



CDP Research Update -- June 25, 2015

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- Links of Interest
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<http://www.ptsd.va.gov/professional/newsletters/research-quarterly/V26N2.pdf>

PTSD Research Quarterly -- Technology and PTSD Care: An Update

RQ Vol. 26(2), 2015, by Leslie Morland, PsyD, Joe Ruzek, PhD and Craig Rosen, PhD.
National Center for PTSD

Telemental health technologies such as clinical video teleconferencing (CVT), web-based interventions, and mobile devices offer innovative mechanisms for delivering mental health services to trauma survivors. Only a small proportion of individuals in need of psychological care actually receive treatment and individual psychotherapy alone is not likely to be able to fully meet that need (Kazdin & Blase, 2011). These technologies can facilitate delivery of care and provide critical support before therapy, in-between therapy sessions and following therapy for maintenance and relapse prevention. These modalities may make care more manageable for individuals who may not otherwise be able to access treatment. Research has demonstrated feasibility and shown high levels of satisfaction with these technologies, but we have yet to determine the efficacy of many tools intended to help survivors of trauma. Research on CVT is advanced and implementation of CVT service delivery is well underway. However, research related to online interventions and mobile applications (apps) is just beginning to evolve.

<http://www.researchprotocols.org/2015/2/e63/>

Using Facebook to Recruit Young Adult Veterans: Online Mental Health Research.

Pedersen ER, Helmuth ED, Marshall GN, Schell TL, PunKay M, Kurz J

JMIR Res Protoc 2015;4(2):e63
DOI: 10.2196/resprot.3996

Background:

Veteran research has primarily been conducted with clinical samples and those already involved in health care systems, but much is to be learned about veterans in the community. Facebook is a novel yet largely unexplored avenue for recruiting veteran participants for epidemiological and clinical studies.

Objective:

In this study, we utilized Facebook to recruit a sample of young adult veterans for the first phase of an online alcohol intervention study. We describe the successful Facebook recruitment process, including data collection from over 1000 veteran participants in approximately 3 weeks, procedures to verify participation eligibility, and comparison of our sample with nationally available norms.

Methods:

Participants were young adult veterans aged 18-34 recruited through Facebook as part of a large study to document normative drinking behavior among a large community sample of veterans. Facebook ads were targeted toward young veterans to collect information on demographics and military characteristics, health behaviors, mental health, and health care utilization.

Results:

We obtained a sample of 1023 verified veteran participants over a period of 24 days for the advertising price of approximately US \$7.05 per verified veteran participant. Our recruitment strategy yielded a sample similar to the US population of young adult veterans in most demographic areas except for race/ethnicity and previous branch of service, which when we weighted the sample on race/ethnicity and branch a sample better matched with the population data was obtained. The Facebook sample recruited veterans who were engaged in a variety of risky health behaviors such as binge drinking and marijuana use. One fourth of veterans had never since discharge been to an appointment for physical health care and about half had attended an appointment for service compensation review. Only half had attended any appointment for a mental health concern at any clinic or hospital. Despite more than half screening positive for current probable mental health disorders such as post-traumatic stress disorder, depression, anxiety, only about 1 in 3 received mental health care in the past year and only 1 in 50 received such care within the past month.

Conclusions:

This work expands on the work of other studies that have examined clinical samples of veterans only and suggests Facebook can be an adequate method of obtaining samples of veterans in need of care.

Trial Registration:

Clinicaltrials.gov NCT02187887; <http://clinicaltrials.gov/ct2/show/NCT02187887> (Archived by WebCite at <http://www.webcitation.org/6YiUKRsXY>).

See also: [Social Media as a Tool for Reaching Veterans in Need of Mental Health Care](#) (RAND Corporation)

<http://www.ncbi.nlm.nih.gov/pubmed/26085301>

Sleep. 2015 Jun 11. pii: sp-00705-14. [Epub ahead of print]

Prevalence and Mental Health Correlates of Insomnia in First-Encounter Veterans With and Without Military Sexual Trauma.

Jenkins MM, Colvonen PJ, Norman SB, Afari N, Allard CB, Drummond SP.

STUDY OBJECTIVES:

There is limited information about prevalence of insomnia in general populations of veterans of recent wars in Iraq and Afghanistan. No studies have examined insomnia in veterans with military sexual trauma (MST). We assess prevalence of insomnia, identify types of services sought by veterans with insomnia, and examine correlates of insomnia in veterans with and without MST.

DESIGN:

A cross-sectional study of first-encounter veterans registering to establish care.

SETTING:

Veteran Affairs San Diego Healthcare System.

PARTICIPANTS:

Nine hundred seventeen veterans completed questionnaires assessing insomnia, MST, service needs, traumatic brain injury, resilience, and symptoms of depression, posttraumatic stress disorder (PTSD), pain, alcohol misuse, and hypomania.

INTERVENTIONS:

N/A.

MEASUREMENTS AND RESULTS:

53.1% of veterans without MST and 60.8% of veterans with MST had clinically significant insomnia symptoms, with the MST subsample reporting more severe symptoms, $P < 0.05$. Insomnia was more prevalent than depression, hypomania, PTSD, and substance misuse. Veterans with insomnia were more likely to seek care for physical health problems and primary care versus mental health concerns, $P < 0.001$. For the veteran sample without MST, age, combat service, traumatic brain injury, pain, and depression were associated with worse insomnia, $P < 0.001$. For the MST subsample, employment status, pain, and depression were associated with worse insomnia, $P < 0.001$.

CONCLUSIONS:

Study findings indicate a considerably higher rate of insomnia in veterans compared to what has been found in the general population. Insomnia is more prevalent, and more severe, in veterans with MST. Routine insomnia assessments and referrals to providers who can provide evidence-based treatment are crucial. Copyright © 2015 Associated Professional Sleep Societies, LLC. All rights reserved.

<http://www.ncbi.nlm.nih.gov/pubmed/26085289>

Sleep. 2015 Jun 11. pii: sp-00003-15. [Epub ahead of print]

The Effects of Sleep Continuity Disruption on Positive Mood and Sleep Architecture in Healthy Adults.

Finan PH, Quartana PJ, Smith MT.

OBJECTIVE:

The purpose of this study was to test an experimental model of the effects of sleep continuity disturbance on sleep architecture and positive mood in order to better understand the mechanisms linking insomnia and depression.

DESIGN:

Participants were randomized to receive 3 consecutive nights of sleep continuity disruption via forced nocturnal awakenings (N = 21), or one of two control conditions: restricted sleep opportunity (N = 17) or uninterrupted sleep (N = 24).

SETTING:

The study was set in an inpatient clinical research suite.

PARTICIPANTS:

Healthy, good-sleeping men and women were included.

MEASUREMENT AND RESULTS:

Polysomnography was used to measure sleep architecture, and mood was assessed via self-report each day. Compared to restricted sleep opportunity controls, forced awakenings subjects had significantly less slow wave sleep ($P < 0.05$) after the first night of sleep deprivation, and significantly lower positive mood ($P < 0.05$) after the second night of sleep deprivation. The differential change in slow wave sleep statistically mediated the observed group differences in positive mood ($P = 0.002$).

CONCLUSIONS:

To our knowledge, this is the first human experimental study to demonstrate that, despite comparable reductions in total sleep time, partial sleep loss from sleep continuity disruption is more detrimental to positive mood than partial sleep loss from delaying bedtime, even when controlling for concomitant increases in negative mood. With these findings, we provide temporal evidence in support of a putative biologic mechanism (slow wave sleep deficit) that could help explain the strong comorbidity between insomnia and depression.

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<http://www.ncbi.nlm.nih.gov/pubmed/26085967>

Brain Behav. 2015 Jun;5(6):e00342. doi: 10.1002/brb3.342. Epub 2015 Apr 30.

Eye movement desensitization and reprocessing (EMDR) therapy in the treatment of depression: a matched pairs study in an inpatient setting.

Hase M, Balmaceda UM, Hase A, Lehnung M, Tumani V, Huchzermeier C, Hofmann A

BACKGROUND:

Depression is a severe mental disorder that challenges mental health systems worldwide as the success rates of all established treatments are limited. Eye Movement Desensitization and Reprocessing (EMDR) therapy is a scientifically acknowledged psychotherapeutic treatment for PTSD. Given the recent research indicating that trauma and other adverse life experiences can be the basis of depression, the aim of this study was to determine the effectiveness of EMDR therapy with this disorder.

METHOD:

In this study, we recruited a group of 16 patients with depressive episodes in an inpatient setting. These 16 patients were treated with EMDR therapy by reprocessing of memories related to stressful life events in addition to treatment as usual (TAU). They were compared to a group of 16 controls matched regarding diagnosis, degree of depression, sex, age and time of admission to hospital, which were receiving TAU only.

RESULTS:

Sixty-eight percent of the patients in the EMDR group showed full remission at end of treatment. The EMDR group showed a greater reduction in depressive symptoms as measured by the SCL-90-R depression subscale. This difference was significant even when adjusted for duration of treatment. In a follow-up period of more than 1 year the EMDR group reported less problems related to depression and less relapses than the control group.

CONCLUSIONS:

EMDR therapy shows promise as an effective treatment for depressive disorders. Larger controlled studies are necessary to replicate our findings.

<http://www.ncbi.nlm.nih.gov/pubmed/26083379>

PLoS One. 2015 Jun 17;10(6):e0128005. doi: 10.1371/journal.pone.0128005.

Neural Networks for Mindfulness and Emotion Suppression.

Murakami H, Katsunuma R, Oba K, Terasawa Y, Motomura Y, Mishima K, Moriguchi Y

Mindfulness, an attentive non-judgmental focus on "here and now" experiences, has been incorporated into various cognitive behavioral therapy approaches and beneficial effects have been demonstrated. Recently, mindfulness has also been identified as a potentially effective emotion regulation strategy. On the other hand, emotion suppression, which refers to trying to avoid or escape from experiencing and being aware of one's own emotions, has been identified as a potentially maladaptive strategy. Previous studies suggest that both strategies can decrease affective responses to emotional stimuli. They would, however, be expected to provide regulation through different top-down modulation systems. The present study was aimed at elucidating the different neural systems underlying emotion regulation via mindfulness and emotion suppression approaches. Twenty-one healthy participants used the two types of strategy in response to emotional visual stimuli while functional magnetic resonance imaging was conducted. Both strategies attenuated amygdala responses to emotional triggers, but the pathways to regulation differed across the two. A mindful approach appears to regulate amygdala functioning via functional connectivity from the medial prefrontal cortex, while suppression uses connectivity with other regions, including the dorsolateral prefrontal cortex. Thus, the two types of emotion regulation recruit different top-down modulation processes localized at prefrontal areas. These different pathways are discussed.

<http://www.ncbi.nlm.nih.gov/pubmed/26082040>

Soc Psychiatry Psychiatr Epidemiol. 2015 Jun 17. [Epub ahead of print]

Long-term effects of mental disorders on educational attainment in the National Comorbidity Survey ten-year follow-up.

Mojtabai R, Stuart EA, Hwang I, Eaton WW, Sampson N, Kessler RC

PURPOSE:

The study sought to examine the association of mental disorders with educational attainment in a community sample.

METHODS:

Data were from 5001 respondents aged 15-54 in the 1990-1992 National Comorbidity Survey (NCS), re-interviewed in the 2001-2003 NCS follow-up (NCS-2). Discrete-time survival analysis was used to examine the association of disorders present at baseline (NCS) or having first onset after the baseline (assessed in NCS-2) with educational outcomes among 3954 eligible respondents. Mental disorders were categorized into internalizing fear disorders (simple phobia, social phobia, panic disorder with/without agoraphobia and agoraphobia without panic disorder), internalizing anxiety-misery disorders (major depressive disorder, generalized anxiety disorder and post-traumatic stress disorder), externalizing disorders (alcohol and drug use disorders,

conduct disorder) and bipolar disorder. Analyses were conducted separately in students and non-students at baseline.

RESULTS:

Among students, baseline bipolar and externalizing disorders, as well as fear, anxiety-misery and externalizing disorders with onset after baseline were associated with lower odds of high school graduation; baseline anxiety-misery disorders with lower odds of going to college; and baseline externalizing disorders and bipolar disorder with onset after baseline with lower odds of college graduation. Among non-students, baseline fear disorders were associated with lower odds of high school graduation and bipolar disorder with lower odds of going to college. Assuming that the regression coefficients represent causal effects, mental disorders accounted for 5.8-11.0 % of high school and 3.2-11.4 % of college non-completion.

CONCLUSIONS:

Expanding access to mental health services for youth might have a net positive societal value by helping to prevent some of these adverse educational outcomes.

<http://www.ncbi.nlm.nih.gov/pubmed/26077620>

Psychol Med. 2015 Jun 16:1-11. [Epub ahead of print]

Predictors of outcome for telephone and face-to-face administered cognitive behavioral therapy for depression.

Stiles-Shields C, Corden ME, Kwasny MJ, Schueller SM, Mohr DC

BACKGROUND:

Cognitive behavioral therapy (CBT) can be delivered efficaciously through various modalities, including telephone (T-CBT) and face-to-face (FtF-CBT). The purpose of this study was to explore predictors of outcome in T-CBT and FtF-CBT for depression.

METHOD:

A total of 325 depressed participants were randomized to receive eighteen 45-min sessions of T-CBT or FtF-CBT. Depression severity was measured using the Hamilton Depression Rating Scale (HAMD) and the Patient Health Questionnaire-9 (PHQ-9). Classification and regression tree (CART) analyses were conducted with baseline participant demographics and psychological characteristics predicting depression outcomes, HAMD and PHQ-9, at end of treatment (week 18).

RESULTS:

The demographic and psychological characteristics accurately identified 85.3% and 85.0% of treatment responders and 85.7% and 85.0% of treatment non-responders on the HAMD and

PHQ-9, respectively. The Coping self-efficacy (CSE) scale predicted outcome on both the HAMD and PHQ-9; those with moderate to high CSE were likely to respond with no other variable influencing that prediction. Among those with low CSE, depression severity influenced response. Social support, physical functioning, and employment emerged as predictors only for the HAMD, and sex predicted response on the PHQ-9. Treatment delivery method (i.e. telephone or face-to-face) did not impact the prediction of outcome.

CONCLUSIONS:

Findings suggest that the predictors of improved depression are similar across treatment modalities. Most importantly, a moderate to high level of CSE significantly increases the chance of responding in both T-CBT and FtF-CBT. Among patients with low CSE, those with lower depressive symptom severity are more likely to do well in treatment.

<http://www.hindawi.com/journals/ecam/2015/902708/>

The Effects of Mind-Body Interventions on Sleep Quality: A Systematic Review.

Rachel Neuendorf, Helané Wahbeh, Irina Chamine, Jun Yu, Kimberly Hutchison, and Barry S. Oken

Evidence-Based Complementary and Alternative Medicine
vol. 2015, Article ID 902708, 17 pages, 2015
doi:10.1155/2015/902708

Study Objectives.

To evaluate the effect of mind-body interventions (MBI) on sleep.

Methods.

We reviewed randomized controlled MBI trials on adults (through 2013) with at least one sleep outcome measure. We searched eleven electronic databases and excluded studies on interventions not considering mind-body medicine. Studies were categorized by type of MBI, whether sleep was primary or secondary outcome measure and outcome type.

Results.

1323 abstracts were screened, and 112 papers were included. Overall, 67 (60%) of studies reported a beneficial effect on at least one sleep outcome measure. Of the most common interventions, 13/23 studies using meditation, 21/30 using movement MBI, and 14/25 using relaxation reported at least some improvements in sleep. There were clear risks of bias for many studies reviewed, especially when sleep was not the main focus.

Conclusions.

MBI should be considered as a treatment option for patients with sleep disturbance. The benefit

of MBI needs to be better documented with objective outcomes as well as the mechanism of benefit elucidated. There is some evidence that MBI have a positive benefit on sleep quality. Since sleep has a direct impact on many other health outcomes, future MBI trials should consider including sleep outcome measurements.

<http://link.springer.com/article/10.1007/s11920-015-0600-2>

Complementary and Alternative Medicine Approaches in the Treatment of PTSD.

Gary H. Wynn

Current Psychiatry Reports
June 2015, 17:62

Complementary and alternative medicine is a diverse set of practices and treatments that has seen a significant increase among Americans over the past decade. These approaches have been applied to a myriad of medical and mental health disorders with varying levels of efficacy. Recent years have seen an increased interest in the use of complementary and alternative medicine to address the growing numbers of individuals suffering from post-traumatic stress disorder and other trauma-related disorders. These approaches include pharmacologic and non-pharmacologic modalities. This article will review some of the most widely used non-pharmacologic complementary and alternative medicine practices used to treat post-traumatic stress disorder such as recreational therapy, animal-assisted therapy, yoga, and acupuncture as well as alternative delivery methods for psychotherapy.

<http://onlinelibrary.wiley.com/doi/10.1002/mpr.1464/abstract>

Establishing a methodology to examine the effects of war-zone PTSD on the family: the family foundations study.

Vasterling, JJ, Taft, CT, Proctor, SP, Macdonald, HZ, Lawrence, A, Kalill, K, Kaiser, AP, Lee, LO, King, DW, King, LA, and Fairbank, JA

International Journal of Methods in Psychiatric Research
Volume 24, Issue 2, pages 143–155, June 2015
doi: 10.1002/mpr.1464

Military deployment may adversely affect not only returning veterans, but their families, as well. As a result, researchers have increasingly focused on identifying risk and protective factors for successful family adaptation to war-zone deployment, re-integration of the returning veteran,

and the longer-term psychosocial consequences of deployment experienced by some veterans and families. Post-traumatic stress disorder (PTSD) among returning veterans may pose particular challenges to military and military veteran families; however, questions remain regarding the impact of the course of veteran PTSD and other potential moderating factors on family adaptation to military deployment. The Family Foundations Study builds upon an established longitudinal cohort of Army soldiers (i.e. the Neurocognition Deployment Health Study) to help address remaining knowledge gaps. This report describes the conceptual framework and key gaps in knowledge that guided the study design, methodological challenges and special considerations in conducting military family research, and how these gaps, challenges, and special considerations are addressed by the study. Copyright © 2015 John Wiley & Sons, Ltd.

<http://psycnet.apa.org/journals/prj/38/2/99/>

Self-stigma regarding mental illness: Definition, impact, and relationship to societal stigma.

Lucksted, Alicia; Drapalski, Amy L.

Psychiatric Rehabilitation Journal
Vol 38(2), Jun 2015, 99-102
<http://dx.doi.org/10.1037/prj0000152>

In October 2013, we brought together 30 researchers in the area of mental illness self-stigma to discuss the current state of the field and to identify future priorities ("Reducing Internalized Stigma of Mental Illness: Mapping Future Directions," Baltimore Maryland). These included the differences between and relationships among self-stigma and related constructs; exploring models or theories of the development, maintenance, and amelioration of self-stigma; validating new and existing measures of self-stigma with a variety of populations; and advancing strategies and programs designed to prevent, reduce, or eliminate self-stigma. That small working meeting was the impetus for this special issue. A call for papers was circulated widely, and final authors include both conference attendees and others. The resulting articles push forward our knowledge about and inquiry into the effects and dynamics of internalized stigma associated with mental illness as well as potential avenues and strategies for intervening to reduce it. (PsycINFO Database Record (c) 2015 APA, all rights reserved)

<http://repository.law.miami.edu/cgi/viewcontent.cgi?article=1065&context=umnsac>

Post-Deployment Treatment for Successful Reintegration.

Michelle Zielenski

University of Miami National Security & Armed Conflict Law Review
Vol. 5 (2015) Symposium Edition

Individuals display a wide range of motivations in choosing to join the United States Armed Forces, such as expressions of patriotism, service to country, family traditions, educational programs and opportunities, and escape from traumatic pasts. With these vastly different components come different and unique difficulties for Operation Enduring Freedom (“OEF”)/Operation Iraqi Freedom (“OIF”)/Operation New Dawn (“OND”) veterans returning from deployment.¹ Multiple common issues prove two things: the validity and significance of their struggles, as well as the commonality between their reactions to their experiences while being deployed. Although they have different experiences, they have the same difficulties when transitioning to the civilian sector. Some of these key struggles will be described below, as well as what the Veterans Healthcare Administration (VHA/VA) is doing to address these issues in order help veterans have a successful reintegration into civilian life.

<http://link.springer.com/article/10.1007/s11920-015-0599-4>

A Review of the Use of Stellate Ganglion Block in the Treatment of PTSD.

Eugene Lipov, Elspeth Cameron Ritchie

Current Psychiatry Reports
June 2015, 17:63

Current treatments for PTSD are often not effective or acceptable to the patient. There are a number of emerging new treatments. One promising new one is stellate ganglion block, an anesthetic treatment for pain which relieves symptoms of severe and chronic PTSD in some patients. The focus of this chapter is to summarize clinical evidence available for the effectiveness of cervical sympathetic ganglion injection called stellate ganglion block (SGB), as well as demonstrate possible clinical applications of its use. Cervical sympathetic blockade involves injecting a local anesthetic next to a group of nerves (ganglion) in the neck. The technique has been used clinically since 1925 with very few side effects. Finally, the neurobiology of SGB is discussed. Challenges to the use of SGB include the lack of randomized clinical trials and practitioners familiar with the use of SGB for PTSD.

<http://psycnet.apa.org/journals/prj/38/2/99/>

Self-stigma regarding mental illness: Definition, impact, and relationship to societal stigma.

Lucksted, Alicia; Drapalski, Amy L.

Psychiatric Rehabilitation Journal
Vol 38(2), Jun 2015, 99-102
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In October 2013, we brought together 30 researchers in the area of mental illness self-stigma to discuss the current state of the field and to identify future priorities ("Reducing Internalized Stigma of Mental Illness: Mapping Future Directions," Baltimore Maryland). These included the differences between and relationships among self-stigma and related constructs; exploring models or theories of the development, maintenance, and amelioration of self-stigma; validating new and existing measures of self-stigma with a variety of populations; and advancing strategies and programs designed to prevent, reduce, or eliminate self-stigma. That small working meeting was the impetus for this special issue. A call for papers was circulated widely, and final authors include both conference attendees and others. The resulting articles push forward our knowledge about and inquiry into the effects and dynamics of internalized stigma associated with mental illness as well as potential avenues and strategies for intervening to reduce it. (PsycINFO Database Record (c) 2015 APA, all rights reserved)

<http://ps.psychiatryonline.org/doi/abs/10.1176/appi.ps.201400283>

Evaluation of Veterans' Suicide Risk With the Use of Linguistic Detection Methods.

Christine Leonard Westgate, M.S., Brian Shiner, M.D., M.P.H., Paul Thompson, Ph.D., Bradley V. Watts, M.D., M.P.H.
<http://dx.doi.org/10.1176/appi.ps.201400283>

Objective:

Many people who die from suicide received recent medical care prior to their death. Suicide risk assessment tools for health care settings focus on a variety of clinical and demographic factors but generally do not examine the text of notes written by clinicians about patients who later die from suicide. This study examined whether clinicians' notes indicated increased use of distancing language during the year preceding patients' suicide.

Methods:

The linguistic content of clinicians' notes for outpatients of U.S. Department of Veterans Affairs (VA) medical centers was examined in the year preceding suicide of 63 veterans. Approximately

half of the veterans had received mental health services. They were matched based on mental health service use with living VA outpatients. Linguistics software was used to construct quantitative theme-based categories related to distancing language and to examine temporal trends via keyword analysis.

Results:

Analysis of clinical notes for outpatients who died from suicide and those who did not revealed a significant difference in clinicians' distancing language. Multiple keywords emerged that also were related to distancing language, and their relative frequency increased in the time approaching the suicide.

Conclusions:

Linguistic analysis is a promising approach to identify use of distancing language by clinicians, which appears to be a marker of suicide risk. This pilot work indicates that additional analysis and validation with larger cohorts are warranted.

<http://psycnet.apa.org/psycinfo/2015-25961-001/>

The Bidirectional Relationship Between Sleep Complaints and Pain: Analysis of Data From a Randomized Trial.

Koffel, Erin; Kroenke, Kurt; Bair, Matthew J.; Leverty, David; Polusny, Melissa A.; Krebs, Erin E.

Health Psychology

Jun 15 , 2015

<http://dx.doi.org/10.1037/hea0000245>

Objective:

The goal of this study was to examine the bidirectional relationship of sleep and pain to determine whether changes in sleep complaints over the course of a chronic pain treatment trial predict pain outcomes and vice versa, controlling for changes in depression and anxiety.

Methods:

Data were analyzed from a 12-month randomized, controlled trial that tested the effectiveness of a collaborative care intervention for veterans with chronic musculoskeletal pain. Participants were 250 veterans from 5 primary care clinics in a Veteran Affairs (VA) medical center.

Measures of pain, sleep, and depression/anxiety symptoms were collected at baseline, 3 months, and 12 months. Factor analysis was used to clarify the boundaries of these domains, and structural equation modeling was used to examine whether changes in sleep complaints and depression/anxiety during the trial predicted pain at the end of the trial, controlling for covariates. An alternative model was also tested in which changes in pain predicted sleep complaints.

Results:

Changes in sleep complaints at 3 months significantly predicted changes in pain at 12 months (standardized path coefficient = .29, $p < .001$). To a lesser extent, changes in pain predicted changes in sleep (standardized path coefficient = .15, $p < .05$). Changes in depression/anxiety did not significantly predict changes in pain or sleep. There was also evidence of differential relations of specific sleep complaints with pain.

Conclusions:

This work helps to further disentangle the complex relationship between pain and sleep. This bidirectional relationship may need to be considered to improve pain outcomes. (PsycINFO Database Record (c) 2015 APA, all rights reserved)

<http://www.sciencedirect.com/science/article/pii/S1047279715002227>

Associations of sexual and gender minority status with health indicators, health risk factors, and social stressors in a national sample of young adults with military experience.

John R. Blosnich, Adam J. Gordon, Michael J. Fine

Annals of Epidemiology

Available online 19 June 2015

doi:10.1016/j.annepidem.2015.06.001

Purpose

To assess the associations of self-identified lesbian, gay, bisexual, and questioning sexual orientation or transgender status (LGBTQ) and military experience with health indicators.

Methods

We used data from the Fall 2012 National College Health Assessment. The survey included self-identified socio-demographic characteristics, mental (e.g., depression) and physical (e.g., HIV) conditions, health risk behaviors (e.g., smoking), and social stressors (e.g., victimization). We used modified Poisson regression models, stratified by self-reported military service, to examine LGBTQ-related differences in health indicators, while adjusting for sociodemographic characteristics.

Results

Of 27,176 in the sample, among the military-experienced group, LGBTQ individuals had increased adjusted risks of reporting a past-year suicide attempt (aRR= 4.37, 95%CI: 1.39-13.67), HIV (aRR=9.90, 95%CI: 1.04-79.67), and discrimination (aRR=4.67, 95%CI: 2.05-10.66) than their non-LGBTQ peers. Among LGBTQ individuals, military experience was associated

with a nearly 4-fold increased risk of reporting a past-year suicide attempt (aRR= 3.61, 95%CI: 1.46-8.91) adjusting for age, sex, race and ethnicity, marital status, depression and other psychiatric diagnoses.

Conclusions

Military experience may moderate health indicators among LGBTQ populations, and likewise, LGBTQ status likely modifies health conditions among military-experienced populations. Results suggest that agencies serving military populations should assess how and if the health needs of LGBTQ individuals are met.

<http://www.biomedcentral.com/1471-244X/15/128>

Associations of military divorce with mental, behavioral, and physical health outcomes.

Lawrence Wang, Amber Seelig, Shelley MacDermid Wadsworth, Hope McMaster, John E. Alcaraz and Nancy F. Crum-Cianflone

BMC Psychiatry

2015, 15:128

doi:10.1186/s12888-015-0517-7

Background

Divorce has been linked with poor physical and mental health outcomes among civilians. Given the unique stressors experienced by U.S. service members, including lengthy and/or multiple deployments, this study aimed to examine the associations of recent divorce on health and military outcomes among a cohort of U.S. service members.

Methods

Millennium Cohort participants from the first enrollment panel, married at baseline (2001–2003), and married or divorced at follow-up (2004–2006), (N = 29,314). Those divorced were compared to those who remained married for mental, behavioral, physical health, and military outcomes using logistic regression models.

Results

Compared to those who remained married, recently divorced participants were significantly more likely to screen positive for new-onset posttraumatic stress disorder, depression, smoking initiation, binge drinking, alcohol-related problems, and experience moderate weight gain. However, they were also more likely to be in the highest 15th percentile of physical functioning, and be able to deploy within the subsequent 3-year period after divorce.

Conclusions

Recent divorce among military members was associated with adverse mental health outcomes

and risky behaviors, but was also associated with higher odds of subsequent deployment. Attention should be given to those recently divorced regarding mental health and substance abuse treatment and prevention strategies.

<http://psycnet.apa.org/?&fa=main.doiLanding&doi=10.1037/fam0000102>

Military Service Absences and Family Members' Mental Health: A Timeline Followback Assessment.

Rodriguez, Aubrey J.; Margolin, Gayla

Journal of Family Psychology

Jun 15 , 2015

DOI 10.1037/fam0000102

Although military service, and particularly absence due to deployment, has been linked to risk for depression and anxiety among some spouses and children of active duty service members, there is limited research to explain the heterogeneity in family members' reactions to military service stressors. The current investigation introduces the Timeline Followback Military Family Interview (TFMFI) as a clinically useful strategy to collect detailed time-linked information about the service member's absences. Two dimensions of parent absence—the extent to which absences coincide with important family events and cumulative time absent—were tested as potential risks to family members' mental health. Data from 70 mother-adolescent pairs revealed that the number of important family events missed by the service member was linked to elevated youth symptoms of depression, even when accounting for the number of deployments and cumulative duration of the service member's absence. However, youth who reported more frequent contact with the service member during absences were buffered from the effects of extensive absence. Mothers' symptoms were associated with the cumulative duration of the service members' time away, but not with family events missed by the service member. These results identify circumstances that increase the risk for mental health symptoms associated with military family life. The TFMFI provides an interview-based strategy for clinicians wishing to understand military family members' lived experience during periods of service-member absence. (PsycINFO Database Record)

<http://www.drugandalcoholdependence.com/article/S0376-8716%2815%2900312-9/abstract>

Associations between Deployment, Military Rank, and Binge Drinking in Active Duty and Reserve/National Guard US Servicewomen.

Michael A. Cucciare, Anne G. Sadler, Michelle A. Mengeling, James C. Torner, Geoffrey M. Curran, Xiaotong Han, Brenda M. Booth

Drug & Alcohol Dependence

Published Online: June 18, 2015

DOI: <http://dx.doi.org/10.1016/j.drugalcdep.2015.06.013>

Background

Prior studies of mostly male U.S. service members suggest service characteristics such as deployment with combat exposure and lower rank may be a risk factor for alcohol misuse. However, these relationships have not been examined among servicewomen who may be at high risk for experiencing deployment-related stressors and associated health consequences. This cross-sectional report of US servicewomen in the Reserve National Guard (RNG) and active component (AC) sought to examine these associations.

Methods

A Midwestern community sample of currently serving and veteran servicewomen (N = 1,339) completed structured telephone interviews. The Generalized Linear Model was used to examine associations between service characteristics, any binge drinking, and frequency of recent binge drinking after adjusting for demographics.

Results

After adjusting for demographics, deployment to Iraq or Afghanistan was associated with greater odds of reporting a binge drinking episode, compared to no deployment, among servicewomen in the AC but not RNG. Deployment to Iraq or Afghanistan was also associated with more days binge drinking in both groups compared to servicewomen not deployed. Lower ranking servicewomen also reported higher odds of a binge drinking episode and higher frequency of binge drinking in both the RNG and AC.

Conclusions

Service characteristics including deployment to Iraq or Afghanistan (vs. those not deployed) and lower rank (vs. officers) may be a risk factor for recent binge drinking and higher frequency of binge drinking among servicewomen, after adjusting for demographic covariates. Public health and clinical implications are discussed.

<http://www.tandfonline.com/doi/abs/10.1080/15267431.2015.1043737>

Developing Conceptual Definitions and Theoretical Models of Coping in Military Families During Deployment.

Kelly R. Rossetto

Journal of Family Communication
Volume 15, Issue 3, 2015
DOI: 10.1080/15267431.2015.1043737

Military deployment is a stressful event that can create numerous challenges; yet many families are able to maintain resilience. This study examines how military spouses/partners cope, individually and within their families, during spousal deployment. In-depth interviews were conducted with 26 female spouses/partners with male partners currently deployed. The results indicate that military partners enact various individual (e.g., distraction/escape, emotion coaching), social (e.g., support seeking, protective buffering), and communal (e.g., adjusting responsibilities, distracting/engaging children, enabling father-child involvement, privacy management) coping strategies. The study attempts to extend Afifi et al.'s theoretical model of coping through further developing conceptualizations of coping forms and functions.

<http://econtent.hogrefe.com/doi/abs/10.1027/0227-5910/a000311?journalCode=cric>

A Preliminary Examination of the Relationship Between Social Networking Interactions, Internet Use, and Thwarted Belongingness.

Fallon B. Moberg, Michael D. Anestis

Crisis

DOI: <http://dx.doi.org/10.1027/0227-5910/a000311>

Background:

Joiner's (2005) interpersonal-psychological theory of suicide hypothesizes that suicidal desire develops in response to the joint presence of thwarted belongingness and perceived burdensomeness. Aims: To consider the potential influence of online interactions and behaviors on these outcomes.

Method:

To address this, we administered an online protocol assessing suicidal desire and online interactions in a sample of 305 undergraduates (83.6% female). We hypothesized negative interactions on social networking sites and a preference for online social interactions would be associated with thwarted belongingness. We also conducted an exploratory analysis examining the associations between Internet usage and perceived burdensomeness.

Results:

Higher levels of negative interactions on social networking sites, but no other variables, significantly predicted thwarted belongingness. Our exploratory analysis showed that none of our predictors were associated with perceived burdensomeness after accounting for demographics, depression, and thwarted belongingness.

Conclusion:

Our findings indicate that a general tendency to have negative interactions on social networking sites could possibly impact suicidal desire and that these effects are significant above and beyond depression symptoms. Furthermore, no other aspect of problematic Internet use significantly predicted our outcomes in multivariate analyses, indicating that social networking in particular may have a robust effect on thwarted belongingness.

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4447050/>

The problem of dropout from “gold standard” PTSD therapies.

Lisa M. Najavits

F1000Prime Rep. 2015; 7: 43.

Published online 2015 Apr 2. doi: 10.12703/P7-43

Understanding of posttraumatic stress disorder (PTSD) has increased substantially in the past several decades. There is now more awareness of the many different types of trauma that can lead to PTSD, greater refinement of diagnostic criteria, and the development and testing of various treatments for it. As implementation of PTSD therapies has increased, there is also increased attention to the key issues of retention and dropout. Retention refers to the percentage of patients who stay in a treatment for its intended dose, and dropout is the opposite (the percentage who leave prior to the intended dose); both of which have major implications for treatment outcomes. The two PTSD therapies most studied in relation to retention and dropout are Prolonged Exposure and Cognitive Processing Therapy, which have been the subject of massive, formal, multi-year dissemination roll-outs. Both of these evidence-based treatments are defined as gold-standard therapies for PTSD and showed positive outcomes and reasonable retention of patients in randomized controlled trials (RCTs). But an emerging picture based on real-world practice indicates substantial dropout. Such real-world studies are distinct from RCTs, which have consistently evidenced far lower dropout rates, but under much more restricted conditions (e.g. a more selective range of patients and clinicians). In this paper, the phenomena of retention and dropout are described based on real-world studies of Prolonged Exposure and Cognitive Processing Therapy, including rates, characteristics of patients, clinicians, and programs in relation to retention and dropout, and identification of clinical issues and future research on these topics. It is suggested that the term “gold-standard” evidence-based treatments should be reserved for treatments that evidence both positive results in RCTs but also feasibility and strong retention in real-world settings.

<http://www.ncbi.nlm.nih.gov/pubmed/26105142>

Neuropsychopharmacology. 2015 Jun 24. doi: 10.1038/npp.2015.180. [Epub ahead of print]

Stress and Fear Extinction.

Maren S, Holmes A

Stress plays a critical role in the development and expression of many psychiatric disorders, and is a defining feature of post-traumatic stress disorder (PTSD). Stress also limits the efficacy of behavioral therapies, such as exposure therapy, aimed at limiting pathological fear. Here we examine emerging evidence that stress impairs recovery from trauma by impairing fear extinction, a form of learning thought to underlie the suppression of trauma-related fear memories. We describe the major structural and functional abnormalities in brain regions that are particularly vulnerable to stress, including the amygdala, prefrontal cortex, and hippocampus, which may underlie stress-induced impairments in extinction. We also discuss some of the stress-induced neurochemical and molecular alterations in these brain regions that are associated with extinction deficits, and the potential for targeting these changes to prevent or reverse impaired extinction. A better understanding of the neurobiology of deleterious stress effects on extinction promises to yield novel approaches to improving therapeutic outcomes for PTSD and other anxiety and trauma-related disorders. Neuropsychopharmacology accepted article preview online, 24 June 2015. doi:10.1038/npp.2015.180.

<http://www.ncbi.nlm.nih.gov/pubmed/26094928>

J Clin Sleep Med. 2015 Jun 11. pii: jc-00334-14. [Epub ahead of print]

A Comparison of Sleep Difficulties among Iraq/Afghanistan Theater Veterans with and without Mental Health Diagnoses.

Ulmer CS, Van Voorhees E, Germain AE, Voils CI, Beckham JC

STUDY OBJECTIVES:

Sleep disturbance is among the most common complaints of veterans and military personnel who deployed to the conflicts in Iraq and Afghanistan. A growing body of research has examined cross-sectional and longitudinal relationships between sleep disturbance and mental health symptoms and specific diagnoses in this population. However, prior research has not examined these relationships in terms of the presence or absence of any mental health diagnosis. The objective of the current study is to characterize the sleep complaints (sleep characteristics, sleep quality, insomnia symptoms, and distressing dreams and nightmares) of previously deployed military personnel in terms of the presence or absence of a mental health disorder, diagnosed using structured clinical diagnostic interviews.

METHODS:

Participants (N = 1,238) were veterans and active duty military personnel serving in the military since September 11, 2001, and deployed at least once. Scale scores and item-level data from the Pittsburgh Sleep Quality Index (PSQI), the PSQI-Addendum, the Davidson Trauma Scale, and the Symptom Checklist-90 were used to compare sleep across mental health status (with/without mental health disorder).

RESULTS:

As expected, self-reported sleep impairments were worse among those meeting criteria for a mental health disorder. However, findings also revealed very poor sleep among those without a mental health diagnosis as well. Mean values for both groups were suggestive of short sleep duration, low sleep efficiency, long sleep onset latencies, poor sleep quality, frequent insomnia symptoms, and nightmare frequencies that are well above norms for the general population.

CONCLUSIONS:

Given the evidence for adverse mental and physical health sequelae of untreated sleep disturbance, increased attention to sleep in this population may serve as a primary prevention strategy. Copyright © 2015 American Academy of Sleep Medicine. All rights reserved.

<http://www.ncbi.nlm.nih.gov/pubmed/26098737>

Psychol Trauma. 2015 Jun 22. [Epub ahead of print]

Time Course of Treatment Dropout in Cognitive-Behavioral Therapies for Posttraumatic Stress Disorder.

Gutner CA, Gallagher MW, Baker AS, Sloan DM, Resick PA

A substantial minority of people drop out of cognitive-behavioral therapies (CBTs) for posttraumatic stress disorder (PTSD). There has been considerable research investigating who drops out of PTSD treatment; however, the question of when dropout occurs has received far less attention. The purpose of the current study was to examine when individuals drop out of CBT for PTSD. Women participants (N = 321) were randomized to 1 of several PTSD treatment conditions. The conditions included prolonged exposure (PE), cognitive processing therapy (CPT), CPT-cognitive only (CPT-C), and written accounts (WA). Survival analysis was used to examine temporal pattern of treatment dropout. Thirty-nine percent of participants dropped out of treatment, and those who dropped out tended to do so by midtreatment. Moreover, the pattern of treatment dropout was consistent across CBT conditions. Additional research is needed to examine if treatment dropout patterns are consistent across treatment modalities and settings. (PsycINFO Database Record (c) 2015 APA, all rights reserved).

<http://www.ncbi.nlm.nih.gov/pubmed/26098736>

Psychol Trauma. 2015 Jun 22. [Epub ahead of print]

Prevalence of Posttraumatic Stress Symptoms in United States Air Force Intelligence, Surveillance, and Reconnaissance Agency Imagery Analysts.

Reardon L, Chappelle W, Goodman T, Cowper S, Prince L, Thompson W

Imagery analysts are critical to the intelligence capabilities of the United States Air Force (USAF) and are known as the "eyes" of the USAF. The purpose of this study was to assess for posttraumatic disorder (PTSD) symptoms among this cohort. Of the 498 imagery analysts who participated, a total of 4.22% met provisional diagnostic criteria for PTSD as outlined in the Diagnostic and Statistical Manual of Mental Disorders (4th ed.; American Psychiatric Association, 2000) which was lower than established rates of PTSD (up to 18%) among military personnel returning from deployment. Implications of subclinical PTSD symptoms on occupational functioning and overall diagnostic picture are discussed. (PsycINFO Database Record (c) 2015 APA, all rights reserved).

<http://www.ncbi.nlm.nih.gov/pubmed/26095854>

Psychophysiology. 2015 Jun 11. doi: 10.1111/psyp.12455. [Epub ahead of print]

Relaxation training assisted by heart rate variability biofeedback: Implication for a military predeployment stress inoculation protocol.

Lewis GF, Hourani L, Tueller S, Kizakevich P, Bryant S, Weimer B, Strange L

Decreased heart rate variability (HRV) is associated with posttraumatic stress disorder (PTSD) and depression symptoms, but PTSD's effects on the autonomic stress response and the potential influence of HRV biofeedback in stress relaxation training on improving PTSD symptoms are not well understood. The objective of this study was to examine the impact of a predeployment stress inoculation training (PRESTINT) protocol on physiologic measures of HRV in a large sample of the military population randomly assigned to experimental HRV biofeedback-assisted relaxation training versus a control condition. PRESTINT altered the parasympathetic regulation of cardiac activity, with experimental subjects exhibiting greater HRV, that is, less arousal, during a posttraining combat simulation designed to heighten arousal. Autonomic reactivity was also found to be related to PTSD and self-reported use of mental health services. Future PRESTINT training could be appropriate for efficiently teaching self-help skills to reduce the psychological harm following trauma exposure by increasing the

capacity for parasympathetically modulated reactions to stress and providing a coping tool (i.e., relaxation method) for use following a stressful situation. © 2015 Society for Psychophysiological Research.

<http://www.ncbi.nlm.nih.gov/pubmed/26098261>

J Head Trauma Rehabil. 2015 Jun 19. [Epub ahead of print]

Military Deployment May Increase the Risk for Traumatic Brain Injury Following Deployment.

Regasa LE, Thomas DM, Gill RS, Marion DW, Ivins BJ

OBJECTIVE:

To compare rates of traumatic brain injury (TBI) diagnosis before and after overseas military deployment.

DESIGN:

We conducted a retrospective examination of a cohort of 119 353 active duty US military service members (Army, Navy, Air Force, and Marines) whose first lifetime overseas deployment began at any time between January 1, 2011, and December 31, 2011, and lasted at least for 30 days. For this cohort, TBI diagnoses were examined during the 76 weeks prior to deployment, during deployment, and 76 weeks following the end of deployment.

MAIN MEASURES:

4-week rates of TBI diagnosis.

RESULTS:

The risk of being diagnosed with TBI within 4 weeks after returning from deployment was 8.4 times higher than the average risk before deployment. The risk gradually decreased thereafter up to 40 weeks postdeployment. However, during the 41 to 76 weeks following deployment, risk stabilized but remained on average 1.7 times higher than before deployment.

CONCLUSION:

An increased rate of TBI diagnosis following deployment was identified, which may be partly due to delayed diagnosis of TBIs that occurred while service members were deployed. Also, the increased rate may partly be due to riskier behaviors of service members following deployment that results in an increased occurrence of TBIs.

<http://www.ncbi.nlm.nih.gov/pubmed/26094019>

Biol Psychiatry. 2015 May 27. pii: S0006-3223(15)00432-1. doi: 10.1016/j.biopsych.2015.05.011. [Epub ahead of print]

Soldiers with Posttraumatic Stress Disorder See a World Full of Threat: Magnetoencephalography Reveals Enhanced Tuning to Combat-Related Cues.

Todd RM, MacDonald MJ, Sedge P, Robertson A, Jetly R, Taylor MJ, Pang EW

BACKGROUND:

Posttraumatic stress disorder (PTSD) is linked to elevated arousal and alterations in cognitive processes. Yet, whether a traumatic experience is linked to neural and behavioral 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 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 was either a combat-related or neutral word. The difference in accuracy for combat-related versus 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 behavioral 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 (90-340 msec after the second target presentation), whereas those with PTSD showed greater visual cortex activation linked to enhanced visual processing of trauma stimuli (200-300 msec).

CONCLUSIONS:

These findings suggest that attentional biases in PTSD are linked to deficits in very rapid regulatory activation observed in healthy control subjects. 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. Copyright © 2015 Society of Biological Psychiatry. Published by Elsevier Inc. All rights reserved.

<http://www.ncbi.nlm.nih.gov/pubmed/26093467>

Behav Res Ther. 2015 Jun 10;71:101-109. doi: 10.1016/j.brat.2015.06.004. [Epub ahead of print]

Trait rumination predicts onset of Post-Traumatic Stress Disorder through trauma-related cognitive appraisals: A 4-year longitudinal study.

Spinhoven P, Penninx BW, Krempeniou A, van Hemert AM, Elzinga B

Trauma-related rumination and worry predict chronic PTSD. This study examined whether habitual rumination and worry measured prior to trauma exposure make persons more vulnerable to the onset of PTSD, presumably because habitual ruminators and worriers will be more prone to cognitively appraise trauma exposure in a negative way. A sample of 2981 adults aged 18-65, consisting of healthy controls and persons with past or current depressive and/or anxiety disorders were assessed at baseline and at follow-up four years later (n = 2402). At follow-up, 359 participants reported exposure to a traumatic event during the last four years of whom 52 (14.4%) had developed PTSD. Pre-trauma self-reported depression severity and trait rumination - but not trait worry-predicted onset of PTSD during follow-up, controlling for demographic and clinical history variables, as well as psychiatric diagnoses at baseline. The relation of trait rumination with onset of PTSD was partly mediated by the cognitive appraisal of the traumatic event and not by the affective reaction to trauma exposure. Repetitive negative thinking in the form of rumination may be a risk factor for onset of PTSD amenable to prevention and intervention. Copyright © 2015 Elsevier Ltd. All rights reserved.

Links of Interest

A Drug-Free Cure for Insomnia

<http://www.mensjournal.com/health-fitness/health/a-drug-free-cure-for-insomnia-20150618>

Depressed? Try Therapy Without the Therapist

<http://opinionator.blogs.nytimes.com/2015/06/19/depressed-try-therapy-without-the-therapist/>

Study may help Department of Veterans Affairs find patients with high-risk of suicide

<http://www.nih.gov/news/health/jun2015/nimh-11.htm>

VA prescription crackdown raises new concerns

<http://www.militarytimes.com/story/military/benefits/veterans/2015/06/10/va-prescription-drugs-street-opioids/71026580/>

Say it out loud: Army spouse tells her own story to help military couples work through reintegration and other stress

<http://www.stripes.com/blogs/spouse-calls/spouse-calls-1.9571/say-it-out-loud-1.351120>

Cognitive Behavioral Therapy Most Consistent Treatment for Panic Disorders

<http://weill.cornell.edu/news/news/2015/06/cognitive-behavioral-therapy-most-consistent-treatment-for-panic-disorders-barbara-milrod.html>

Wait Lists Grow as Many More Veterans Seek Care and Funding Falls Far Short

<http://www.nytimes.com/2015/06/21/us/wait-lists-grow-as-many-more-veterans-seek-care-and-funding-falls-far-short.html>

Holding on to the Blues: Depressed Individuals May Fail to Decrease Sadness

<http://www.psychologicalscience.org/index.php/news/releases/holding-on-to-the-blues-depressed-individuals-may-fail-to-decrease-sadness.html>

Study may help Department of Veterans Affairs find patients with high-risk of suicide

<http://www.nih.gov/news/health/jun2015/nimh-11.htm>

10 Myths About Traumatic Brain Injury

<http://taskandpurpose.com/10-myths-about-traumatic-brain-injury/>

Resource of the Week: [Behavioral Health Barometer -- United States, 2014](#)

Substance Abuse and Mental Health Services Administration

This is the second edition of the Behavioral Health Barometer: United States , one of a series of state and national reports that provide a snapshot of behavioral health in the United States. The reports present a set of substance use and mental health indicators as measured through data collection efforts sponsored by SAMHSA, including the National Survey on Drug Use and Health and the National Survey of Substance Abuse Treatment Services. This array of indicators provides a unique overview of the nation's behavioral health at a point in time as well as a mechanism for tracking change and trends over time. As new data become available, indicators highlighted in these reports will be updated to reflect the current state of the science and incorporate new measures of interest. The Behavioral Health Barometers will provide critical information to a variety of audiences in support of SAMHSA's mission of reducing the impact of substance abuse and mental illness on America's communities.



Behavioral Health Barometer

United States, 2014



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