



## CDP Research Update -- October 8, 2015

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- Comparative Study of Group Treatments for Posttraumatic Stress Disorder.

- Social support, posttraumatic cognitions, and PTSD: The influence of family, friends, and a close other in an interpersonal and non-interpersonal trauma group.
- Telepsychiatry Today.
- Prevalence of Probable Mental Disorders and Help Seeking Behaviors Among Veteran and Non-veteran Community College Students.
- Links of Interest
- Resource of the Week: Clearinghouse for Military Family Readiness (Pennsylvania State University)

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<http://www.sciencedirect.com/science/article/pii/S1389945715019863>

## **Shift work disorder, depression, and anxiety in the transition to rotating shifts: the role of sleep reactivity.**

David A Kalmbach, Vivek Pillai, Philip Cheng, J Todd Arnedt, Christopher L Drake

Sleep Medicine

Available online 28 September 2015

doi:10.1016/j.sleep.2015.09.007

### **Objectives**

To investigate premorbid sleep reactivity as a vulnerability to incident shift work disorder and related changes in depression and anxiety following a transition to a rotating shifts work schedule.

### **Methods**

This is a longitudinal study with two waves of data collection. The community-based sample included normal sleeping non-shift workers (N=96; 62.5% female; 47.9±13.3 yo) without a lifetime history of insomnia or baseline excessive daytime sleepiness who transitioned to rotating shift work one year later. Participants reported demographic characteristics, trait sleep reactivity on the Ford Insomnia Response to Stress Test, depression symptoms on the Quick Inventory of Depression Symptomatology, and anxiety symptoms on the Beck Anxiety Inventory. Shift work disorder was determined based on significant sleep disturbance and/or excessive sleepiness in the context of working a rotating shifts schedule.

### **Results**

Analyses revealed that the odds were over five times greater for highly sleep reactive individuals to develop shift work disorder after transitioning to rotating shifts (OR=5.59, p=.04). Nearly 90% of shift work disorder sufferers were accurately identified as high risk at 1-y prior to disease onset. Furthermore, individuals who developed SWD reported greater increases in

symptoms of depression and anxiety. Finally, analyses revealed significant indirect effects wherein high sleep reactivity increased risk for SWD, which led to greater severity of anxiety and depression symptoms.

#### Conclusions

The FIRST accurately identifies a focused target population in which the premorbid psychobiological processes complicit in SWD onset and progression, as well as shift work-related depression and anxiety changes, can be better investigated, thus improving future preventative efforts.

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<http://onlinelibrary.wiley.com/doi/10.1111/sltb.12193/abstract>

#### **Predicting Suicide Intent: The Roles of Experiencing or Committing Violent Acts.**

Jordan, J. T. and Samuelson, K. W.

Suicide and Life-Threatening Behavior

Article first published online: 29 SEP 2015

DOI: 10.1111/sltb.12193

According to the interpersonal theory of suicide (Joiner, 2005), repeated exposure to painful or provocative experiences is associated with lethal or nearly lethal suicide attempts. However, suicide research often focuses on suicide ideation or attempts, rather than intent. Using data from the Collaborative Psychiatric Epidemiological Surveys, we examined traumatic experiences, with a focus on repeated exposure to traumas, in individuals who described their suicide attempts as a strong intent to die versus a cry for help. Only repeated acts of committing violence were associated with high suicide intent, suggesting that individuals who engage in violence are at heightened risk for suicide.

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<http://link.springer.com/article/10.1007/s10608-015-9727-z#page-1>

#### **The Interactive Effects of the Capability for Suicide and Major Depressive Episodes on Suicidal Behavior in a Military Sample.**

Carol Chu, Matthew C. Podlogar, Christopher R. Hagan, Jennifer M. Buchman-Schmitt, Caroline Silva, Bruno Chiurliza, Jennifer L. Hames, Ian H. Stanley, Ingrid C. Lim, Thomas E. Joiner

Cognitive Therapy and Research  
pp 1-9

First online: 29 September 2015

Major depressive symptoms are associated with increased risk for suicidal ideation and behavior. Suicide is fearsome; as such, the interpersonal theory of suicide proposes that individuals who engage in suicidal behavior possess not only the desire to die, but also the acquired capability (AC) for suicide. This study examined whether major depressive episodes (MDEs) may be particularly relevant to suicidal behavior when considered in the context of AC. History of MDEs, AC, and suicide attempt history were examined in a large ( $n = 3377$ ) sample of military members. Data were analyzed using hierarchical multiple regression. Results indicated that among individuals with high AC, the number of MDEs was significantly, positively associated with number of previous suicide attempts; MDEs were not significantly related to suicide attempt history among individuals with low AC. Findings held in the presence of robust covariates associated with suicidal behavior. Findings suggest that a history of MDEs alone may not indicate severe suicide risk—increased AC for suicide appears necessary for increased suicide risk. Implications for suicide treatment and prevention in military personnel are discussed.

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<http://cjp.sagepub.com/content/early/2015/09/25/0887403415606184.abstract>

### **Whom Do They Serve? A National Examination of Veterans Treatment Court Participants and Their Challenges.**

Julie Marie Baldwin

Criminal Justice Policy Review

Published online before print September 27, 2015

doi: 10.1177/0887403415606184

The veterans treatment court (VTC) is a recently developed specialized court that targets the growing population of veterans in contact with the criminal justice system. Using data collected from the first national survey of VTCs in 2012, this study explores who VTC participants are by creating a descriptive portrait of their personal and military characteristics and the legal, extralegal, and programmatic challenges they face. This study also examines the perceived relationships between military service and legal and extralegal issues. This research produces the first early illustration of VTC participants on a national level, finding similarity and variability across VTCs, in comparison with the national veteran population, and between servicemen and servicewomen on a variety of factors. Furthermore, this study identifies recent changes in the VTC participant population. Recommendations for VTC programs and for research on justice-involved veterans and active-duty personnel are provided in light of the fluid VTC population.

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[http://www.rand.org/pubs/research\\_reports/RR106.html](http://www.rand.org/pubs/research_reports/RR106.html)

## **Airman and Family Resilience: Lessons from the Scientific Literature**

Sarah O. Meadows, Laura L. Miller, Sean Robson

RAND Corporation, 2015

This final overarching report in a series documents research and recommendations RAND offered to the Air Force to help strengthen the development of a new office responsible for monitoring and promoting resilience among Air Force Airmen, civilian employees, and Air Force families. Efforts to boost resilience have become an important military response to suicide and other markers of distress and poor health. The report reviews the concepts and measures of resilience, resilience factors, hardiness and flourishing. It describes how resilience and the military's Total Force Fitness concepts are related. The report brings together highlights from the eight companion reports on each Total Force Fitness domain and characterizes types of Air Force data that could be used to track resilience.

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<http://psycnet.apa.org/journals/adb/29/3/633/>

## **Associations among trauma, posttraumatic stress disorder, cannabis use, and cannabis use disorder in a nationally representative epidemiologic sample.**

Kevorkian, Salpi; Bonn-Miller, Marcel O.; Belendiuk, Katherine; Carney, Dever M.; Roberson-Nay, Roxann; Berenz, Erin C.

Psychology of Addictive Behaviors

Vol 29(3), Sep 2015, 633-638. <http://dx.doi.org/10.1037/adb0000110>

Special Section: Marijuana Legalization: Emerging Research on Use, Health, and Treatment

Research in community and clinical samples has documented elevated rates of cannabis use and cannabis use disorders (CUDs) among individuals with trauma exposure and posttraumatic stress disorder (PTSD). However, there is a lack of research investigating relations between, and correlates of, trauma and cannabis phenotypes in epidemiologic samples. The current study examined associations between trauma (i.e., lifetime trauma exposure and PTSD) and cannabis phenotypes (i.e., lifetime cannabis use and CUD) in a nationally representative sample. Participants were individuals who participated in Waves 1 and 2 of the National Epidemiologic Survey on Alcohol and Related Conditions ( $n = 34,396$ ; 52.4% women; age,  $M = 48.0$  years,  $SD = 16.9$ ). Lifetime DSM–IV Criterion A trauma exposure was significantly associated with lifetime cannabis use ( $OR = 1.215$ ) but was only marginally associated with CUD ( $OR = 0.997$ ). Within the trauma-exposed sample, lifetime PTSD showed a significant association with CUD ( $OR = 1.217$ ) but was only marginally associated with lifetime cannabis

use (OR = 0.992). Partially consistent with hypotheses, lifetime trauma was associated with greater odds of lifetime cannabis use, whereas PTSD was associated with greater odds of CUD. Longitudinal research investigating patterns of onset of these events/disorders is needed.  
(PsycINFO Database Record (c) 2015 APA, all rights reserved)

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<http://link.springer.com/article/10.1007/s40501-015-0057-2>

### **Mobile Health Technologies for Suicide Prevention: Feature Review and Recommendations for Use in Clinical Care.**

David D. Luxton, Jennifer D. June, Samantha A. Chalker

Current Treatment Options in Psychiatry

Suicide (MS Goodman, Section Editor)

pp 1-14

First online: 26 September 2015

Mobile devices, and the apps (software applications) that operate on them, have potential to help manage and prevent suicidal behavior by assisting with assessment of risk, providing educational and support information, and facilitating access to safety plans, crisis support, and coping tools. This clinician-friendly review provides an overview of the principal features of currently available mobile health apps that are specially designed for suicide prevention. The use of patient contact interventions (i.e., text messaging and e-mail interventions) on mobile devices is also discussed. Recommendations for selecting and integrating these tools into patient care are provided, along with discussion of emerging capabilities and limitations including the lack of research regarding the clinical effectiveness of mobile health apps. The topics presented should be informative to individual practitioners as well as health care organizations that are considering adopting these technologies into their services.

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<http://jramc.bmj.com/content/early/2015/09/29/jramc-2015-000526.abstract>

Mothers' decision-making during times of stress as a lone parent: a qualitative study.

Elizabeth MM Bernthal, J Lathlean, M Gobbi and RG Simpson

Journal of the Royal Army Medical Corps

Published Online First 29 September 2015

doi:10.1136/jramc-2015-000526

## Introduction

Little empirical evidence exists to identify the impact that a partner's absence or presence has on the mother's decision-making and her consequential help-seeking behaviour when her child is unwell.

## Methods

This study used a qualitative design in three phases using focus groups and interviews to explore Army mothers' help-seeking behaviour as a lone parent when their child was unwell during the out-of-hours period. Thirty-one parents from a British Army garrison were interviewed.

## Results

The findings demonstrated that Army life created a combination of stressors for Army mothers, which altered their help-seeking behaviour when their child was unwell. When their partner was available, mothers contacted health services as a last resort, once all other avenues had been exhausted. However, in contrast, in their partners' absence, they were contacted as a first resort.

## Conclusion

An algorithm was generated from the findings, which illustrates the importance of ascertaining whether the mother is alone at the time of the consultation. Increased emotional vulnerability intensified the need for reassurance and affected a mother's decision-making ability. Primary healthcare staff should ascertain whether mothers are currently lone parents at an early stage of their assessment, as this may influence the entire consultation.

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<http://onlinelibrary.wiley.com/doi/10.1002/jts.22045/abstract>

## **Mindfulness, Self-Compassion, Posttraumatic Stress Disorder Symptoms, and Functional Disability in U.S. Iraq and Afghanistan War Veterans.**

Dahm, K. A., Meyer, E. C., Neff, K. D., Kimbrel, N. A., Gulliver, S. B. and Morissette, S. B.

Journal of Traumatic Stress

Article first published online: 1 OCT 2015

DOI: 10.1002/jts.22045

Mindfulness and self-compassion are overlapping, but distinct constructs that characterize how people relate to emotional distress. Both are associated with posttraumatic stress disorder (PTSD) and may be related to functional disability. Although self-compassion includes mindful awareness of emotional distress, it is a broader construct that also includes being kind and supportive to oneself and viewing suffering as part of the shared human experience—a potentially powerful way of dealing with distressing situations. We examined the association of



mindfulness and self-compassion with PTSD symptom severity and functional disability in 115 trauma-exposed U.S. Iraq/Afghanistan war veterans. Mindfulness and self-compassion were each uniquely, negatively associated with PTSD symptom severity. After accounting for mindfulness, self-compassion accounted for unique variance in PTSD symptom severity ( $f^2 = .25$ ; medium ES). After accounting for PTSD symptom severity, mindfulness and self-compassion were each uniquely negatively associated with functional disability. The combined association of mindfulness and self-compassion with disability over and above PTSD was large ( $f^2 = .41$ ). After accounting for mindfulness, self-compassion accounted for unique variance in disability ( $f^2 = .13$ ; small ES). These findings suggest that interventions aimed at increasing mindfulness and self-compassion could potentially decrease functional disability in returning veterans with PTSD symptoms.

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<http://www.tandfonline.com/doi/abs/10.1080/21635781.2015.1100564>

### **Cognitive Behavioral Therapy for Insomnia and Imagery Rehearsal in Combat Veterans with Comorbid Posttraumatic Stress: A Case Series.**

Todd M. Bishop , Peter C. Britton , Kerry L. Knox , Wilfred R. Pigeon

Military Behavioral Health

Accepted author version posted online: 30 Sep 2015

DOI:10.1080/21635781.2015.1100564

Disrupted sleep is common among combat veterans and can negatively impact response to mental health treatments. A trial of cognitive behavioral therapy for insomnia (CBT-I) and imagery rehearsal therapy (IRT) for nightmares was conducted with 14 combat veterans diagnosed with insomnia, and who were experiencing posttraumatic stress and/or depression. In the case-series that follows veterans experienced clinically significant changes in sleep, and statistically significant reductions in insomnia, nightmare, depression and posttraumatic stress severity following treatment. Combined CBT-I and IRT is a promising treatment for patients with combat-related trauma and psychiatric morbidity.

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<http://www.tandfonline.com/doi/abs/10.1080/21635781.2015.1100563>

### **Reducing Barriers to Evidence-Based Practice with Military Families: Clearinghouse for Military Family Readiness.**

Daniel F. Perkins , Keith R. Aronson , Jennifer Karre , Sandee J. Kyler , Jennifer M. DiNallo

Evidence-based practice improves health and wellbeing by providing current scientific evidence in treating a wide range of military family challenges. However, there are a number of real and perceived barriers to the adoption of this practice. To help reduce barriers, the Department of Defense partnered with the National Institute of Food and Agriculture to fund the development of the Clearinghouse for Military Family Readiness at the Pennsylvania State University. The Clearinghouse provides a growing web-based repository of information on more than 900 programs and practices that can be used military personnel and their families. These programs have been closely vetted by a team of research and evaluation scientists and placed on a continuum of evidence, indicating the level of empirical support for each program (i.e., Effective, Promising, Unclear, and Ineffective). The Clearinghouse also provides live technical assistance to advise social service professionals working with military families on the adoption, implementation, and evaluation of evidence-based programs and practices. In this article we describe how military and civilian social service practitioners can benefit from partnering with the Clearinghouse.

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<http://www.tandfonline.com/doi/abs/10.1080/21635781.2015.1093979>

### **Perceived Support, Substance Use, Suicidal Ideation, and Psychological Distress among Military-Connected Adolescents.**

Tamika D. Gilreath

Military-connected adolescents may be at increased risk for poor behavioral health outcomes related to the stressors of war. This study examined the co-occurrence of substance use and mental health problems amongst military connected youth compared to their non-military connected counterparts. Data from youth in 9th and 11th grade classes in six military-connected school districts completed the California Healthy Kids Survey in 2011 (n = 9,122). Latent class analysis was utilized to examine co-occurring substance use and mental health. Military connection (parent, sibling, or no one) and five measures of perceptions of school and community support were included in the model. The analysis revealed four different groups. As the probability of co-occurrence increased, the chance that youth had a sibling serving and that they perceived lower support from the military and other military families increased. These findings support a need for additional research on the adolescent siblings of military service persons. Clinicians should add questions to ascertain close family member service and

screening for co-occurring substance use and mental health to their standards of practice related to competence working with military connected youth.

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<http://journals.cambridge.org/action/displayAbstract?fromPage=online&aid=9985353>

## **Predicting non-familial major physical violent crime perpetration in the US Army from administrative data.**

A. J. Rosellini, J. Monahan, A. E. Street, S. G. Heeringa, E. D. Hill, M. Petukhova, B. Y. Reis, N. A. Sampson, P. Bliese, M. Schoenbaum, M. B. Stein, R. J. Ursano and R. C. Kessler

Psychological Medicine

14 pages. Published online: 06 October 2015

DOI: <http://dx.doi.org/10.1017/S0033291715001774>

### **Background.**

Although interventions exist to reduce violent crime, optimal implementation requires accurate targeting. We report the results of an attempt to develop an actuarial model using machine learning methods to predict future violent crimes among US Army soldiers.

### **Method.**

A consolidated administrative database for all 975 057 soldiers in the US Army in 2004–2009 was created in the Army Study to Assess Risk and Resilience in Servicemembers (Army STARRS). Of these soldiers, 5771 committed a first founded major physical violent crime (murder-manslaughter, kidnapping, aggravated arson, aggravated assault, robbery) over that time period. Temporally prior administrative records measuring socio-demographic, Army career, criminal justice, medical/pharmacy, and contextual variables were used to build an actuarial model for these crimes separately among men and women using machine learning methods (cross-validated stepwise regression, random forests, penalized regressions). The model was then validated in an independent 2011–2013 sample.

### **Results.**

Key predictors were indicators of disadvantaged social/socioeconomic status, early career stage, prior crime, and mental disorder treatment. Area under the receiver-operating characteristic curve was 0.80–0.82 in 2004–2009 and 0.77 in the 2011–2013 validation sample. Of all administratively recorded crimes, 36.2–33.1% (male-female) were committed by the 5% of soldiers having the highest predicted risk in 2004–2009 and an even higher proportion (50.5%) in the 2011–2013 validation sample.

### **Conclusions.**

Although these results suggest that the models could be used to target soldiers at high risk of violent crime perpetration for preventive interventions, final implementation decisions would

require further validation and weighing of predicted effectiveness against intervention costs and competing risks.

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<http://www.ncbi.nlm.nih.gov/pubmed/26422415>

J Ethn Subst Abuse. 2015 Sep 30:1-15. [Epub ahead of print]

**Racial differences in adherence and response to combined treatment for full and subthreshold post-traumatic stress disorder and alcohol use disorders: A secondary analysis.**

Ruglass LM, Pedersen A, Cheref S, Hu MC, Hien DA

We conducted a secondary data analysis to examine whether there were racial differences in adherence and treatment outcomes for participants with co-occurring full and subthreshold post-traumatic stress disorder (PTSD) and alcohol/substance use disorders (A/SUD) who were treated with Seeking Safety (a cognitive-behavioral therapy) and sertraline or Seeking Safety and placebo as part of a clinical trial. Bivariate analyses examined the association between race and adherence, and generalized estimating equations assessed whether race moderated the effect of combination treatment on PTSD and alcohol use outcomes. Except for education, there were no statistically significant racial differences in baseline demographic and psychiatric characteristics. African Americans and Caucasians were equally adherent in number of psychotherapy and medication sessions attended and medication compliance. After controlling for baseline demographics and psychiatric symptoms, however, a race by treatment condition interaction emerged suggesting that African Americans who received the Seeking Safety and sertraline treatment had significantly lower PTSD symptom severity posttreatment and at six months follow-up compared to their counterparts who received Seeking Safety and placebo. No differential effect of treatment condition was found for Caucasians. Moreover, results indicated that a diagnosis of major depressive disorder negatively impacted PTSD symptom recovery for African American participants but not for Caucasians. In conclusion, no differences emerged between African Americans and Caucasians in adherence to combination treatments for PTSD and A/SUD. Findings also suggest assessment and treatment of MDD among African Americans may improve treatment outcomes. More research is needed to determine whether the differential response to Seeking Safety and sertraline among African Americans compared to Caucasians can be replicated.

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<http://www.ncbi.nlm.nih.gov/pubmed/25140840>

Death Stud. 2015 Jan-Jun;39(1-5):92-8. doi: 10.1080/07481187.2014.893463. Epub 2014 Oct 28.

**Stress and resilience in military mortuary workers: care of the dead from battlefield to home.**

Flynn BW, McCarroll JE, Biggs QM

The death of a military service member in war provokes feelings of distress and pride in mortuary workers who process the remains. To further understand their reactions, the authors interviewed 34 military and civilian personnel to learn more about their work stresses and rewards. They review stresses of anticipation, exposure, and experience in handling the dead and explore the personal, supervisory, and leadership strategies to reduce negative effects and promote personal growth. These results can be applied to many other situations requiring planning, implementing, and supervising mortuary operations involving mass death.

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<http://www.ncbi.nlm.nih.gov/pubmed/26409753>

Drug Alcohol Depend. 2015 Sep 10. pii: S0376-8716(15)01628-2. doi: 10.1016/j.drugalcdep.2015.08.033. [Epub ahead of print]

**Alcohol misuse in the United Kingdom Armed Forces: A longitudinal study.**

Thandi G, Sundin J, Ng-Knight T, Jones M, Hull L, Jones N, Greenberg N, Rona RJ, Wessely S, Fear NT

**OBJECTIVES:**

We assessed changes in Alcohol Use Disorders Identification Test (AUDIT) scores over time. We investigated the impact of life events and changes in mental health status on AUDIT scores over time in UK military personnel.

**METHODS:**

A random representative sample of regular UK military personnel who had been serving in 2003 were surveyed in 2004-2006 (phase 1) and again in 2007-2009 (phase 2). The impact of changes in symptoms of psychological distress, probable post-traumatic stress disorder (PTSD), marital status, serving status, rank, deployment to Iraq/Afghanistan and smoking was assessed between phases.

**RESULTS:**

We found a statistically significant but small decrease in AUDIT scores between phases 1 and 2

(mean change=-1.01, 95% confidence interval=-1.14, -0.88). Participants reported a decrease in AUDIT scores if they experienced remission in psychological distress (adjusted mean -2.21, 95% CI -2.58, -1.84) and probable PTSD (adjusted mean -3.59, 95% CI -4.41, -2.78), if they stopped smoking (adjusted mean -1.41, 95% CI -1.83, -0.98) and were in a new relationship (adjusted mean -2.77, 95% CI -3.15, -2.38). On the other hand, reporting new onset or persistent symptoms of probable PTSD (adjusted mean 1.34, 95% CI 0.71, 1.98) or a relationship breakdown (adjusted mean 0.53, 95% CI 0.07, 0.99) at phase 2 were associated with an increase in AUDIT scores.

#### CONCLUSIONS:

The overall level of hazardous alcohol consumption remains high in the UK military. Changes in AUDIT scores were linked to mental health and life events but not with deployment to Iraq or Afghanistan. Copyright © 2015 Elsevier Ireland Ltd. All rights reserved.

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<http://www.ncbi.nlm.nih.gov/pubmed/26409250>

J Anxiety Disord. 2015 Aug 8;35:103-117. doi: 10.1016/j.janxdis.2015.07.002. [Epub ahead of print]

#### **The relationship between adult attachment style and post-traumatic stress symptoms: A meta-analysis.**

Woodhouse S, Ayers S, Field AP

There is increasing evidence that adult attachment plays a role in the development and perseverance of symptoms of posttraumatic stress disorder (PTSD). This meta-analysis aims to synthesise this evidence and investigate the relationship between adult attachment styles and PTSD symptoms. A random-effects model was used to analyse 46 studies (N=9268) across a wide range of traumas. Results revealed a medium association between secure attachment and lower PTSD symptoms ( $\rho^2=.27$ ), and a medium association, in the opposite direction, between insecure attachment and higher PTSD symptoms ( $\rho^2=.26$ ). Attachment categories comprised of high levels of anxiety most strongly related to PTSD symptoms, with fearful attachment displaying the largest association ( $\rho^2=.44$ ). Dismissing attachment was not significantly associated with PTSD symptoms. The relationship between insecure attachment and PTSD was moderated by type of PTSD measure (interview or questionnaire) and specific attachment category (e.g. secure, fearful). Results have theoretical and clinical significance. Copyright © 2015 Elsevier Ltd. All rights reserved.

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<http://www.ncbi.nlm.nih.gov/pubmed/26404173>

J Neuropsychiatry Clin Neurosci. 2015 Sep 25;appineuropsych15040090. [Epub ahead of print]

**Mixed-Handedness in Identical Twins Discordant for Combat Exposure in Vietnam: Relationship to Posttraumatic Stress Disorder.**

Goetz JM, Pitman SR, Tanev KS, Pitman RK, Chemtob CM

This study evaluated the degree of mixed-handedness in predominantly right-handed Vietnam combat veteran twins and their identical, combat-unexposed cotwins. The "high-risk" cotwins of combat veterans with combat-related posttraumatic stress disorder (PTSD) had more mixed-handedness (i.e., less right-handedness) than the "low-risk" cotwins of combat veterans without PTSD. Self-reported combat exposure in combat-exposed twins was a mediator of the association between handedness in their unexposed cotwins and PTSD in the twins themselves. We conclude that mixed-handedness is a familial risk factor for combat-related PTSD. This risk may be mediated in part by a proclivity for mixed-handed soldiers and Marines to experience heavier combat.

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<http://www.ncbi.nlm.nih.gov/pubmed/26401306?>

Borderline Personal Disord Emot Dysregul. 2015 Feb 13;2:3. doi: 10.1186/s40479-014-0023-4. eCollection 2015.

**Nightmares affect the experience of sleep quality but not sleep architecture: an ambulatory polysomnographic study.**

Paul F, Schredl M, Alpers GW

**BACKGROUND:**

Nightmares and bad dreams are common in people with emotional disturbances. For example, nightmares are a core symptom in posttraumatic stress disorder and about 50% of borderline personality disorder patients suffer from frequent nightmares. Independent of mental disorders, nightmares are often associated with sleep problems such as prolonged sleep latencies, poorer sleep quality, and daytime sleepiness. It has not been well documented whether this is reflected in objectively quantifiable physiological indices of sleep quality.

**METHODS:**

Questionnaires regarding subjective sleep quality and ambulatory polysomnographic recordings of objective sleep parameters were collected during three consecutive nights in 17 individuals with frequent nightmares (NM) and 17 healthy control participants (HC).

## RESULTS:

NM participants reported worse sleep quality, more waking problems and more severe insomnia compared to HC group. However, sleep measures obtained by ambulatory polysomnographic recordings revealed no group differences in (a) overall sleep architecture, (b) sleep cycle duration as well as REM density and REM duration in each cycle and (c) sleep architecture when only nights with nightmares were analyzed.

## CONCLUSIONS:

Our findings support the observation that nightmares result in significant impairment which is independent from disturbed sleep architecture. Thus, these specific problems require specific attention and appropriate treatment.

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<http://www.ncbi.nlm.nih.gov/pubmed/26402342>

J Affect Disord. 2015 Sep 1;189:10-16. doi: 10.1016/j.jad.2015.08.038. [Epub ahead of print]

## **PTSD detection and symptom presentation: Racial/ethnic differences by gender among veterans with PTSD returning from Iraq and Afghanistan.**

Koo KH, Hebenstreit CL, Madden E, Maguen S

## BACKGROUND:

To determine differences in positive PTSD screenings and symptom presentation by race/ethnicity and gender for Iraq and Afghanistan veterans diagnosed with PTSD.

## METHOD:

We conducted a retrospective analysis using existing records from Iraq and Afghanistan veterans who enrolled in VA care, received a post-deployment PTSD diagnosis, initiated mental health outpatient treatment between 10/01/07 and 12/31/11, and had a PTSD screen result at the start of treatment (N=79,938). PTSD outcomes were measured using the PC-PTSD and PCL.

## RESULTS:

At treatment initiation, differences in race/ethnicity and gender were found for PTSD screens and PTSD symptoms. Compared to their white counterparts, Asian/Pacific Islander (A/PI) women and black men were more likely to screen positive for PTSD (adjusted ORs=1.42 and 1.17,  $p$ s=.04 and <.0001, respectively) and endorse all measured symptoms (adjusted ORs=1.09 to 1.66,  $p$ s≤.000-.04) except avoidance for A/PI women and hyperarousal for black men; A/PI men were less likely to endorse hyperarousal (adjusted OR=.88,  $p$ =.04) and did not differ otherwise; and black women did not differ from their white counterparts. Additional differences in PTSD symptom presentation by race/ethnicity and gender were found.



#### LIMITATIONS:

The current study utilized administrative data and was cross-sectional. The results may not be generalizable to veterans from other service eras. CONCLUSIONS: PTSD screens differ by race/ethnicity and gender, and further by PTSD symptoms, which can influence initiation and planning of PTSD treatment. Awareness of such differences may aid in detecting PTSD to provide care for diverse veterans. Published by Elsevier B.V.

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<http://www.ncbi.nlm.nih.gov/pubmed/26401313>

Borderline Personal Disord Emot Dysregul. 2015 Jul 24;2:11. doi: 10.1186/s40479-015-0032-y. eCollection 2015.

#### **The comorbidity of borderline personality disorder and posttraumatic stress disorder: revisiting the prevalence and associations in a general population sample.**

Scheiderer EM, Wood PK, Trull TJ

#### BACKGROUND:

The comorbidity of borderline personality disorder (BPD) and posttraumatic stress disorder (PTSD) is frequent, yet not well understood. The influence of childhood sexual abuse (CSA) in the development of this comorbidity has been a focus of prior clinical studies, but empirical evidence to generalize this focus to the broader population is lacking. Primary aims of the present study included evaluation of: (a) the association of this comorbidity with decrements in health-related quality of life (HRQOL) and (b) the importance of CSA as a predictive factor for this comorbidity in a general population sample.

#### METHODS:

We utilized data from Wave 2 of the National Epidemiological Survey on Alcohol and Related Conditions, a nationally representative face-to-face survey evaluating mental health in the non-institutionalized adult population of the United States. Data from respondents who met criteria for BPD and/or PTSD were analyzed (N = 4104) to assess potential associations between and among lifetime BPD-PTSD comorbidity, CSA, gender, healthcare usage, and mental and physical HRQOL.

#### RESULTS:

Lifetime comorbidity of BPD and PTSD was associated with more dysfunction than either individual disorder; and the factors of gender, age, and CSA exhibited significant effects in the prediction of this comorbidity and associated decrements in HRQOL.

#### CONCLUSIONS:

Results support the measured focus on CSA as an important, but not necessary, etiologic factor and emphasize this comorbidity as a source of greater suffering and public health burden than

either BPD or PTSD alone. The differential impact of these disorders occurring alone versus in comorbid form highlights the importance of diagnosing both BPD and PTSD and attending to lifetime comorbidity.

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<http://www.ncbi.nlm.nih.gov/pubmed/26399959>

Eur J Psychotraumatol. 2015 Sep 22;6:28847. doi: 10.3402/ejpt.v6.28847. eCollection 2015.

### **The influence of shame on posttrauma disorders: have we failed to see the obvious?**

Taylor TF

#### **BACKGROUND:**

While fear is known to be the dominant affect associated with posttraumatic stress disorder (PTSD), the presence and possible influence of other emotions is less well explored. Recent changes to diagnostic criteria have added anger, guilt and shame alongside fear as significant emotional states associated with the disorder. This article suggests that shame is a frequent, often poorly recognised sequel to trauma, occurring as a result of the meaning the individual places on the traumatic experience and on subsequent interpersonal and environmental events.

#### **METHODS:**

The article reviews the literature on the socio-interpersonal aspects of the posttraumatic experience with particular emphasis on the emotion of shame as both primary and secondary emotion, in its intrapersonal and interpersonal contexts, and in adaptive and maladaptive forms.

#### **RESULTS:**

The review suggests that posttrauma shame, and maladaptive shame regulation strategies, often manifesting as anger, substance abuse, social withdrawal or depression, may play an important role in the maintenance or exacerbation of the symptoms of PTSD and the development of co-morbidities.

#### **CONCLUSION:**

The recognition of shame and maladaptive shame regulation strategies in PTSD treatment and management is critical. However, because shame is frequently considered a painful and discomforting emotion, it may fail to be addressed in the therapeutic setting by both client and therapist. Examination of potential shame-related changes in self-concept, close interpersonal relationships and social inclusion are recommended for individuals who have experienced a range of traumas to identify and address any underlying unacknowledged shame.

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JAMA Psychiatry. 2015 Sep 23. doi: 10.1001/jamapsychiatry.2015.1516. [Epub ahead of print]

**Baseline Depression Severity as Moderator of Depression Outcomes Between Cognitive Behavioral Therapy vs Pharmacotherapy: An Individual Patient Data Meta-analysis.**

Weitz ES, Hollon SD, Twisk J, van Straten A, Huibers MJ, David D, DeRubeis RJ, Dimidjian S, Dunlop BW, Cristea IA, Faramarzi M, Hegerl U, Jarrett RB, Kheirkhah F, Kennedy SH, Mergl R, Miranda J, Mohr DC, Rush AJ, Segal ZV, Siddique J, Simons AD, Vittengl JR, Cuijpers P

**IMPORTANCE:**

Current guidelines recommend treating severe depression with pharmacotherapy. Randomized clinical trials as well as traditional meta-analyses have considerable limitations in testing for moderators of treatment outcomes.

**OBJECTIVES:**

To conduct a systematic literature search, collect primary data from trials, and analyze baseline depression severity as a moderator of treatment outcomes between cognitive behavioral therapy (CBT) and antidepressant medication (ADM). **DATA SOURCES:** A total of 14 902 abstracts were examined from a comprehensive literature search in PubMed, PsycINFO, EMBASE, and Cochrane Registry of Controlled Trials from 1966 to January 1, 2014.

**STUDY SELECTION:**

Randomized clinical trials in which CBT and ADM were compared in patients with a DSM-defined depressive disorder were included.

**DATA EXTRACTION AND SYNTHESIS:**

Study authors were asked to provide primary data from their trial. Primary data from 16 of 24 identified trials (67%), with 1700 outpatients (794 from the CBT condition and 906 from the ADM condition), were included. Missing data were imputed with multiple imputation methods. Mixed-effects models adjusting for study-level differences were used to examine baseline depression severity as a moderator of treatment outcomes.

**MAIN OUTCOMES AND MEASURES:**

Seventeen-item Hamilton Rating Scale for Depression (HAM-D) and Beck Depression Inventory (BDI).

**RESULTS:**

There was a main effect of ADM over CBT on the HAM-D ( $\beta = -0.88$ ;  $P = .03$ ) and a nonsignificant trend on the BDI ( $\beta = -1.14$ ;  $P = .08$ , statistical test for trend), but no significant differences in response (odds ratio [OR], 1.24;  $P = .12$ ) or remission (OR, 1.18;  $P = .22$ ). Mixed-effects models using the HAM-D indicated that baseline depression severity does not moderate reductions in depressive symptoms between CBT and ADM at outcome ( $\beta = 0.00$ ;  $P = .96$ ).

Similar results were seen using the BDI. Baseline depression severity also did not moderate the likelihood of response (OR, 0.99;  $P = .77$ ) or remission (OR, 1.00;  $P = .93$ ) between CBT and ADM.

#### CONCLUSIONS AND RELEVANCE:

Baseline depression severity did not moderate differences between CBT and ADM on the HAM-D or BDI or in response or remission. This finding cannot be extrapolated to other psychotherapies, to individual ADMs, or to inpatients. However, it offers new and substantial evidence that is of relevance to researchers, physicians and therapists, and patients.

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<http://www.ncbi.nlm.nih.gov/pubmed/26393429>

Depress Anxiety. 2015 Sep 22. doi: 10.1002/da.22420. [Epub ahead of print]

#### **Sleep and treatment outcome in posttraumatic stress disorder: results from an effectiveness study..**

Lommen MJ, Grey N, Clark DM, Wild J, Stott R, Ehlers A

#### BACKGROUND:

Most patients with posttraumatic stress disorder (PTSD) suffer from sleep problems. Concerns have been raised about possible detrimental effects of sleep problems on the efficacy of psychological treatments for PTSD. In this study, we investigated the relation of session-to-session changes in PTSD symptoms and sleep, and tested whether sleep problems predicted poorer short- and long-term treatment outcome.

#### METHODS:

Self-reported sleep quality, sleep duration, and PTSD symptoms were assessed weekly in a consecutive sample of 246 patients who received cognitive therapy for PTSD (CT-PTSD; Ehlers & Clark, 2000), and at follow-up (mean = 247 days posttreatment). Additionally, moderating effects of medication use and comorbid depression were assessed.

#### RESULTS:

Sleep and PTSD symptoms improved in parallel. The relation was moderated by depression: Sleep problems at the start of therapy did not predict improvement in PTSD symptoms during treatment for patients without comorbid depression. Patients with comorbid depression, however, showed less rapid decreases in PTSD symptoms, but comparable overall outcome, if their sleep quality was poor. Residual sleep problems at the end of treatment did not predict PTSD symptoms at follow-up once residual PTSD symptoms were taken into account.

#### CONCLUSIONS:

CT-PTSD leads to simultaneous improvement in sleep and PTSD symptoms. Sleep problems

may reduce the speed of recovery in PTSD patients with comorbid depression. For these patients, additional treatment sessions are indicated to achieve comparable outcomes, and additional interventions targeting sleep may be beneficial. For those without comorbid depression, self-reported sleep problems did not interfere with response to trauma-focused psychological treatment. © 2015 The Authors. Depression and Anxiety published by Wiley Periodicals, Inc.

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<http://www.ncbi.nlm.nih.gov/pubmed/26391835>

Psychiatry. 2015;78(3):277-87. doi: 10.1080/00332747.2015.1069659.

### **Relations Between Pain, PTSD Symptoms, and Substance Use in Veterans.**

Gros DF, Szafranski DD, Brady KT, Back SE

#### **OBJECTIVE:**

The frequent co-occurrence of posttraumatic stress disorder (PTSD) and chronic pain has received much attention in the literature. However, the extant literature is limited in that these investigations generally exclude patients with co-occurring substance use disorders (SUD). Thus, the present study investigated symptoms of PTSD and SUD in veterans with high and low pain symptoms.

#### **METHOD:**

Veterans (N = 136) seeking treatment for comorbid symptoms of PTSD and SUD were recruited as part of a larger study. All participants completed a baseline assessment, which included a series of diagnostic interviews and self-report questionnaires measuring symptoms of pain, PTSD and SUD.

#### **RESULTS:**

Higher levels of self-reported pain were found to be associated with both self-reported and clinician-rated PTSD symptoms above and beyond the influence of the demographic variables. However, no reliable relations were demonstrated between substance use and pain.

#### **CONCLUSIONS:**

Although preliminary, the findings highlight the common occurrence of chronic pain among veterans with comorbid PTSD/SUD, and the potential impact of pain on clinical presentation. The findings may help inform special considerations for assessment and treatment practices for this high-risk population.

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<http://www.ncbi.nlm.nih.gov/pubmed/26390335>

Curr Opin Pulm Med. 2015 Nov;21(6):547-52. doi: 10.1097/MCP.0000000000000207.

### **The value of mindfulness meditation in the treatment of insomnia.**

Martires J, Zeidler M

#### **PURPOSE OF REVIEW:**

Insomnia is the most common reported sleep disorder with limited treatment options including pharmacotherapy and cognitive behavioral therapy for insomnia. Pharmacotherapy can be complicated by tolerance and significant side-effects and cognitive behavioral therapy for insomnia providers are limited in number. This article reviews mindfulness meditation as an additional therapy for insomnia.

#### **RECENT FINDINGS:**

Both mindfulness-based stress reduction (MBSR) and mindfulness-based therapy for insomnia (MBTI) have been studied in the treatment of insomnia. Randomized controlled studies of MBSR and MBTI have shown overall reduction in sleep latency and total wake time and increase in total sleep time after mindfulness therapy using both patient reported outcome and quantitative measures of sleep. Mindfulness techniques have been shown to be well accepted by patients with long-lasting effects. A three-arm randomized study with MBSR, MBTI, and self-monitoring showed similar improvement in insomnia between the MBSR and MBTI groups, with possibly longer duration of efficacy in the MBTI group. Recent data show that MBTI is also an effective and accepted treatment for insomnia in older patients.

#### **SUMMARY:**

Increasing evidence shows that mindfulness meditation, delivered either via MBSR or MBTI, can be successfully used for the treatment of insomnia with good patient acceptance and durable results.

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<http://www.ncbi.nlm.nih.gov/pubmed/26388539>

Am J Addict. 2015 Sep 21. doi: 10.1111/ajad.12292. [Epub ahead of print]

### **The impact of addiction medications on treatment outcomes for persons with co-occurring PTSD and opioid use disorders.**

Saunders EC, McGovern MP, Lambert-Harris C, Meier A, McLeman B, Xie H

#### **BACKGROUND AND OBJECTIVES:**

Previous research has been inconclusive about whether adding psychosocial treatment to

medication assisted treatment (MAT) improves outcomes for patients with co-occurring psychiatric and opioid use disorders. This study evaluated the impact of MAT and psychosocial therapies on treatment outcomes for patients with co-occurring opioid use disorders and PTSD.

#### METHODS:

Patients meeting criteria for PTSD and substance use disorders were randomly assigned to one of three treatment conditions: Standard Care (SC) alone, Integrated Cognitive Behavioral Therapy (ICBT) plus SC, or Individual Addiction Counseling (IAC) plus SC. Substance use and psychiatric symptoms were assessed at baseline and 6 months. Only patients with opioid use disorders were included in the present analyses ( $n = 126$ ). Two-way ANOVAS and logistic regression analyses were used to examine associations between treatment conditions and MAT, for substance use and psychiatric outcomes.

**RESULTS:** MAT patients receiving ICBT had significantly decreased odds of a positive urine drug screen, compared to non-MAT patients receiving SC alone ( $OR = .07$ ,  $95\% CI = .01, .81$ ,  $p = .03$ ). For PTSD symptoms, a significant MAT by psychosocial treatment condition interaction demonstrated that MAT patients had comparable declines in PTSD symptoms regardless of psychosocial treatment type ( $F(2, 88) = 4.74$ ,  $p = .011$ ). Non-MAT patients in ICBT had significantly larger reductions in PTSD.

#### CONCLUSIONS AND SCIENTIFIC SIGNIFICANCE:

For patients with co-occurring opioid use disorders and PTSD, MAT plus ICBT is associated with more significant improvement in substance use. For non-MAT patients, ICBT is most beneficial for PTSD symptoms. (Am J Addict 2015;XX:1-10). © American Academy of Addiction Psychiatry.

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<http://www.ncbi.nlm.nih.gov/pubmed/26390113>

Psychol Trauma. 2015 Sep 21. [Epub ahead of print]

#### **An Investigation of PTSD's Core Dimensions and Relations With Anxiety and Depression.**

Byllesby BM, Durham TA, Forbes D, Armour C, Elhai JD

#### OBJECTIVE:

Posttraumatic stress disorder (PTSD) is highly comorbid with anxiety and depressive disorders, which is suggestive of shared variance or common underlying dimensions. The purpose of the present study was to examine the relationship between the latent factors of PTSD with the constructs of anxiety and depression in order to increase understanding of the co-occurrence of these disorders.

#### METHOD:

ata were collected from a nonclinical sample of 186 trauma-exposed participants using the PTSD Checklist and Hospital Anxiety and Depression Scale. Confirmatory factor analyses were conducted to determine model fit comparing 3 PTSD factor structure models, followed by Wald tests comparing the relationships between PTSD factors and the core dimensions of anxiety and depression.

#### RESULTS:

In model comparisons, the 5-factor dysphoric arousal model of PTSD provided the best fit for the data, compared to the emotional numbing and dysphoria models of PTSD. Compared to anxious arousal, the dysphoric arousal and numbing factors of PTSD were more related to depression severity. Numbing, anxious arousal, and dysphoric arousal were not differentially related to the latent anxiety factor.

#### CONCLUSIONS:

The underlying factors of PTSD contain aspects of the core dimensions of both anxiety and depression. The heterogeneity of PTSD's associations with anxiety and depressive constructs requires additional empirical exploration because clarification regarding these relationships will impact diagnostic classification as well as clinical practice. (PsycINFO Database Record (c) 2015 APA, all rights reserved).

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<http://www.ncbi.nlm.nih.gov/pubmed/26390110>

Psychol Trauma. 2015 Sep 21. [Epub ahead of print]

#### **Defining Trauma: How Level of Exposure and Proximity Affect Risk for Posttraumatic Stress Disorder.**

May CL, Wisco BE

#### OBJECTIVE:

The fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) includes significant changes to Criterion A for posttraumatic stress disorder (PTSD), the criterion that defines which events qualify as "traumatic." This systematic review explores the fundamental question of how to define a trauma by reviewing the difference between direct and indirect trauma exposure and the risk for PTSD associated with both exposure types. Direct exposure includes experiencing a trauma firsthand or witnessing a trauma as it occurs to others. In contrast, indirect exposure may occur by learning about the violent or accidental death of a close associate, through secondary narrative accounts (e.g., in service-related professions), or through work-related media reports. This review examines whether indirect trauma exposure can lead to PTSD and the role of proximity in symptom development.



#### METHOD:

We conducted a systematic review of the research assessing changes to PTSD Criterion A in DSM-5, various levels of traumatic exposure, and proximity as a risk factor for PTSD.

#### RESULTS:

Our review indicates that indirect exposure can lead to PTSD, although the probability of developing the disorder from indirect exposure is lower than that from direct exposure. Proximity to a trauma also increases risk, but this may be limited to direct exposure.

#### CONCLUSIONS:

Knowledge of the impact of level of exposure (direct vs. indirect) and proximity will help to better define what events meet PTSD Criterion A. Future research is needed to examine DSM-5's requirement that exposure through media must be related to one's work. (PsycINFO Database Record (c) 2015 APA, all rights reserved).

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<http://www.ncbi.nlm.nih.gov/pubmed/26390109>

Psychol Trauma. 2015 Sep 21. [Epub ahead of print]

#### **Stigma, Career Worry, and Mental Illness Symptomatology: Factors Influencing Treatment-Seeking for Operation Enduring Freedom and Operation Iraqi Freedom Soldiers and Veterans.**

Brown NB, Bruce S

#### OBJECTIVE:

Mental health related stigma, as well as mental illness symptomatology, have been shown to negatively impact treatment-seeking within military populations. However, few studies have delineated the 2 forms of stigma (self-stigma and public stigma), and none have differentiated between stigma and career-related consequences (career worry). The aim of this study was to increase our understanding of low treatment-seeking rates among soldiers and veterans by expanding upon previous measurements of the stigma construct and examining factors influencing willingness to seek treatment.

#### METHOD:

The sample consisted of 276 Operation Enduring Freedom and Operation Iraqi Freedom (OEF/OIF) soldiers and veterans. Individual levels of self-stigma, public stigma, and career worry were measured, as were levels of willingness to seek treatment. Symptoms of PTSD, depression, and substance abuse were also evaluated to account for the influence of mental illness on treatment-seeking.

## RESULTS:

A confirmatory factor analysis indicated that a 3-factor model including self-stigma, public stigma, and career worry fit the data significantly better than a 1- or 2- factor model. A multiple regression analysis also revealed that these 3 factors, combined with mental illness symptomatology, significantly predicted individual levels of willingness to seek treatment. Career worry was the strongest predictor, particularly for individuals with no treatment history.

## CONCLUSIONS:

This study confirmed that career worry is a factor independent of self-stigma and public stigma. Findings indicate that a fear of negatively affecting one's career is the most influential factor in determining willingness to seek mental health treatment for the military population. (PsycINFO Database Record (c) 2015 APA, all rights reserved).

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<http://www.ncbi.nlm.nih.gov/pubmed/26390108>

Psychol Trauma. 2015 Sep 21. [Epub ahead of print]

### **Subthreshold Posttraumatic Stress Disorder: A Meta-Analytic Review of DSM-IV Prevalence and a Proposed DSM-5 Approach to Measurement.**

Brancu M, Mann-Wrobel M, Beckham JC, Wagner HR, Elliott A, Robbins AT, Wong M, Berchuck AE, Runnals JJ

Subthreshold posttraumatic stress disorder (PTSD) is a chronic condition that is often ignored, the cumulative effects of which can negatively impact an individual's quality of life and overall health care costs. However, subthreshold PTSD prevalence rates and impairment remain unclear due to variations in research methodology. This study examined the existing literature in order to recommend approaches to standardize subthreshold PTSD assessment. We conducted (a) a meta-analysis of subthreshold PTSD prevalence rates and (b) compared functional impairment associated with the 3 most commonly studied subthreshold PTSD definitions. Meta-analytic results revealed that the average prevalence rate of subthreshold PTSD across studies was 14.7%, with a lower rate (12.6%) among the most methodologically rigorous studies and higher rate (15.6%) across less rigorous studies. There were significant methodological differences among reviewed studies with regard to definition, measurement, and population. Different definitions led to prevalence rates ranging between 13.7% and 16.4%. Variability in prevalence rates most related to population and sample composition, with trauma type and community (vs. epidemiological) samples significantly impacting heterogeneity. Qualitative information gathered from studies presenting functional correlates supported current evidence that psychological and behavioral parameters were worse among subthreshold PTSD groups compared with no-PTSD groups, but not as severe as impairment in PTSD groups. Several studies also reported significant increased risk of suicidality and hopelessness as well as higher health care utilization rates among those with subthreshold PTSD (compared with

trauma exposed no-PTSD samples). Based on findings, we propose recommendations for developing a standard approach to evaluation of subthreshold PTSD. (PsycINFO Database Record (c) 2015 APA, all rights reserved).

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<http://www.ncbi.nlm.nih.gov/pubmed/26390105>

Psychol Trauma. 2015 Sep 21. [Epub ahead of print]

### **Disgust and Imaginal Exposure to Memories of Sexual Trauma: Implications for the Treatment of Posttraumatic Stress.**

Badour CL, Feldner MT

#### **OBJECTIVE:**

Emerging evidence identifies disgust as a common and persistent reaction following sexual victimization that is linked to posttraumatic stress disorder (PTSD). Importantly, evidence suggests that compared with fear, disgust may be less responsive to repeated exposure, which may have implications for the treatment of PTSD. The current study sought to fill a gap in the existing literature by examining reductions in sexual trauma cue-elicited disgust and anxiety upon repeated imaginal exposure.

#### **METHOD:**

Seventy-two women with a history of sexual victimization completed a single laboratory-based session that involved repeated imaginal exposure to idiographic disgust- and fear-focused sexual trauma scripts.

#### **RESULTS:**

Results demonstrated that although anxiety and disgust declined at similar rates across exposure trials ( $t = -.24$ ,  $p = .81$ ), ratings of disgust ( $B_0 = 61.93$ ) were elevated compared with ratings of anxiety at initiation ( $B_0 = 51.03$ ;  $t = 4.49$ ,  $p < .001$ ) of exposure even when accounting for severity of PTSD symptoms. Moreover, change in disgust significantly predicted improvement in script-elicited PTSD symptoms across the course of exposure for individuals exhibiting significant decline in anxiety ( $B = .006$ ,  $t = 2.00$ ,  $p = .048$ ). Change in script-elicited PTSD symptoms was minimal (and was not predicted by the decline in disgust) for individuals exhibiting less change in anxiety ( $B = -.002$ ,  $t = -0.46$ ,  $p = .65$ ).

#### **CONCLUSION:**

These results add to an increasing literature documenting the importance of disgust in the development, maintenance, and treatment of sexual-trauma-related PTSD. (PsycINFO Database Record (c) 2015 APA, all rights reserved).

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<http://www.ncbi.nlm.nih.gov/pubmed/26390014>

Psychotherapy (Chic). 2015 Sep 21. [Epub ahead of print]

### **Comparative Study of Group Treatments for Posttraumatic Stress Disorder.**

Maxwell K, Callahan JL, Holtz P, Janis BM, Gerber MM, Connor DR

Presented herein is a comparative study of group treatments for posttraumatic stress disorder (PTSD). In this study, an emerging intervention, memory specificity training (MeST), was compared with cognitive processing therapy (CPT) using standardized outcome measures of target symptoms (i.e., anxiety and depression from client perspective; memory specificity from independent rater perspective) and global functioning (independent rater perspective), as well as a process measure of expectancy (client perspective). Clients were assessed on 3 separate occasions: at baseline, posttreatment, and 3 months posttreatment. Adherence and treatment fidelity (independent rater perspective) were monitored throughout the course of both treatment conditions. Improvement in PTSD symptoms, depressive symptoms, and global functioning were similar between MeST and CPT; an increase in ability to specify memories upon retrieval was also similar between MeST and CPT. Positive reliable change was observed in both groups on all outcome measures. With respect to the primary target of PTSD symptoms, 88% of participants in both treatment groups moved into the functional distribution by posttreatment and maintained these gains at follow-up. Notably, compared with CPT, MeST required only half the dosage (i.e., number of sessions) to accomplish these gains. Illustrative vignettes from client-therapist exchanges are provided, and results are discussed in terms of the potential mechanisms of action. Implications for both clinical practice and clinical research are also included. (PsycINFO Database Record (c) 2015 APA, all rights reserved).

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<http://www.ncbi.nlm.nih.gov/pubmed/26387082>

J Anxiety Disord. 2015 Sep 8;35:60-67. doi: 10.1016/j.janxdis.2015.09.002. [Epub ahead of print]

### **Social support, posttraumatic cognitions, and PTSD: The influence of family, friends, and a close other in an interpersonal and non-interpersonal trauma group.**

Woodward MJ, Eddinger J, Henschel AV, Dodson TS, Tran HN, Beck JG

Research has suggested that social support can shape posttraumatic cognitions and PTSD. However, research has yet to compare the influence of separate domains of support on posttraumatic cognitions. Multiple-group path analysis was used to examine a model in a sample of 170 victims of intimate partner violence and 208 motor vehicle accident victims in

which support from friends, family, and a close other were each predicted to influence posttraumatic cognitions, which were in turn predicted to influence PTSD. Analyses revealed that support from family and friends were each negatively correlated with posttraumatic cognitions, which in turn were positively associated with PTSD. Social support from a close other was not associated with posttraumatic cognitions. No significant differences in the model were found between trauma groups. Findings identify which relationships are likely to influence posttraumatic cognitions and are discussed with regard to interpersonal processes in the development and maintenance of PTSD. Copyright © 2015 Elsevier Ltd. All rights reserved.

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<http://www.ncbi.nlm.nih.gov/pubmed/26384338>

Curr Psychiatry Rep. 2015 Nov;17(11):89. doi: 10.1007/s11920-015-0630-9.

### **Telepsychiatry Today.**

Chan S, Parish M, Yellowlees P

The use of video-based telepsychiatry is increasing in response to consumer demand for convenient, inexpensive, and readily accessible services; improved financial reimbursement; and a robust body of evidence-based literature. Telepsychiatry leads to high patient and provider satisfaction ratings, and outcomes equivalent to in-person care, while younger generations often prefer telepsychiatry over face-to-face encounters. The evidence base for telepsychiatry is especially strong with respect to the treatment of post-traumatic stress disorder (PTSD), depression, and ADHD, while its use in underserved ethnic groups is well described in the American Indian, Hispanic, and Asian populations. Despite this, telepsychiatry barriers still persist. These include personal bias-especially in leadership-and insufficient training; the challenging business environment and legislative processes; and inconsistent reimbursement, licensing, and prescription policies. Technology is now less of a barrier, and it is clear that telepsychiatry overall is flourishing and changing the way that providers are working and patients are being treated.

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<http://www.ghpjournal.com/article/S0163-8343%2815%2900225-X/abstract>

### **Prevalence of Probable Mental Disorders and Help Seeking Behaviors Among Veteran and Non-veteran Community College Students.**

John C. Fortney, Geoffrey M. Curran, Justin B. Hunt, Ann Cheney, Liya Lu, Marcia Valenstein, Daniel Eisenberg

## Objective

Millions of disadvantaged youth and returning veterans are enrolled in community colleges. Our objective was to determine the prevalence of mental disorders and help seeking behaviors among community college students.

## Methods

Veterans (n=211) and non-veterans (n=554) were recruited from 11 community colleges and administered screeners for depression (PHQ-9), generalized anxiety (GAD-7), posttraumatic stress disorder (PC-PTSD), non-lethal self-injury, suicide ideation and suicide intent. The survey also asked about the perceived need for, barriers to, and utilization of services. Regression analysis was used to compare prevalence between non-veterans and veterans adjusting for non-modifiable factors (age, gender, and race/ethnicity).

## Results

A large proportion of student veterans and non-veterans screened positive and unadjusted bivariate comparisons indicated that student veterans had a significantly higher prevalence of positive depression screens (33.1% versus 19.5%,  $p<0.01$ ), positive PTSD screens (25.7% versus 12.6%,  $p<.01$ ), and suicide ideation (19.2% versus 10.6%,  $p=0.01$ ). Adjusting for age, gender, and race/ethnicity, veterans were significantly more likely than non-veterans to screen positive for depression (OR=2.10,  $p=.01$ ) and suicide ideation (OR=2.31,  $p=.03$ ). Student veterans had significantly higher odds of perceiving a need for treatment than non-veterans (OR=1.93,  $p=.02$ ), but were more likely to perceive stigma (beta=0.28,  $p=.02$ ). Despite greater need among veterans, there was no significant differences between veterans and non-veterans in use of psychotropic medications, although veterans were more likely to receive psychotherapy (OR=2.35,  $p=.046$ ).

## Conclusions

Findings highlight the substantial gap between the prevalence of probable mental health disorders and treatment seeking among community college students. Interventions are needed to link community college students to services, especially for student veterans.

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## Links of Interest

Kevlar for the Mind: Mental health treatment FAQs

<http://www.marinecorpstimes.com/story/military/benefits/health-care/2015/09/28/kevlar-mind-mental-health-treatment-faqs/72759616/>

Court program helps faltering vets reverse downward spiral

<http://www.tbo.com/list/military-news/court-program-helps-faltering-vets-reverse-downward-spiral-20151003/>

Q&A With Col. Elspeth Cameron Ritchie: Treating Psychological Issues In Veterans Includes Wide Variety of Conditions

<http://www.hcplive.com/medical-news/qa-with-col-elspeth-cameron-ritchie-treating-psychological-issues-in-veterans-includes-wide-variety-of-conditions>

The Number 22: Is There A 'False Narrative' For Vet Suicide?

<http://www.npr.org/2015/10/01/444999996/the-number-22-is-there-a-false-narrative-for-vet-suicide>

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**Resource of the Week: [Clearinghouse for Military Family Readiness](#) (Pennsylvania State University)**

What does the Clearinghouse do? Simply put, we're here to provide you with the right tools and information to keep our military families strong. The Clearinghouse will help you—a dedicated professional who provides direct assistance to military families—do your job. By taking advantage of all the Clearinghouse has to offer, you will enhance your capacity to bolster military family readiness, resilience, and well-being.

We will help you identify, select, and implement the right evidence-based programs and practices to address wide-ranging family and mental health issues—from healthy parenting to preventing problematic and risky behaviors. Using our interactive, searchable database, you will find effective and promising intervention programs as well as practical resources and strategies to help you achieve your mission and ensure the welfare of our military families.

Not only will you be able to take advantage of exciting learning opportunities through webinars, videos, and virtual learning communities, you will also be able to connect with other colleagues through our social media networks, including the Clearinghouse's Facebook page, Twitter, and blogs.



Find programs on our Continuum of Evidence.

 


#### Live Chat

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The Clearinghouse provides a full complement of services that are grounded in the science of prevention, intervention, dissemination, and evaluation intended for professionals working with military families.  
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