



CDP Research Update -- August 13, 2015

What's Here:

- The credibility of exposure therapy: Does the theoretical rationale matter?
- Mental Health Help Seeking Among Traumatized Individuals: A Systematic Review of Studies Assessing the Role of Substance Use and Abuse.
- Core belief content examined in a large sample of patients using online cognitive behaviour therapy.
- Mindfulness-Based Stress Reduction for Posttraumatic Stress Disorder Among Veterans: A Randomized Clinical Trial.
- Treating Insomnia: A Review of Patient Perceptions Toward Treatment.
- Does Reintegration Stress Contribute to Suicidal Ideation Among Returning Veterans Seeking PTSD Treatment?
- Female Veterans in Jail Diversion Programs: Differences From and Similarities to Their Male Peers.
- Symptoms of PTSD Associated With Painful and Nonpainful Vicarious Reactivity Following Amputation.
- Severity of depression predicts remission rates using transcranial magnetic stimulation.
- Telemedicine versus in-person delivery of cognitive processing therapy for women with posttraumatic stress disorder: a randomized noninferiority trial.
- Electronic Interventions for Alcohol Misuse and Alcohol Use Disorders: A Systematic Review.
- Mindfulness-Based Relapse Prevention for Substance Use Disorders: A Systematic Review. (RAND)
- Threat modulation of visual search efficiency in PTSD: A comparison of distinct stimulus categories.
- Predictors of Neurocognitive Syndromes in Combat Veterans.
- Possibilities within Acceptance and Commitment Therapy for Approaching Moral Injury.
- Treatment for Distress Associated with Accurate Appraisals of Self-Blame for Moral Transgressions.

- The Role of Executive Functioning in PTSD and its Treatment.
- Chaplains' Engagement with Suicidality among Their Service Users: Findings from the VA/DoD Integrated Mental Health Strategy.
- Comorbidity between post-traumatic stress disorder and major depressive disorder: alternative explanations and treatment considerations.
- Examining PTSD treatment choice among individuals with subthreshold PTSD.
- Sleep Quality Improvement During Cognitive Behavioral Therapy for Anxiety Disorders.
- Treating Insomnia: A Review of Patient Perceptions Toward Treatment.
- Correlates of VA Mental Health Treatment Utilization Among OEF/OIF/OND Veterans: Resilience, Stigma, Social Support, Personality, and Beliefs About Treatment.
- Predicted Impact of Nicotine Reduction on Smokers with Affective Disorders.
- An integrative review of attention biases and their contribution to treatment for anxiety disorders.
- Age moderates response to acceptance and commitment therapy vs. cognitive behavioral therapy for chronic pain.
- Simplified sleep restriction for insomnia in general practice: a randomised controlled trial.
- Resilience, Traumatic Brain Injury, Depression, and Posttraumatic Stress Among Iraq/Afghanistan War Veterans.
- Efficacy of structured approach therapy in reducing PTSD in returning veterans: A randomized clinical trial.
- Dissociative, Depressive, and PTSD Severity as Correlates of Non-Suicidal Self-Injury and Suicidality in Dissociative Disorder Patients.
- Long-term effects of mental disorders on employment in the National Comorbidity Survey ten-year follow-up.
- PTSD and obesity in younger and older veterans: Results from the mind your heart study.
- Risk Factors for the Development of Psychopathology Following Trauma.
- Nature and Treatment of Comorbid Alcohol Problems and Post Traumatic Stress Disorder Among American Military Personnel and Veterans.
- Links of Interest
- Resource of the Week: National Center for Veterans Analysis and Statistics

<http://www.ncbi.nlm.nih.gov/pubmed/26208147>

Behav Res Ther. 2015 Sep;72:81-92. doi: 10.1016/j.brat.2015.05.008. Epub 2015 May 22.

The credibility of exposure therapy: Does the theoretical rationale matter?

Arch JJ, Twohig MP, Deacon BJ, Landy LN, Bluett EJ

OBJECTIVE:

Little is understood about how the public perceives exposure-based therapy (ET) for treating anxiety and trauma-related disorders or how ET rationales affect treatment credibility. Distinct approaches to framing ET are practiced, including those emphasized in traditional cognitive behavioral therapy, acceptance and commitment therapy, and the more recent inhibitory learning model. However, their relative effect on ET's credibility remains unknown.

METHOD:

A final sample of 964 U.S. adults provided baseline views of ET. Participants rated ET treatment credibility following a simple ET definition (pre-rationale) and following randomization to rationale modules addressing ET goals, fear, and cognitive strategies from distinct theoretical perspectives (post-rationale). Baseline ET views, symptoms, and sociodemographic characteristics were examined as putative moderators and predictors.

RESULTS:

At baseline, the majority had never heard of ET. From pre- to post-rationale, ET treatment credibility significantly increased but the rationales' theoretical perspective had little impact. More negative baseline ET views, specific ethnic/racial minority group status, and lower education moderated or predicted greater increases in treatment credibility following the rationale.

CONCLUSIONS:

ET remains relatively unknown as a treatment for anxiety or trauma, supporting the need for direct-to-consumer marketing. Diverse theory-driven rationales similarly increased ET credibility, particularly among those less likely to use ET. Copyright © 2015 Elsevier Ltd. All rights reserved.

<http://tva.sagepub.com/content/early/2015/07/29/1524838015596344.abstract>

Mental Health Help Seeking Among Traumatized Individuals: A Systematic Review of Studies Assessing the Role of Substance Use and Abuse.

Carissa van den Berk-Clark and David Patterson Silver Wolf

Trauma, Violence & Abuse

Published online before print July 30, 2015

doi: 10.1177/1524838015596344

Objective:

Prior research has suggested that competing neurobehavioral decision-making processes might affect health outcomes among traumatized populations. Regulatory imbalances to impulsive and executive decision systems are affected by high levels of stress, including stress resulting from traumatic events. Such regulatory imbalances have been associated with addictive behaviors. However, it is not well known whether addictive behavior increases or decreases the likelihood of utilization of behavioral health services among traumatized populations. The aim of this study is to systematically review mental health utilization studies targeting traumatized populations to determine the direction of association between substance use and behavioral health utilization.

Method:

Databases of literature were searched in a systematic manner, and 37 relevant studies were recovered and analyzed.

Findings:

Of the 37 relevant studies that included addictive behaviors as a predictor of utilization, 16 showed a positive significant relationship and 6 showed a negative significant relationship. Studies showing a negative significant relationship used younger samples with more recent trauma exposure.

Conclusion:

Studies have shown that for the most part, substance abuse increases the likelihood of utilization, except among younger populations with more recent trauma. Longitudinal studies that assess how utilization evolves over time among traumatized populations and interacts with posttraumatic stress disorder (PTSD) and substance abuse severity are necessary to better understand how decision-making processes of traumatized individuals may increase the likelihood of chronic PTSD.

<http://www.sciencedirect.com/science/article/pii/S0165032715303025>

Core belief content examined in a large sample of patients using online cognitive behaviour therapy.

Abigail Millings, Katherine B. Carnelley

Journal of Affective Disorders

Volume 186, 1 November 2015, Pages 275–283

doi:10.1016/j.jad.2015.06.044

Background

Computerised cognitive behavioural therapy provides a unique opportunity to collect and analyse data regarding the idiosyncratic content of people's core beliefs about the self, others and the world.

Methods

'Beating the Blues' users recorded a core belief derived through the downward arrow technique. Core beliefs from 1813 mental health patients were coded into 10 categories.

Results

The most common were global self-evaluation, attachment, and competence. Women were more likely, and men were less likely (than chance), to provide an attachment-related core belief; and men were more likely, and women less likely, to provide a self-competence-related core belief. This may be linked to gender differences in sources of self-esteem. Those who were suffering from anxiety were more likely to provide power- and control-themed core beliefs and less likely to provide attachment core beliefs than chance. Finally, those who had thoughts of suicide in the preceding week reported less competence themed core beliefs and more global self-evaluation (e.g., 'I am useless') core beliefs than chance.

Limitations

Concurrent symptom level was not available. The sample was not nationally representative, and featured programme completers only.

Conclusions

Men and women may focus on different core beliefs in the context of CBT. Those suffering anxiety may need a therapeutic focus on power and control. A complete rejection of the self (not just within one domain, such as competence) may be linked to thoughts of suicide. Future research should examine how individual differences and symptom severity influence core beliefs.

<http://jama.jamanetwork.com/article.aspx?articleid=2422542>

Mindfulness-Based Stress Reduction for Posttraumatic Stress Disorder Among Veterans: A Randomized Clinical Trial.

Melissa A. Polusny, PhD; Christopher R. Erbes, PhD; Paul Thuras, PhD; Amy Moran, MA; Greg J. Lamberty, PhD; Rose C. Collins, PhD; John L. Rodman, PhD; Kelvin O. Lim, MD

Journal of the American Medical Association

2015;314(5):456-465

doi:10.1001/jama.2015.8361

Importance

Mindfulness-based interventions may be acceptable to veterans who have poor adherence to existing evidence-based treatments for posttraumatic stress disorder (PTSD).

Objective

To compare mindfulness-based stress reduction with present-centered group therapy for treatment of PTSD.

Design, Setting, and Participants

Randomized clinical trial of 116 veterans with PTSD recruited at the Minneapolis Veterans Affairs Medical Center from March 2012 to December 2013. Outcomes were assessed before, during, and after treatment and at 2-month follow-up. Data collection was completed on April 22, 2014.

Interventions

Participants were randomly assigned to receive mindfulness-based stress reduction therapy (n = 58), consisting of 9 sessions (8 weekly 2.5-hour group sessions and a daylong retreat) focused on teaching patients to attend to the present moment in a nonjudgmental, accepting manner; or present-centered group therapy (n = 58), an active-control condition consisting of 9 weekly 1.5-hour group sessions focused on current life problems.

Main Outcomes and Measures

The primary outcome, change in PTSD symptom severity over time, was assessed using the PTSD Checklist (range, 17-85; higher scores indicate greater severity; reduction of 10 or more considered a minimal clinically important difference) at baseline and weeks 3, 6, 9, and 17. Secondary outcomes included PTSD diagnosis and symptom severity assessed by independent evaluators using the Clinician-Administered PTSD Scale along with improvements in depressive symptoms, quality of life, and mindfulness.

Results

Participants in the mindfulness-based stress reduction group demonstrated greater improvement in self-reported PTSD symptom severity during treatment (change in mean PTSD Checklist scores from 63.6 to 55.7 vs 58.8 to 55.8 with present-centered group therapy; between-group difference, 4.95; 95% CI, 1.92-7.99; P=.002) and at 2-month follow-up (change in mean scores from 63.6 to 54.4 vs 58.8 to 56.0, respectively; difference, 6.44; 95% CI, 3.34-9.53, P < .001). Although participants in the mindfulness-based stress reduction group were more likely to show clinically significant improvement in self-reported PTSD symptom severity (48.9% vs 28.1% with present-centered group therapy; difference, 20.9%; 95% CI, 2.2%-39.5%; P = .03) at 2-month follow-up, they were no more likely to have loss of PTSD diagnosis (53.3% vs 47.3%, respectively; difference, 6.0%; 95% CI, -14.1% to 26.2%; P = .55).

Conclusions and Relevance

Among veterans with PTSD, mindfulness-based stress reduction therapy, compared with present-centered group therapy, resulted in a greater decrease in PTSD symptom severity. However, the magnitude of the average improvement suggests a modest effect.

Trial Registration clinicaltrials.gov Identifier: NCT01548742

<http://www.tandfonline.com/doi/abs/10.1080/15402002.2014.981818>

Treating Insomnia: A Review of Patient Perceptions Toward Treatment.

Janet M. Y. Cheung , Delwyn J. Bartlett , Carol L. Armour , Bandana Saini

Behavioral Sleep Medicine

Published online: 04 Aug 2015

DOI:10.1080/15402002.2014.981818

Patient views about their treatment for insomnia often dictate outcome. This review explores the literature relating to the patients' global perceptions toward treatment for insomnia. A strategic literature search was conducted using five databases (PubMed, CINAHL, Medline, PsycINFO, and Embase). The 57 research articles included for this review were mapped out chronologically across three key stages of treatment-seeking (pretreatment appraisal, actual treatment experiences, and posttreatment evaluation). Patient perceptions played an important role across these three key stages and influenced subsequent health behaviors such as the initiation of help-seeking, treatment uptake, treatment adherence, and treatment adjustment. Patients' perceptions toward treatment were heavily grounded by their psychosocial contexts. Clinical implications and future directions for including patient-centered metrics in mainstream practice and research are discussed.

<http://onlinelibrary.wiley.com/doi/10.1111/sltb.12181/abstract>

Does Reintegration Stress Contribute to Suicidal Ideation Among Returning Veterans Seeking PTSD Treatment?

Haller, M., Angkaw, A. C., Hendricks, B. A. and Norman, S. B.

Suicide and Life-Threatening Behavior

Article first published online: 3 AUG 2015

DOI: 10.1111/sltb.12181

Although posttraumatic stress disorder (PTSD) and other psychiatric symptoms are well-established risk factors for suicidal ideation among returning veterans, less attention has been paid to whether the stress of reintegrating into civilian society contributes to suicidal ideation. Utilizing a sample of 232 returning veterans (95% male, mean age = 33.63 years) seeking PTSD treatment, this study tested whether reintegration difficulties contribute to suicidal ideation over and above the influence of PTSD symptoms, depression symptoms, and potential substance misuse. Logistic regressions indicated that reintegration stress had a unique effect on suicidal ideation over and above PTSD and depression symptoms. Reintegration stress interacted with substance misuse to predict suicidal ideation, such that the effect of reintegration stress on suicidal ideation was much larger for those with potential substance misuse. Exploratory analyses also examined which types of reintegration difficulties were associated with suicidal ideation, and found that difficulty maintaining military friendships, difficulty getting along with relatives, difficulty feeling like you belong in civilian society, and difficulty finding meaning/purpose in life were all significantly associated with suicidal ideation, beyond the effects of psychiatric symptoms and potential substance misuse. Findings highlight the importance of addressing reintegration stress for the prevention of suicide among returning veterans. Implications for treatment are discussed.

<http://ps.psychiatryonline.org/doi/abs/10.1176/appi.ps.201400442>

Female Veterans in Jail Diversion Programs: Differences From and Similarities to Their Male Peers.

Kristin Stainbrook, Ph.D., Stephanie Hartwell, Ph.D., Amy James, Ph.D.

Psychiatric Services

<http://dx.doi.org/10.1176/appi.ps.201400442>

Objective:

This study compared the demographic, behavioral health, criminal justice, and military characteristics and experiences of female and male veterans participating in criminal justice diversion programs funded under the Substance Abuse and Mental Health Services Administration Jail Diversion and Trauma Recovery program.

Methods:

Data on program participants were collected as part of a national cross-site evaluation. Baseline interview data from 1,025 program participants were analyzed.

Results:

For the most part, there were few statistically significant differences between female and male veterans with criminal justice involvement. However, females reported significantly more sexual trauma, more females had PTSD, and females had more severe PTSD symptoms. In contrast,

males reported earlier criminal justice involvement, more males served in military combat, and males had higher rates of substance use.

Conclusions:

Although male and female veterans involved in jail diversion programs share many characteristics, the differences in types of trauma exposure and rates of substance use suggest that programs should include attention to gender in planning program services.

<http://onlinelibrary.wiley.com/doi/10.1002/jts.22030/abstract>

Symptoms of PTSD Associated With Painful and Nonpainful Vicarious Reactivity Following Amputation.

Giummarra, M. J., Fitzgibbon, B. M., Tsao, J. W., Gibson, S. J., Rich, A. N., Georgiou-Karistianis, N., Chou, M., Bradshaw, J. L., Alphonso, A. L., Tung, M. L., Drastal, C. A., Hanling, S., Pasquina, P. F. and Enticott, P. G.

Journal of Traumatic Stress

Article first published online: 4 AUG 2015

DOI: 10.1002/jts.22030

Although the experience of vicarious sensations when observing another in pain have been described postamputation, the underlying mechanisms are unknown. We investigated whether vicarious sensations are related to posttraumatic stress disorder (PTSD) symptoms and chronic pain. In Study 1, 236 amputees completed questionnaires about phantom limb phenomena and vicarious sensations to both innocuous and painful sensory experiences of others. There was a 10.2% incidence of vicarious sensations, which was significantly more prevalent in amputees reporting PTSD-like experiences, particularly increased arousal and reexperiencing the event that led to amputation ($\phi = .16$). In Study 2, 63 amputees completed the Empathy for Pain Scale and PTSD Checklist-Civilian Version. Cluster analyses revealed 3 groups: 1 group did not experience vicarious pain or PTSD symptoms, and 2 groups were vicarious pain responders, but only 1 had increased PTSD symptoms. Only the latter group showed increased chronic pain severity compared with the nonresponder group ($p = .025$) with a moderate effect size ($r = .35$). The findings from both studies implicated an overlap, but also divergence, between PTSD symptoms and vicarious pain reactivity postamputation. Maladaptive mechanisms implicated in severe chronic pain and physical reactivity posttrauma may increase the incidence of vicarious reactivity to the pain of others.

<http://journal.frontiersin.org/article/10.3389/fpsy.2015.00114/abstract>

Severity of depression predicts remission rates using transcranial magnetic stimulation.

Grammer G, Kuhle A, Scacca C, Dretsch M, Williams K and Cole JT

Frontiers in Psychiatry

doi: 10.3389/fpsy.2015.00114

Background:

Multiple factors likely impact response and remission rates in the treatment of depression with repetitive transcranial magnetic stimulation (rTMS). Notably the role of symptom severity in outcomes with rTMS is poorly understood.

Objective/Hypothesis:

This study investigated the predictors of achieving remission in patients suffering from depression who receive ≥ 3 rTMS treatments per week.

Methods:

Available data on 41 patients treated at Walter Reed National Military Medical Center from 2009 to 2014 were included for analysis. Patients received a range of pulse sequences from 3,000 to 5,000 with left sided or bilateral coil placement. Primary outcome measures were total score on the Patient Health Questionnaire (PHQ-9) or the Quick Inventory of Depressive Symptomatology—Self Rated (QIDS-SR). Remission was defined as a total score less than five, and response was defined as a 50% decrease in the total score on both outcome metrics. Outcomes in patients diagnosed as suffering from mild or moderate depression were compared to those suffering from severe depression.

Results:

Of the 41 patients receiving treatment, 16 reached remission by the end of treatment. Remission rate was associated with the initial severity of depression, with patients with mild or moderate depression reaching remission at a significantly higher rate than those with severe depression. Total number of rTMS sessions or length of treatment were not predictors of remission.

Conclusion:

Patients with a baseline level of depression characterized as mild or moderate had significantly better outcomes following rTMS compared to patients with severe depression.

Telemedicine versus in-person delivery of cognitive processing therapy for women with posttraumatic stress disorder: a randomized noninferiority trial.

Morland, L. A., Mackintosh, M.-A., Rosen, C. S., Willis, E., Resick, P., Chard, K. and Frueh, B. C.

Depression and Anxiety

Article first published online: 3 AUG 2015

DOI: 10.1002/da.22397

Background

This study examined the effectiveness of telemedicine to provide psychotherapy to women with posttraumatic stress disorder (PTSD) who might be unable to access treatment. Objectives were to compare clinical and process outcomes of PTSD treatment delivered via videoteleconferencing (VTC) and in-person (NP) in an ethnically diverse sample of veteran and civilian women with PTSD.

Methods

A randomized controlled trial of Cognitive Processing Therapy, an evidence-based intervention for PTSD, was conducted through a noninferiority design to compare delivery modalities on difference in posttreatment PTSD symptoms. Women with PTSD, including 21 veterans and 105 civilians, were assigned to receive psychotherapy delivered via VTC or NP. Primary treatment outcomes were changes in PTSD symptoms in the completer sample.

Results

Improvements in PTSD symptoms in the VTC condition (n = 63) were noninferior to outcomes in the NP condition (n = 63). Clinical outcomes obtained when both conditions were pooled together (N = 126) demonstrated that PTSD symptoms declined substantially posttreatment (mean = -20.5, 95% CI -29.6 to -11.4) and gains were maintained at 3- (mean = -20.8, 95% CI -30.1 to -11.5) and 6-month followup (mean = -22.0, 95% CI -33.1 to -10.9). Veterans demonstrated smaller symptom reductions posttreatment (mean = -9.4, 95% CI -22.5 to 3.7) than civilian women (mean = -22.7, 95% CI -29.9 to -15.5).

Conclusions

Providing psychotherapy to women with PTSD via VTC produced outcomes comparable to NP treatment. VTC can increase access to specialty mental health care for women in rural or remote areas.

<http://annals.org/article.aspx?articleid=2411833>

Electronic Interventions for Alcohol Misuse and Alcohol Use Disorders: A Systematic Review.

Eric A. Dedert, PhD; Jennifer R. McDuffie, PhD; Roy Stein, MD; J. Murray McNiel, PhD; Andrzej S. Kosinski, PhD; Caroline E. Freiermuth, MD; Adam Hemminger, BA; and John W. Williams Jr., MD, MHSc

Annals of Internal Medicine
2015;163(3):205-214
doi:10.7326/M15-0285

Background:

The use of electronic interventions (e-interventions) may improve treatment of alcohol misuse.

Purpose:

To characterize treatment intensity and systematically review the evidence for efficacy of e-interventions, relative to controls, for reducing alcohol consumption and alcohol-related impairment in adults and college students.

Data Sources:

MEDLINE (via PubMed) from January 2000 to March 2015 and the Cochrane Library, EMBASE, and PsycINFO from January 2000 to August 2014.

Study Selection:

English-language, randomized, controlled trials that involved at least 50 adults who misused alcohol; compared an e-intervention group with a control group; and reported outcomes at 6 months or longer.

Data Extraction:

Two reviewers abstracted data and independently rated trial quality and strength of evidence.

Data Synthesis:

In 28 unique trials, the modal e-intervention was brief feedback on alcohol consumption. Available data suggested a small reduction in consumption (approximately 1 drink per week) in adults and college students at 6 months but not at 12 months. There was no statistically significant effect on meeting drinking limit guidelines in adults or on binge-drinking episodes or social consequences of alcohol in college students.

Limitations:

E-interventions that ranged in intensity were combined in analyses. Quantitative results do not apply to short-term outcomes or alcohol use disorders.

Conclusion:

Evidence suggests that low-intensity e-interventions produce small reductions in alcohol consumption at 6 months, but there is little evidence for longer-term, clinically significant effects, such as meeting drinking limits. Future e-interventions could provide more intensive treatment and possibly human support to assist persons in meeting recommended drinking limits.

Primary Funding Source: U.S. Department of Veterans Affairs.

http://www.rand.org/pubs/research_reports/RR1031.html

Mindfulness-Based Relapse Prevention for Substance Use Disorders: A Systematic Review.

Sean Grant, Susanne Hempel, Benjamin Colaiaco, Aneesa Motala, Roberta M. Shanman, Marika Booth, Whitney Dudley, Melony E. Sorbero

RAND Corporation, 2015

RAND researchers conducted a systematic review that synthesized evidence from randomized controlled trials of Mindfulness-Based Relapse Prevention (MBRP) — used as an adjunctive therapy or monotherapy — to provide estimates of its efficacy and safety for treating adults diagnosed with alcohol, opioid, stimulant, or cannabis use disorder.

Outcomes of interest included relapse, frequency and quantity of substance use, withdrawal/craving symptoms, treatment dropout, functional status, health-related quality of life, recovery outcomes, and adverse events. When possible, meta-analyses and meta-regressions were conducted using the Hartung-Knapp-Sidik-Jonkman method for random-effects models. Quality of evidence was assessed using the Grades of Recommendation, Assessment, Development, and Evaluation (GRADE) approach.

Six trials (reported in 20 publications) with 685 participants were included. Evidence was insufficient to determine whether MBRP effects differ by type of substance use targeted. There were no significant effects for MBRP as an adjunctive therapy or a stand-alone monotherapy for most outcomes. There were statistically significant effects for MBRP as an adjunctive therapy for health-related quality of life and legal problems, yet this was based on very low quality of evidence from one randomized controlled trial. Effects did not appear to systematically differ by identified comparison group. The available evidence on adverse events is very limited.

There were no statistically significant differences between MBRP and any comparators for substance use outcomes. Given the quality of evidence, there is uncertainty in the magnitude or stability of effect estimates. To provide more firm conclusions about the efficacy and safety of MBRP, future RCTs on this intervention are needed.

<http://www.ncbi.nlm.nih.gov/pubmed/26254798>

Psychiatry Res. 2015 Jun 27. pii: S0165-1781(15)00404-7. doi: 10.1016/j.psychres.2015.05.090. [Epub ahead of print]

Threat modulation of visual search efficiency in PTSD: A comparison of distinct stimulus categories.

Olatunji BO, Armstrong T, Bilsky SA, Zhao M

Although an attentional bias for threat has been implicated in posttraumatic stress disorder (PTSD), the cues that best facilitate this bias are unclear. Some studies utilize images and others utilize facial expressions that communicate threat. However, the comparability of these two types of stimuli in PTSD is unclear. The present study contrasted the effects of images and expressions with the same valence on visual search among veterans with PTSD and controls. Overall, PTSD patients had slower visual search speed than controls. Images caused greater disruption in visual search than expressions, and emotional content modulated this effect with larger differences between images and expressions arising for more negatively valenced stimuli. However, this effect was not observed with the maximum number of items in the search array. Differences in visual search speed by images and expressions significantly varied between PTSD patients and controls for only anger and at the moderate level of task difficulty. Specifically, visual search speed did not significantly differ between PTSD patients and controls when exposed to angry expressions. However, PTSD patients displayed significantly slower visual search than controls when exposed to anger images. The implications of these findings for better understanding emotion modulated attention in PTSD are discussed. Copyright © 2015 Elsevier Ireland Ltd. All rights reserved.

<http://www.ncbi.nlm.nih.gov/pubmed/26251769>

Cureus. 2015 Jul 30;7(7):e293. doi: 10.7759/cureus.293. eCollection 2015.

Predictors of Neurocognitive Syndromes in Combat Veterans.

Roy MJ, Costanzo M, Gill J, Leaman S, Law W, Ndiongue R, Taylor P, Kim HS, Bieler GS, Garge N, Rapp PE, Keyser D, Nathan D, Xydakis M, Pham D, Wassermann E

Traumatic brain injury, depression and posttraumatic stress disorder (PTSD) are neurocognitive syndromes often associated with impairment of physical and mental health, as well as functional status. These syndromes are also frequent in military service members (SMs) after combat,

although their presentation is often delayed until months after their return. The objective of this prospective cohort study was the identification of independent predictors of neurocognitive syndromes upon return from deployment could facilitate early intervention to prevent disability. We completed a comprehensive baseline assessment, followed by serial evaluations at three, six, and 12 months, to assess for new-onset PTSD, depression, or postconcussive syndrome (PCS) in order to identify baseline factors most strongly associated with subsequent neurocognitive syndromes. On serial follow-up, seven participants developed at least one neurocognitive syndrome: five with PTSD, one with depression and PTSD, and one with PCS. On univariate analysis, 60 items were associated with syndrome development at $p < 0.15$. Decision trees and ensemble tree multivariate models yielded four common independent predictors of PTSD: right superior longitudinal fasciculus tract volume on MRI; resting state connectivity between the right amygdala and left superior temporal gyrus (BA41/42) on functional MRI; and single nucleotide polymorphisms in the genes coding for myelin basic protein as well as brain-derived neurotrophic factor. Our findings require follow-up studies with greater sample size and suggest that neuroimaging and molecular biomarkers may help distinguish those at high risk for post-deployment neurocognitive syndromes.

<http://www.ingentaconnect.com/content/ben/cpsr/2015/00000011/00000003/art00008>

Possibilities within Acceptance and Commitment Therapy for Approaching Moral Injury.

A. Nieuwsma, Jason; D. Walser, Robyn; K. Farnsworth, Jacob; D. Drescher, Kent; G. Meador, Keith; Nash, William

Current Psychiatry Reviews

Volume 11, Number 3, August 2015, pp. 193-206(14)

Moral injury and acceptance and commitment therapy (ACT) are both topics that have only quite recently been introduced into the mental health literature. Although inquiries into these two domains have been advanced independent from one another, both challenge various aspects of the traditional medical model for diagnosing, understanding, and treating psychiatric problems. This article explores complementary possibilities for using ACT to approach the care of persons with moral injury. Descriptions of moral injury and ACT are provided along with an overview of the developmental histories and relevant research literature in each of these domains. Specific possibilities for attending to moral injury are explored via examination of each of the six core processes in ACT: acceptance; cognitive defusion; contact with the present moment; self-as-context; values; and committed action. It is suggested that ACT has unique potential as an evidence-based psychotherapy for approaching numerous moral injury related issues. These include: understanding human suffering as normative, expectable, and potentially meaningful; balancing both verbal and experiential understandings of morality; fostering forgiveness in a manner that is not dismissive of guilt but employs it to orient towards values; holding and honoring morally injurious experiences in a way that respects and empathizes with ongoing

suffering; identifying a sense of self from which to behaviorally enact valued actions; and inviting engagement from care providers and communities outside of the traditional mental health care system. Future conceptual and empirical work is needed, including studies examining the efficacy and effectiveness of ACT for moral injury.

<http://www.ingentaconnect.com/content/ben/cpsr/2015/00000011/00000003/art00009>

Treatment for Distress Associated with Accurate Appraisals of Self-Blame for Moral Transgressions.

E. Steinmetz, Sarah; J Gray, Matt

Current Psychiatry Reviews
Volume 11, Number 3, August 2015, pp. 207-219(13)

Many of the most widely-used, empirically-supported treatments for mental health problems are comprised of some form of cognitive restructuring techniques that aim to replace clients' pathological or distorted attributional processes with new, healthy appraisals of the situation or self. Yet, conventional cognitive restructuring techniques may be less effective when attempting to treat guilt and shame associated with distress that arises when someone commits a moral transgression. Accidental or intentional perpetration can cause "moral injury" to the guilty party, yet few therapeutic strategies have been developed to treat difficulties emanating from accurate self-blame appraisals. A working model for conceptualizing the emotional and behavioral consequences of committing a moral transgression is presented that utilizes characterological versus behavioral self-blame appraisals and guilt and shame as mediating variables that determine the ensuing psychological response after committing an act of perpetration. A critical review of the limited literature available on the psychological correlates of accidental and intentional perpetration is reviewed to provide initial support for the paper's working model. Emotional exposure to the feelings of guilt and shame, modification of characterological self-blame appraisals, and behavioral reparations that facilitate forgiveness from self and others are argued to be the most effective strategies for treating moral injury.

<http://www.ingentaconnect.com/content/ben/cpsr/2015/00000011/00000003/art00005>

The Role of Executive Functioning in PTSD and its Treatment.

Bomyea, J.; J. Lang, A.

Current Psychiatry Reviews
Volume 11, Number 3, August 2015, pp. 160-171(12)

The current review describes evidence for the critical role of executive functioning in the development and/or maintenance of posttraumatic stress disorder (PTSD). As part of this review, we describe associations between executive functioning, intrusive thoughts, and PTSD. Moreover, we explore evidence for the utility of cognitive training programs to improve executive functioning as a potential novel treatment approach. A model is presented that depicts how poor executive functioning and associated intrusive thoughts, in the context of unsuccessful attempt to regulate cognitions and emotions, may lead to or perpetuate PTSD symptoms.

<http://www.ncbi.nlm.nih.gov/pubmed/26255592>

Suicide Life Threat Behav. 2015 Aug 10. doi: 10.1111/sltb.12184. [Epub ahead of print]

Chaplains' Engagement with Suicidality among Their Service Users: Findings from the VA/DoD Integrated Mental Health Strategy.

Kopacz MS, Nieuwsma JA, Jackson GL, Rhodes JE, Cantrell WC, Bates MJ, Meador KG

Chaplains play an important role in supporting the mental health of current and former military personnel; in this study, the engagement of Department of Veterans Affairs (VA), Army, Navy, and Air Force chaplains with suicidality among their service users were examined. An online survey was used to collect data from 440 VA and 1,723 Department of Defense (DoD) chaplains as part of the VA/DoD Integrated Mental Health Strategy. Differences were noted for demographics, work setting characteristics, encountering suicidality, and self-perceived preparation for dealing with suicidality. Compared to DoD chaplains, VA chaplains encounter more at-risk service users, yet feel less prepared for dealing with suicidality. Published 2015. This article is a U.S. Government work and is in the public domain in the USA.

<http://www.ncbi.nlm.nih.gov/pubmed/26246789>

Dialogues Clin Neurosci. 2015 Jun;17(2):141-50.

Comorbidity between post-traumatic stress disorder and major depressive disorder: alternative explanations and treatment considerations.

Flory JD, Yehuda R

Approximately half of people with post-traumatic stress disorder (PTSD) also suffer from Major Depressive Disorder (MDD). The current paper examines evidence for two explanations of this comorbidity. First, that the comorbidity reflects overlapping symptoms in the two disorders.

Second, that the co-occurrence of PTSD and MDD is not an artifact, but represents a trauma-related phenotype, possibly a subtype of PTSD. Support for the latter explanation is inferred from literature that examines risk and biological correlates of PTSD and MDD, including molecular processes. Treatment implications of the comorbidity are considered.

<http://www.ncbi.nlm.nih.gov/pubmed/26246029>

Behav Res Ther. 2015 Jul 22;73:33-41. doi: 10.1016/j.brat.2015.07.010. [Epub ahead of print]

Examining PTSD treatment choice among individuals with subthreshold PTSD.

Bergman HE, Kline AC, Feeny NC, Zoellner LA

Subthreshold posttraumatic stress disorder (PTSD) is associated with impairment and has a prevalence rate comparable to full PTSD. Yet, little is known regarding treatment preferences among individuals with subthreshold PTSD, even though they seek trauma-related treatment at a similar rate to those with full PTSD. This study explored subthreshold diagnostic PTSD diagnostic category and treatment preference in undergraduate (N = 439) and trauma-exposed community (N = 203) samples. Participants completed the Posttraumatic Stress Diagnostic Scale (PDS), viewed standardized treatment rationales, and made a hypothetical PTSD treatment choice: prolonged exposure (PE), sertraline, combination treatment, or no treatment. The PDS was used to categorize individuals into four PTSD categories: no trauma exposure, trauma exposure only, subthreshold PTSD, and full PTSD. Within the samples, 8.9% (n = 39) of undergraduates and 16.7% (n = 34) of community members met subthreshold PTSD criteria. The majority of individuals with subthreshold PTSD in each sample reported impairment, 59.0% of undergraduates and 76.5% of community members. Within subthreshold PTSD groups, the most commonly selected treatments were PE (61.5%) for undergraduates and combination treatment (47.1%) for community members. Findings underscore the necessity of further examining subthreshold PTSD, which may hold important clinical implications for treatment processes and outcomes. Copyright © 2015 Elsevier Ltd. All rights reserved.

<http://www.ncbi.nlm.nih.gov/pubmed/26244485>

Behav Sleep Med. 2015 Aug 5:1-12. [Epub ahead of print]

Sleep Quality Improvement During Cognitive Behavioral Therapy for Anxiety Disorders.

Ramsawh HJ, Bomyea J, Stein MB, Cissell SH, Lang AJ

Despite the ubiquity of sleep complaints among individuals with anxiety disorders, few prior

studies have examined whether sleep quality improves during anxiety treatment. The current study examined pre- to posttreatment sleep quality improvement during cognitive behavioral therapy (CBT) for panic disorder (PD; n = 26) or generalized anxiety disorder (GAD; n = 24). Among sleep quality indices, only global sleep quality and sleep latency improved significantly (but modestly) during CBT. Sleep quality improvement was greater for treatment responders, but did not vary by diagnosis. Additionally, poor baseline sleep quality was independently associated with worse anxiety treatment outcome, as measured by higher intolerance of uncertainty. Additional intervention targeting sleep prior to or during CBT for anxiety may be beneficial for poor sleepers.

<http://www.ncbi.nlm.nih.gov/pubmed/26240937>

Behav Sleep Med. 2015 Aug 4:1-32. [Epub ahead of print]

Treating Insomnia: A Review of Patient Perceptions Toward Treatment.

Cheung JM, Bartlett DJ, Armour CL, Saini B

Patient views about their treatment for insomnia often dictate outcome. This review explores the literature relating to the patients' global perceptions toward treatment for insomnia. A strategic literature search was conducted using five databases (PubMed, CINAHL, Medline, PsycINFO, and Embase). The 57 research articles included for this review were mapped out chronologically across three key stages of treatment-seeking (pretreatment appraisal, actual treatment experiences, and posttreatment evaluation). Patient perceptions played an important role across these three key stages and influenced subsequent health behaviors such as the initiation of help-seeking, treatment uptake, treatment adherence, and treatment adjustment. Patients' perceptions toward treatment were heavily grounded by their psychosocial contexts. Clinical implications and future directions for including patient-centered metrics in mainstream practice and research are discussed.

<http://www.ncbi.nlm.nih.gov/pubmed/26237497>

Psychol Trauma. 2015 Aug 3. [Epub ahead of print]

Correlates of VA Mental Health Treatment Utilization Among OEF/OIF/OND Veterans: Resilience, Stigma, Social Support, Personality, and Beliefs About Treatment.

DeViva JC, Sheerin CM, Southwick SM, Roy AM, Pietrzak RH, Harpaz-Rotem I

Veterans of Operations Iraqi Freedom/Enduring Freedom/New Dawn (OEF/OIF/OND) tend not to engage in mental health care. Identifying modifiable factors related to mental health service utilization could facilitate development of interventions to increase utilization. The current study examined the relationship between mental health care utilization and measures of PTSD symptoms, resilience, stigma, beliefs about mental health care, perceived barriers to mental health care, posttraumatic growth and meaning, social support, and personality factors in a sample of 100 OEF/OIF/OND veterans with PTSD symptoms referred to VA mental health care. Participants who received psychotherapy and pharmacotherapy (PP) scored higher on measures of PTSD symptoms, stigma, and adaptive beliefs about mental health treatment, and lower on measures of resilience, postdeployment social support, emotional stability, and conscientiousness, than participants who received no treatment (NT). Participants who received psychotherapy only (PT) scored higher on a measure of PTSD symptoms than NT participants. PT participants scored higher on an emotional stability measure and lower on measures of PTSD symptoms and stigma than PP participants. Multinomial logistic regression including all variables significantly related to treatment utilization indicated that PTSD symptoms and adaptive beliefs about psychotherapy and pharmacotherapy were higher in the PT and PP groups than in the NT group, and concerns about discrimination were higher in the PP group than the NT group. Interventions targeting beliefs about mental health care could increase mental health treatment utilization among OEF/OIF/OND veterans. Concerns about stigma may affect the utilization process differently at different decision points. (PsycINFO Database Record (c) 2015 APA, all rights reserved).

<http://www.ncbi.nlm.nih.gov/pubmed/26236765>

Tob Regul Sci. 2015 Jul;1(2):154-165.

Predicted Impact of Nicotine Reduction on Smokers with Affective Disorders.

Gaalema DE, Miller ME, Tidey JW

OBJECTIVES:

In 2009 the FDA acquired the authority to reduce the nicotine content in cigarettes if appropriate for public health, prompting research to evaluate the implications of this policy scientifically. Studies in non-psychiatric populations show that reducing the nicotine content of cigarettes to non-addictive levels reduces smoking rates and nicotine dependence. However, few studies have examined this hypothesis in vulnerable populations.

METHODS:

In this narrative review we examined the extant literature on the effects of nicotine reduction or cessation on symptoms of withdrawal, as well as psychiatric symptoms, among those with affective disorders.

RESULTS:

Following initial withdrawal from nicotine, smokers with affective disorders experience more severe mood disruption than smokers without these disorders. Use of very low nicotine content (VLNC) cigarettes during abstinence may help mitigate the mood-disrupting effects of initial abstinence. Once the initial effects of nicotine withdrawal on mood have passed, longer-term abstinence is associated with psychiatric improvement rather than worsening.

CONCLUSIONS:

These findings suggest that if a national nicotine reduction policy were to be implemented, smokers with affective disorders would need additional support to overcome initial withdrawal but that long-term outcomes would likely be positive.

<http://www.ncbi.nlm.nih.gov/pubmed/26217284>

Front Psychol. 2015 Jul 8;6:968. doi: 10.3389/fpsyg.2015.00968. eCollection 2015.

An integrative review of attention biases and their contribution to treatment for anxiety disorders.

Barry TJ, Vervliet B, Hermans D

Models of exposure therapy, one of the key components of cognitive behavioral therapy for anxiety disorders, suggest that attention may play an important role in the extinction of fear and anxiety. Evidence from cognitive research suggests that individual differences may play a causal role in the onset and maintenance of anxiety disorders and so it is also likely to influence treatment. We review the evidence concerning attention and treatment outcomes in anxiety disorders. The evidence reviewed here suggests that that attention biases assessed at pre-treatment might actually predict improved response to treatment, and in particular that prolonged engagement with threat as measured in tasks such as the dot probe is associated with greater reductions in anxious symptoms following treatment. We examine this research within a fear learning framework, considering the possible role of individual differences in attention in the extinction of fear during exposure. Theoretical, experimental and clinical implications are discussed, particularly with reference to the potential for attention bias modification programs in augmenting treatment, and also with reference to how existing research in this area might inform best practice for clinicians.

<http://www.ncbi.nlm.nih.gov/pubmed/26216753>

Int J Geriatr Psychiatry. 2015 Jul 28. doi: 10.1002/gps.4330. [Epub ahead of print]

Age moderates response to acceptance and commitment therapy vs. cognitive behavioral therapy for chronic pain.

Wetherell JL, Petkus AJ, Alonso-Fernandez M, Bower ES, Steiner AR, Afari N

OBJECTIVE:

The purpose of this study was to examine age differences in response to different forms of psychotherapy for chronic pain.

METHODS:

We performed a secondary analysis of 114 adults (ages 18-89 years) with a variety of chronic, nonmalignant pain conditions randomly assigned to 8 weeks of group-administered acceptance and commitment therapy (ACT) or cognitive behavioral therapy (CBT). Treatment response was defined as a drop of at least three points on the Brief Pain Inventory-interference subscale.

RESULTS:

Older adults were more likely to respond to ACT, and younger adults to CBT, both immediately following treatment and at 6-month follow-up. There were no significant differences in credibility, expectations of positive outcome, attrition, or satisfaction, although there was a trend for the youngest adults (ages 18-45 years) to complete fewer sessions.

CONCLUSIONS:

These data suggest that ACT may be an effective and acceptable treatment for chronic pain in older adults. Copyright © 2015 John Wiley & Sons, Ltd. Copyright © 2015 John Wiley & Sons, Ltd.

<http://www.ncbi.nlm.nih.gov/pubmed/26212846>

Br J Gen Pract. 2015 Aug;65(637):e508-15. doi: 10.3399/bjgp15X686137.

Simplified sleep restriction for insomnia in general practice: a randomised controlled trial.

Falloon K, Elley CR, Fernando A 3rd, Lee AC, Arroll B

BACKGROUND:

Insomnia is common in primary care. Cognitive behavioural therapy for insomnia (CBT-I) is effective but requires more time than is available in the general practice consultation. Sleep

restriction is one behavioural component of CBT-I. AIM: To assess whether simplified sleep restriction (SSR) can be effective in improving sleep in primary insomnia.

DESIGN AND SETTING:

Randomised controlled trial of patients in urban general practice settings in Auckland, New Zealand.

METHOD:

Adults with persistent primary insomnia and no mental health or significant comorbidity were eligible. Intervention patients received SSR instructions and sleep hygiene advice. Control patients received sleep hygiene advice alone. Primary outcomes included change in sleep quality at 6 months measured by the Pittsburgh Sleep Quality Index (PSQI), Insomnia Severity Index (ISI), and sleep efficiency (SE%). The proportion of participants reaching a predefined 'insomnia remission' treatment response was calculated.

RESULTS:

Ninety-seven patients were randomised and 94 (97%) completed the study. At 6-month follow-up, SSR participants had improved PSQI scores (6.2 versus 8.4, $P < 0.001$), ISI scores (8.6 versus 11.1, $P = 0.001$), actigraphy-assessed SE% (difference 2.2%, $P = 0.006$), and reduced fatigue (difference -2.3 units, $P = 0.04$), compared with controls. SSR produced higher rates of treatment response (67% [28 out of 42] versus 41% [20 out of 49]); number needed to treat = 4 (95% CI = 2.0 to 19.0). Controlling for age, sex, and severity of insomnia, the adjusted odds ratio for insomnia remission was 2.7 (95% CI = 1.1 to 6.5). There were no significant differences in other outcomes or adverse effects.

CONCLUSION:

SSR is an effective brief intervention in adults with primary insomnia and no comorbidities, suitable for use in general practice. © British Journal of General Practice 2015.

<http://www.ncbi.nlm.nih.gov/pubmed/26214528>

Rehabil Psychol. 2015 Jul 27. [Epub ahead of print]

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

Elliott TR, Hsiao YY, Kimbrel NA, Meyer EC, DeBeer BB, Gulliver SB, Kwok OM, Morissette SB.

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.ncbi.nlm.nih.gov/pubmed/26213789>

Psychol Serv. 2015 Aug;12(3):199-212. doi: 10.1037/ser0000032.

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

Sautter FJ, Glynn SM, Cretu JB, Senturk D, Vaught AS

The U.S. military deployed in support to Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF) show high rates of posttraumatic stress disorder (PTSD) and relationship, partner, and parenting distress. Given the pervasive effect of combat-related PTSD on returning veterans and its effect on their loved ones, the investigators have developed a couples-based treatment, structured approach therapy (SAT), to reduce PTSD while simultaneously decreasing relationship and partner distress. This study presents treatment outcome data measuring PTSD and relationship outcomes from a randomized clinical trial (RCT) comparing SAT, a manualized

12-session novel couples-based PTSD treatment, to a manualized 12-session couples-based educational intervention (PTSD Family Education [PFE]). Data were collected from 57 returning veterans meeting Diagnostic and Statistical Manual of Mental Disorders (fourth edition, text revision; DSM-IV-TR) criteria for PTSD and their cohabiting partners; data collection was scheduled for pretreatment, posttreatment, and 3-month follow-up. Findings from an intent-to-treat analysis revealed that veterans receiving SAT showed significantly greater reductions in self-rated (PTSD Checklist; $p < .0006$) and Clinician-Administered PTSD Scale (CAPS)-rated PTSD ($p < .0001$) through the 3-month follow-up compared with veterans receiving PFE; 15 of 29 (52%) veterans receiving SAT and 2 of 28 (7%) receiving PFE no longer met DSM-IV-TR criteria for PTSD. Furthermore, SAT was associated with significant improvements in veteran relationship adjustment, attachment avoidance, and state anxiety. Partners showed significant reductions in attachment anxiety. This couples-based treatment for combat-related PTSD appears to have a strong therapeutic effect on combat-related PTSD in recently returned veterans. (PsycINFO Database Record (c) 2015 APA, all rights reserved).

<http://www.ncbi.nlm.nih.gov/pubmed/26211678>

J Trauma Dissociation. 2015 Jul 25. [Epub ahead of print]

Dissociative, Depressive, and PTSD Severity as Correlates of Non-Suicidal Self-Injury and Suicidality in Dissociative Disorder Patients.

Webermann AR, Myrick AC, Taylor CL, Chasson GS, Brand BL

The present study investigates whether symptom severity can distinguish patients diagnosed with dissociative identity disorder (DID) and dissociative disorder not otherwise specified (DDNOS) with a recent history of non-suicidal self-injury (NSSI) and suicide attempts from those without recent self-harm. Two hundred forty one clinicians reported on recent history of patient NSSI and suicide attempts. Two hundred twenty-one of these clinicians' patients completed dissociative, depressive, and posttraumatic stress disorder symptomatology measures. Baseline cross-sectional data from a naturalistic and prospective study of dissociative disorder (DD) patients receiving community treatment was utilized. Analyses evaluated dissociative, depressive, and PTSD symptom severity as methods of classifying patients into NSSI and suicide attempt groupings. Results indicated that dissociation severity accurately classified patients into NSSI and suicidality groups, while depression severity accurately classified patients into NSSI groups. These findings point to dissociation and depression severity as important correlates of NSSI and suicidality in patients with DDs, and have implications for self-harm prevention and treatment.

<http://www.ncbi.nlm.nih.gov/pubmed/26211661>

Soc Psychiatry Psychiatr Epidemiol. 2015 Jul 27. [Epub ahead of print]

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

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

PURPOSE:

Although significant negative associations of mental disorders with employment have been documented in epidemiological research, much of this research was based on cross-sectional samples and focused only on severe and persistent mental disorders. The present study examined the longitudinal associations of more common mental disorders with employment.

METHODS:

Data on the associations of common mental disorders with employment are presented here from 4501 respondents in the National Comorbidity Survey panel study, a two-wave community epidemiological survey of respondents aged 15-54 at baseline (1990-1992) who were re-interviewed in 2001-2003 and were employed, unemployed in the labor force or student at baseline. Lifetime mental disorders at baseline and disorders with onset after baseline were assessed with the Composite International Diagnostic Interview, a fully structured interview that assessed lifetime prevalence of internalizing fear disorders (panic, phobias), anxiety/misery disorders (major depression, generalized anxiety disorder, post-traumatic stress disorder), externalizing disorders (conduct disorder, alcohol and illicit drug abuse-dependence), and bipolar disorder.

RESULTS:

Both baseline lifetime disorders and disorders with onsets after baseline were associated with significantly reduced odds of subsequent employment among respondents who were either employed or students at baseline. Population projections based on the assumption that these associations represented causal effects suggest that the mental disorders considered here were associated with 1.7-3.2 million adults being unemployed in the US population at follow-up.

CONCLUSIONS:

Expanded access to treatment among current employees and students with mental disorders might lead to improved employment outcomes in these segments of the population.

<http://www.ncbi.nlm.nih.gov/pubmed/26210650>

Psychiatry Res. 2015 Jul 16. pii: S0165-1781(15)00501-6. doi: 10.1016/j.psychres.2015.07.044.
[Epub ahead of print]

PTSD and obesity in younger and older veterans: Results from the mind your heart study.

Smith BN, Tyzik AL, Neylan TC, Cohen BE

Posttraumatic stress disorder (PTSD) is increasingly recognized as a relatively common condition that is associated with poor health, including obesity. With a sizable proportion of the population approaching older adulthood, it is important to understand PTSD-health associations in the context of age. Participants were recruited from two Veterans Administration medical centers and included 380 patients age 60 and over and 365 under age 60. PTSD diagnosis was determined by the Clinician Administered PTSD Scale. BMI was trichotomized into normal/under (≤ 24.9), overweight (25.0-29.9), and obese (≥ 30.0). Models were run in the total sample, as well as stratified by age group, and adjusted for demographics, depression, antipsychotic medication use, and physical activity. Current PTSD was associated with greater likelihood of overweight and obesity in the total sample, and lifetime PTSD was associated with significantly increased odds of obesity. In the stratified models, current and lifetime PTSD were associated with increased likelihood of overweight and obesity in the older group only. Results suggest that PTSD is associated with risk for overweight and obesity, an effect that may be particularly strong in older adults. These findings support the importance of examining PTSD and potential health correlates across the life course. Published by Elsevier Ireland Ltd.

<http://www.ncbi.nlm.nih.gov/pubmed/26206108>

Curr Psychiatry Rep. 2015 Aug;17(8):612. doi: 10.1007/s11920-015-0612-y.

Risk Factors for the Development of Psychopathology Following Trauma.

Sayed S, Iacoviello BM, Charney DS

Traumatic experiences can lead to a range of mental health problems with posttraumatic stress disorder (PTSD) leading as the most documented disorder following trauma. Epidemiological research has found the rate of exposure to trauma to far outweigh the prevalence of PTSD. Indicating that most people do not develop PTSD following a traumatic event, this phenomenon has led to an interest in evaluating risk factors to determine who develops PTSD. Risk factors for the development of psychopathology following trauma exposure fall into three categories: pre-trauma, peri-trauma and post-trauma factors. Pre-trauma factors can include age, gender, race/ethnicity, education, prior psychopathology, and neurobiological factors. Peri-trauma

factors can include the duration/severity of trauma experience and the perception that the trauma has ended. Post-trauma factors can include access to needed resources, social support, specific cognitive patterns, and physical activity. To date, several important risk factors have been found to impact the risk of developing PTSD including gender, age, education, IQ, race and ethnicity, sexual orientation, pre-trauma psychopathology, prior trauma exposure, familial psychiatric history, and neurobiological factors. This article outlines the state of research findings on pretraumatic, peritraumatic, and posttraumatic risk factors for the development of PTSD and associated psychopathology following trauma.

<http://www.arcr.niaaa.nih.gov/arcr/arcr381/article15.htm>

Nature and Treatment of Comorbid Alcohol Problems and Post Traumatic Stress Disorder Among American Military Personnel and Veterans.

John P. Allen, Ph.D., M.P.A.; Eric F. Crawford, Ph.D.; and Harold Kudler, M.D.

Alcohol Research: Current Reviews
(The Journal of the National Institute on Alcohol Abuse and Alcoholism)
Volume 38, Number 1, 2016

Many service members and veterans seeking treatment for alcohol problems also have post-traumatic stress disorder (PTSD). This article considers the effectiveness of treating alcohol problems and PTSD simultaneously. The authors begin by summarizing the extent of excessive alcohol use among military service members and veterans. They then explore the relationship between combat exposure and subsequent alcohol use; identify and briefly describe evidence-based treatments for alcohol problems and PTSD, separately; and review research on the effects of single treatments for both PTSD symptoms and alcohol use.

Links of Interest

Study: Wider Variety of Therapies Could Help Vets, Troops With PTSD

<http://www.military.com/daily-news/2015/08/05/study-wider-variety-therapies-could-help-vets-troops-with-ptsd.html>

Another soldier spurned by Army dies of apparent suicide

<http://www.usatoday.com/story/news/nation/2015/08/04/another-soldier-spurned-army-dies-apparent-suicide/30726649/>

Sweeter dreams without sleeping pills

<http://www.houstonchronicle.com/news/health/article/Sweeter-dreams-without-sleeping-pills-6431852.php>

Online therapy is growing incredibly fast — here's why that matters

<http://www.techinsider.io/what-is-online-therapy-and-does-it-work-2015-8>

For Pregnant Military Wives, Risks Rise if Partner Deployed

http://www.nlm.nih.gov/medlineplus/news/fullstory_153989.html

Trauma experiences change the brain even in those without PTSD

<http://www.sciencedaily.com/releases/2015/08/150804073718.htm>

Why Group Therapy Worked

<http://opinionator.blogs.nytimes.com/2015/08/11/why-group-therapy-worked/>

According To Psychologists, Coloring Is The Best Alternative To Meditation

<http://shareably.net/coloring-best-alternative-to-meditation/>

Resource of the Week: [National Center for Veterans Analysis and Statistics](#)

The National Center for Veterans Analysis and Statistics (NCVAS) supports planning, analysis, and decision-making activities through the collection, validation, analysis, and dissemination of key statistics on Veteran population and VA programs.

This is your go-to fishing hole for detailed demographic and statistical information about America's Veterans as well as their utilization of various programs provided by the U.S. Department of Veterans Affairs.



NATIONAL CENTER FOR VETERANS ANALYSIS AND STATISTICS

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VA Annual Reports

Veteran Population

Expenditures

Utilization

Maps

Reports

Surveys

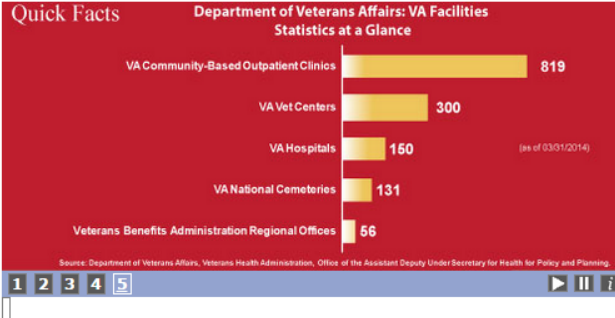
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Welcome to NCVAS



The National Center for Veterans Analysis and Statistics (NCVAS) supports planning, analysis, and decision-making activities through the collection, validation, analysis, and dissemination of key statistics on Veteran population and VA programs.

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What's New

July 16, 2015, the Department of Veterans Affairs (VA) released Gulf War Veterans Supplemental Pre-9/11 Report as a follow-up to the Gulf War Era Pre-9/11 report that was released in February 2011. This Supplemental report provides comprehensive statistics on the utilization of VA benefits and healthcare service by Gulf War Era Veterans with military service between August 2, 1990 to September 10, 2001.

July 7, 2015, the Department of Veterans Affairs (VA) released Profile of Post-9/11 Veterans:2012. The report is the first one dedicated to the most recent period of service. This report

Highlights

- Reports
- VA Facilities by State
 - VA Facilities by Congressional District
 - Compensation and Pension by County: 2014
 - Profile of Minority Veterans: 2012
 - Profile of Veterans: 2012
 - Department of Veterans Affairs Statistics at a Glance
 - Department of Veterans Affairs Statistics at a Glance Pocket Card

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