



CDP Research Update -- December 17, 2015

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<http://content.govdelivery.com/accounts/USVHA/bulletins/12ae2c2>

Holidays and PTSD: PTSD Monthly Update - December 2015

National Center for PTSD (VA)

Spending time with family and friends over the holidays can be fun, but the flurry of festivities can also add stress. This is particularly true for someone with Posttraumatic Stress Disorder (PTSD).

If you or a family member has PTSD, it does not have to negatively impact the holidays. There are healthy ways to cope and manage stress.

<http://www.defense.gov/Portals/1/Documents/wisr-studies/SOCOM%20-%20Considerations%20for%20Integrating%20Women%20into%20Closed%20Occupations%20in%20the%20US%20Special%20Operations%20Forces.pdf>

Considerations for Integrating Women into Closed Occupations in the U.S. Special Operations Forces (draft research report)

Thomas S. Szayna, Eric V. Larson, Angela O'Mahony, Sean Robson, Agnes Gereben Schaefer, Miriam Matthews, J. Michael Polich, Lynsay Ayer, Derek Eaton, William Marcellino, Lisa Miyashiro, Marek Posard, James Syme, Zev Winkelman, Cameron Wright, Megan Zander Cotugno, William Welser IV

RAND National Defense Research Institute
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This report has two main objectives. It assesses potential challenges to the integration of women into SOF for unit cohesion, and it provides analytical support in validating SOF occupational standards for SOCOM-controlled positions. The report summarizes briefly the history of integration of women into the U.S. armed forces. It reviews the current state of knowledge about cohesion in small units and discusses the application of gender neutral standards to SOF. It identifies widely-agreed on professional standards for validation of physically-demanding occupations and assists SOF service components with the application of these standards to SOF occupations. The report discusses the primary data -- a survey of SOF personnel and a series of focus group discussions -- collected by the research team regarding the potential challenges to the integration of women in SOF. The final chapter discusses the findings of the task and presents some recommendations on potential implementation. The findings of this report should be of interest to those in the U.S. defense community with an interest in manpower and personnel issues and in the evolution of U.S. SOF.

See also: [Appendices](#)

<http://psycnet.apa.org/journals/pro/46/6/437/>

Clinician characteristics and perceptions related to use of the PE (prolonged exposure) coach mobile app.

Kuhn, Eric; Crowley, Jill J.; Hoffman, Julia E.; Eftekhari, Afsoon; Ramsey, Kelly M.; Owen, Jason E.; Reger, Greg M.; Ruzek, Josef I.

Professional Psychology: Research and Practice

Vol 46(6), Dec 2015, 437-443

<http://dx.doi.org/10.1037/pro0000051>

Using smartphones in the provision of evidence-based psychotherapy holds tremendous potential for enhancing care. Mental health clinicians' perceptions of smartphone-delivered interventions will affect their decision to adopt these promising innovations. As a follow-up to our early study (Kuhn et al., 2014), here we investigated mental health clinicians' (N = 271) use of a patient-facing smartphone app for prolonged exposure (PE) therapy for posttraumatic stress disorder, called PE Coach. A Web-based survey assessed clinicians' perceptions of the app using diffusion of innovations constructs. Half of the sample practicing PE in the past year reported using PE Coach, with 93.6% intending to continue using it. For clinicians who did not use PE Coach, 77.6% intended to use it in the future. Perceptions of PE Coach were generally favorable regarding its relative advantage over current practices, compatibility with clinicians' values and needs, complexity, trialability, and observability. Younger clinicians (<40 years) had more favorable perceptions of the app's perceived complexity than did older clinicians (≥40 years). Clinicians owning smartphones, relative to those not, had more favorable perceptions of compatibility, complexity, and trialability. PE Coach users, relative to nonusers, had more favorable perceptions across all constructs, except trialability. Finally, after controlling for number of PE patients seen in the past year, clinician age and perceived complexity of the app significantly predicted use of PE Coach. These findings suggest that clinicians are using PE Coach and have favorable perceptions of it, but enhanced dissemination efforts may be needed to increase adoption for certain clinician groups. (PsycINFO Database Record (c) 2015 APA, all rights reserved)

<http://www.tandfonline.com/doi/abs/10.3109/01612840.2015.1074768>

The Stress Gym: An Online Intervention to Improve Stress and Depressive Symptoms in Adults.

Julie F. Hinkle

Issues in Mental Health Nursing

Vol. 36, Iss. 11, 2015

DOI:10.3109/01612840.2015.1074768

Finding methods to facilitate efficient assimilation of relevant health care information is important for quality outcomes, including promoting maximal wellness and optimal patient outcomes in vulnerable populations. The Internet is a promising information resource that can be used to

reach those suffering from depression, but evidence of its efficacy in this population is lacking. This study was designed to examine The Stress Gym intervention, a web-enhanced behavioral self-management program (WEB-SM) consisting of nine modules focused on the management of stress and depression. The effect of the Stress Gym intervention on depressive symptoms, stress, and attention was examined, from pre- to post-intervention, in participants with stress and in participants who were experiencing both stress and depressive symptoms. A statistically significant decrease in depressive symptoms and stress was observed and there was a statistically significant increase in attention after the Stress Gym intervention, on average, for all participants. This study supports the efficacy of Stress Gym as a tool to reduce depressive symptoms, stress, and attentional difficulties. There were significant improvements in participants overall and for participants when they were segregated into two groups, those with stress only and those with depressive symptoms and stress. With many patients choosing to explore health concerns online, it is important to have evidence-based programs available online that can help them manage their symptoms.

[http://www.thelancet.com/journals/laneur/article/PIIS1474-4422\(15\)00339-7/abstract](http://www.thelancet.com/journals/laneur/article/PIIS1474-4422(15)00339-7/abstract)

Traumatic brain injury research highlights in 2015.

Patrick M Kochanek, Robert S B Clark

The Lancet Neurology

Volume 15 , Issue 1 , 13 - 15

DOI: [http://dx.doi.org/10.1016/S1474-4422\(15\)00339-7](http://dx.doi.org/10.1016/S1474-4422(15)00339-7)

Traumatic brain injury (TBI) research is in the midst of a golden age in both preclinical and clinical arenas, emphasised by large comparative effectiveness trials targeting the need for stronger evidence-based care. These trials include the Collaborative European NeuroTrauma Effectiveness Research (CENTER-TBI) trial in adults and the Approaches and Decisions for Acute Pediatric TBI (ADAPT) trial in children,^{1,2} along with the development of clinical and preclinical common data elements.^{3,4} Other factors fueling this golden age are funding from the US Department of Defense for research on blast-induced TBI and its links to post-traumatic stress disorder, and the media storm that has accompanied both the identification of chronic traumatic encephalopathy (CTE) resulting from mild repetitive TBI in elite athletes and the possibility that TBI is linked to the development of many neurodegenerative diseases.

<http://www.tandfonline.com/doi/abs/10.1080/01494929.2015.1115454>

Military Deployment of an Adult Child: Ambiguous Loss and Boundary Ambiguity Reflected in the Experiences of Parents of Service Members.

Janet R. Crow , Dennis R. Myers , James W. Ellor , Sara L. Dolan , Sandra Morissette

Marriage & Family Review

Accepted author version posted online: 07 Dec 2015

DOI:10.1080/01494929.2015.1115454

This study explored the experiences of parents of service members, military family members who are often overlooked even though they are likely a vital source of support for their military adult-children. Reflections on deployment of military adult-children were gathered from 21 parents in semi-structured group interviews. A framework of ambiguous loss, boundary ambiguity, and ambivalence was used to analyze comments reflecting pre-deployment, deployment, and post-deployment experiences. Pre-deployment anticipation of leave-taking was associated with boundary ambiguity and ambivalence for parents, tempered by safety concerns. During deployment ambiguity in parental role expectations and parameters complicated parents' attempts to manage physical absence and maintain psychological presence. Post-deployment challenged parents with ambiguous psychological presence and disruption of family boundaries, complicated by changes associated with the effects of war.

<http://www.tandfonline.com/doi/abs/10.1080/14427591.2015.1114509>

Community reintegration: Transition between the figured worlds of military and family life.

Alison M. Cogan

Journal of Occupational Science

Published online: 07 Dec 2015

DOI:10.1080/14427591.2015.1114509

This paper argues the benefits of characterizing occupational transitions as movement between figured worlds, which are socially constructed units that are characterized by particular people and activities, and that shape identities. Further, positive withdrawal, which is a purposeful decision to limit participation when the requirements of engaging surpass self-perceived ability, describes limited engagement with a figured world. To illustrate the utility of this lens, the community reintegration of military service members as they finish deployment and return to family and community life is explored. The figured worlds of military and family are drawn from first person accounts of deployment and reintegration experiences from the perspectives of both service members and spouses. The constructs of figured world and positive withdrawal are found to be useful ways to describe community reintegration for both service members and families and the complex shifts in identity associated with the transition process. The framework presented expands on the occupational science literature by presenting a framework for non-

linear, bidirectional occupational transitions in which individuals return to familiar settings rather than enter novel ones. The constructs of figured world and positive withdrawal can contribute to future theory development and research with populations that experience similar occupational transitions.

<http://www.tandfonline.com/doi/abs/10.3109/10826084.2015.1037398#.Vm73slTavdk>

Alcohol Misuse Among Female Veterans: Exploring Associations With Interpersonal Violence and Mental Health.

Robyn L. Gobin , Kelly E. Green , Katherine M. Iverson

Substance Use & Misuse

Published online: 07 Dec 2015

DOI:10.3109/10826084.2015.1037398

Background:

The correlates of alcohol misuse among female Veterans are not well understood. The present study explored associations among alcohol misuse, demographic/military-related characteristics, interpersonal violence exposure, and posttraumatic stress disorder (PTSD) and depression symptom severity.

Method:

Participants were 369 female Veteran patients of the VA New England Healthcare System. Participants completed a paper-and-pencil mail survey that included validated assessments of alcohol misuse, interpersonal violence, and psychological distress.

Results:

Younger age, adulthood physical abuse, military sexual trauma, past-year psychological aggression by an intimate partner, and PTSD and depression symptom severity showed significant univariate associations with alcohol misuse (as indicated by unsafe drinking levels, presence or incipience of an alcohol use disorder, intrapersonal alcohol-related concerns, and/or interpersonal alcohol-related concerns). A couple of these associations remained significant when examined in logistic regression models.

Conclusions:

Findings suggest that female Veterans who are at risk for alcohol use disorders and/or are experiencing alcohol-related problems may benefit from screening and intervention efforts that take into account interpersonal violence exposures and mental health symptoms on a case-by-case basis. Results also suggest the importance of future research examining correlates and risk factors for substance misuse among female Veterans.

<http://bmjopen.bmj.com/content/5/12/e008591.full>

Do shorter delays to care and mental health system renewal translate into better occupational outcome after mental disorder diagnosis in a cohort of Canadian military personnel who returned from an Afghanistan deployment?

David Boulos, Mark A Zamorski

BMJ Open

Volume 5, Issue 12

doi:10.1136/bmjopen-2015-008591

Objective

Mental disorders in military personnel result in high rates of attrition. Military organisations have strengthened their mental health systems and attempted to overcome barriers to care in order to see better outcomes. This study investigated the roles of mental health services renewal and delay to care in Canadian Armed Forces (CAF) personnel diagnosed with mental disorders.

Design

Administrative data were used to identify a retrospective cohort of 30 513 CAF personnel who deployed in support of the mission in Afghanistan. Study participants included 508 individuals with a mental disorder diagnosis identified from CAF medical records of a weighted, stratified random sample of 2014 individuals selected from the study cohort. Weighted Cox proportional hazards regression assessed the association of diagnosis era and delay to care with the outcome, after controlling for a broad range of potential confounders (eg, disorder severity, comorbidity). Taylor series linearisation methods and sample design weights were applied in generating descriptive and regression analysis statistics.

Primary outcome

The outcome was release from military service for medical reasons, assessed using administrative data for the 508 individuals with a mental disorder diagnosis.

Results

17.5% (95% CI 16.0% to 19.0%) of the cohort had a mental disorder diagnosis after an Afghanistan-related deployment, of which 21.3% (95% CI 17.2% to 25.5%) had a medical release over a median follow-up of 3.5 years. Medical release risk was elevated for individuals diagnosed before 30 April 2008 relative to those with recent diagnoses (adjusted HR (aHR)=1.77 (95% CI 1.01 to 3.11)) and for individuals with a long delay to care (>21 months after return) relative to those with intermediate delays (8–21 months, aHR 2.47=(95% CI 1.28 to 4.76)).

Conclusions

Mental health services renewal in the CAF was associated with a better occupational outcome for those diagnosed with mental disorders. Longer delays to care were associated with a less favourable outcome.

<http://www.tandfonline.com/doi/full/10.1080/15299732.2015.1037039>

Dissociation predicts treatment response in eye-movement desensitization and reprocessing for posttraumatic stress disorder.

Hwallip Bae , Daeho Kim , Yong Chon Park

Journal of Trauma & Dissociation

Published online: 09 Jul 2015

DOI:10.1080/15299732.2015.1037039

Using clinical data from a specialized trauma clinic, this study investigated pretreatment clinical factors predicting response to eye-movement desensitization and reprocessing (EMDR) among adult patients diagnosed with posttraumatic stress disorder (PTSD). Participants were evaluated using the Clinician-Administered PTSD Scale (CAPS), the Symptom Checklist-90–Revised, the Beck Depression Inventory, and the Dissociative Experiences Scale before treatment and were reassessed using the CAPS after treatment and at 6-month follow-up. A total of 69 patients underwent an average of 4 sessions of EMDR, and 60 (87%) completed the posttreatment evaluation, including 8 participants who terminated treatment prematurely. Intent-to-treat analysis revealed that 39 (65%) of the 60 patients were classified as responders and 21 (35%) as nonresponders when response was defined as more than a 30% decrease in total CAPS score. The nonresponders had higher levels of dissociation (depersonalization and derealization) and numbing symptoms, but other PTSD symptoms, such as avoidance, hyperarousal, and intrusion, were not significantly different. The number of psychiatric comorbidities was also associated with treatment nonresponse. The final logistic regression model yielded 2 significant variables: dissociation ($p < .001$) and more than 2 comorbidities compared to none ($p < .05$). These results indicate that complex symptom patterns in PTSD may predict treatment response and support the inclusion of the dissociative subtype of PTSD in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition.

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4671760/>

US veterans and their unique issues: enhancing health care professional awareness.

Maria Olenick, Monica Flowers, and Valerie J Diaz

Advances in Medical Education and Practice
2015; 6: 635–639.
doi: 10.2147/AMEP.S89479

United States veterans are a multifaceted population with a distinct culture that includes, but is not limited to, values, customs, ethos, selfless duty, codes of conduct, implicit patterns of communication, and obedience to command. Veterans experience mental health disorders, substance use disorders, post-traumatic stress, and traumatic brain injury at disproportionate rates compared to their civilian counterparts. Eighteen to 22 American veterans commit suicide daily and young veterans aged 18–44 are most at risk. Health care professionals must be aware of patients' military history and be able to recognize suicide-risk factors, regardless of age. Advancement in medical technology has allowed servicemen to survive their injuries but, for many, at the cost of a traumatic limb amputation and associated mental scarring. Health care professionals must be able to address physical safety concerns, as well as, emotional health of veterans. Approximately 49,933 American veterans are homeless and face the same difficulties as non-veterans in addition to service-related matters. Separation from military service and issues related to complex multiple deployments are among specifically identified veteran issues. Successful veteran reintegration into civilian life rests upon providing veterans with training that builds on their military knowledge and skill, employment post-separation from service, homelessness prevention, and mental health programs that promote civilian transition. Preparing health care providers to meet the complex needs of a vast veteran population can be facilitated by implementing veteran content into curricula that includes veteran patient simulations and case studies, and utilizes veteran clinical faculty.

<http://psycnet.apa.org/journals/trm/21/4/299/>

The combat veteran paradox: Paradoxes and dilemmas encountered with reintegrating combat veterans and the agencies that support them.

Castro, Carl A.; Kintzle, Sara; Hassan, Anthony M.

Traumatology
Vol 21(4), Dec 2015, 299-310
<http://dx.doi.org/10.1037/trm0000049>

The combat veteran paradox proposes that most changes individuals experience resulting from combat exposure are normal, and not indicative of a mental health disorder. Yet, because of the number and complexities of these changes, the combat veteran paradox states that combat veterans who are healthy can benefit from counseling. Counseling should focus on helping the combat veteran understand how combat experiences might influence their thoughts, emotions and behaviors. Counseling can also help combat veterans understand the numerous paradoxes

often experienced during and after deployment. Combat veterans also encounter numerous dilemmas, most prominent being the military mental health dilemmas, consisting of multiple double binds imposed on the combat veteran by their partner, the military culture, and him/herself; all of which impede the combat veteran from receiving much needed mental health care support. If left unchecked, these can lead to more significant mental health issues requiring professional intervention. Veteran helping organizations also face dilemmas and paradoxes, which are important to understand to ensure veterans receive maximum care and assistance. Although many dilemmas are unavoidable and many paradoxes unsolvable, a holistic approach to understanding and ameliorating veteran paradoxes and dilemmas is necessary to optimize the veterans transition home. There are also similarities between combat trauma and other types of trauma, and between the military and other occupations with inherent danger. Recognizing these will further aid in the development of interventions that will allow trauma survivors to thrive and grow after traumatic events. (PsycINFO Database Record (c) 2015 APA, all rights reserved)

<http://onlinelibrary.wiley.com/doi/10.1111/fare.12165/abstract>

Maternal Perspectives on Deployment and Child–Mother Relationships in Military Families.

Posada, G., Walker, D., Cardin, J.-F., Nyaronga, D., Schwarz, R. and Wadsworth, S. M.

Family Relations

Volume 64, Issue 5, pages 651–664, December 2015

DOI: 10.1111/fare.12165

Using survey data from 292 mothers married to members of the U.S. military, the authors examined relations among military deployment factors, quality of maternal care, and child attachment behavior with the mother. The results revealed that maternal perceptions of quality of care, mothers' depressive symptoms, and fathers' involvement when not deployed were significantly associated with children's attachment behavior. In addition, fathers' combat exposure was negatively associated with children's attachment behavior. Mothers' quality of care partially mediated the association between fathers' involvement and children's attachment behavior as well as the association between mothers' depressive symptoms and children's attachment behavior. A notable finding of this study was that deployment-related factors were both directly and indirectly related to children's attachment.

<http://psycnet.apa.org/journals/int/25/4/253/>

“Keep your chin up”: Treating male veterans with posttraumatic stress disorder from an integrative feminist theoretical perspective.

Carr, Erika R.; McKernan, Lindsey C.

Journal of Psychotherapy Integration
Vol 25(4), Dec 2015, 253-266
<http://dx.doi.org/10.1037/a0039577>

There continues to be increasing evidence of the prevalence and growing impact of posttraumatic stress disorder (PTSD) among United States male veterans, as well as pressing concerns related to treatment engagement in mental health services for these individuals. As researchers have advocated for modifications to treatment approaches in the provision of mental health services among this unique population due to issues of traditional masculinity and mental health stigma, integration of feminist theoretical frameworks and therapy interventions are proposed as an avenue to aid in treatment engagement and, ultimately, connection to evidence-based treatments, such as cognitive processing therapy for PTSD. Specific feminist theoretical foundations and interventions will be explored, along with some case composites, to provide evidence of the utility of feminist therapy as an integration tool in trauma treatment. (PsycINFO Database Record (c) 2015 APA, all rights reserved)

<http://tva.sagepub.com/content/early/2015/12/07/1524838015620834.abstract>

Yoga for Trauma and Related Mental Health Problems: A Meta-Review With Clinical and Service Recommendations.

Rebecca J. Macy, Elizabeth Jones, Laurie M. Graham, and Leslie Roach

Trauma Violence Abuse
First published on December 9, 2015
doi:10.1177/1524838015620834

Health and human service providers have expressed growing interest in the benefits of yoga to help individuals cope with the effects of trauma, including anxiety, depression, and posttraumatic stress disorder (PTSD). Despite the growing popularity and strong appeal of yoga, providers must be mindful of the evidence regarding the efficacy of yoga in treating trauma effects as well as trauma-related mental health symptoms and illnesses. Therefore, our research team sought to answer two questions: (a) What is the evidence regarding yoga as a treatment for trauma effects, including anxiety, depression, and PTSD and (b) what are the clinical and service recommendations for using yoga with trauma-exposed individuals? Our

initial scans identified a substantial body of research, including reviews. Rather than replicate earlier efforts, we undertook a systematic meta-review of 13 literature reviews, one of which included a meta-analysis. We determined the 13 reviews examined 185 distinct studies. Findings show that the evidence regarding yoga as an intervention for the effects of trauma as well as the mental health symptoms and illnesses often associated with trauma is encouraging but preliminary. Overall, the body of research is lacking in rigor as well as specificity regarding trauma. Review results also only allow for the recommendation of yoga as an ancillary treatment. Further, the reviews had considerable differences in their methods and limitations. Nonetheless, the results yielded findings concerning how clinicians and service providers can use yoga in their own practices, which is an important step for building an evidence base in this area.

<http://onlinelibrary.wiley.com/doi/10.1111/papt.12087/abstract>

Post-traumatic stress disorder and depression co-occurrence: Structural relations among disorder constructs and trait and symptom dimensions.

Post, L. M., Feeny, N. C., Zoellner, L. A. and Connell, A. M.

Psychology and Psychotherapy: Theory, Research and Practice

Article first published online: 8 DEC 2015

DOI: 10.1111/papt.12087

Objectives

Post-traumatic stress disorder (PTSD) and major depressive disorder (MDD) in response to trauma co-occur at high rates. A better understanding of the nature of this co-occurrence is critical to developing an accurate conceptualization of the disorders. This study examined structural relations among the PTSD and MDD constructs and trait and symptom dimensions within the framework of the integrative hierarchical model of anxiety and depression.

Design

Study participants completed clinician-rated and self-report measures during a pre-treatment assessment.

Methods

The sample consisted of 200 treatment-seeking individuals with a primary DSM-IV PTSD diagnosis. Structural equation modelling was used to examine the relationship between the constructs.

Results

The trait negative affect/neuroticism construct had a direct effect on both PTSD and MDD. The trait positive affect/extraversion construct had a unique, negative direct effect on MDD, and

PTSD had a unique, direct effect on the physical concerns symptoms construct. An alternative model with the PTSD and MDD constructs combined into an overall general traumatic stress construct produced a decrement in model fit.

Conclusions

These findings provide a clearer understanding of the relationship between co-occurring PTSD and MDD as disorders with shared trait negative affect/neuroticism contributing to the overlap between them and unique trait positive affect/extraversion and physical concerns differentiating them. Therefore, PTSD and MDD in response to trauma may be best represented as two distinct, yet strongly related constructs.

Practitioner points

- In assessing individuals who have been exposed to trauma, practitioners should recognize that co-occurring PTSD and MDD appears to be best represented as two distinct, yet strongly related constructs.
- Negative affect may be the shared vulnerability directly influencing both PTSD and MDD; however, in the presence of both PTSD and MDD, low positive affect appears to be more specifically related to MDD and fear of physical sensations to PTSD, which is information that could be used by practitioners in the determination of treatment approach.
- Overall, these findings are clinically relevant in that they may inform assessment, treatment planning, and ultimately diagnostic classification.

<http://www.sciencedirect.com/science/article/pii/S2215036615003685>

Post-traumatic stress symptoms 5 years after military deployment to Afghanistan: an observational cohort study.

Iris Eekhout, Alieke Reijnen, Eric Vermetten, Elbert Geuze

The Lancet Psychiatry

Available online 9 December 2015

doi:10.1016/S2215-0366(15)00368-5

Background

Deployment can put soldiers at risk of developing post-traumatic stress symptoms. Despite several longitudinal studies, little is known about the timing of an increase in post-traumatic stress symptoms relative to pre-deployment. Longitudinal studies starting pre-deployment, in which participants are repeatedly measured over time, are warranted to assess the timing of an increase in symptoms to ultimately assess the timing of an increase in treatment demand after deployment.

Methods

In this large observational cohort study, Dutch military personnel who were deployed to Afghanistan as part of the International Security Assistance Forces between March, 2005, and September, 2008, were assessed for post-traumatic stress symptoms with the Self-Rating Inventory for Post-traumatic Stress Disorder (SRIP) questionnaire. Participants were assessed 1 month before deployment and followed up at 1 month, 6 months, 12 months, 2 years, and 5 years after deployment, with changes in SRIP scores compared with pre-deployment using a mixed model analysis. The primary outcome was the total score of post-traumatic stress symptoms measured with SRIP at pre-deployment and the five follow-up assessments, with a score of 38 used as the cutoff to indicate substantial post-traumatic stress symptoms.

Findings

Between March, 2005, and September, 2008, 1007 participants were recruited to this study. The results show two important effects of deployment on post-traumatic stress symptoms. A short-term symptom increase within the first 6 months after deployment (symptom increase coefficient for SRIP score vs pre-deployment [β] 0.99, 95% CI 0.50–1.48); and a long-term symptom increase at 5 years after deployment (β 1.67, 1.14–2.20).

Interpretation

This study underlines the importance of long-term monitoring of the psychological health of soldiers after deployment because early detection of symptoms is essential to early treatment, which is related to improved psychological health.

<http://econtent.hogrefe.com/doi/abs/10.1027/0227-5910/a000345?journalCode=cri>

Assessing Variability and Implementation Fidelity of Suicide Prevention Safety Planning in a Regional VA Healthcare System.

Jennifer M. Gamarra, Matthew T. Luciano, Jaimie L. Gradus, and Shannon Wiltsey Stirman

Crisis

2015 36:6, 433-439

DOI: <http://dx.doi.org/10.1027/0227-5910/a000345>

Background:

In 2008, the Veterans Health Administration (VHA) implemented the use of safety planning for suicide prevention. A safety plan is a list of strategies, developed collaboratively with a provider, for a patient to use when suicide risk is elevated. Despite the use of safety plans in VHA, little is known about implementation fidelity, the extent to which safety plans are delivered as intended, or patient-level outcomes of safety planning.

Aims:

This study aimed to explore the implementation fidelity of safety planning in a regional VHA hospital and examine the associations between safety plan quality and completeness with patient outcomes.

Method:

A comprehensive chart review was conducted for patients who were flagged as high risk for suicide (N = 200). Completeness and quality were coded, as well as information about patient and provider interactions regarding safety plan use.

Results:

Safety plans were mostly complete and of moderate quality, although variability existed, particularly in quality. Limited evidence of follow-up regarding safety planning was found in the medical charts. Higher quality was associated with fewer subsequent psychiatric hospitalizations.

Conclusion:

Variability in implementation fidelity and infrequent follow-up suggest a need for additional training and support regarding the use of safety plans for suicide prevention.

<http://www.tandfonline.com/doi/full/10.1080/15402002.2015.1083022>

When Thinking Impairs Sleep: Trait, Daytime and Nighttime Repetitive Thinking in Insomnia.

Jaap Lancee , Maarten C. Eisma , Kristopher B. van Zanten , Maurice Topper

Behavioral Sleep Medicine

Published online: 11 Dec 2015

DOI:10.1080/15402002.2015.1083022

We performed two studies in individuals with sleep problems to investigate trait, daytime, and nighttime repetitive thinking as risk factors for insomnia. In Study 1, 139 participants completed questionnaires on worry, rumination, insomnia, anxiety, depression, and a sleep diary. Trait rumination and trait worry were not associated with sleep impairment. In Study 2, 64 participants completed similar measures and a daytime and nighttime sleep-related worry diary. Only nighttime sleep-related worry was consistently associated with sleep impairment. Overall, results indicate that nighttime sleep-related worry is important in the maintenance of insomnia, whereas effects of trait and daytime repetitive thinking are more benign. Treatment for insomnia can potentially be improved by focusing more on nighttime sleep-related worry.

<http://onlinelibrary.wiley.com/doi/10.1002/cpp.1999/abstract>

Rumination, Entrapment and Suicide Ideation: A Mediation Model.

Tobias Teismann and Thomas Forkmann

Clinical Psychology & Psychotherapy

Article first published online: 11 DEC 2015

DOI: 10.1002/cpp.1999

Rumination has been shown to be positively associated with suicide ideation. Yet, only few studies have attempted to explain potential mediators of this association. Perceptions of entrapment are a core component of recent psychological models of suicidality and might mediate the relationship between rumination and suicide ideation. Possible mediator effects were investigated in an online sample (n = 142) and a clinical sample (n = 226) of adults receiving outpatient psychotherapy. Results demonstrated that perceptions of entrapment fully mediated the association between ruminative thinking and suicide ideation. However, the reverse relationship, where the association between entrapment and suicide ideation is mediated by ruminative thinking, was not supported. These findings suggest that the relationship between rumination and suicide ideation is explained by perceptions of entrapment. Theoretical and clinical implications are discussed. Copyright © 2015 John Wiley & Sons, Ltd.

<http://www.sciencedirect.com/science/article/pii/S1047279715004779>

Deployment, Combat, and Risk of Multiple Physical Symptoms in the US Military: A Prospective Cohort Study.

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Purpose

Multiple physical symptoms (MPS) have historically been observed following deployment to a combat zone and are often disabling in nature. This study examined longitudinal trends in MPS status and its relationship to deployment in US military service members.

Methods

Using longitudinal data from panel 1 participants in the Millennium Cohort Study (n = 76,924),

MPS status was assessed at 3 time points (2001–2008) using the 15-item Patient Health Questionnaire. Probability of reporting MPS was analyzed using mixed-effects multinomial logit regression, with time and deployment experience as main explanatory variables.

Results

After adjustment for demographic, military, and health characteristics, service members who deployed with combat were significantly more likely to report MPS at each time point compared with those not deployed (odds ratio [OR] and 95% confidence interval [CI] for wave 1 = 1.49 (1.47, 1.52), wave 2 = 1.73 (1.69, 1.78), wave 3 = 2.08 (2.03, 2.12)), and those who deployed without combat (OR and CI for wave 1 = 2.66 (2.59, 2.74), wave 2 = 1.81 (1.75, 1.87); wave 3 = 1.68 (1.63, 1.74)).

Conclusions

Longitudinal trends indicate that the probability of reporting MPS has increased consistently over time only for those deployed, regardless of combat experience.

<http://www.sciencedirect.com/science/article/pii/S0272735815300684>

A systematic review of suicidal thoughts and behaviors among police officers, firefighters, EMTs, and paramedics.

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Clinical Psychology Review

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First responders—police officers, firefighters, emergency medical technicians (EMTs), and paramedics—experience significant job-related stressors and exposures that may confer increased risk for mental health morbidities (e.g., post-traumatic stress disorder [PTSD], suicidal thoughts and behaviors) and hastened mortality (e.g., death by suicide). Inherent in these occupations, however, are also factors (e.g., camaraderie, pre-enlistment screening) that may inoculate against the development or maintenance of psychiatric conditions. Several reviews of the literature have documented the prevalence and potency of PTSD among first responders; the value of these extant reviews is considerable. Nonetheless, the literature has not been systematically described with regards to suicidality. In this systematic review, we present 63 quantitative studies examining suicidal thoughts, behaviors, and/or fatalities among first responders; identify population-specific risk and protective factors; and pinpoint strengths and weaknesses of the existing literature. Findings reveal elevated risk for suicide among first responders; however, studies utilizing more rigorous methodologies (e.g., longitudinal designs, probability sampling strategies) are sorely needed. First responders have an armamentarium of

resources to take care of others; it is the duty of researchers, clinicians, and the public to aid in taking care of their health as well, in part by reducing suicide risk.

<http://tcs.sagepub.com/content/early/2015/12/11/0263276415619220.abstract>

Screen Trauma: Visual Media and Post-traumatic Stress Disorder.

Amit Pinchevski

Theory, Culture & Society

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Recent studies in psychiatry reveal an acceptance of trauma through the media. Traditionally restricted to immediate experience, Post-traumatic Stress Disorder (PTSD) is now expanding to include mediated experience. How did this development come about? How does mediated trauma manifest itself? What are its consequences? This essay addresses these questions through three cases: (1) 'trauma film paradigm', an early 1960s research program that employed films to simulate traumatic effects; (2) the psychiatric study into the clinical effects of watching catastrophic events on television, culminating with the September 11 attacks; (3) reports on drone operators who exhibit PTSD symptoms after flying combat missions away from the war zone. The recognition of mediated trauma marks a qualitative change in the understanding of media effects, rendering the impact literal and the consequences clinical. What informs recent speculations about the possibility of trauma through media is a conceptual link between visual media and contemporary conceptions of trauma.

Links of Interest

A League of Ordinary Gentlemen: Discussing Mental Health With Men

http://www.huffingtonpost.com/phillip-murray-/a-league-of-ordinary-gentlemen-discussing-mental-health-with-men_b_8685372.html

Risk of death nearly doubled for Vietnam veterans with PTSD

<http://www.businessinsider.com/r-risk-of-death-nearly-doubled-for-vietnam-veterans-with-ptsd-2015-12>

Use a treatment for PTSD that actually works

<http://thehill.com/blogs/congress-blog/healthcare/262340-use-a-treatment-for-ptsd-that-actually-works>

Psychologist: Headway made on treatments for PTSD

<http://www.stripes.com/news/psychologist-headway-made-on-treatments-for-ptsd-1.383918>

Virtual reality students explore phobia treatment

<http://www.sfexaminer.com/virtual-reality-students-explore-phobia-treatment/>

MRI shows 'brain scars' in military personnel with blast-related concussion

<http://www.sciencedaily.com/releases/2015/12/151215091344.htm>

Cognitive behavioral therapy can be as effective as second-generation antidepressants to treat major depressive disorder

<http://www.sciencedaily.com/releases/2015/12/151209144936.htm>

Resource of the Week: [Citation Style Guide \(APA\)](#) from the Dudley Knox Library, Naval Postgraduate School

There are many, many sites on the Internet that provide guidance for creating bibliographic citations. This one is particularly recommended because it offers help (and concrete examples) for citing a variety of government and DoD documents, which can be tricky.

If you're not using APA style, a wide variety of others are offered, including Chicago, IEEE, MLA, and more.

Links to other vetted citation guides can also be found here.

The screenshot shows the Dudley Knox Library website's 'Citation Styles' page. The page is titled 'Citation Styles' and includes a search bar and navigation tabs for various citation styles: Home, APA, Chicago Notes & Bibliography, Chicago Author-Date, IEEE, Other Styles, DOIs, and Citation Management. The main content area is for the APA style, featuring a sidebar with 'Other Helpful Guides' (APA Style, FAQs, Electronic References, Blog, Basics of APA Style - Tutorial, ACQUISITION RESEARCH PROGRAM, Common examples used in NPS GSBPP, CITESOURCE, and Online Writing Lab) and a 'Citation Examples' section. The 'Citation Examples' section lists various source types such as Bills or Resolutions, Blog Post, Book Chapters, Books, Code of Federal Regulations, Conference Proceedings, Congressional Hearings, Congressional Research Service (CRS) Reports, Court Cases, Data Set, Directives and Instructions, Executive Orders, Fact Sheet, Field Manuals, Government Agency Reports and Technical Reports, In-press Article, Journal Articles, Maps Retrieved Online, Motion Picture, Newspaper Articles, Newspaper Articles (online), Official Memoranda, Personal Communications and Interviews, Public Laws, U.S. Statutes at Large/U.S. Code, Secondary Sources, Software, Speech, Presentation or Brief, Television (episode or webside in a television series), Theses, Websites, Web Documents, Wikipedia, and YouTube. Below the list is a 'General Rules' section with a table for 'Source Type' and 'Citation Examples'.

Source Type	Citation Examples
	Title (if relevant), bill or resolution number, xxx Cong. (year)

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