration of use and dosing patterns.

METHOD:

Administrative data from fiscal year 2010 were used to identify veterans with PTSD according to ICD-9 codes extracted from inpatient and outpatient encounters. The longitudinal course of prazosin use following initiation was examined using refill data, and estimated prazosin doses were calculated based upon total milligrams and the day's supply dispensed.

RESULTS:

A total of 12,844 veterans with PTSD initiated prazosin during 2010. Twenty percent of veterans never refilled the initial prescription, and 37.6% persisted on the drug for at least 1 year. Patients more likely to remain on prazosin for at least 1 year were older (ages 40-59 years [OR

= 1.28; 95% CI, 1.15-1.45] and ages ≥ 60 years [OR = 1.25; 95% CI, 1.12-1.40]) relative to younger patients and taking more medications (4-6 [OR = 1.40; 95% CI, 1.27-1.55], 7-9 [OR = 1.73; 95% CI, 1.56-1.94], and ≥ 10 [OR = 2.04; 95% CI, 1.83-2.29]) relative to 0-3 medications. The mean maximum prazosin dose reached in the first year of treatment was 3.6 mg/d, and only 14.1% of patients reached the minimum guideline recommended dose of 6 mg/d.

CONCLUSIONS:

Of patients with PTSD newly initiated on prazosin in 2010, < 40% were still taking the drug 1 year later, and < 20% received the minimum recommended dose according to current VA guidelines. Further investigation is required to determine the precise clinical factors underlying these prescribing patterns and overcome barriers to guideline-concordant treatment. © Copyright 2015 Physicians Postgraduate Press, Inc.

<http://www.ncbi.nlm.nih.gov/pubmed/26032382>

Mil Med. 2015 Jun;180(6):670-5. doi: 10.7205/MILMED-D-14-00473.

Alcohol-Related Consequences Mediating PTSD Symptoms and Mental Health-Related Quality of Life in OEF/OIF Combat Veterans.

Angkaw AC, Haller M1, Pittman JO, Nunnink SE, Norman SB, Lemmer JA, McLay RN, Baker DG

Veterans returning from Operation Enduring Freedom and Operation Iraqi Freedom (OEF/OIF) have been found to be at increased risk for post-traumatic stress disorder (PTSD) and alcohol use disorders, leading to negative mental health-related quality of life (MHRQoL). The current study examined the unique impact of alcohol consumption levels versus alcohol-related consequences on the relationship between PTSD symptoms and MHRQoL in a sample of OEF/OIF combat veterans (N = 205, median age 29, 95% men). Mediation analyses indicated that the effect of PTSD symptoms on MHRQoL was explained only by alcohol-related consequences and not by alcohol consumption. Findings highlight the importance of including alcohol-related consequences in clinical assessment and intervention programs for OEF/OIF veterans. Additionally, this study enhances knowledge regarding the underlying mechanisms of functional impairment related to PTSD and alcohol use disorders. Reprint & Copyright © 2015 Association of Military Surgeons of the U.S.

<http://www.ncbi.nlm.nih.gov/pubmed/26029852>

J Int Neuropsychol Soc. 2015 Jun 1:1-11. [Epub ahead of print]

Comparing the Neuropsychological Test Performance of Operation Enduring Freedom/Operation Iraqi Freedom (OEF/OIF) Veterans with and without Blast Exposure, Mild Traumatic Brain Injury, and Posttraumatic Stress Symptoms.

Storzbach D, O'Neil ME, Roost SM, Kowalski H, Iverson GL, Binder LM, Fann JR, Huckans M

To compare neuropsychological test performance of Veterans with and without mild traumatic brain injury (MTBI), blast exposure, and posttraumatic stress disorder (PTSD) symptoms. We compared the neuropsychological test performance of 49 Operation Enduring Freedom/Operation Iraqi Freedom (OEF/OIF) Veterans diagnosed with MTBI resulting from combat blast-exposure to that of 20 blast-exposed OEF/OIF Veterans without history of MTBI, 23 OEF/OIF Veterans with no blast exposure or MTBI history, and 40 matched civilian controls. Comparison of neuropsychological test performance across all four participant groups showed a complex pattern of mixed significant and mostly nonsignificant results, with omnibus tests significant for measures of attention, spatial abilities, and executive function. The most consistent pattern was the absence of significant differences between blast-exposed Veterans with MTBI history and blast-exposed Veterans without MTBI history. When blast-exposed Veteran groups with and without MTBI history were aggregated and compared to non-blast-exposed Veterans, there were significant differences for some measures of learning and memory, spatial abilities, and executive function. However, covariation for severity of PTSD symptoms eliminated all significant omnibus neuropsychological differences between Veteran groups. Our results suggest that, although some mild neurocognitive effects were associated with blast exposure, these neurocognitive effects might be better explained by PTSD symptom severity rather than blast exposure or MTBI history alone. (JINS, 2015, 21, 1-11).

<http://www.ncbi.nlm.nih.gov/pubmed/26024330>

J Am Osteopath Assoc. 2015 Jun 1;115(6):370-5. doi: 10.7556/jaoa.2015.077.

Relationships between polypharmacy and the sleep cycle among active-duty service members.

Lande RG, Gagnani C

CONTEXT:

Sleep disorders are frequent clinical presentations, especially among active-duty service members. Medications are one factor that can affect sleep in many ways. OBJECTIVE: To

determine the effect of increasing numbers of medications on the sleep cycle of active-duty service members.

METHODS:

Medical records for active-duty service members who completed enhanced sleep assessments at the Psychiatry Continuity Service at Walter Reed National Military Medical Center from October 1, 2010, through November 30, 2013, were retrospectively reviewed. Data were collected on home sleep study findings, sleep-related self-report instrument scores, and active medications.

RESULTS:

A total of 135 medical records were reviewed. One hundred patients (74.07%) had an active prescription for a psychoactive drug. Among all patients, the mean (SD) number of active medications per participant was 2.52 (2.09), with 118 patients (82.96%) having an active medication for depression or insomnia. As the number of prescribed medications increased, the percentage of the sleep cycle in deep sleep decreased ($P=.049$), the percentage of light sleep increased ($P=.016$), the percentage of rapid eye movement sleep decreased ($P=.083$), and the first episode of deep sleep was delayed ($P=.056$). An increased number of medications had no significant impact on total sleep time ($P>.05$).

CONCLUSION:

An increasing number of medications did not influence total sleep time but negatively affected the sleep cycle.

<http://www.ncbi.nlm.nih.gov/pubmed/26024329>

J Am Osteopath Assoc. 2015 Jun 1;115(6):360-8. doi: 10.7556/jaoa.2015.076.

Perceptions of physicians in civilian medical practice on veterans' issues related to health care.

Fredricks TR, Nakazawa M

CONTEXT:

The percentage of total US residents in the military is lower than ever before. Many civilians, including civilian physicians, have little knowledge of US military actions or the day-to-day experiences and working environments of veterans.

OBJECTIVE:

To assess civilian physician knowledge of veterans' issues using a survey. **METHODS:** A 10-item survey was distributed to physicians at 2 primary care-focused medical conferences in Ohio to determine self-reported levels of comfort and familiarity with veteran-oriented topics.

RESULTS:

Of 350 surveys that were distributed, 141 surveys were returned. Of the 141 respondents, 101 practiced primary care, 19 practiced internal medicine, 16 practiced other specialties, and 5 did not report a specialty affiliation and were excluded from final analysis. A single respondent reported pediatrics as a specialty but indicated "not applicable" for all answers. This individual was excluded from final analysis. Overall, physicians reported feeling moderately comfortable with military terminology and uncomfortable with the diagnosis and management of traumatic brain injury. More than half of the respondents indicated that they were not comfortable discussing health-related exposures and associated risks that veterans might experience and that they were unfamiliar with referral and consultation services for veterans. The data collected had a high degree of reliability (Cronbach $\alpha=0.88$). Respondents of both primary care and internal medicine specialties scored statistically significantly higher than the other respondents in questions on veterans' medical conditions, military terminology, and military health risks ($P<.05$), although these 2 groups scored similarly ($P>.05$). Specialty orientation did not affect responses for questions on other topics ($P>.05$).

CONCLUSION:

The data indicated an overall moderate level of familiarity among civilian physicians with veterans' issues. The results did not reveal an overall high level of comfort with any issues included in the survey. More research is needed to determine reasons behind the findings and methods to improve civilian physician comfort with various veterans' issues.

<http://www.ncbi.nlm.nih.gov/pubmed/26020791>

PLoS One. 2015 May 28;10(5):e0126529. doi: 10.1371/journal.pone.0126529. eCollection 2015.

Effects of Pharmacotherapy on Combat-Related PTSD, Anxiety, and Depression: A Systematic Review and Meta-Regression Analysis.

Puetz TW, Youngstedt SD, Herring MP

OBJECTIVES:

To estimate the effect of pharmacotherapy on PTSD, anxiety, and depression among combat veterans; to determine whether the effects varied according to patient and intervention characteristics; and to examine differential effects of pharmacotherapy on outcomes.

MATERIALS AND METHODS:

Google Scholar, PILOTS, PsycINFO, PubMed, and Web of Science databases were searched through November 2014. Searches resulted in eighteen double-blind, placebo controlled trials of 773 combat veterans diagnosed with PTSD and included only validated pre- and post-

intervention PTSD and anxiety or depression measures. Authors extracted data on effect sizes, moderators, and study quality. Hedges' d effect sizes were computed and random effects models estimated sampling error and population variance. The Johnson-Neyman procedure identified the critical points in significant interactions to define regions of significance.

RESULTS:

Pharmacotherapy significantly reduced (Δ , 95%CI) PTSD (0.38, 0.23-0.52), anxiety (0.42, 0.30-0.54), and depressive symptoms (0.52, 0.35-0.70). The effects of SSRIs and tricyclic antidepressants on PTSD were greater than other medications independent of treatment duration. The effect of SSRIs and tricyclic antidepressants were greater than other medications up to 5.2 and 13.6 weeks for anxiety and depression, respectively. The magnitude of the effect of pharmacotherapy on concurrently-measured PTSD, anxiety, and depression did not significantly differ.

CONCLUSIONS:

Pharmacotherapy reduced PTSD, anxiety, and depressive symptoms in combat veterans. The effects of SSRIs and tricyclic antidepressants were greater for PTSD and occurred quicker for anxiety and depression than other medications.

<http://www.ncbi.nlm.nih.gov/pubmed/26012890>

Cogn Behav Ther. 2015 May 27:1-17. [Epub ahead of print]

Sleep-Related Safety Behaviors and Dysfunctional Beliefs Mediate the Efficacy of Online CBT for Insomnia: A Randomized Controlled Trial.

Lancee J, Eisma MC, van Straten A, Kamphuis JH

Several trials have demonstrated the efficacy of online cognitive behavioral therapy (CBT) for insomnia. However, few studies have examined putative mechanisms of change based on the cognitive model of insomnia. Identification of modifiable mechanisms by which the treatment works may guide efforts to further improve the efficacy of insomnia treatment. The current study therefore has two aims: (1) to replicate the finding that online CBT is effective for insomnia and (2) to test putative mechanism of change (i.e., safety behaviors and dysfunctional beliefs). Accordingly, we conducted a randomized controlled trial in which individuals with insomnia were randomized to either online CBT for insomnia (n = 36) or a waiting-list control group (n = 27). Baseline and posttest assessments included questionnaires assessing insomnia severity, safety behaviors, dysfunctional beliefs, anxiety and depression, and a sleep diary. Three- and six-month assessments were administered to the CBT group only. Results show moderate to large statistically significant effects of the online treatment compared to the waiting list on insomnia severity, sleep measures, sleep safety behaviors, and dysfunctional beliefs. Furthermore, dysfunctional beliefs and safety behaviors mediated the effects of treatment on insomnia

severity and sleep efficiency. Together, these findings corroborate the efficacy of online CBT for insomnia, and suggest that these effects were produced by changing maladaptive beliefs, as well as safety behaviors. Treatment protocols for insomnia may specifically be enhanced by more focused attention on the comprehensive fading of sleep safety behaviors, for instance through behavioral experiments.

<http://www.ncbi.nlm.nih.gov/pubmed/26011747>

Psychotherapy (Chic). 2015 May 25. [Epub ahead of print]

The Interpersonal Context of Client Motivational Language in Cognitive-Behavioral Therapy.

Sijercic I, Button ML, Westra HA, Hara KM

Previous research has found that client motivational language (especially arguments against change or counterchange talk; CCT) in early therapy sessions is a reliable predictor of therapy process and outcomes across a broad range of treatments including cognitive-behavioral therapy (CBT). Existing studies have considered the general occurrence of CCT, but the present study differentiated 2 types of CCT in early CBT sessions for 37 clients with generalized anxiety disorder: (a) statements that are uttered to express ambivalence regarding change versus (b) statements that are intended to oppose the therapist or therapy. Two process coding systems were used to accomplish this differentiation. Findings indicated that a higher number of CCT statements that occurred in the presence of resistance (opposition to the therapist or therapy) were a substantive and consistent predictor of lower homework compliance and poorer outcomes, up to 1 year posttreatment. Moreover, when both types of CCT were considered together, only opposition CCT was related to outcomes, and ambivalent CCT was not significantly predictive of proximal and distal outcomes. These findings suggest that the interpersonal context in which CCT statements occur may be critically important to their predictive capacity. More broadly, the findings of this study have implications for the future study of client motivational language and underscore the clinical importance of detecting opposition CCT. (PsycINFO Database Record (c) 2015 APA, all rights reserved).

<http://www.ncbi.nlm.nih.gov/pubmed/26010109>

Psychol Trauma. 2015 May 25. [Epub ahead of print]

Veterans' PTSD Symptoms and Their Partners' Desired Changes in Key Relationship Domains.

LaMotte AD, Taft CT, Reardon AF, Miller MW

There is a growing literature investigating the connection between veterans' posttraumatic stress disorder (PTSD) symptoms and intimate relationship problems. Little to no work, however, has examined the connection between veterans' PTSD symptoms and their partners' perceptions of specific relationship areas in need of change. We examined associations between overall PTSD symptoms and symptom cluster scores with partners' desired changes in the areas of intimacy, shared activities, and responsibilities. The sample consisted of 249 male veterans of different service eras and their female partners. Results indicated that veterans' PTSD symptoms were associated with greater desired changes from their partners in the veterans' intimacy behaviors and participation in shared activities. When examining the contribution of each symptom cluster individually, only the veterans' emotional numbing symptoms emerged as a significant unique predictor and were associated with partners' desired changes in intimacy. The findings suggest that intimacy and shared activities may be relevant areas to address in PTSD treatment for veterans and their partners and highlight the particular significance of emotional numbing symptoms to intimacy in veterans' relationships. (PsycINFO Database Record (c) 2015 APA, all rights reserved).

<http://www.ncbi.nlm.nih.gov/pubmed/26009787>

J Consult Clin Psychol. 2015 Jun;83(3):655-61. doi: 10.1037/ccp0000024.

Mechanisms of symptom reduction in a combined treatment for comorbid posttraumatic stress disorder and alcohol dependence.

McLean CP, Su YJ, Foa EB

OBJECTIVE:

To examine the mechanisms of prolonged exposure (PE) and naltrexone (NAL) that underlie symptom reduction among individuals with comorbid posttraumatic stress disorder (PTSD) and alcohol dependence (AD). We hypothesized that (a) reduction in negative cognitions mediates PTSD improvement during PE; (b) reduction in alcohol craving mediates reduction in drinking frequency during NAL treatment; and (c) PTSD improvement mediates reduction in craving and alcohol use during PE.

METHOD:

Participants were 159 individuals meeting the DSM-IV diagnosis of PTSD and AD randomly assigned to 1 of 4 conditions: PE + NAL, PE + placebo (PBO), supportive counseling (SC) + NAL; and SC + PBO. All participants received supportive counseling.

RESULTS:

Lagged multilevel mediational analyses indicated that (a) a reciprocal relationship between

cognitive change and PTSD improvement was observed in PE + NAL, PE + PBO, and SC + NAL, but not in SC + PBO; (b) reduction in craving significantly mediated subsequent decrease in alcohol use in PE + NAL and SC + PBO, but not in PE + PBO and SC + NAL; and (c) PTSD improvement significantly mediated subsequent reduction of craving in PE + PBO, and mediated decrease in alcohol use in PE + NAL.

CONCLUSIONS:

The efficacy of combining PE and NAL for reducing alcohol use among those with comorbid PTSD/AD seems to be through reduction in both PTSD symptoms and craving. These findings shed light on the mechanism of PE and highlight the central role of PTSD in the maintenance of alcohol craving and use in patients with comorbid PTSD/AD. (PsycINFO Database Record (c) 2015 APA, all rights reserved).

<http://www.ncbi.nlm.nih.gov/pubmed/26005839>

J Anxiety Disord. 2015 May 7;33:72-80. doi: 10.1016/j.janxdis.2015.04.005. [Epub ahead of print]

Cognitive-behavioral therapy for late-life anxiety: Similarities and differences between Veteran and community participants.

Barrera TL, Cully JA, Amspoker AB, Wilson NL, Kraus-Schuman C, Wagener PD, Calleo JS, Teng EJ, Rhoades HM, Masozera N, Kunik ME, Stanley MA

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 $ps < 0.01$), but not in Veterans (all $ps > 0.05$). Further analyses in Veterans revealed that poorer perceived social support significantly predicted poorer outcomes (all $ps < 0.05$). 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. Copyright © 2015. Published by Elsevier Ltd.

<http://www.ncbi.nlm.nih.gov/pubmed/26005396>

Traumatology (Tallahass Fla). 2015 Mar 1;21(1):47-54.

Change in Trauma Narratives and Perceived Recall Ability over a Course of Cognitive Processing Therapy for PTSD.

Mott JM, Galovski TE, Walsh R, Elwood LS

This study sought to evaluate changes in written trauma narratives completed during a course of Cognitive Processing Therapy (CPT). Participants were 22 female survivors of interpersonal assault who represented a subset of participants from two larger CPT treatment trials. Participants completed two written trauma narratives over the course of treatment. We predicted that narratives would increase in length and peritraumatic detail, and that participants would perceive an increase in their recall ability for important aspects of the trauma. Although narrative length and amount of peritraumatic detail did not change significantly from first to final narrative, participants evidenced changes in the content of the peritraumatic details. Patients commonly omitted assaultive acts from one of their narratives. There was a greater degree of fluctuation within the reporting of sexual assaults, as compared to physical assaults, with 55% of participants reporting a forced sexual act in one narrative, but not the other. Participants did not report significant changes in perceived recall ability for the traumatic event after completing the narratives, but did report improvements in perceived recall from pre to posttreatment. Overall, findings indicate that clients included different details (but not more details) in their final narrative, and that perceived increases in recall ability may not be a typical experience for clients as they complete written narratives in the context of trauma treatment.

<http://www.ncbi.nlm.nih.gov/pubmed/24315160>

Patient Educ Couns. 2014 Mar;94(3):396-402. doi: 10.1016/j.pec.2013.10.021. Epub 2013 Nov 5.

The role of coping in depression treatment utilization for VA primary care patients.

Osei-Bonsu PE, Bokhour BG, Glickman ME, Rodrigues S, Mueller NM, Dell NS, Zhao S, Eisen SV, Elwy AR

OBJECTIVE:

To examine the impact of Veterans' coping strategies on mental health treatment engagement following a positive screen for depression.

METHODS:

A mixed-methods observational study using a mailed survey and semi-structured interviews.

Sample included 271 Veterans who screened positive for depression during a primary care visit at one of three VA medical centers and had not received a diagnosis of depression or prescribed antidepressants 12 months prior to screening. A subsample of 23 Veterans was interviewed.

RESULTS:

Logistic regression models showed that Veterans who reported more instrumental support and active coping were more likely to receive depression or other mental health treatment within three months of their positive depression screen. Those who reported emotional support or self-distraction as coping strategies were less likely to receive any treatment in the same time frame. Qualitative analyses revealed that how Veterans use these and other coping strategies can impact treatment engagement in a variety of ways.

CONCLUSIONS:

The relationship between Veterans' use of coping strategies and treatment engagement for depression may not be readily apparent without in-depth exploration.

PRACTICE IMPLICATIONS:

In VA primary care clinics, nurse care managers and behavioral health providers should explore how Veterans' methods of coping may impact treatment engagement. Published by Elsevier Ireland Ltd.

<http://www.ncbi.nlm.nih.gov/pubmed/26001922>

Curr Opin Psychiatry. 2015 Jul;28(4):307-11. doi: 10.1097/YCO.000000000000167.

Epidemiology of posttraumatic stress disorder: prevalence, correlates and consequences.

Atwoli L, Stein DJ, Koenen KC, McLaughlin KA

PURPOSE OF REVIEW:

This review discusses recent findings from epidemiological surveys of traumatic events and posttraumatic stress disorder (PTSD) globally, including their prevalence, risk factors, and consequences in the community.

RECENT FINDINGS:

A number of studies on the epidemiology of PTSD have recently been published from diverse countries, with new methodological innovations introduced. Such work has not only documented the prevalence of PTSD in different settings, but has also shed new light on the PTSD conditional risk associated with specific traumatic events, and on the morbidity and comorbidities associated with these events.

SUMMARY:

Recent community studies show that trauma exposure is higher in lower-income countries compared with high-income countries. PTSD prevalence rates are largely similar across countries, however, with the highest rates being found in postconflict settings. Trauma and PTSD-risk factors are distributed differently in lower-income countries compared with high-income countries, with sociodemographic factors contributing more to this risk in high-income than low-income countries. Apart from PTSD, trauma exposure is also associated with several chronic physical conditions. These findings indicate a high burden of trauma exposure in low-income countries and postconflict settings, where access to trained mental health professionals is typically low.

<http://www.ncbi.nlm.nih.gov/pubmed/25997098>

J Affect Disord. 2015 Aug 15;182:138-150. doi: 10.1016/j.jad.2015.04.026. Epub 2015 Apr 29.

The role of guilt in the development of post-traumatic stress disorder: A systematic review.

Pugh LR, Taylor PJ, Berry K

BACKGROUND:

Post-traumatic stress disorder (PTSD) can be a debilitating condition associated with a myriad of emotions. Guilt is an important associated feature of PTSD that has received far less recognition than other symptoms often associated with fear and intense threat. The nature of the relationship between guilt and PTSD remains elusive and requires further clarification. The aim of the current paper was to review the extant literature regarding the link between guilt and PTSD.

METHOD:

A systematic database search of PsycINFO, Medline, Embase and Web of Science identified articles that enabled examination of the guilt-PTSD relationship. A total of 27 articles met inclusion criteria for this review.

RESULTS:

There were cross-sectional relationships between guilt and PTSD symptomology with evidence of associations between PTSD symptoms and cognitions related to perceived wrong doing and self-blame. However, the direction of association between guilt and PTSD is unclear and possibly confounded by overlapping constructs such as shame.

LIMITATIONS:

The review is constrained by the absence of longitudinal and experimental research and

studies, which control for potential confounding variables. The reliability and validity of measures of guilt and PTSD is also not consistently reported.

CONCLUSION:

This review outlines four competing models of the guilt-PTSD relationship and examines existing evidence linking the two constructs. The current literature is too preliminary to offer any strong support for one model over the other. However, in critically appraising existing studies, this review helps to inform the design of future studies investigating the association between guilt and PTSD. Copyright © 2015 Elsevier B.V. All rights reserved.

Links of Interest

DoD Seeks to Eliminate Stigma for Seeking Mental Health Care

<http://www.defense.gov/news/newsarticle.aspx?id=128912>

Study Suggests Stepped Care Reduces Chronic Musculoskeletal Pain

http://www.painmedicineneeds.com/ViewArticle.aspx?d=Clinical%2BPain%2BMedicine&d_id=82&i=May+2015&i_id=1180&a_id=30854

Post-traumatic growth: Past the blast, and stronger for it

<http://www.stripes.com/news/post-traumatic-growth-past-the-blast-and-stronger-for-it-1.349091>

High risk of sleep apnea in young veterans with PTSD

<http://www.sciencedaily.com/releases/2015/05/150519182243.htm>

To Treat Depression, a New Approach Tries Training the Brain

<http://www.wsj.com/articles/to-treat-depression-a-new-approach-tries-training-the-brain-1433178996>

73% of insomniacs cured after 1-hour therapy session

<http://www.sciencedaily.com/releases/2015/06/150601082416.htm>

Wife Helps Marine Get Over his Stubbornness and Ask for Help with his Health

<http://www.health.mil/News/Articles/2015/06/01/Wife-Helps-Marine-Get-Over-his-Stubbornness-and-Ask-for-Help-with-his-Health>

Self-harm, suicide ideation tightly linked in Iraq, Afghanistan veterans

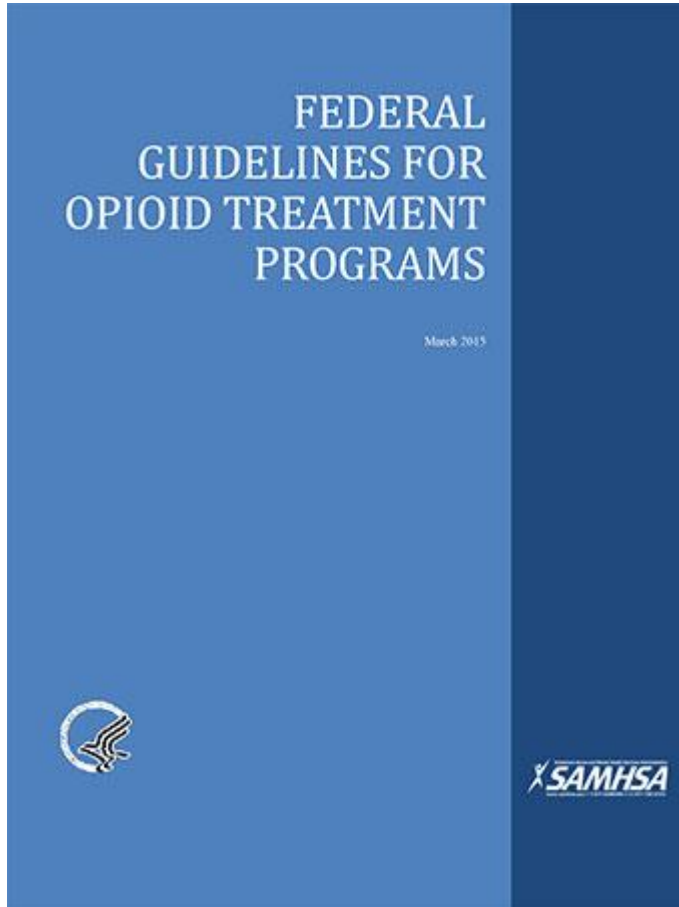
<http://www.sciencedaily.com/releases/2015/05/150508091602.htm>

Depression May Intensify Anger in Veterans With PTSD: Study

http://www.nlm.nih.gov/medlineplus/news/fullstory_152702.html

Resource of the Week: [Federal Guidelines for Opioid Treatment Programs](#)

This manual from the Substance Abuse and Mental Health Services Administration (SAMHSA) “(p)rovides updated guidelines for the operation of opioid treatment programs (OTPs). Covers patient assessment, treatment planning, medication-assisted treatment (methadone and buprenorphine), overdose and relapse prevention, and recovery care.”



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