CDP Research Update -- January 21, 2016

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- Prescription Opioid Duration, Dose, and Increased Risk of Depression in 3 Large Patient Populations.
- Virtual reality in the psychological treatment for mental health problems: An systematic review of recent evidence.
- Post-Traumatic Stress Constrains the Dynamic Repertoire of Neural Activity.
- Firearms matter: The moderating role of firearm storage in the association between current suicidal ideation and likelihood of future suicide attempts among United States military personnel.

- Links of Interest
- Resource of the Week - Research Brief: Assessing the Department of Defense's Approach to Reducing Mental Health Stigma

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http://content.govdelivery.com/accounts/USVHA/bulletins/1312769

PTSD Monthly Update: New Year, New Treatment

National Center for PTSD
January 2016

A new year brings thoughts of new beginnings. If you are struggling after a recent trauma or one that happened a long time ago, 2016 might be a time to think about a new treatment for PTSD.

There are good treatments available for PTSD. For some people, treatment can get rid of PTSD altogether. For others, it can make symptoms less intense. Treatment gives you the tools to manage symptoms so they don't keep you from living your life.

Not sure it's PTSD? Take a brief screen and learn why you shouldn't wait to seek help.

Hesitating to get help? Learn about overcoming barriers to care.

Don't know what to say to your doctor? Here are some tips that can help you talk to your doctor about trauma and PTSD.

If you know someone struggling with PTSD, we have resources for you.

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http://onlinelibrary.wiley.com/doi/10.1002/jcad.12058/full

Meta-Analysis of Counseling Outcomes for the Treatment of Posttraumatic Stress Disorder.

Erford, B. T., Gunther, C., Duncan, K., Bardhoshi, G., Dummett, B., Kraft, J., Deferio, K., Falco, M. and Ross, M.

Journal of Counseling & Development, 94: 13–30
doi: 10.1002/jcad.12058

This meta-analysis of 152 published posttraumatic stress disorder (PTSD) clinical trials from 1990 to 2012 concluded that counseling generally produced a small to large effect of treatment across all comparison conditions at termination (d+ = 0.30 to 0.89). These gains were maintained at longest follow-up (d+ = 0.58 to 0.86) for the wait-list, treatment-as-usual, and single-group comparisons, but not for the follow-up placebo comparison (d+ = 0.15), probably because of the low power (j = 3 placebo studies). Clinical trial findings were synthesized using a random-effects model. No effects of publication bias or moderating variables were evident. No difference was found between trauma-focused and non-trauma-focused approaches. Implications for counseling practice and future PTSD outcome research are addressed.

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http://www.tandfonline.com/doi/abs/10.1080/21635781.2015.1133348

Mental Health Provider Experiences with Utilizing Evidence-Based Treatment for Post-Traumatic Stress Disorder during a Combat Deployment.

Elizabeth A. Penix , Amy B. Adler , Paul Y. Kim , Joshua E. Wilk , Charles W. Hoge

Military Behavioral Health
Accepted author version posted online: 12 Jan 2016
DOI:10.1080/21635781.2015.1133348

The present study assesses mental health care staff experiences with evidence-based treatments (EBTs) for post-traumatic stress disorder (PTSD) in a deployed environment. Mental health care providers (n = 19) and technicians (n = 20) were surveyed in Afghanistan concerning EBT delivery, attitudes, and perceived barriers to the implementation of EBTs. Relaxation techniques and supportive psychotherapy were most frequently utilized; exposure therapy techniques were least frequently utilized. Most participants had positive attitudes toward EBTs; however, providers identified unique challenges to delivering EBTs. Modular EBTs may be useful to consider to address provider concerns and improve the implementation of EBTs.

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http://www.tandfonline.com/doi/abs/10.1080/01639625.2015.1012403

The Effects of Stress and Social Support on Externalizing Behaviors Among Children in Military Families.

Jennifer Sumner , Danielle Boisvert , Judith P. Andersen

Deviant Behavior
Published online: 29 Dec 2015
DOI: 10.1080/01639625.2015.1012403

Drawing on social support theory, this study examines the main and interactive effects of parental perceived stress and social support on externalizing behaviors in military youth. Findings reveal that not only do social support and stress affect the conduct of military children, but social support also moderately buffers the effects of parental stress. Given the increasing distance between military and American culture, more generally, this research is one opportunity to make sense of contradictory expectations about the well-being of military youth. In doing so, it provides implications for how a more supportive organization can benefit military families.

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http://journals.lww.com/jonmd/Abstract/2016/01000/Is_Helplessness_Still_Helpful_in_Diagnosing.2.aspx

Is Helplessness Still Helpful in Diagnosing Posttraumatic Stress Disorder?

Pivovarova, Ekaterina; Tanaka, Gen; Tang, Michael

Journal of Nervous & Mental Disease:
January 2016 - Volume 204 - Issue 1 - p 3–8
doi: 10.1097/NMD.0000000000000416

Criteria A2, experience of helplessness, fear, or horror at the time of the traumatic event, was removed from the posttraumatic stress disorder diagnosis in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition. We argue that there is empirical support for retention of A2, a criterion that has clinical value and may improve diagnostic accuracy. Specifically, we demonstrate that A2 has high negative predictive power, aids in the prediction of symptom severity, and can be indispensible to detecting the disorder in children. We examine how augmenting A2 with other peritramautic emotions could improve clinical and diagnostic utility. In our opinion, rather than being eliminated, A2 needs to be reconstructed and included as one criterion of PTSD.

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http://psycnet.apa.org/psycinfo/2015-54189-001/

The effect of masculinity on community reintegration following TBI in military veterans.

Meyers, Noah M.; Chapman, Julie C.; Gunthert, Kathleen C.; Weissbrod, Carol S.

Military Psychology
Vol 28(1), Jan 2016, 14-24
http://dx.doi.org/10.1037/mil0000097

The present study examined the effect of level of traditional masculine gender role norms as well as the moderating effect of cognitive flexibility on community reintegration outcomes in a sample of 60 male military veterans who had sustained a traumatic brain injury during deployment. Data were collected through self-report measures and cognitive tests. Results suggested that greater endorsement of traditional masculine gender role beliefs, attitudes, and behaviors was significantly inversely related to the community integration domains of relationships and living skills and not significantly related to work and leisure. The effect of masculinity on healthy living skills was moderated by cognitive flexibility; the protective effect of low masculinity on living skills was only present if the veteran also had high cognitive flexibility skills. Results are discussed in the context of gender role strain, potential limiting aspects of stereotypy on recovery and reintegration, and the importance of cognitive flexibility in the recovery/reintegration process.

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http://www.sciencedirect.com/science/article/pii/S0165032715311113

Employment status, employment functioning, and barriers to employment among VA primary care patients.

Kara Zivin, Matheos Yosef, Debra S. Levine, Kristen M. Abraham, Erin M. Miller, Jennifer Henry, C. Beau Nelson, Paul N. Pfeiffer, Rebecca K. Sripada, Molly Harrod, Marcia Valenstein

Journal of Affective Disorders
Volume 193, 15 March 2016, Pages 194–202
doi:10.1016/j.jad.2015.12.054

Background
Prior research found lower employment rates among working-aged patients who use the VA than among non-Veterans or Veterans who do not use the VA, with the lowest reported employment rates among VA patients with mental disorders. This study assessed employment status, employment functioning, and barriers to employment among VA patients treated in primary care settings, and examined how depression and anxiety were associated with these outcomes.

Methods
The sample included 287 VA patients treated in primary care in a large Midwestern VA Medical Center. Bivariate and multivariable analyses were conducted examining associations between socio-demographic and clinical predictors of six employment domains, including: employment status, job search self-efficacy, work performance, concerns about job loss among employed Veterans, and employment barriers and likelihood of job seeking among not employed Veterans.

Results
54% of respondents were employed, 36% were not employed, and 10% were economically inactive. In adjusted analyses, participants with depression or anxiety (43%) were less likely to be employed, had lower job search self-efficacy, had lower levels of work performance, and reported more employment barriers. Depression and anxiety were not associated with perceived likelihood of job loss among employed or likelihood of job seeking among not employed.

Limitations
Single VA primary care clinic; cross-sectional study.

Discussion
Employment rates are low among working-aged VA primary care patients, particularly those with mental health conditions. Offering primary care interventions to patients that address mental health issues, job search self-efficacy, and work performance may be important in improving health, work, and economic outcomes.

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http://www.sciencedirect.com/science/article/pii/S000579671530070X

Open trial of exposure therapy for PTSD among patients with severe and persistent mental illness.

Anouk L. Grubaugh, Joshua D. Clapp, B. Christopher Frueh, Peter W. Tuerk, Rebecca G. Knapp, Leonard E. Egede

Behaviour Research and Therapy
Volume 78, March 2016, Pages 1–12
doi:10.1016/j.brat.2015.12.006

Objective
There are few empirical data regarding effective treatment of trauma-related symptoms among individuals with severe mental illness (SMI; e.g., bipolar disorder, schizophrenia). This under-examined clinical issue is significant because rates of trauma and PTSD are higher among individuals with SMI relative to the general population, and there are sufficient data to suggest that PTSD symptoms exacerbate the overall course and prognosis of SMI.

Method
34 veterans with SMI received prolonged exposure (PE) for PTSD using an open trial study design.

Results
Data suggest that PE is feasible to implement, well-tolerated, and results in clinically significant decreases in PTSD severity in patients with SMI. Mean CAPS scores improved 27.2 points from

baseline to immediate post [95% CI for mean change: −44.3, - 10.1; p = 0.002, paired t-test, and treatment gains were maintained at 6 months [mean change from baseline to 6-months, −16.1; 95% CI: −31.0, –1.2; p = 0.034, paired t-test].

Conclusions
The current data support the use of exposure-based interventions for PTSD among individuals with SMI and highlight the need for rigorous randomized efficacy trials investigating frontline PTSD interventions in this patient population.

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http://gerontologist.oxfordjournals.org/content/56/Suppl_1/S126.short

Military Generation and Its Relationship to Mortality in Women Veterans in the Women's Health Initiative.

Donna L. Washington, Chloe E. Bird, Michael J. LaMonte, Karen M. Goldstein, Eileen Rillamas-Sun, Marcia L. Stefanick, Nancy F. Woods, Lori A. Bastian, Margery Gass, and Julie C. Weitlauf

Military Generation and Its Relationship to Mortality in Women Veterans in the Women's Health Initiative.

The Gerontologist (2016) 56 (Suppl 1): S126-S137
doi:10.1093/geront/gnv669

Purpose of the Study:
Women's military roles, exposures, and associated health outcomes have changed over time. However, mortality risk—within military generations or compared with non-Veteran women—has not been assessed. Using data from the Women's Health Initiative (WHI), we examined all-cause and cause-specific mortality by Veteran status and military generation among older women.

Design and Methods:
WHI participants (3,719 Veterans; 141,802 non-Veterans), followed for a mean of 15.2 years, were categorized into pre-Vietnam or Vietnam/after generations based on their birth cohort. We used cox proportional hazards models to examine the association between Veteran status and mortality by generation.

Results:
After adjusting for sociodemographic characteristics and WHI study arm, all-cause mortality hazard rate ratios (HRs) for Veterans relative to non-Veterans were 1.16 (95% CI: 1.09–1.23) for pre-Vietnam and 1.16 (95% CI: 0.99–1.36) for Vietnam/after generations. With additional adjustment for health behaviors and risk factors, this excess mortality rate persisted for pre-Vietnam but attenuated for Vietnam/after generations. After further adjustment for medical

morbidities, across both generations, Veterans and non-Veterans had similar all-cause mortality rates. Relative to non-Veterans, adjusting for sociodemographics and WHI study arm, pre-Vietnam generation Veterans had higher cancer, cardiovascular, and trauma-related morality rates; Vietnam/after generation Veterans had the highest trauma-related mortality rates (HR = 2.93, 1.64–5.23).

Implications:
Veterans' higher all-cause mortality rates were limited to the pre-Vietnam generation, consistent with diminution of the healthy soldier effect over the life course. Mechanisms underlying Vietnam/after generation Veteran trauma-related mortality should be elucidated. Efforts to modify salient health risk behaviors specific to each military generation are needed.

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http://onlinelibrary.wiley.com/doi/10.1002/jts.22067/abstract

Retrospective Appraisals Mediate the Effects of Combat Experiences on PTS and Depression Symptoms in U.S. Army Medics.

Barbara L. Pitts andMartin A. Safer

Journal of Traumatic Stress
Article first published online: 13 JAN 2016
DOI: 10.1002/jts.22067

A life-threatening traumatic experience can cause physical and psychological distress, but it can also be remembered with pride from having demonstrated one's courage and abilities under severe circumstances. Characteristics of the event, early response, as well as later personal reflection, together determine the individual's response to a traumatic event. We investigated how traumatic combat experiences and retrospective appraisals of those experiences affected reports of symptoms of posttraumatic stress and depression in 324 U.S. Army medics. Higher levels of combat experiences were associated with both appraisals of threat to life (r = .40) and appraisals of personal benefit of the deployment (r = .15). Threat appraisals were associated with increases (r = .33 and .29), whereas benefit appraisals were associated with decreases (r = −.28 and −.30, respectfully), in symptoms of posttraumatic stress and depression. These opposing mediation pathways led to weak or nonsignificant total effects, which concealed the effects of combat intensity on posttraumatic stress (R2 = .28) and depression (R2 = .24). Acknowledging the beneficial effects that a combat experience had on one's life was associated with less intense behavioral health symptoms and offset the detrimental effects of traumatic combat experiences.

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http://www.sciencedirect.com/science/article/pii/S0376871616000065

Characteristics of Veterans Receiving Buprenorphine vs. Methadone for Opioid Use Disorder Nationally in the Veterans Health Administration.

Ajay Manhapra, Lantie Quinones, Robert Rosenheck

Drug and Alcohol Dependence
Available online 13 January 2016
doi:10.1016/j.drugalcdep.2015.12.035

BACKGROUND
The advent of buprenorphine as an alternative to methadone has dramatically shifted the landscape of opioid agonist therapy (OAT) for opioid use disorder (OUD). However, there is limited US national level data describing thedifferences between patients who are prescribed these two OAT options.

METHODS
From veterans with OUD diagnosis who used Veterans Health Administration services in 2012, we identified 3 mutually exclusive groups: those who received (1) buprenorphine only (n = 5,670); (2) methadone only (n = 6,252); or (3) both buprenorphine and methadone in the same year (n = 2513). We calculated the bi-varate effect size differences (risk ratios and Cohen's d) forcharacteristics that differentiated these groups. Logistic regression analysis was then used to identify factors independently differentiating the groups.

RESULTS
Ten year increment in age (OR 0.67; 95% CI 0.64–0.70), urban residence (OR 0.26; 95% CI 0.25–0.33), and black race (OR 0.39; 95% CI 0.35–0.43) were strongly and negatively associated with odds of receiving buprenorphine compared to methadone, while medical and psychiatric comorbidities or receipt of other psychiatric medications did not demonstrate substantial differences between groups.

CONCLUSIONS
Differences between veterans receiving buprenorphine or methadone based OAT seems to be largely shaped by demographic characteristics rather than medical or psychiatric or service use characteristics. A clearer understanding of the reasons for racial differences could be helpful in assuring that black OUD patients are not denied the opportunity to receive buprenorphine if that is their preference.

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http://www.ncbi.nlm.nih.gov/pubmed/26716697

J Head Trauma Rehabil. 2016 Jan-Feb;31(1):62-78. doi: 10.1097/HTR.0000000000000149.

Clinical Utility and Psychometric Properties of the Traumatic Brain Injury Quality of Life Scale (TBI-QOL) in US Military Service Members.

Lange RT, Brickell TA, Bailie JM, Tulsky DS, French LM.OBJECTIVE:
To examine the clinical utility and psychometric properties of the Traumatic Brain Injury Quality of Life (TBI-QOL) scale in a US military population.

PARTICIPANTS:
One hundred fifty-two US military service members (age: M = 34.3, SD = 9.4; 89.5% men) prospectively enrolled from the Walter Reed National Military Medical Center and other nationwide community outreach initiatives. Participants included 99 service members who had sustained a mild traumatic brain injury (TBI) and 53 injured or noninjured controls without TBI (n = 29 and n = 24, respectively).

PROCEDURE:
Participants completed the TBI-QOL scale and 5 other behavioral measures, on average, 33.8 months postinjury (SD = 37.9).

MAIN OUTCOME MEASURES:
Fourteen TBI-QOL subscales; Neurobehavioral Symptom Inventory; Posttraumatic Stress Disorder Checklist-Civilian version; Alcohol Use Disorders Identification Test; Combat Exposure Scale.

RESULTS:
The internal consistency reliability of the TBI-QOL scales ranged from α = .91 to α = .98. The convergent and discriminant validity of the 14 TBI-QOL subscales was high. The mild TBI group had significantly worse scores on 10 of the 14 TBI-QOL subscales than the control group (range, $P < .001$ to $P = .043$). Effect sizes ranged from medium to very large ($d = 0.35$ to $d = 1.13$). The largest differences were found on the Cognition-General Concerns ($d = 1.13$), Executive Function ($d = 0.94$), Grief-Loss ($d = 0.88$), Pain Interference ($d = 0.83$), and Headache Pain ($d = 0.83$) subscales.

CONCLUSION:
These results support the use of the TBI-QOL scale as a measure of health-related quality of life in a mild TBI military sample. Additional research is recommended to further evaluate the clinical utility of the TBI-QOL scale in both military and civilian settings.

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http://www.aasmnet.org/jcsm/ViewAbstract.aspx?pid=30416

Effects of Blast Exposure on Subjective and Objective Sleep Measures in Combat Veterans with and without PTSD.

Stocker RP, Paul BT, Mammen O, Khan H, Cieply MA, Germain A.

Journal of Clinical Sleep Medicine
2016;12(1):49–56
http://dx.doi.org/10.5664/jcsm.5392

Study Objectives
This study examined the extent to which self-reported exposure to blast during deployment to Iraq and Afghanistan affects subjective and objective sleep measures in service members and veterans with and without posttraumatic stress disorder (PTSD).

Methods
Seventy-one medication-free service members and veterans (mean age = 29.47 ± 5.76 years old; 85% men) completed self-report sleep measures and overnight polysomnographic studies. Four multivariate analyses of variance (MANOVAs) were conducted to examine the impact of blast exposure and PTSD on subjective sleep measures, measures of sleep continuity, non-rapid eye movement (NREM) sleep parameters, and rapid eye movement (REM) sleep parameters.

Results
There was no significant Blast × PTSD interaction on subjective sleep measures. Rather, PTSD had a main effect on insomnia severity, sleep quality, and disruptive nocturnal behaviors. There was no significant Blast × PTSD interaction, nor were there main effects of PTSD or Blast on measures of sleep continuity and NREM sleep. A significant PTSD × Blast interaction effect was found for REM fragmentation.

Conclusions
The results suggest that, although persistent concussive symptoms following blast exposure are associated with sleep disturbances, self-reported blast exposure without concurrent symptoms does not appear to contribute to poor sleep quality, insomnia, and disruptive nocturnal disturbances beyond the effects of PTSD. Reduced REM sleep fragmentation may be a sensitive index of the synergetic effects of both psychological and physical insults.

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http://onlinelibrary.wiley.com/doi/10.1002/jts.22075/abstract

Long-Term Trajectories of PTSD in Vietnam-Era Veterans: The Course and Consequences of PTSD in Twins.

Magruder, K. M., Goldberg, J., Forsberg, C. W., Friedman, M. J., Litz, B. T., Vaccarino, V., Heagerty, P. J., Gleason, T. C., Huang, G. D. and Smith, N. L.

Journal of Traumatic Stress
Article first published online: 13 JAN 2016
DOI: 10.1002/jts.22075

We estimated the temporal course of posttraumatic stress disorder (PTSD) in Vietnam-era veterans using a national sample of male twins with a 20-year follow-up. The complete sample included those twins with a PTSD diagnostic assessment in 1992 and who completed a DSM-IV PTSD diagnostic assessment and a self-report PTSD checklist in 2012 (n = 4,138). Using PTSD diagnostic data, we classified veterans into 5 mutually exclusive groups, including those who never had PTSD, and 4 PTSD trajectory groups: (a) early recovery, (b) late recovery, (c) late onset, and (d) chronic. The majority of veterans remained unaffected by PTSD throughout their lives (79.05% of those with theater service, 90.85% of those with nontheater service); however, an important minority (10.50% of theater veterans, 4.45% of nontheater veterans) in 2012 had current PTSD that was either late onset (6.55% theater, 3.29% nontheater) or chronic (3.95% theater, 1.16% nontheater). The distribution of trajectories was significantly different by theater service ($p < .001$). PTSD remains a prominent issue for many Vietnam-era veterans, especially for those who served in Vietnam.

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http://www.sciencedirect.com/science/article/pii/S0012369215001294

Obstructive sleep apnea syndrome and post-traumatic stress disorder: Clinical outcomes and impact of PAP therapy.

Christopher J. Lettieri, Scott G. Williams, Jacob F. Collen

Chest
Available online 1 January 2016
doi:10.1378/chest.15-0693

Purpose
We sought to determine the impact of OSAS on symptoms and quality of life (QoL) among patients with PTSD. In addition, we assessed adherence and response to positive airway pressure (PAP) therapy in this population.

Methods
Case-controlled observational cohort at the Sleep Disorders Center of an academic military medical center. 200 consecutive patients with PTSD underwent sleep evaluations. PTSD patients with and without OSAS were compared to 50 consecutive age-matched OSAS patients

without PTSD and 50 age-matched normal controls. Polysomnographic data, sleep-related symptoms and QoL measures, and objective PAP usage were obtained.

Results
Among patients with PTSD over half (56.6%) were diagnosed with OSAS. Patients with PTSD+OSAS had lower QoL and more somnolence compared with the other groups. Patients with PTSD demonstrated significantly lower adherence and response to PAP therapy. Resolution of sleepiness occurred in 82% of patients with OSAS alone, compared with 62.5% of PAP adherent and 21.4% of non-adherent PTSD+OSAS patients ($p<0.001$). Similarly, post-treatment FOSQ≥17.9 was achieved in 72% of OSAS patients, compared to only 56.3% of PTSD+OSA patients who were PAP adherent and 26.2% who were non-adherent ($p<0.03$).

Conclusion
In patients with PTSD, comorbid OSAS is associated with worsened symptoms, QoL, and adherence and response to PAP. Given the negative impact on outcomes, OSAS should be carefully considered in patients with PTSD. Close follow-up is needed to optimize PAP adherence and efficacy in this at-risk population.

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http://www.tandfonline.com/doi/abs/10.1080/01609513.2014.999203

Enhancing Recovery from Trauma: Facilitating a Mindfulness Skills Group on a Department of Veterans Affairs Inpatient PTSD Unit.

Sam Schwartz Landrum

Social Work with Groups
Vol. 39, Iss. 1, 2016
DOI:10.1080/01609513.2014.999203

Mindfulness and acceptance based treatments are being increasingly implemented for a variety of emotional and psychological related problems, including the impact of military and combat related trauma exposure. This article describes a mindfulness skills group as it was implemented on a sub-acute inpatient PTSD Unit at a Department of Veterans Affairs medical center, to demonstrate and explore the role of the mindfulness skills development in a group setting, for Post-Traumatic Stress Disorder and other trauma related problems.

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http://www.tandfonline.com/doi/abs/10.1080/21635781.2015.1133346

Development of the Military Compass of Shame Scale.

Justin S. Campbell

Military Behavioral Health
Accepted author version posted online: 11 Jan 2016
DOI:10.1080/21635781.2015.1133346

The Military Compass of Shame Scale (M-CoSS) was designed to evaluate a service member's response to four maladaptive shame regulation strategies. The M-CoSS is comprised of two externalizing sub-scales (attack-other, AO; avoidance, AV) and two internalizing sub-scales (withdrawal, WD; attack-self, AS). The final version of the scale was administered to a sample of U.S. Navy Sailors preparing to deploy to Iraq and Afghanistan (n = 379). The final sample consisted of active duty patients clinically diagnosed with posttraumatic stress disorder (PTSD) and undergoing residential treatment (n = 27). Internal consistency reliability was acceptable to good within both the large pre-deployment sample (α = .70 to .89) and the PTSD sample (α = .79 to .89). Exploratory factor analysis provided evidence of construct validity in the pre-deployment sample. Lastly, compared to the pre-deployment sample, the PTSD sample was significantly more likely to utilize three of the four maladaptive shame regulation strategies, with the exception of the AV scale. The M-CoSS is recommended for research purposes in the study of shame regulation in service members diagnosed with PTSD and experiencing moral injury.

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http://www.tandfonline.com/doi/abs/10.1080/14751798.2015.1130318

Stolen trauma: why some veterans elaborate their psychological experience of military service.

Edgar Jones , Hugh Milroy

Defense & Security Analysis
Published online: 13 Jan 2016
DOI:10.1080/14751798.2015.1130318

The embellishment of a warrior biography has a long history but examples of veteran elaboration of traumatic experience have become increasingly apparent. Although legislative change in the UK has removed the penalties for fabrication and a progressive decline in the military footprint may have increased the likelihood of such false trauma narratives, a paradigm shift in explanations for mental illness underpins this phenomenon. The recognition of post-traumatic stress disorder (PTSD) in 1980, followed by studies to identify risk factors, led to a greater appreciation of psychological vulnerability. As a result, the use of shame to discourage acts formerly labelled as “cowardly” or “lacking in morale fibre” is no longer considered appropriate. Recent conflicts in Iraq and Afghanistan generated popular sympathy for service personnel, whilst media focus on PTSD has led the UK public to believe that most veterans have been traumatised by their tours of duty.

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http://link.springer.com/article/10.1007/s12103-015-9332-4

Military Socialization: A Motivating Factor for Seeking Treatment in a Veterans' Treatment Court.

Eileen M. Ahlin , Anne S. Douds

American Journal of Criminal Justice
First online: 29 December 2015
10.1007/s12103-015-9332-4

The veterans' treatment court movement is just beyond the nascent period, and given the rapid proliferation of these courts in recent years it is imperative that the scientific community understand their operational procedures and assess whether they are meeting a unique need beyond those addressed by other problem-solving courts. This paper provides an in-depth examination of veteran culture and how it helps to distinguish veterans' treatment courts from other courts that focus on similar populations (e.g., drug, DWI, and mental health courts). Using in-depth semi-structured interviews and focus group data collected from veteran participants, veteran mentors, and court team members in Pennsylvania, we employ content analysis to explore the veteran culture as a motivator for participants to enroll in a veterans' treatment court and engage with others throughout participation in treatment. The results of this exploratory study suggest that a shared culture serves to motivate justice-involved veterans to seek out the veterans' treatment court over other treatment options and remain engaged in this problem-solving court, while inspiring a sense of obligation to do well in treatment for them and their fellow veterans. The shared experiences of military service and across-the-board support for fellow service members suggest that the veterans' treatment court creates a unique environment for pursuing treatment.

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http://psycnet.apa.org/journals/adb/29/4/894/

Ecological momentary assessment of PTSD symptoms and alcohol use in combat veterans.

Possemato, Kyle; Maisto, Stephen A.; Wade, Michael; Barrie, Kimberly; McKenzie, Shannon; Lantinga, Larry J.; Ouimette, Paige

Psychology of Addictive Behaviors, Vol 29(4), Dec 2015, 894-905.
http://dx.doi.org/10.1037/adb0000129

Despite high rates of comorbid hazardous alcohol use and posttraumatic stress disorder (PTSD), the nature of the functional relationship between these problems is not fully understood. Insufficient evidence exists to fully support models commonly used to explain the relationship between hazardous alcohol use and PTSD including the self-medication hypothesis and the mutual maintenance model. Ecological momentary assessment (EMA) can monitor within-day fluctuations of symptoms and drinking to provide novel information regarding potential functional relationships and symptom interactions. This study aimed to model the daily course of alcohol use and PTSD symptoms and to test theory-based moderators, including avoidance coping and self-efficacy to resist drinking. A total of 143 recent combat veterans with PTSD symptoms and hazardous drinking completed brief assessments of alcohol use, PTSD symptoms, mood, coping, and self-efficacy 4 times daily for 28 days. Our results support the finding that increases in PTSD are associated with more drinking within the same 3-hr time block, but not more drinking within the following time block. Support for moderators was found: Avoidance coping strengthened the relationship between PTSD and later drinking, while self-efficacy to resist drinking weakened the relationship between PTSD and later drinking. An exploratory analysis revealed support for self-medication occurring in certain times of the day: Increased PTSD severity in the evening predicted more drinking overnight. Overall, our results provide mixed support for the self-medication hypothesis. Also, interventions that seek to reduce avoidance coping and increase patient self-efficacy may help veterans with PTSD decrease drinking.

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http://onlinelibrary.wiley.com/doi/10.1002/jcad.12058/full

Meta-Analysis of Counseling Outcomes for the Treatment of Posttraumatic Stress Disorder.

Erford, B. T., Gunther, C., Duncan, K., Bardhoshi, G., Dummett, B., Kraft, J., Deferio, K., Falco, M. and Ross, M.

Journal of Counseling & Development, 94: 13–30
doi: 10.1002/jcad.12058

This meta-analysis of 152 published posttraumatic stress disorder (PTSD) clinical trials from 1990 to 2012 concluded that counseling generally produced a small to large effect of treatment across all comparison conditions at termination (d+ = 0.30 to 0.89). These gains were maintained at longest follow-up (d+ = 0.58 to 0.86) for the wait-list, treatment-as-usual, and single-group comparisons, but not for the follow-up placebo comparison (d+ = 0.15), probably because of the low power (j = 3 placebo studies). Clinical trial findings were synthesized using a random-effects model. No effects of publication bias or moderating variables were evident. No difference was found between trauma-focused and non-trauma-focused approaches. Implications for counseling practice and future PTSD outcome research are addressed.

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http://onlinelibrary.wiley.com/doi/10.1111/sltb.12227/abstract

Comparison of Suicide Attempters and Decedents in the U.S. Army: A Latent Class Analysis.

Skopp, N. A., Smolenski, D. J., Sheppard, S. C., Bush, Nigel. E. and Luxton, D. D.

Suicide and Life-Threatening Behavior
Article first published online: 8 JAN 2016
DOI: 10.1111/sltb.12227

A clearer understanding of risk factors for suicidal behavior among soldiers is of principal importance to military suicide prevention. It is unclear whether soldiers who attempt suicide and those who die by suicide have different patterns of risk factors. As such, preventive efforts aimed toward reducing suicide attempts and suicides, respectively, may require different strategies. We conducted a latent class analysis (LCA) to examine classes of risk factors among suicide attempters (n = 1,433) and decedents (n = 424). Both groups were represented by three classes: (1) External/Antisocial Risk Factors, (2) Mental Health Risk Factors, and (3) No Pattern. These findings support the conceptualization that military suicide attempters and decedents represent a single population.

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http://link.springer.com/article/10.1007/s40801-015-0055-0

Prevalence of Central Nervous System Polypharmacy and Associations with Overdose and Suicide-Related Behaviors in Iraq and Afghanistan War Veterans in VA Care 2010–2011.

Garen A. Collett, Kangwon Song, Carlos A. Jaramillo, Jennifer S. Potter, Erin P. Finley, Mary Jo Pugh

Drugs - Real World Outcomes
First online: 08 January 2016
DOI 10.1007/s40801-015-0055-0

Background
The increase in the quantities of central nervous system (CNS)-acting medications prescribed has coincided with increases in overdose mortality, suicide-related behaviors, and unintentional deaths in military personnel deployed in support of the wars in Iraq and Afghanistan. Data on the extent and impact of prescribing multiple CNS drugs among Iraq and Afghanistan Veterans (IAVs) are sparse.

Objectives
We sought to identify the characteristics of IAVs with CNS polypharmacy and examine the association of CNS polypharmacy with drug overdose and suicide-related behaviors controlling for known risk factors.

Methods
This cross-sectional cohort study examined national data of Iraq and Afghanistan Veterans (N = 311,400) who used the Veterans Health Administration (VHA) during the fiscal year 2011. CNS polypharmacy was defined as five or more CNS-acting medications; drug/alcohol overdose and suicide-related behaviors were identified using ICD-9-CM codes. Demographic and clinical characteristics associated with CNS polypharmacy were identified using a multivariable logistic regression model.

Results
We found that 25,546 (8.4 %) of Iraq and Afghanistan Veterans had CNS polypharmacy. Those with only post-traumatic stress disorder (PTSD) (adjusted odds ratio (AOR) 6.50, 99 % confidence interval (CI) 5.96–7.10), only depression (AOR 6.42, 99 % CI 5.86–7.04), co-morbid PTSD and depression (AOR 12.98, 99 % CI 11.97–14.07), and co-morbid traumatic brain injury (TBI), PTSD, and depression (AOR 15.30, 99 % CI 14.00–16.73) had the highest odds of CNS polypharmacy. After controlling for these co-morbid conditions, CNS polypharmacy was significantly associated with drug/alcohol overdose and suicide-related behavior.

Conclusion
CNS polypharmacy was most strongly associated with PTSD, depression, and TBI, and independently associated with overdose and suicide-related behavior after controlling for known risk factors. These findings suggest that CNS polypharmacy may be used as an indicator of risk for adverse outcomes. Further research should evaluate whether CNS polypharmacy may be used as a trigger for evaluation of the current care provided to these individuals.

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http://onlinelibrary.wiley.com/doi/10.1002/jclp.22253/abstract

Anger Assessment in Clinical and Nonclinical Populations: Further Validation of the State–Trait Anger Expression Inventory-2.

Lievaart, M., Franken, I. H.A. and Hovens, J. E.

Journal of Clinical Psychology
Article first published online: 14 JAN 2016
DOI: 10.1002/jclp.22253

Objective
The most commonly used instrument for measuring anger is the State-Trait Anger Expression Inventory-2 (STAXI-2; Spielberger, 1999). This study further examines the validity of the STAXI-2 and compares anger scores between several clinical and nonclinical samples.

Method
Reliability, concurrent, and construct validity were investigated in Dutch undergraduate students (N = 764), a general population sample (N = 1211), and psychiatric outpatients (N = 226).

Results
The results support the reliability and validity of the STAXI-2. Concurrent validity was strong, with meaningful correlations between the STAXI-2 scales and anger-related constructs in both clinical and nonclinical samples. Importantly, patients showed higher experience and expression of anger than the general population sample. Additionally, forensic outpatients with addiction problems reported higher Anger Expression-Out than general psychiatric outpatients.

Conclusion
Our conclusion is that the STAXI-2 is a suitable instrument to measure both the experience and the expression of anger in both general and clinical populations.

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http://www.sciencedirect.com/science/article/pii/S1936657416000029

Trends in Disability and Program Participation among U.S. Veterans.

Yonatan Ben-Shalom, Jennifer R. Tennant, David C. Stapleton

Disability and Health Journal
Available online 6 January 2016
doi:10.1016/j.dhjo.2015.12.008

Background
Disability is increasingly part of the lives of veterans and more research is needed to understand its impact on veterans' participation in disability benefit programs.

Objective/Hypothesis
We examine how recent trends in receipt of service-connected disability compensation from the Department of Veterans Affairs (VA) compare to trends in self-reported disability and participation in Social Security Disability Insurance (DI) and Supplemental Security Income (SSI) among veterans.

Methods
We use 2002–2013 data from the Current Population Survey to describe trends in receipt of VA

disability compensation and to compare between trends in self-reported disability and DI/SSI participation for veterans versus nonveterans.

Results
The percentage of veterans reporting they receive VA disability compensation increased substantially from 2002 to 2013 and was especially notable among younger (ages 18–39) and older (ages 50–64) veterans. From 2009 to 2013, self-reported disability increased among the younger and older veterans but not among middle-age veterans and nonveterans, and self-reported cognitive disability increased substantially among young veterans. DI/SSI participation among older veterans increased more than for nonveterans over the period examined.

Conclusions
Effective policies are needed to incentivize work among young veterans and to help them obtain both the skills they need to succeed in the labor force and the supports (such as psychiatric health services) they need to do so. Older veterans are facing increasing challenges in the labor market, and further research is needed to determine whether these challenges are primarily related to health, a growing skills gap, or poorly-aligned incentives.

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http://onlinelibrary.wiley.com/doi/10.1002/jts.22065/abstract

5-Hz Transcranial Magnetic Stimulation for Comorbid Posttraumatic Stress Disorder and Major Depression.

Philip, N. S., Ridout, S. J., Albright, S. E., Sanchez, G. and Carpenter, L. L.

Journal of Traumatic Stress
Article first published online: 7 JAN 2016
DOI: 10.1002/jts.22065

Current treatment options for posttraumatic stress disorder (PTSD) offer modest benefits, underscoring the need for new treatments. Repetitive transcranial magnetic stimulation (rTMS) depolarizes neurons in a targeted brain region with magnetic fields typically pulsed at low (1 Hz) or high (10 Hz) frequency to relieve major depressive disorder (MDD). Prior work suggests an intermediate pulse frequency, 5 Hz, is also efficacious for treating comorbid depressive and anxiety symptoms. In this chart review study, we systematically examined the clinical and safety outcomes in 10 patients with comorbid MDD and PTSD syndromes who received 5-Hz rTMS therapy at the Providence VA Medical Center Neuromodulation Clinic. Self-report scales measured illness severity prior to treatment, after every 5 treatments, and upon completion of treatment. Results showed significant reduction in symptoms of PTSD ($p = .003$, effect size = 1.12, 8/10 with reliable change) and MDD ($p = .005$, effect size = 1.09, 6/10 with reliable change). Stimulation was well tolerated and there were no serious adverse events. These data

indicate 5-Hz rTMS may be a useful option to treat these comorbid disorders. Larger, controlled trials are needed to confirm the benefits of 5-Hz protocols observed in this pilot study.

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http://www.sciencedirect.com/science/article/pii/S875572231600020X

Baccalaureate Nursing Faculty Competencies and Teaching Strategies to Enhance the Care of the Veteran Population: Perspectives of Veteran Affairs Nursing Academy (VANA) Faculty.

Judy Carlson, EdD, APRN, FNP

Journal of Professional Nursing
Available online 12 January 2016
doi:10.1016/j.profnurs.2016.01.006

It is critical that faculty competencies, teaching strategies and the essential knowledge relating to the care of our Veterans be delineated and taught to health care professionals in order for our Veterans to receive optimal care. The purpose of this qualitative study was to ascertain from nursing faculty members who have worked extensively with Veterans, the necessary faculty competencies, essential knowledge and teaching strategies needed to prepare baccalaureate level nurses to provide individualized, quality, and holistic care to Veterans. Six Veteran Affairs Nursing Academy faculty members participated in two 2-hour focus group sessions.

There were a total of 12 multi-dimensional major concepts identified; 5 faculty competencies, 4 essential knowledge areas and 3 teaching strategies specifically related to Veteran Care.

The information generated can be used for: faculty, staff and or nurse development. Having a comprehensive understanding of Veteran health care needs enable effective patient centered care delivery to Veterans, which is the the gold standard in health care our Veterans deserve.

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http://www.annfammed.org/content/14/1/54.short

Prescription Opioid Duration, Dose, and Increased Risk of Depression in 3 Large Patient Populations.

Jeffrey F. Scherrer, Joanne Salas, Laurel A. Copeland, Eileen M. Stock, Brian K. Ahmedani, Mark D. Sullivan, Thomas Burroughs, F. David Schneider, Kathleen K. Bucholz, and Patrick J. Lustman

Annals of Family Medicine
January/February 2016 14:54-62
doi:10.1370/afm.1885

PURPOSE
Recent results suggests the risk of a new onset of depression increases with longer duration of opioid analgesic use. It is unclear whether new-onset depression related to opioid analgesic use is a function of the dose prescribed or the duration of use or both.

METHODS
Using a retrospective cohort design, we collected patient data from 2000 to 2012 from the Veterans Health Administration (VHA), and from 2003 to 2012 from both Baylor Scott & White Health (BSWH) and the Henry Ford Health System (HFHS). Patients (70,997 VHA patients, 13,777 BSWH patients, and 22,981 HFHS patients) were new opioid users, aged 18 to 80 years, without a diagnosis of depression at baseline. Opioid analgesic use duration was defined as 1 to 30, 31 to 90, and more than 90 days, and morphine equivalent dose (MED) was defined as 1 to 50 mg/d, 51 to 100 mg/d, and greater than 100 mg/d of analgesic. Pain and other potential confounders were controlled for by inverse probability of treatment–weighted propensity scores.

RESULTS
New-onset depression after opioid analgesic use occurred in 12% of the VHA sample, 9% of the BSWH sample, and 11% of the HFHS sample. Compared with 1- to 30-day users, new-onset depression increased in those with longer opioid analgesic use. Risk of new-onset depression with 31 to 90 days of opioid analgesic use ranged from hazard ratio [HR] = 1.18 (95% CI, 1.10–1.25) in VHA to HR = 1.33 (95% CI, 1.16–1.52) in HFHS; in opioid analgesic use of more than 90 days, it ranged from HR = 1.35 (95% CI, 1.26–1.44) in VHA to HR = 2.05 (95% CI, 1.75–2.40) in HFHS. Dose was not significantly associated with a new onset of depression.

CONCLUSIONS
Opioid-related new onset of depression is associated with longer duration of use but not dose. Patients and practitioners should be aware that opioid analgesic use of longer than 30 days imposes risk of new-onset depression. Opioid analgesic use, not just pain, should be considered a potential source when patients report depressed mood.

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http://www.sciencedirect.com/science/article/pii/S0165178116300257

Virtual reality in the psychological treatment for mental health problems: An systematic review of recent evidence.

Lucia R. Valmaggia, Leila Latif, Matthew J. Kempton, Maria Rus-Calafell

Psychiatry Research
Available online 12 January 2016
doi:10.1016/j.psychres.2016.01.015

The aim of this paper is to provide a review of controlled studies of the use of Virtual Reality in psychological treatment (VRT). Medline, PsychInfo, Embase and Web of Science were searched. Only studies comparing immersive virtual reality to a control condition were included. The search resulted in 1180 articles published between 2012 and 2015, of these, 24 were controlled studies. The reviewed studies confirm the effectiveness of VRT compared to treatment as usual, and show similar effectiveness when VRT is compared to conventional treatments. Current developments and future research are discussed.

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http://www.jneurosci.org/content/36/2/419.abstract

Post-Traumatic Stress Constrains the Dynamic Repertoire of Neural Activity.

Bratislav Mišić, Benjamin T. Dunkley, Paul A. Sedge, Leodante Da Costa, Zainab Fatima, Marc G. Berman, Sam M. Doesburg, Anthony R. McIntosh, Richard Grodecki, Rakesh Jetly, Elizabeth W. Pang, and Margot J. Taylor

The Journal of Neuroscience
13 January 2016, 36(2):419-431
doi:10.1523/JNEUROSCI.1506-15.2016

Post-traumatic stress disorder (PTSD) is an anxiety disorder arising from exposure to a traumatic event. Although primarily defined in terms of behavioral symptoms, the global neurophysiological effects of traumatic stress are increasingly recognized as a critical facet of the human PTSD phenotype. Here we use magnetoencephalographic recordings to investigate two aspects of information processing: inter-regional communication (measured by functional connectivity) and the dynamic range of neural activity (measured in terms of local signal variability). We find that both measures differentiate soldiers diagnosed with PTSD from soldiers without PTSD, from healthy civilians, and from civilians with mild traumatic brain injury, which is commonly comorbid with PTSD. Specifically, soldiers with PTSD display inter-regional hypersynchrony at high frequencies (80–150 Hz), as well as a concomitant decrease in signal variability. The two patterns are spatially correlated and most pronounced in a left temporal subnetwork, including the hippocampus and amygdala. We hypothesize that the observed hypersynchrony may effectively constrain the expression of local dynamics, resulting in less variable activity and a reduced dynamic repertoire. Thus, the re-experiencing phenomena and affective sequelae in combat-related PTSD may result from functional networks becoming “stuck” in configurations reflecting memories, emotions, and thoughts originating from the traumatizing experience.

SIGNIFICANCE STATEMENT
The present study investigates the effects of post-traumatic stress disorder (PTSD) in combat-exposed soldiers. We find that soldiers with PTSD exhibit hypersynchrony in a circuit of temporal lobe areas associated with learning and memory function. This rigid functional architecture is associated with a decrease in signal variability in the same areas, suggesting that the observed hypersynchrony may constrain the expression of local dynamics, resulting in a reduced dynamic range. Our findings suggest that the re-experiencing of traumatic events in PTSD may result from functional networks becoming locked in configurations that reflect memories, emotions, and thoughts associated with the traumatic experience.

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http://psycnet.apa.org/journals/mil/28/1/25/

Firearms matter: The moderating role of firearm storage in the association between current suicidal ideation and likelihood of future suicide attempts among United States military personnel.

Khazem, Lauren R.; Houtsma, Claire; Gratz, Kim L.; Tull, Matthew T.; Green, Bradley A.; Anestis, Michael D.

Military Psychology
Vol 28(1), Jan 2016, 25-33
http://dx.doi.org/10.1037/mil0000099

The relationship between firearm ownership and suicide is well documented. This study hypothesized that how soldiers store their firearms would moderate the relationship between suicidal ideation and the self-reported likelihood of engaging in a future suicide attempt, and that this relationship would be explained by fearlessness about death. There were 432 military personnel (91.3% men, 74.2% White, Mage = 27.60) who endorsed current ownership of a private firearm and who were recruited from a military base in the southeastern United States (94.5% National Guard). Firearm storage moderated the relationship between suicidal ideation and the self-reported likelihood of engaging in a future suicide attempt, but this relationship was not explained by fearlessness about death. Individuals who reported keeping their firearms loaded and stored in an unsecure location exhibited higher mean levels of fearlessness about death. Findings highlight the need for research examining contributors to suicide risk in the context of firearm storage, and provide support for suicide prevention efforts involving restricting means.

Links of Interest

Cost-effectiveness study supports preoperative cognitive-behavioral therapy for lumbar spinal fusion
http://www.healio.com/spine-surgery/lumbar/news/online/%7B3d77125d-cd29-43f9-8997-0f6268fa1f5f%7D/cost-effectiveness-study-supports-preoperative-cognitive-behavioral-therapy-for-lumbar-spinal-fusion

More Sexual Assault Reports Show Growing Trust in System
www.defense.gov/News-Article-View/Article/641951/more-sexual-assault-reports-show-growing-trust-in-system

Transcendental Meditation may reduce PTSD symptoms, medication use in active-duty personnel
http://medicalxpress.com/news/2016-01-transcendental-meditation-ptsd-symptoms-medication.html

Best Practices for Faculty Teaching Student Veterans
http://www.lydiawilkes.com/best-practices-for-teaching-student-veterans.html

Veterans Are Fighting the War on Sleep
http://motherboard.vice.com/read/veterans-are-fighting-the-war-on-sleep

A Deadly Deployment, a Navy SEAL's Despair
http://mobile.nytimes.com/2016/01/20/world/asia/navy-seal-team-4-suicide.html

Department of Defense Releases Third Quarter Calendar Year 2015 Suicide Information
http://www.defense.gov/News/News-Releases/News-Release-View/Article/639842/department-of-defense-releases-third-quarter-calendar-year-2015-suicide-informa

Repeated Blasts Linked to Brain Changes in Combat Vets
https://www.nlm.nih.gov/medlineplus/news/fullstory_156682.html

Medical experts look beyond drugs for sleep solutions
http://www.army.mil/article/160260/Medical_experts_look_beyond_drugs_for_sleep_solutions/

Resource of the Week - Research Brief: Assessing the Department of Defense's Approach to Reducing Mental Health Stigma

This RAND Corporation research brief finds that "Overall, current stigma-reduction efforts within DoD are aligned with best practices and may be contributing to a decline in self-reported stigma." It puts forth a number of recommendations to further increase the effectiveness of

DoD's efforts, including:

- Explore interventions that directly increase treatment-seeking beyond just stigma reduction.
- Put evidence-based approaches in place that empower service members who have mental health concerns to support their peers.
- Embed stigma-reduction interventions in clinical treatment.
- Implement and evaluate stigma-reduction programs targeting service members who have not yet developed symptoms of mental illness.
- Examine the dynamic nature of stigma and how it interacts with internal and external conditions over time.
- Improve measures of prevalence to improve tracking of stigma and other barriers to care.

RESEARCH BRIEF

Assessing the Department of Defense's Approach to Reducing Mental Health Stigma

When facing mental health problems, many service members choose not to seek needed help because of the stigma associated with mental health disorders and treatment. Not seeking appropriate mental health care can negatively impact the quality of life and the social, emotional, and cognitive functioning of affected service members. The stigma of seeking mental health treatment in the military persists despite the efforts of both the U.S. Department of Defense (DoD) and the Veterans Health Administration to enhance mental health services. The service branches have been actively engaged in developing policies, programs, and campaigns to reduce stigma and increase service members' help-seeking behavior.

RAND sought to provide a comprehensive assessment of the effectiveness of these stigma-reduction efforts to evaluate their alignment with service members' needs and evidence-based practices and to offer recommendations on how the

Key findings:

- **Mental health stigma is a dynamic process that happens when a person interacts with other people in public, institutional, social, and individual contexts and the person perceives or internalizes a negative image about herself, himself, or people with mental disorders.**
- **Most of the stigma-reduction programs currently implemented by DoD target stigma in the public context (e.g., the Real Warriors Campaign targets all service members).**
- **Current DoD stigma-reduction efforts are aligned with best practices and may be contributing to a decline in stigma, as reported by service members.**
- **Some policies support universal educational stigma-reduction programs for all service members but do not**

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