



CDP Research Update -- August 6, 2015

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<http://jama.jamanetwork.com/article.aspx?articleid=2422548>

Psychotherapy for Military-Related PTSD: A Review of Randomized Clinical Trial.

Maria M. Steenkamp, PhD; Brett T. Litz, PhD; Charles W. Hoge, MD; Charles R. Marmar, MD

Journal of the American Medical Association
2015;314(5):489-500
doi:10.1001/jama.2015.8370

Importance

Posttraumatic stress disorder (PTSD) is a disabling psychiatric disorder common among military personnel and veterans. First-line psychotherapies most often recommended for PTSD consist mainly of “trauma-focused” psychotherapies that involve focusing on details of the trauma or associated cognitive and emotional effects.

Objective

To examine the effectiveness of psychotherapies for PTSD in military and veteran populations.

Evidence Review

PubMed, PsycINFO, and PILOTS were searched for randomized clinical trials (RCTs) of individual and group psychotherapies for PTSD in military personnel and veterans, published from January 1980 to March 1, 2015. We also searched reference lists of articles, selected reviews, and meta-analyses. Of 891 publications initially identified, 36 were included.

Findings

Two trauma-focused therapies, cognitive processing therapy (CPT) and prolonged exposure, have been the most frequently studied psychotherapies for military-related PTSD. Five RCTs of CPT (that included 481 patients) and 4 RCTs of prolonged exposure (that included 402 patients) met inclusion criteria. Focusing on intent-to-treat outcomes, within-group posttreatment effect sizes for CPT and prolonged exposure were large (Cohen d range, 0.78-1.10). CPT and prolonged exposure also outperformed waitlist and treatment-as-usual control conditions. Forty-nine percent to 70% of participants receiving CPT and prolonged exposure attained clinically meaningful symptom improvement (defined as a 10- to 12-point decrease in interviewer-assessed or self-reported symptoms). However, mean posttreatment scores for CPT and prolonged exposure remained at or above clinical criteria for PTSD, and approximately two-thirds of patients receiving CPT or prolonged exposure retained their PTSD diagnosis after treatment (range, 60%-72%). CPT and prolonged exposure were marginally superior compared with non–trauma-focused psychotherapy comparison conditions.

Conclusions and Relevance

In military and veteran populations, trials of the first-line trauma-focused interventions CPT and prolonged exposure have shown clinically meaningful improvements for many patients with PTSD. However, nonresponse rates have been high, many patients continue to have

symptoms, and trauma-focused interventions show marginally superior results compared with active control conditions. There is a need for improvement in existing PTSD treatments and for development and testing of novel evidence-based treatments, both trauma-focused and non-trauma-focused.

See also: [Broadening the Approach to Posttraumatic Stress Disorder and the Consequences of Trauma](#) (editorial)

<http://www.brookings.edu/research/papers/2015/07/20-nber-military-officer-quality-volunteer-force--klein>

Military officer quality in the all-volunteer force

Matthew F. Cancian and Michael W. Klein

Brookings Institution/The National Bureau of Economic Research
July 20, 2015

The question of “Who serves when not all serve?” has been a central issue in the all-volunteer United States military, even before the end of conscription in 1973.[1] Advocates for the end of the peace-time draft argued conscription was, in the words of Milton Friedman, “inequitable and arbitrary, seriously interfer[ing] with the freedom of young men to shape their lives.”;[2] Others, however, were concerned with the quality of an all-volunteer force.[3] While the military services initially faced challenges in attracting high-quality enlisted personnel, the problems seemed to have been resolved by the late 1980s. Bernard Rostker, one of the foremost experts on military manpower analysis, declared in his 2006 RAND monograph *I Want You* that “the alternative to the draft, the all-volunteer force, has been a resounding success for the American military and the American people.”[4] Even during the most trying years of conflicts in Iraq and Afghanistan, around 60 percent of new recruits were deemed “high-quality,” possessing a high school diploma and being above the average intelligence of the American population (compared to a low of 27.1 percent of new recruits deemed high-quality in 1977).

The success of the volunteer military in attracting high quality enlisted recruits, however, does not necessarily carry over with respect to its ability to attract high-quality officers.[5] Commissioned officers comprise about 16 percent of the military, but they make up its leadership and exert a disproportionate impact on military effectiveness.

In this paper, we show that the quality of officers in the Marines, as measured by scores on the General Classification Test (GCT), a test that all officers take, has steadily and significantly declined since 1980.[6] For example, the GCT score in 1980 that demarcated the lower one-third of new officers that year demarcated the lower two-thirds of the new officers in 2014. While 85 percent of those taking the test in 1980 exceeded 120, the cut-off score for Marine officers in

World War 2,[7] only 59 percent exceeded that score in 2014. At the upper end of the distribution, 4.9% of those taking the test scored above 150 in 1980 compared to 0.7% in 2014. This negative trend could contribute to adverse consequences for military effectiveness and national security.

See also: [Understanding the steady and troubling decline in the average intelligence of Marine Corps officers](#)

<http://www.tandfonline.com/doi/abs/10.1080/10911359.2015.1059168>

A Review of PTSD and Shame in Military Veterans.

Camille M. Gaudet , Karen M. Sowers , William R. Nugent , Jerry A. Boriskin

Journal of Human Behavior in the Social Environment
Published online: 27 Jul 2015
DOI:10.1080/10911359.2015.1059168

Traumatic military experiences can create ethical dilemmas that result in moral injury. Moral injury is strongly correlated with interpersonal problems, social anxiety, isolation, depression, and suicide. Shame, considered the primary component of moral injury, amplifies the impact of trauma across every category. Shame relates to the trauma experience and is fortified by poor homecomings and the years following veterans' return from battle. Self-criticism acts as a barrier to care and existing assessment and treatment procedures may require modification in order to be fully effective for treating moral injury.

<http://psycnet.apa.org/journals/ser/12/3/>

Psychological Services

Special Section: Military/Veteran Children and Families

Vol 12(3), Aug 2015

- **Perspectives of family and veterans on family programs to support reintegration of returning veterans with posttraumatic stress disorder.**

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- **Efficacy of structured approach therapy in reducing PTSD in returning veterans: A randomized clinical trial.**

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- **Coming home: A prospective study of family reintegration following deployment to a war zone.**

Pages 213-221

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- **Evaluation of a psychological health and resilience intervention for military spouses: A pilot study.**

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- **Help seeking by parents in military families on behalf of their young children.**

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- **Family stressors and postdeployment mental health in single versus partnered parents deployed in support of the wars in Afghanistan and Iraq.**

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- **Associations of contextual risk and protective factors with fathers' parenting practices in the postdeployment environment.**

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- **MilitaryKidsConnect: Web-based prevention services for military children.**

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Blasko, Kelly A.

http://journals.lww.com/headtraumarehab/Abstract/publishahead/Screening_for_Remote_History_of_Mild_Traumatic.99694.aspx

Screening for Remote History of Mild Traumatic Brain Injury in VHA: A Critical Literature Review.

Belanger, Heather G. PhD; Vanderploeg, Rodney D. PhD; Sayer, Nina PhD

Journal of Head Trauma Rehabilitation:

Post Author Corrections: July 24, 2015

doi: 10.1097/HTR.000000000000168

Objective:

The authors reviewed the existing literature on the Veterans Health Administration's (VHA's) traumatic brain injury (TBI) screening and evaluation program to provide a qualitative synthesis and critical review of results focusing on the psychometric properties of the screen.

Methods:

All studies of the VHA's screening and evaluation process were reviewed, both those involving primary data collection and those relying upon VHA data. Diagnostic statistics were summarized and also recalculated on the basis of a positive screening rate of 20%, the observed rate within the VHA, and an estimated population prevalence of TBI of 15% within the Department of Veterans Affairs (VHA).

Results:

The TBI screen within the VHA is administered to nearly every eligible patient. The majority of clinical presentations are deemed to be due to mental health and/or a combination of mental health and TBI factors. The screen has good internal consistency, variable test-retest reliability, and questionable validity, with poor agreement between the TBI screen and criterion standards overall. Studies based on nonrepresentative samples reported high sensitivity. Assuming the VHA's TBI screening rate of 20% in a hypothetical sample, sensitivity is poor (the screen misses 30%-60% of TBI cases). However, specificity remains adequate. Studies based on samples with high rates of TBI reported much higher positive predictive values (and slightly lower negative predictive values) than those observed when a hypothetical TBI prevalence of 15% was used.

Conclusion:

Questions remain about the validity of the TBI screen. Future research should address the utility of screening for TBI. Copyright (C) 2015 Wolters Kluwer Health, Inc. All rights reserved.

<http://www.substanceabusepolicy.com/content/10/1/27>

Alcohol use in the military: associations with health and wellbeing.

Michael Waller, Annabel C. L. McGuire and Annette J. Dobson

Substance Abuse Treatment, Prevention, and Policy
2015, 10:27
doi:10.1186/s13011-015-0023-4

Background

This study assessed the extent to which alcohol consumption in a military group differed from the general population, and how alcohol affected the military group's health and social functioning.

Methods

A cross sectional survey of military personnel (n = 5311) collected self-reported data on alcohol use (AUDIT scale) and general health, role limitations because of physical health problems (role physical), and social functioning scores (SF36 subscales). Logistic regression was used to compare drinking behaviours between the military sample and a general population sample, using the categories risky drinkers (>2 units per day), low risk drinkers (≤ 2 standard drinks per day) and abstainers. Groups in the military sample with the highest levels of alcohol misuse (harmful drinking AUDIT ≥ 16 , alcohol dependence AUDIT ≥ 20 , and binge drinking) were also identified. Linear regression models were then used to assess the association between alcohol misuse and SF36 scores.

Results There were fewer risky drinkers in the military sample than in the general population sample. There were also fewer abstainers, but more people who drank at a lower risk level (≤ 2 standard drinks per day), than in a sample of the general population. Harmful drinking and alcohol dependence were most commonly observed in men, younger age groups, non-commissioned officers and lower ranks as well as reserve and ex-serving groups. Alcohol misuse was clearly associated with poorer general health scores, more role limitations because of physical health problems, and lower social functioning.

Conclusions

Although risky drinking was lower in the military group than in the general population, drinking was associated with poorer health, more limitations because of physical health problems, and poorer social functioning in Defence members. These results highlight the potential benefits for Defence forces in reducing alcohol use among members, in both those groups identified at highest risk, and across the military workforce as a whole.

<http://www.ncbi.nlm.nih.gov/pubmed/26226091>

Behav Res Ther. 2015 Jul 21;73:19-24. doi: 10.1016/j.brat.2015.07.008. [Epub ahead of print]

Predictors of dropout from internet-based self-help cognitive behavioral therapy for insomnia.

Yeung WF, Chung KF, Ho FY, Ho LM

Dropout from self-help cognitive-behavioral therapy for insomnia (CBT-I) potentially diminishes therapeutic effect and poses clinical concern. We analyzed the characteristics of subjects who did not complete a 6-week internet-based CBT-I program. Receiver operator characteristics (ROC) analysis was used to identify potential variables and cutoff for predicting dropout among 207 participants with self-report insomnia 3 or more nights per week for at least 3 months randomly assigned to self-help CBT-I with telephone support (n = 103) and self-help CBT-I (n = 104). Seventy-two participants (34.4%) did not complete all 6 sessions, while 42 of the 72 (56.9%) dropped out prior to the fourth session. Significant predictors of non-completion are total sleep time (TST) ≥ 6.82 h, Hospital Anxiety and Depression Scale depression score ≥ 9 and Insomnia Severity Index score < 13 at baseline in this ranking order. Only TST ≥ 5.92 h predicts early dropout. Longer TST and less severe insomnia predict dropout in this study of self-help CBT-I, in contrast to shorter TST as a predictor in 2 studies of face-to-face CBT-I, while greater severity of depression predicts dropout in both this study and a study of face-to-face CBT-I. Strategies for minimizing dropout from internet-based CBT-I are discussed.

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<http://www.ncbi.nlm.nih.gov/pubmed/26226528>

Mil Med. 2015 Aug;180(8):863-868.

Self-Reported Pain and Pain Management Strategies Among Veterans With Traumatic Brain Injury: A Pilot Study.

King PR, Beehler GP, Wade MJ

Reports of chronic pain such as headache, back and neck pain, and other musculoskeletal conditions are common among veterans with history of traumatic brain injury (TBI). This pilot study investigates self-reported pain and pain management strategies in a sample of veterans in postacute recovery from TBI. Participants included 24 outpatients with history of mild-to-moderate TBI who completed a series of self-report measures by mail, including the Pain Outcomes Questionnaire, the Pain Symptom Survey pain scale, and a detailed background survey. Seventy-nine percent of veterans surveyed reported frequent experiences with pain, typically headache, lower back, and joint pain of moderate severity. Two-thirds reported multiple

pain locations, and more than half reported multiple concurrent mental health concerns, most frequently depression and post-traumatic stress disorder. Several different pain self-management strategies were identified with highly variable effects, though better perceived pain outcomes were reported with regular use of exercise and antidepressants. Many participants identified significant concerns regarding reinjury. Results suggest that opportunity exists for mental health professionals to address common anxieties pertaining to reinjury and to deliver concurrent interventions for chronic pain and affective disturbance. Reprint & Copyright © 2015 Association of Military Surgeons of the U.S.

<http://www.ncbi.nlm.nih.gov/pubmed/26228929>

J Behav Health Serv Res. 2015 Aug 1. [Epub ahead of print]

Providers' Note-Writing Practices for Post-traumatic Stress Disorder at Five United States Veterans Affairs Facilities.

Tuepker A, Zickmund SL, Nicolajski CE, Hahm B, Butler J, Weir C, Post L, Hickam DH.

The capacity of electronic health records (EHRs) to capture desired information depends on the practices of health care providers. These practices have not been well studied in relation to post-traumatic stress disorder (PTSD). This qualitative study investigated how providers write EHR notes on PTSD through 38 interviews with providers working at five Veterans Affairs (VA) hospitals across the United States of America. Two overarching themes were prominent in the results. Providers used progress notes primarily to remember and access details for direct patient care, but only rarely for care coordination. Providers infrequently recorded information not judged to directly contribute to improved care, sometimes deliberately omitting information perceived to jeopardize patients' access to, or quality of, care. Omitted information frequently included sexual or non-military trauma. Understanding providers' thought processes can help clinicians be aware of the limitations of EHR notes as a tool for learning the histories of new patients. Similarly, researchers relying on EHR data for PTSD research should be aware of likely areas of missing data.

<http://www.ncbi.nlm.nih.gov/pubmed/26228410>

J Psychiatr Res. 2015 Sep;68:120-124. doi: 10.1016/j.jpsychires.2015.06.013. Epub 2015 Jun 25

Suicide risk in Iraq and Afghanistan veterans with mental health problems in VA care.

Maguen S, Madden E, Cohen BE, Bertenthal D, Neylan TC, Seal KH

Suicide rates among U.S. military personnel and veterans are a public health concern, and those with mental health conditions are at particular risk. We examined demographic, military, temporal, and diagnostic associations with suicidality in veterans. We conducted a population-based, retrospective cohort study of all Iraq and Afghanistan war veterans who screened positive for posttraumatic stress disorder (PTSD) and/or depression, received a suicide risk assessment, and endorsed hopelessness about the present or future after their last deployment and between January 1, 2010 and June 29, 2014 (N = 45,741). We used bivariate and multivariate logistic regression analyses to examine variables associated with having endorsed suicidal thoughts and a plan. Multiple factors were associated with suicidality outcomes, including longer time from last deployment to screening (proxy for time to seeking VA care), an alcohol use disorder diagnosis, further distance from VA (rurality), and being active duty during military service. Hispanic veterans were at decreased risk of having suicidal ideation and a plan, compared to their white counterparts. In high-risk veterans, some of the strongest associations with suicidality were with modifiable risk factors, including time to VA care and alcohol use disorder diagnoses. Promising avenues for suicide prevention efforts can include early engagement/intervention strategies with a focus on amelioration of high-risk drinking. Published by Elsevier Ltd.

<http://www.ncbi.nlm.nih.gov/pubmed/26228397>

J Psychiatr Res. 2015 Sep;68:30-36. doi: 10.1016/j.jpsychires.2015.05.015. Epub 2015 Jun 1

Longitudinal assessment of gender differences in the development of PTSD among US military personnel deployed in support of the operations in Iraq and Afghanistan.

Jacobson IG, Donoho CJ, Crum-Cianflone NF, Maguen S

Divergent findings from previous research examining gender differences in the development of posttraumatic stress disorder (PTSD) among US military members deployed to the operations in Iraq or Afghanistan (recent operations) prompted this study utilizing a matching approach to examine whether risk for new-onset PTSD and PTSD severity scores differed by gender. US military members from the Millennium Cohort Study deployed in support of the recent operations were followed for approximately 7 years from baseline through 2 follow-up periods between 2001 and 2008. Propensity score matching was used to match 1 male to each female using demographic, military, and behavioral factors including baseline sexual assault. Analyses were stratified by combat experience defined as reporting at least one of five exposures during follow-up. Outcome measures included a positive screen for PTSD and severity scores measured by the PTSD Patient Checklist-Civilian Version. Discrete-time survival analysis quantified the association between gender and incident PTSD. Among 4684 matched subjects (2342 women and men), 6.7% of women and 6.1% of men developed PTSD during follow-up. Results showed no significant gender differences for the likelihood of developing PTSD or for PTSD severity

scores among women and men who reported combat experience and among those who did not. This study is the first of its kind to match a large population of male and female service members on important baseline characteristics including sexual assault. Findings suggest that while combat deployed personnel develop PTSD, women do not have a significantly different risk for developing PTSD than men after experiencing combat. Published by Elsevier Ltd.

<http://www.ncbi.nlm.nih.gov/pubmed/26228395>

J Psychiatr Res. 2015 Sep;68:19-26. doi: 10.1016/j.jpsychires.2015.05.014. Epub 2015 May 30

Latent profile analyses of posttraumatic stress disorder, depression and generalized anxiety disorder symptoms in trauma-exposed soldiers.

Contractor AA, Elhai JD, Fine TH, Tamburrino MB, Cohen G, Shirley E, Chan PK, Liberzon I, Galea S, Calabrese JR

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 (LPAs), 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.

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<http://www.ncbi.nlm.nih.gov/pubmed/26227284>

J Clin Psychol. 2015 Jul 30. doi: 10.1002/jclp.22207. [Epub ahead of print]

The Use of Dialectical Behavior Therapy and Prolonged Exposure to Treat Comorbid Dissociation and Self-Harm: The Case of a Client With Borderline Personality Disorder and Posttraumatic Stress Disorder.

Granato HF, Wilks CR, Miga EM, Korslund KE, Linehan MM

There is a high rate of comorbidity between borderline personality disorder (BPD) and posttraumatic stress disorder (PTSD; Pagura et al., 2010). Preliminary studies have evaluated the treatment of PTSD in a BPD population and found positive outcomes for the integration of dialectical behavior therapy (DBT) and prolonged exposure (PE). This case study illustrates the implementation of a PE protocol into standard DBT treatment, specifically focusing on the management of self-harm and severe dissociation for a client with co-occurring PTSD and BPD. The client entered into treatment with severe and persistent dissociation and a recent history of self-harm, and the case includes consideration of two separate pauses in PTSD treatment related to elevated dissociation and self-harm behaviors. The client successfully completed the DBT PE protocol and results indicate significant improvements in PTSD symptoms as well as outcomes related to self-harm and dissociation. These findings demonstrate the efficacy of combining DBT with PE for clients with comorbid BPD and PTSD and exemplify how complex clients with BPD who present with severe dissociation and self-harm behavior can safely and successfully receive treatment for PTSD. © 2015 Wiley Periodicals, Inc.

<http://www.ncbi.nlm.nih.gov/pubmed/26227208>

Womens Health Issues. 2015 Jul 27. pii: S1049-3867(15)00094-8. doi: 10.1016/j.whi.2015.06.006. [Epub ahead of print]

Intimate Partner Violence Detection and Care in the Veterans Health Administration: Patient and Provider Perspectives.

Dichter ME, Wagner C, Goldberg EB, Iverson KM

BACKGROUND:

Women veterans experience high rates of intimate partner violence (IPV), with associated negative health impacts. The Veterans Health Administration (VHA) has recently developed plans to implement routine IPV screening and provide IPV-related follow-up services for VHA patients. Previous research has examined barriers and facilitators to health care provider screening for IPV. The next step is to examine patients' disclosure of IPV experiences to health care providers and effective response to such disclosures. We sought to identify VHA patients' and providers' perspectives on how to facilitate effective IPV detection and care in VHA.

METHODS:

We conducted semistructured, qualitative interviews with 25 female veteran patients and 15 VHA health care providers. We used an inductive approach to analyzing interview transcripts and identifying themes that constituted study findings.

RESULTS:

Themes fell in to two broad categories: 1) barriers to disclosure and 2) barriers to an adequate

response to disclosure and providing follow-up care. Barriers to disclosure of IPV to health care providers included lack of provider inquiry, lack of comfort, and concerns about the consequences of disclosure and lack of privacy. Patients and providers both indicated a need for expanded resources to respond to IPV in VHA.

CONCLUSIONS:

Findings support current plans for IPV program implementation in VHA and point to recommendations for practice and implications for further research.

Published by Elsevier Inc.

<http://www.ncbi.nlm.nih.gov/pubmed/26226531>

Mil Med. 2015 Aug;180(8):882-887

Post-traumatic Stress Disorder Among Navy Health Care Personnel Following Combat Deployment.

MacGregor AJ, Dougherty AL, Mayo JA, Han PP, Galarneau MR

U.S. Navy health care personnel are exposed to an array of psychological stressors during combat deployment. This study compared rates of post-traumatic stress disorder (PTSD) among Navy health care personnel with nonhealth care personnel following single and repeated combat deployments. The study sample was identified from electronic records indicating deployment to Iraq, Kuwait, or Afghanistan, and included 3,416 health care and 4,648 nonhealth care personnel. Health care personnel had higher PTSD rates and an increasing trend in PTSD rates across repeated deployments. After adjusting for combat exposure and other covariates, health care compared with nonhealth care personnel were more likely to be diagnosed with PTSD after one (odds ratio [OR] 2.02; 95% confidence interval [CI] 1.45-2.80), two (OR 2.27; 95% CI 1.26-4.08), and three deployments (OR 4.37; 95% CI 1.25-15.28). Exposure to wounded/dead friendly forces was associated with higher PTSD rates in health care personnel (OR 1.53; 95% CI 1.13-2.07). Health care personnel occupy a unique and essential role in current wartime operations, and are a high-risk group for PTSD. These findings suggest that further research is needed on the effects of caregiver stress, and refinements to postdeployment screening for health care personnel should be pursued. Reprint & Copyright © 2015 Association of Military Surgeons of the U.S.

<http://www.ncbi.nlm.nih.gov/pubmed/26226526>

Mil Med. 2015 Aug;180(8):851-856

Veterans' Perspectives on Benefits and Drawbacks of Peer Support for Posttraumatic Stress Disorder.

Hundt NE, Robinson A, Arney J, Stanley MA, Cully JA

Peer support has been increasingly utilized within the Department of Veterans Affairs and offers an opportunity to augment existing care for posttraumatic stress disorder (PTSD). The current study sought to examine Veterans' perspectives on the potential benefits and drawbacks of peer support for PTSD. A sample of 23 Veterans with substantial treatment experience completed one-time qualitative interviews that were transcribed and coded for thematic content using grounded theory methodology. Results indicated that Veterans identified numerous potential benefits to a peer support program, including social support, purpose and meaning, normalization of symptoms and hope, and therapeutic benefits. Veterans also identified ways that peer support could complement psychotherapy for PTSD by increasing initiation and adherence to treatment and supporting continued use of skills after termination. Results also indicated that Veterans may prefer peer support groups that are separated according to trauma type, gender, and era of service. Other findings highlighted the importance of the leadership and interpersonal skills of a peer support group leader. Overall, Veterans found peer support to be a highly acceptable complement to existing PTSD treatments with few drawbacks. Reprint & Copyright © 2015 Association of Military Surgeons of the U.S.

<http://www.ncbi.nlm.nih.gov/pubmed/26222934>

Psychol Health Med. 2015 Jul 29:1-8. [Epub ahead of print]

Psychological well-being of patients with insomnia and its relationship with anxiety and depression.

Tramonti F, Maestri M, Gronchi A, Fabbrini M, Di Coscio E, Carnicelli L, Bonanni E.

The aims of the present study are to evaluate the impact of insomnia on psychological well-being and to examine the associations of insomnia and psychological well-being with anxiety and depression. Forty-one patients attending our hospital-based Centre for sleep medicine were administered scales for the evaluation of insomnia (ISI), anxiety (STAI-Y), depression (BDI-II) and psychological well-being (PWB). The scores were compared to those of a control group of 68 subjects attending the hospital for routine examinations or as accompanying persons. Significant differences between patients and controls were detected for anxiety and depression, as well as for psychological well-being. Even if subclinical on average, anxiety and depression symptoms were significantly related to poor psychological well-being, whereas insomnia per se

was not. These findings suggest that patients with insomnia report a relevant impact on their psychological well-being, and that such an impact seems to be strongly associated with concomitant subthreshold symptoms of anxiety and depression. The implications for diagnosis and treatment are discussed.

<http://www.ncbi.nlm.nih.gov/pubmed/26220236>

Arch Phys Med Rehabil. 2015 Jul 25. pii: S0003-9993(15)00589-4. doi: 10.1016/j.apmr.2015.07.006. [Epub ahead of print]

A Longitudinal Study of Headache Trajectories in the Year Following Mild TBI: Relationship to PTSD Symptoms.

Sawyer K, Bell KR, Ehde D, Temkin N, Dikmen S, Williams RM, Dillworth T, Hoffman JM

OBJECTIVE:

To examine headache trajectories among persons with mild Traumatic Brain Injury (mTBI) in the year following injury, and the relationship of headache trajectory to PTSD at one year post injury.

DESIGN:

Prospective, Longitudinal study **SETTING:** Participants were recruited through a university medical center and participated in follow-up assessments by telephone.

PARTICIPANTS:

212 prospectively enrolled individuals within one week of mTBI who were hospitalized for observation or other system injuries. Participants were assessed at baseline, three, six, and twelve months post-injury.

INTERVENTIONS:

Not applicable **MAIN OUTCOME MEASURES:** Participants rated average headache pain intensity using the 0-10 numeric rating scale at each assessment period. The PTSD Checklist - Civilian Version (PCL-C) was completed at twelve months post-injury.

RESULTS:

Latent Class Growth Analysis produced a four trajectory group model, with groups labeled Resolved, Worsening, Improving, and Chronic. Multivariate regression modeling revealed that younger age and premorbid headache correlated with membership in worse trajectory groups (Worsening and Chronic; $p < .001$). Univariate regression revealed a significant association between PTSD and membership in worse trajectory groups ($p < .001$).

CONCLUSIONS:

Headache is common in the year following mTBI, with younger people, persons who previously had headaches, and persons with PTSD more likely to report Chronic or Worsening headache. Further research is needed to examine whether PTSD symptoms exacerbate headaches, or whether problematic headache symptoms exacerbate PTSD.

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<http://www.ncbi.nlm.nih.gov/pubmed/26220414>

Gerontologist. 2015 Jul 28. pii: gnv036. [Epub ahead of print]

Combat Exposure in Early Adulthood Interacts with Recent Stressors to Predict PTSD in Aging Male Veterans.

Sachs-Ericsson N, Joiner TE, Cogle JR, Stanley IH, Sheffler JL

PURPOSE OF THE STUDY:

Combat is a risk factor for posttraumatic stress disorder (PTSD); however, less is known about how exposure to combat in early adulthood may contribute to the development of PTSD as the individual ages. Prior exposure to trauma may "sensitize" people to respond more intensely to subsequent stressors. Further, aging initiates new challenges that may undermine previous coping strategies. Over the life course combat veterans may be more reactive to new stressors and thus be more vulnerable to PTSD.

DESIGN AND METHODS:

This study draws on the two waves of the National Comorbidity Survey (NCS-1) and NCS-2 (10-year follow-up). Participants were male (noncombat N = 620 and combat N = 107) and 50-65 years of age at Wave-2. At baseline, participants were assessed for exposure to wartime combat, number of Diagnostic and Statistical Manual of Mental Disorders (DSM) diagnoses in the past year, and life-time PTSD. At follow-up, PTSD occurring between waves was determined. A measure of recent life stressors was also obtained.

RESULTS:

Using logistic regression analyses, combat predicted PTSD at follow-up (controlling for baseline demographics, number of DSM diagnoses in the past year, life-time PTSD). Recent life stressors were also associated with PTSD. Importantly, the effect of combat on PTSD was significant at high levels, but not low levels, of recent life stress.

IMPLICATIONS:

Veterans who have experienced combat may be more reactive to new stressors, and in turn be

more vulnerable to PTSD. Combat veterans should be regularly assessed for current stressors and PTSD.

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<http://www.ncbi.nlm.nih.gov/pubmed/25455065>

Psychiatr Clin North Am. 2014 Dec;37(4):547-60. doi: 10.1016/j.psc.2014.08.007. Epub 2014 Oct 11

Stress in service members.

Lande RG

Military service differs from civilian jobs in the stressors that service members experience, including frequent deployments (eg, to an area of combat operations), obedience, regimentation, subordination of self to the group, integrity, and flexibility. The military culture emphasizes teamwork and peer support. In some cases, service members cannot adapt to military life, become overwhelmed by stress, or cannot overcome a traumatic experience. Clinicians should conduct a thorough evaluation guided by an understanding of the military culture. Every effort should be made to identify the stress and the maladaptive response and provide early clinical interventions to prevent progression. Published by Elsevier Inc.

<http://www.ncbi.nlm.nih.gov/pubmed/26219680>

J Subst Abuse Treat. 2015 May 29. pii: S0740-5472(15)00134-8. doi: 10.1016/j.jsat.2015.05.008. [Epub ahead of print]

Training Substance Use Disorder Counselors in Cognitive Behavioral Therapy for Depression: Development and Initial Exploration of an Online Training Program.

Curran GM, Woo SM, Hepner KA, Lai WP, Kramer TL, Drummond KL, Weingardt K

INTRODUCTION:

Evidence based psychotherapies (EBPs) remain underutilized. Models for EBP training and implementation that are cost-effective, minimally disruptive, and sufficiently flexible are needed. Internet-based technology is a promising platform, but questions remain about how this technology can address the barriers to implementation. We developed and examined the

implementation of an online training for the Building Recovery by Improving Goals, Habits, and Thoughts (BRIGHT) intervention—a manualized, sixteen-session group depression treatment for individuals with substance use disorders (SUDs). We explored the feasibility of replacing in-person BRIGHT training with a self-paced, online training.

METHODS:

A highly partnered and iterative process was followed to translate the written BRIGHT manual and associated didactic training materials into a media rich, interactive, and detailed (12-16h) online training. Subsequently, 8 volunteer counselors across 7 Veterans' Affairs SUD programs completed the training. Semi-structured interviews focused on the counselors' experiences and their plans for implementing BRIGHT groups. A template approach, using a mixture of deductive and inductive coding, was used for data analyses.

FINDINGS:

The most important barrier to completing training was a lack of protected time. Most counselors were not afforded protected time and reported a sometimes frustrating and fragmented training experience. Many used personal time at work and at home to complete the work. Facilitators to completing the training included positive reactions/attitudes towards the training modules, supervisor support, counselor dedication, and strong beliefs supporting providing services for depression. Many counselors were also concerned about the feasibility of fitting 16 group sessions (2h each) into their program's clinical schedule, but many had devised potential solutions or "work-arounds" to accommodate or approximate the recommended treatment course (e.g., using lunch times, reducing some content/exercises).

CONCLUSION:

This work contributes to the literature on implementation of complex EBPs and addresses the strengths and limitations of web-based technologies in supporting the implementation of EBPs. Copyright © 2015. Published by Elsevier Inc.

<http://psycnet.apa.org/psycinfo/2015-33317-001/>

Resilience, Traumatic Brain Injury, Depression, and Posttraumatic Stress Among Iraq/Afghanistan War Veterans.

Elliott, Timothy R.; Hsiao, Yu-Yu; Kimbrel, Nathan A.; Meyer, Eric C.; DeBeer, Bryann B.; Gulliver, Suzy Bird; Kwok, Oi-Man; Morissette, Sandra B.

Rehabilitation Psychology

Jul 27 , 2015

<http://dx.doi.org/10.1037/rep0000050>

Objective:

We examined the prospective influence of the resilient, undercontrolled, and overcontrolled personality prototypes on depression and posttraumatic stress disorder (PTSD) symptoms among Iraq/Afghanistan war veterans. After accounting for the possible influence of combat exposure, we expected that the resilient prototype would predict lower depression and PTSD over time and would be associated with adaptive coping strategies, higher social support, lower psychological inflexibility, and higher self-reported resilience relative to overcontrolled and undercontrolled prototypes, independent of traumatic brain injury (TBI) status.

Method:

One hundred twenty-seven veterans (107 men, 20 women; average age = 37) participated in the study. Personality was assessed at baseline, and PTSD and depression symptoms were assessed 8 months later. Path analysis was used to test the direct and indirect effects of personality on distress.

Results:

No direct effects were observed from personality to distress. The resilient prototype did have significant indirect effects on PTSD and depression through its beneficial effects on social support, coping and psychological inflexibility. TBI also had direct effects on PTSD.

Conclusions:

A resilient personality prototype appears to influence veteran adjustment through its positive associations with greater social support and psychological flexibility, and lower use of avoidant coping. Low social support, avoidant coping, and psychological inflexibility are related to overcontrolled and undercontrolled personality prototypes, and these behaviors seem to characterize veterans who experience problems with depression and PTSD over time. A positive TBI status is directly and prospectively associated with PTSD symptomology independent of personality prototype. Implications for clinical interventions and future research are discussed. (PsycINFO Database Record (c) 2015 APA, all rights reserved)

<http://www.sciencedirect.com/science/article/pii/S0033318215001231>

The Relationship between Post-Traumatic Stress Symptoms and Physical Health in A Survey of U.S. Iraq and Afghanistan Era Veterans.

Amie R. Schry, Michelle B. Rissling, Emily L. Gentes, Jean C. Beckham, Harold S. Kudler, Kristy Straits-Tröster, Patrick S. Calhoun

Psychosomatics

Available online 29 July 2015

doi:10.1016/j.psych.2015.07.010

Objective

While a large body of literature has linked posttraumatic stress disorder (PTSD) with poor physical health among older veterans, less is known regarding the association between PTSD and health among relatively younger cohorts of veterans. The current study examined the association between PTSD and self-reported health among a sample of veterans who served in the recent conflicts in Iraq and Afghanistan.

Method

Veterans (N=1,030) who served in the wars in Iraq and Afghanistan completed measures of PTSD symptom severity and self-rated health between September 2009 and February 2010. Analyses examined the association between PTSD symptoms and health outcomes.

Results

In analyses adjusted for age, gender, race, and combat exposure, PTSD symptom severity was positively related to the number of health conditions and health symptoms reported ($p < 0.001$). Additionally, in analyses adjusted for age, gender, race, combat exposure, number of health conditions, and number of health symptoms, PTSD symptom severity was associated with increased likelihood of rating one's health as poor or fair and increased likelihood of reporting that one's physical health limits participation in activities ($p < 0.001$).

Conclusion

These findings suggest that, consistent with previous research, PTSD symptom severity has a broad negative effect on physical health among Iraq and Afghanistan era veterans. Health promotion among veterans with PTSD may help attenuate risk of physical health consequences.

<http://content.iospress.com/articles/journal-of-vocational-rehabilitation/jvr754>

Factors impacting work success in Veterans with mental health disorders: A Veteran-focused mixed methods pilot study.

Kukla, Marina | Bonfils, Kelsey A. | Salyers, Michelle P.

Journal of Vocational Rehabilitation
vol. 43, no. 1, 2015, pp. 51-66

BACKGROUND:

Veterans with mental illness often have poor employment outcomes.

OBJECTIVE:

This mixed-methods study sought to understand and describe Veteran perspectives of factors that impact their work success.

METHODS:

A sample of 40 employed and unemployed Veterans with post-traumatic stress disorder (PTSD) or other severe mental illness (SMI) completed a survey of factors that impact vocational functioning and provided narrative accounts of their most successful and challenging work experiences.

RESULTS:

Personal motivation, self-efficacy, work skills, interpersonal issues, health, and cognitive problems were rated as most impactful on work. There were no significant differences on ratings of work factors based on employment status. Veterans with PTSD reported significantly more barriers to work success compared with Veterans with SMI, notably, cognitive problems, physical health, and psychological stress. Veterans with SMI were more likely to receive VA vocational services and rated this assistance as beneficial to work success. Narrative findings corroborated the survey results, and yielded additional factors, including economic factors, person/job fit, and Veteran-specific issues.

CONCLUSIONS:

Several factors substantially impact work success in Veterans with mental illness. Veterans with PTSD and SMI experience a distinct set of barriers and facilitators, suggesting the need for tailoring clinical and rehabilitative services.

<http://www.tandfonline.com/doi/abs/10.1080/00377317.2015.1067550>

Connecting After Killing: An Exploration of the Intersubjective Space between Therapist and Client.

Alicia Simoni MA, LMSW

Smith College Studies in Social Work

Published online: 31 Jul 2015

DOI: 10.1080/00377317.2015.1067550

The devastation, chaos, and horror that characterize combat reveal aspects of the human condition that most individuals, and much of society, would rather remain unseen. And the reality of killing renders most individuals viscerally and existentially uncomfortable, and thus is often turned away from. Civilian psychotherapists are not immune to this. This article explores how civilian therapists' subjectivities manifest in therapeutic work with service members who have killed or think they may have killed in combat. The experiences of previous generations of psychotherapists as well as findings from interviews with current-day clinicians point to significant ways in which the distressing and dissonant reverberations of killing in combat are manifest in the dyad between civilian therapists and service members.

<http://publications.amsus.org/doi/abs/10.7205/MILMED-D-14-00372>

Architecting the Future U.S. Military Psychological Health Enterprise via Policy and Procedure Analysis.

WJ Glover, J Plmanabhan, D Rhodes, D Nightingale

Military Medicine

Volume 180 Issue 8, August 2015, pp. 898-909

Although researchers suggest that a systems approach is required to make meaningful advances in the U.S. psychological health care system for service members, limited research has considered such an approach. This research uses an enterprise architecting framework to identify the system's strengths and areas for opportunity as they relate to the Ecosystem, Stakeholders, Strategy, Process, Organization, Knowledge, Information, and Infrastructure. Codifying qualitative data from publicly available U.S. Defense Health Agency and U.S. Service Branch doctrine, policy guidance, and concepts of operations, our findings indicate that the psychological health care system is strongly process-oriented and mentions a variety of key stakeholders and their roles and responsibilities in the enterprise. Potential opportunities of improvement for the system include a stronger emphasis on the development and transfer of knowledge capabilities, and a stronger information-based infrastructure.

<http://www.sciencedirect.com/science/article/pii/S0165032715300495>

Examination of the interrelations between the factors of PTSD, major depression, and generalized anxiety disorder in a heterogeneous trauma-exposed sample using DSM 5 criteria.

Matthew Price, Katherine van Stolk-Cooke

Journal of Affective Disorders

Volume 186, 1 November 2015, Pages 149–155

doi:10.1016/j.jad.2015.06.012

Exposure to traumatic events places individuals at high risk for multiple psychiatric disorders, including posttraumatic stress disorder (PTSD), major depressive disorder (MDD), and generalized anxiety disorder (GAD). The high rates of comorbidity among these conditions merit evaluation in order to improve diagnosis and treatment approaches. The current study evaluated the association between PTSD, MDD, and GAD factors as presented in the DSM 5.

602 trauma-exposed individuals who experienced an event that met Criterion A for the DSM 5 PTSD diagnosis were recruited through Amazon.com, Inc.'s Mechanical Turk (MTurk) to complete an assessment of the impact of stressful events on their lives. High interrelations were detected among the 4 PTSD factors, 2 MDD factors that corresponded to somatic and affective symptoms, and the single GAD factor. The affective factor of MDD was most strongly related to the emotional numbing factor of PTSD, whereas the somatic factor of MDD was most strongly related to the hyperarousal factor of PTSD. The GAD factor was most strongly related to the hyperarousal factor of PTSD, relative to the other PTSD factors. The strength of the interrelations between factors of the three disorders is largely a function of the overlap in symptoms and calls into question the uniqueness of negative affective symptoms of PTSD, MDD and GAD. Results suggest that improved understanding of the trauma reaction requires a focus on the unique presentation of each individual and assessment of multiple disorders.

<http://jmh.sagepub.com/content/early/2015/07/29/1557988315596037>

A Bourdieusian Analysis of U.S. Military Culture Ground in the Mental Help-Seeking Literature.

Traci Abraham, Ann M. Cheney, and Geoffrey M. Curran

American Journal of Men's Health
Published online before print July 29, 2015
doi: 10.1177/1557988315596037

This theoretical treatise uses the scientific literature concerning help seeking for mental illness among those with a background in the U.S. military to posit a more complex definition of military culture. The help-seeking literature is used to illustrate how hegemonic masculinity, when situated in the military field, informs the decision to seek formal treatment for mental illness among those men with a background in the U.S. military. These analyses advocate for a nuanced, multidimensional, and situated definition of U.S. military culture that emphasizes the way in which institutional structures and social relations of power intersect with individual values, beliefs, and motivations to inform and structure health-related practices.

<http://psycnet.apa.org/psycinfo/2015-33903-001/>

Changes in Posttraumatic Cognitions Predict Changes in Posttraumatic Stress Disorder Symptoms During Cognitive Processing Therapy.

Schumm, Jeremiah A.; Dickstein, Benjamin D.; Walter, Kristen H.; Owens, Gina P.; Chard, Kathleen M.

Objective:

Although cognitive processing therapy (CPT) has strong empirical support as a treatment for posttraumatic stress disorder (PTSD), studies have not directly examined the proposed change mechanisms that underlie CPT—that change in trauma-related cognitions produces change in PTSD and depression symptoms. To improve the understanding of underlying mechanisms of psychotherapeutic change, this study investigated longitudinal association between trauma-related cognitions, PTSD, and depression among veterans receiving CPT during a 7-week residential PTSD treatment program.

Method:

All 195 veterans met DSM–IV–TR diagnosis for PTSD. The sample was 53% male with a mean age of 48 years. Self-reported race was 50% White and 45% African American. The Posttraumatic Cognitions Inventory was used to assess trauma-related cognitions. The PTSD Checklist and Beck Depression Inventory–II were used to assess PTSD and depression, respectively. Cross-lagged panel models were used to test the longitudinal associations between trauma-related cognitions, PTSD, and depression. Measures were administered at three time points: pre-, mid-, and posttreatment.

Results:

Change in posttraumatic cognitions (self-blame; negative beliefs about the self) preceded change in PTSD. In addition, (a) change in negative beliefs about the self preceded change in depression, (b) change in depression preceded change in self-blame cognitions, and (c) change in depression preceded change in PTSD.

Conclusion:

Findings support the hypothesized underlying mechanisms of CPT in showing that change in trauma-related cognitions precedes change in PTSD symptoms. Results suggest that reduction of depression may be important in influencing reduction of PTSD among veterans in residential PTSD treatment. (PsycINFO Database Record (c) 2015 APA, all rights reserved)

Links of Interest

Kevlar for the Mind: Talk therapy's promise for PTSD

<http://www.militarytimes.com/story/military/benefits/health-care/2015/07/30/kevlar-mind-talk-therapys-promise-ptsd/30911591/>

Computerized Treatment May Combat PTSD Symptoms

<http://www.healthcanal.com/mental-health-behavior/65698-computerized-treatment-may-combat-ptsd-symptoms.html>

'PTSD can create a new normal that's a lot worse'

<http://www.amc.af.mil/news/story.asp?id=123452347>

Computerized treatment may combat PTSD symptoms

http://www.eurekalert.org/pub_releases/2015-07/afot-ctm073015.php

What Emotions Are (and Aren't)

<http://www.nytimes.com/2015/08/02/opinion/sunday/what-emotions-are-and-arent.html>

Study: Telemedicine Effective for Providing Talk Therapy to Vets

<http://www.ihealthbeat.org/articles/2015/7/30/study-telemedicine-effective-for-providing-talk-therapy-to-vets>

Seeking And Studying Alternative PTSD Treatments

<http://wusfnews.wusf.usf.edu/post/seeking-and-studying-alternative-ptsd-treatments#stream/0>

The U.S. Declared War On Veteran Homelessness — And It Actually Could Win

<http://www.npr.org/2015/08/04/427419718/the-u-s-declared-war-on-veteran-homelessness-and-it-actually-could-win>

Resource of the Week: [American Psychological Association Glossary of Psychological Terms](#)

Most professions/academic disciplines have their own specialized vocabularies. This is a good one to bookmark if you're a behavioral health professional.

Glossary of Psychological Terms

From Gerrig, Richard J. & Philip G. Zimbardo. *Psychology And Life*, 16/e. Published by Allyn and Bacon, Boston, MA. Copyright (c) 2002 by Pearson Education. Reprinted by permission of the publisher.

A B C D E F G H I J K L M N O P-Q R S T U-Z

A-B-A design Experimental design in which participants first experience the baseline condition (A), then experience the experimental treatment (B), and then return to the baseline (A).

Abnormal psychology The area of psychological investigation concerned with understanding the nature of individual pathologies of mind, mood, and behavior.

Absolute threshold The minimum amount of physical energy needed to produce a reliable sensory experience; operationally defined as the stimulus level at which a sensory signal is detected half the time.

Accommodation The process by which the ciliary muscles change the thickness of the lens of the eye to permit variable focusing on near and distant objects.

Accommodation According to Piaget, the process of restructuring or modifying cognitive structures so that new information can fit into them more easily; this process works in tandem with assimilation.

Acquisition The stage in a classical conditioning experiment during which the conditioned response is first elicited by the conditioned stimulus.

Action potential The nerve impulse activated in a neuron that travels down the axon and causes neurotransmitters to be released into a synapse.

Acute stress A transient state of arousal with typically clear onset and offset patterns.

Addiction A condition in which the body requires a drug in order to function without physical and psychological reactions to its absence; often the outcome of tolerance and dependence.

Ageism Prejudice against older people, similar to racism and sexism in its negative stereotypes.

Aggression Behaviors that cause psychological or physical harm to another individual.

Agoraphobia An extreme fear of being in public places or open spaces from which escape may be difficult or embarrassing.

AIDS Acronym for acquired immune deficiency syndrome, a syndrome caused by a virus that damages the immune system and weakens the body's ability to fight infection.

Algorithm A step-by-step procedure that always provides the right answer for a particular type of problem.

All-or-none law The rule that the size of the action potential is unaffected by increases in the intensity of stimulation beyond the threshold level.

Also of Interest

- What Is Psychology?
- How to Be a Wise Consumer of Psychological Research

Related Resources

- About APA
- Publications & Databases
- Science Directorate

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