



CDP Research Update -- February 4, 2016

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<http://www.tandfonline.com/doi/full/10.1080/21635781.2015.1133343>

Utilization of Behavioral Health Services by U.S. Army Medics.

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Military Behavioral Health

Published online: 21 Dec 2015

DOI:10.1080/21635781.2015.1133343

U.S. Army medics (N = 324) reported about their potentially traumatic battle and medical experiences and utilization of behavioral health (BH) services at three months postdeployment. After statistically controlling for socially desirable responses, neither battle nor medical experiences directly predicted utilization of BH services; however, both predicted post-traumatic stress (PTS) symptoms, which in turn predicted BH services utilization. Moderation analyses revealed that medics were less likely to utilize BH services after intense battle experiences if they reported a low hardy personality, low unit support, or insufficient sleep. We suggest possible interventions to encourage these at-risk medics to obtain BH services when needed.

<http://online.liebertpub.com/doi/abs/10.1089/neu.2015.4245>

Role of Premorbid Factors and Exposure to Blast Mild Traumatic Brain Injury on Post-traumatic Stress in U.S. Military Personnel.

Dr. Jody L. Manners, Dr. Robert D. Forsten, Dr. Russ S Kotwal, Dr. RJ ELbin, Dr. Michael W Collins, and Dr. Anthony P. Kontos

Journal of Neurotrauma
January 2016, ahead of print
doi:10.1089/neu.2015.4245

Background

Mild traumatic brain injury (mTBI), the signature injury of the recent wars in Afghanistan and Iraq, is a prevalent and potentially debilitating condition that is associated with symptoms of post-traumatic stress/disorder (PTS/PTSD). Prior mTBI, severity and type of injury (blast vs. non-blast), and baseline psychiatric illness are thought to impact mTBI outcomes. It is unclear if the severity of pre-morbid PTS/PTSD is a risk factor of post-injury levels of PTS and mTBI symptoms.

Objective

To examine predictors of post-injury PTS/PTSD including pre-morbid PTS symptoms, and physical and cognitive symptoms in the sub-acute phase (1 week - 3 months) following an acute mTBI.

Method

Retrospective review of medical records of 276 servicemen assigned to the United States Army Special Operations Command (USASOC) referred for mTBI evaluation between December 2009 and March 2011. Post-Concussion Symptom Scale (PCSS) and PTSD Checklist (PCL) scores were captured pre- and post-injury.

Results

A total of 276 records were reviewed. Premorbid and post-injury data were available for 91% (251/276). Of the 54% (136/251) of personnel with mTBI, 29% (39/136) had positive radiology findings and 11% (15/136) met criteria for clinical PTS symptoms at baseline. Logistic regression analysis found baseline PTS symptoms predicted personnel who met clinical levels of PTSD. Receiver Operating Characteristic curve analysis revealed that baseline PTS ($p=0.001$), baseline mTBI symptoms ($p=0.001$), and positive radiology (MRI or CT) findings for complicated mTBI ($p=0.02$) accurately identified personnel with clinical levels of PTSD following mTBI. Years of military service, combat deployment status, age, and injury mechanism (blast vs. non-blast) were not associated with increased risk of PTS following mTBI.

Conclusions

Premorbid PTS symptoms are associated with an increased risk for clinical levels of PTS following a subsequent mTBI. Symptom severity and positive radiologic findings may amplify this risk. At-risk personnel may benefit from early identification and intervention.

<http://link.springer.com/article/10.1007/s11920-015-0655-0/fulltext.html>

Prevention of Post-Traumatic Stress Disorder After Trauma: Current Evidence and Future.

Wei Qi, Martin Gevonden, and Arieh Shalev

Anxiety Disorders (A Pelissolo, Section Editor)
Current Psychiatry Reports
February 2016, 18:20
DOI 10.1007/s11920-015-0655-0

Post-traumatic stress disorder (PTSD) is a frequent, tenacious, and disabling consequence of traumatic events. The disorder's identifiable onset and early symptoms provide opportunities for early detection and prevention. Empirical findings and theoretical models have outlined specific risk factors and pathogenic processes leading to PTSD. Controlled studies have shown that theory-driven preventive interventions, such as cognitive behavioral therapy (CBT), or stress hormone-targeted pharmacological interventions, are efficacious in selected samples of survivors. However, the effectiveness of early clinical interventions remains unknown, and results obtained in aggregates (large groups) overlook individual heterogeneity in PTSD pathogenesis. We review current evidence of PTSD prevention and outline the need to improve the disorder's early detection and intervention in individual-specific paths to chronic PTSD.

<http://onlinelibrary.wiley.com/doi/10.1111/ner.12399/abstract>

Trigeminal Nerve Stimulation for Comorbid Posttraumatic Stress Disorder and Major Depressive Disorder.

Cook, I. A., Abrams, M. and Leuchter, A. F.

Neuromodulation: Technology at the Neural Interface
Article first published online: 28 JAN 2016
DOI: 10.1111/ner.12399

Objectives

External stimulation of the trigeminal nerve (eTNS) is an emerging neuromodulation therapy for epilepsy and depression. Preliminary studies suggest it has an excellent safety profile and is associated with significant improvements in seizures and mood. Neuroanatomical projections of the trigeminal system suggest eTNS may alter activity in structures regulating mood, anxiety, and sleep. In this proof-of-concept trial, the effects of eTNS were evaluated in adults with posttraumatic stress disorder (PTSD) and comorbid unipolar major depressive disorder (MDD) as an adjunct to pharmacotherapy for these commonly co-occurring conditions.

Materials and Methods

Twelve adults with PTSD and MDD were studied in an eight-week open outpatient trial (age 52.8 [13.7 sd], 8F:4M). Stimulation was applied to the supraorbital and supratrochlear nerves for eight hours each night as an adjunct to pharmacotherapy. Changes in symptoms were monitored using the PTSD Patient Checklist (PCL), Hamilton Depression Rating Scale (HDRS-17), Quick Inventory of Depressive Symptomatology (QIDS-C), and the Quality of Life Enjoyment and Satisfaction Questionnaire (Q-LES-Q).

Results

Over the eight weeks, eTNS treatment was associated with significant decreases in PCL ($p = 0.003$; median decrease of 15 points; effect size $d = 1.5$), HDRS-17 ($p < 0.001$; 42% response rate, 25% remission; $d = 2.1$), and QIDS-C scores ($p < 0.001$; $d = 1.8$), as well as an improvement in quality of life (Q-LES-Q, $p < 0.01$). eTNS was well tolerated with few treatment emergent adverse events.

Conclusions

Significant improvements in PTSD and depression severity were achieved in the eight weeks of acute eTNS treatment. This novel approach to wearable brain stimulation may have use as an adjunct to pharmacotherapy in these disorders if efficacy and tolerability are confirmed with additional studies.

<http://www.tandfonline.com/doi/full/10.1080/16506073.2015.1098724>

Acceptance- and mindfulness-based interventions for the treatment of chronic pain: a meta-analytic review.

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Cognitive Behaviour Therapy

Published online: 28 Jan 2016

DOI:10.1080/16506073.2015.1098724

The number of acceptance- and mindfulness-based interventions for chronic pain, such as acceptance and commitment therapy (ACT), mindfulness-based stress reduction (MBSR), and mindfulness-based cognitive therapy (MBCT), increased in recent years. Therefore an update is warranted of our former systematic review and meta-analysis of studies that reported effects on the mental and physical health of chronic pain patients. Pubmed, EMBASE, PsycInfo and Cochrane were searched for eligible studies. Current meta-analysis only included randomized controlled trials (RCTs). Studies were rated for quality. Mean quality did not improve in recent years. Pooled standardized mean differences using the random-effect model were calculated to represent the average intervention effect and, to perform subgroup analyses. Outcome measures were pain intensity, depression, anxiety, pain interference, disability and quality of life. Included were twenty-five RCTs totaling 1285 patients with chronic pain, in which we compared acceptance- and mindfulness-based interventions to the waitlist, (medical) treatment-as-usual, and education or support control groups. Effect sizes ranged from small (on all outcome measures except anxiety and pain interference) to moderate (on anxiety and pain interference) at post-treatment and from small (on pain intensity and disability) to large (on pain interference) at follow-up. ACT showed significantly higher effects on depression and anxiety than MBSR and MBCT. Studies' quality, attrition rate, type of pain and control group, did not moderate the effects of acceptance- and mindfulness-based interventions. Current acceptance- and mindfulness-based interventions, while not superior to traditional cognitive behavioral treatments, can be good alternatives.

<http://jiv.sagepub.com/content/early/2016/01/20/0886260515625909.abstract>

The Association Between Military Sexual Trauma and Use of VA and Non-VA Health Care Services Among Female Veterans With Military Service in Iraq or Afghanistan.

Patrick S. Calhoun, Amie R. Schry, Paul A. Dennis, H. Ryan Wagner, Nathan A. Kimbrel, Lori A. Bastian, Jean C. Beckham, Harold Kudler, and Kristy Straits-Tröster

Journal of Interpersonal Violence

January 21, 2016

DOI 0886260515625909

Military sexual trauma (MST) has been linked with increased rates of mental health disorders among veterans. Few studies have addressed how MST is related to use of VA and non-VA health care. The purpose of the current study was to (a) examine the association between MST, combat experiences, and mental health outcomes (i.e., posttraumatic stress disorder [PTSD] and depression) and (b) examine the association of MST and use of VA and non-VA health care services among female veterans who served in Iraq and Afghanistan. Female respondents to a survey assessing Operation Enduring Freedom (OEF)/Operation Iraqi Freedom (OIF) veterans' needs and health (N = 185) completed measures of demographic variables, military history, combat exposure, MST, PTSD, and depression symptoms, and use of VA and non-VA health

care. Overall, 70% of the sample experienced one or more combat-related experiences and 15.7% endorsed MST during deployment to Iraq or Afghanistan. MST and combat exposure were both positively associated with PTSD and depression symptoms even after controlling for the effects of demographic and military history variables. MST was associated with increased use of VA mental health services in bivariate results but was not independently related to VA service utilization after accounting for PTSD and depression symptoms. Approximately half of the women who reported MST had not used VA health care. Continued outreach and education initiatives may be needed to ensure veterans understand the resources available to address MST-related mental and physical health problems through the VA.

<http://www.ncbi.nlm.nih.gov/pubmed/26828770>

J Dual Diagn. 2016 Jan 30:0. [Epub ahead of print]

Treatment Attendance among Veterans with Depression, Substance Use Disorder, and Trauma.

Cui R, Haller M, Skidmore JR, Goldsteinholm K, Norman S, Tate SR

OBJECTIVE:

Low attendance in psychotherapy, particularly among individuals with comorbid disorders, is a pervasive challenge. The present study examined predictors of treatment attendance in a sample of veterans with depression, substance use disorder, and trauma.

METHODS:

This is an analysis of data collected as part of a larger clinical trial involving outpatients at a Veterans Administration dual diagnosis clinic. Individuals were excluded if they had significant memory deficits, schizophrenia, bipolar disorder, or substantial travel constraints. Participants (N = 146) received 12 weeks of group-delivered Integrated Cognitive Behavioral Therapy for depression and substance use, followed by randomization to 12 additional weeks of individually-delivered Cognitive Behavioral Therapy (n = 62) or Cognitive Processing Therapy (n = 61) modified to address substance use and trauma. Participants, therapists, and researchers were not blinded to group assignment. For this study, we included only the 123 participants who were randomized into the second phase, analyzing predictors of treatment attendance categorized into predisposing factors, enabling factors, and need factors.

RESULTS:

Participants were primarily male (89%), Caucasian (76%), and averaged 47 years old (SD = 12). Forty-four percent had alcohol use disorder, 16% had drug use disorder, and 40% had polysubstance use disorder. Most met criteria for PTSD (82%), with 44% having combat-related trauma, 33% sexual trauma, and 28% other trauma. Treatment attendance did not differ between groups. More education was associated with increased group (r = .19, p = .04) and

individual session attendance ($r = .28, p = .002$). Individuals with chronic housing problems attended fewer group sessions ($r = -.19, p = .04$), while individuals with sexual trauma, compared to those with other traumas, attended more individual sessions ($r = .23, p = .01$). Number of group sessions attended was positively associated with individual session attendance.

CONCLUSIONS:

Few variables were significantly predictive of treatment attendance, possibly due to the complex nature of comorbid disorders. Including a focus on trauma was not associated with lower attendance. Special consideration may need to be given to education level, homelessness, and trauma when trying to engage and retain patients with comorbid disorders in treatment. This clinical trial is registered at www.ClinicalTrials.gov as NCT00958217.

<http://www.tandfonline.com/doi/abs/10.1080/0092623X.2016.1141822>

Sexual Function in Female Veterans: A Review.

Laina Rosebrock , Richard Carroll

Journal of Sex & Marital Therapy

Accepted author version posted online: 28 Jan 2016

DOI:10.1080/0092623X.2016.1141822

Women comprise a significant proportion of the veteran population. Much research has been devoted to physical and mental health outcomes in veterans, both of which show significant decreases in quality of life (QOL). However, little is known about the effects of female veterans' unique military experience on sexual function. In particular, military sexual trauma, general military stressors, mental health diagnoses and other vulnerability factors contribute to sexual dysfunction, dissatisfaction, and decreases in mental health-related QOL. We propose a model whereby all of these factors interact and contribute to sexual dysfunction in female veterans and discuss areas for growth in assessment and treatment.

<http://www.tandfonline.com/doi/abs/10.1080/01488376.2015.1109575>

Sense of Community: Is it a Protective Factor for Military Veterans?

Veliska J. Thomas , Stan L. Bowie

Journal of Social Service Research

Published online: 30 Jan 2016

DOI:10.1080/01488376.2015.1109575

Veteran community reintegration (VCR) difficulties impact personal, interpersonal, educational/occupational, and community aspects of returning military service members. Sense of community (SOC), an individual's feeling of membership, influence, need fulfillment, and emotional connection, is the theoretical underpinnings for community-based practice interventions used with this population. This study investigates the mediating role of SOC on the relationship between mental health risk factors (PTSD, depression, and suicidal ideation), employment status, and VCR difficulties among military veterans. Data used in this study (N = 131) were collected by the authors for an outcome evaluation study in 2013. Results found a statistically significant path from depression to SOC and a significant and direct path from SOC to VCR difficulties, suggesting that veterans who are connected to their local communities may be more at risk for depression and VCR difficulties. Practice implications suggest social workers should look beyond the local community as a resilience factor for military veterans and explore more culturally relevant responses (such as veteran support at public universities, individual social support, and local/virtual military support groups). Future research should continue the search for resilient factors among this millennial generation of returning military veterans.

<http://publications.amsus.org/doi/abs/10.7205/MILMED-D-14-00740>

Family Relational Health, Psychological Resources, and Health Behaviors: A Dyadic Study of Military Couples.

Catherine Walker O'Neal; Mallory Lucier-Greer; Jay A. Mancini; Anthony J. Ferraro; D. Bruce Ross

Military Medicine

Volume 181 Issue 2, February 2016, pp. 152-160

DOI: <http://dx.doi.org/10.7205/MILMED-D-14-00740>

In addition to facing stressors that are typical of life course development (e.g., marital struggles, balancing work/family demands), military families face additional stress attributed to their military context (e.g., deployments, relocations). Using a systems framework and stress process perspective, this study examined military couples' relational health, as a gauge for how couples collectively cope and address challenges as a united front and how their relational health influences crucial health behaviors (sleeping and eating) through the promotion or erosion of psychological resources (N = 236 couples). This study evaluated a latent variable structural equation dyadic model whereby each partner's perspective of their family's relational health was hypothesized to influence their own eating and sleeping behaviors (actor effects), as well as the eating and sleeping behaviors of their spouse (partner effects). The role of psychological resources (high self-efficacy, few depressive symptoms, and minimal anxiety) as a mechanism linking family functioning to health behaviors was also examined. Overall, the findings supported

the hypothesized model, particularly for actor (intraindividual) effects. Discussion is provided pertinent to service providers and researchers, including the importance of improving, or maintaining, family relational health, as a means for encouraging positive health behaviors among active duty military members and their spouses.

<http://www.tandfonline.com/doi/abs/10.1080/15504263.2016.1146384>

Treatment Attendance among Veterans with Depression, Substance Use Disorder, and Trauma.

Ruifeng Cui , Moira Haller , Jessica R. Skidmore , Kelly Goldsteinholm , Sonya Norman , Susan R. Tate

Journal of Dual Diagnosis

Accepted author version posted online: 30 Jan 2016

DOI:10.1080/15504263.2016.1146384

Objective:

Low attendance in psychotherapy, particularly among individuals with comorbid disorders, is a pervasive challenge. The present study examined predictors of treatment attendance in a sample of veterans with depression, substance use disorder, and trauma.

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compared to those with other traumas, attended more individual sessions ($r = .23$, $p = .01$). Number of group sessions attended was positively associated with individual session attendance.

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<http://publications.amsus.org/doi/abs/10.7205/MILMED-D-15-00019>

Comparison of Select Health Outcomes by Deployment Health Assessment Completion.

Tina M. Luse; Jean Slosek; Christopher Rennix

Military Medicine

Volume 181 Issue 2, February 2016, pp. 123-128

DOI: <http://dx.doi.org/10.7205/MILMED-D-15-00019>

The Department of Defense (DoD) requires service members to complete regular health assessments for identification of deployment-related physical/behavioral issues and environmental/occupational exposures. Compliance among active duty Department of the Navy personnel varies; however, and the impact of incomplete assessments on generalizability of results is unclear. This study examines the differences between Navy and Marine Corps service members who completed both the Post-Deployment Health Assessment and Post-Deployment Health Reassessment ($n = 9,452$) as compared to service members who never attempted either form ($n = 5,603$) in fiscal year 2010. Deployment rosters, assessments, and clinical data were analyzed to determine certified assessment completion rates and incidence of certain health conditions in these populations. Only 38.9% of applicable personnel met the completion and certification criteria for the required assessments. Service members who did not complete the forms were distinctly different demographically and at increased risk for psychotropic drug use, post-traumatic stress disorder diagnosis, and traumatic brain injury diagnosis following deployment. The prevailing assumption that the risk of adverse health effects on operational forces can be estimated using the population that completed the required assessments is incorrect, and the true operational impact and medical burden of these conditions may be underestimated.

<http://www.tandfonline.com/doi/abs/10.1080/10502556.2015.1088126>

Is There Something Unique About Marriage? The Relative Impact of Marital Status on Alcohol Consumption Among Military Personnel.

Hui Liew

Journal of Divorce & Remarriage
Vol. 57, Iss. 1, 2016
DOI:10.1080/10502556.2015.1088126

This study seeks to empirically derive the patterns of alcohol consumption among military personnel by forming clusters of military personnel with similar alcohol use and sociodemographic characteristics. The empirical work of this study is based on the 2011 National Survey on Drug Use and Health. Findings suggest that alcohol consumption varies according to marital status, education level, and other demographic characteristics (age, sex, and race). Frequent heavy drinking is concentrated among military personnel who are unmarried, between the ages of 18 and 25, non-Hispanic Whites, and men. Tailoring and customizing delivery approaches to focus on the patterns of alcohol consumption as well as the socioeconomic characteristics of the different segments of military personnel in United States could also be a promising alternative.

<http://link.springer.com/article/10.1007/s11150-016-9323-3>

Military service and marital dissolution: a trajectory analysis.

P. Wesley Routon

Review of Economics of the Household
First online: 29 January 2016
DOI10.1007/s11150-016-9323-3

Military service adds additional challenges for married couples. Previous literature on service and marital stability is comprised of mixed results and has often ignored the timing of these effects. This timing is important as it helps disclose the nature of causality and has implications for both military and social security policies. Using a trajectory specification, I estimate the effect of military service on the likelihood of divorce during the volunteer's period of service and the years following. Two veteran cohorts are examined, those who served during the early twenty-first century wars and those who served during the early 1980s. Among my results, the former cohort is shown to have had their divorce probability increased in the first 2 years post-service, while the opposite effect is found for the latter cohort. Unlike many previous studies of military service and marital stability, I find that effects are not overly dissimilar across racial groups.

<http://publications.amsus.org/doi/abs/10.7205/MILMED-D-15-00209>

Case Reports: STAIR for Strengthening Social Support and Relationships Among Veterans With Military Sexual Trauma and PTSD.

Marylène Cloitre; Christie Jackson; Janet A. Schmidt

Military Medicine

Volume 181 Issue 2, February 2016, pp. e183-e187

DOI: <http://dx.doi.org/10.7205/MILMED-D-15-00209>

Military sexual trauma (MST) is associated with high rates of post-traumatic stress disorder (PTSD) and multiple comorbid symptoms. In addition, women Veterans with MST report negative perceptions of social support, poor relationships, and difficulties in social and role functioning. Treatments for PTSD do not provide interventions to improve social or relationship functioning and do not consistently produce positive benefits regarding these outcomes. This article presents a series of case studies in which an intervention focused on building social support and relationship skills is delivered to Veterans with PTSD and MST. The intervention, Skills Training in Affective and Interpersonal Regulation (STAIR) promotes social engagement and skills that support greater role functioning. It can be used as a stand-alone treatment, as an adjunctive intervention to PTSD therapies or as part of a combination therapy in which skills precede trauma-focused work (STAIR Narrative Therapy). Further investigation is suggested to determine the added benefits of incorporating skills building to PTSD or other diagnosis-specific interventions.

<http://publications.amsus.org/doi/abs/10.7205/MILMED-D-14-00709>

Does the Factor Structure of Military Sexual Stressors in Men Correspond to Women's? A Confirmatory Factor Analysis Using the Sexual Harassment Inventory.

Madhavi K. Reddy, PhD; Maureen Murdoch, MD, MPH

Military Medicine

Volume 181 Issue 2, February 2016, pp. 161-166

DOI: <http://dx.doi.org/10.7205/MILMED-D-14-00709>

Objectives:

Unwanted sexual stressors experienced by military men and women are associated with a host of negative physical and mental health problems. Government officials are making it a priority to

put a stop to these unwanted sexual experiences. However, the measure typically used measures sexual stressors much better for women than for men. The purpose of the present study was to test the factor structure of an alternative measure, the Sexual Harassment Inventory (SHI), to examine whether sexual stressors experienced by men correspond to women's experiences.

Methods:

We used three preexisting datasets in which the SHI was used to assess active and former military members' sexual stressor experiences. We conducted an exploratory factor analysis to identify women's response patterns and a confirmatory factor analysis to determine whether men's response patterns corresponded to women's.

Results:

Findings showed that the SHI has evidence of factorial validity in female service members and adequate, but not exceptional, factorial fit for male service members.

Conclusions:

It is imperative that more work be done to better understand how men experience and perceive potential military sexual stressors and how those perceptions and experiences compare to women's.

<http://publications.amsus.org/doi/abs/10.7205/MILMED-D-14-00471>

“Tell Me What You Don't Remember”: Care-Seeking Facilitators and Barriers in the Decade Following Repetitive Blast Exposure Among Army Combat Veterans.

Rachel P. Chase, PhD; Shannon A. McMahon, PhD, MHS; Peter J. Winch, MD, MPH

Military Medicine

Volume 181 Issue 2, February 2016, pp. 116-122

DOI: <http://dx.doi.org/10.7205/MILMED-D-14-00471>

Objectives:

This study sought to understand facilitators and barriers to care seeking among blast-exposed veterans and service members who served before the implementation of systematic screening for traumatic brain injury.

Methods:

Informed by principles of Grounded Theory, we used theoretical sampling and conducted 31 interviews with 15 veterans and 10 veteran family members. Data were iteratively collected and thematically analyzed.

Results:

The most critical facilitator in initiating care was encouragement—verging on insistence—from a spouse, family member, or employer. Although respondents overwhelmingly described veteran and military health systems responding inadequately to patient needs, respondents also described exceptional health professionals who stood in contrast, dedicated to providing quality care. Barriers to ongoing care included: scheduling complications; redeployments; insufficient or inaccessible documentation of blast encounters or medical history; high provider turnover interrupting therapeutic progress; and poor patient–provider relationships. Respondents described providers as generally dismissive of or insensitive to many health needs.

Respondents feared the system was incapable of helping them and described stigma against mental health care seeking in personal and professional spheres.

Conclusions:

Veterans and their families struggle to address multiple, confusing transformations after repetitive blast exposures. Complex, impersonal, and skeptical health system processes place an undue burden on care-seeking veterans and service members.

http://journals.lww.com/ionmd/Abstract/2016/02000/Neurofeedback_Treatment_and_Posttraumatic_Stress.1.aspx

Neurofeedback Treatment and Posttraumatic Stress Disorder: Effectiveness of Neurofeedback on Posttraumatic Stress Disorder and the Optimal Choice of Protocol.

Reiter, Karen MD; Andersen, Søren Bo PhD; Carlsson, Jessica MD, PhD

Journal of Nervous & Mental Disease:

February 2016 - Volume 204 - Issue 2 - p 69–77

doi: 10.1097/NMD.0000000000000418

Neurofeedback is an alternative, noninvasive approach used in the treatment of a wide range of neuropsychiatric disorders, including posttraumatic stress disorder (PTSD). Many different neurofeedback protocols and methods exist. Likewise, PTSD is a heterogeneous disorder. To review the evidence on effectiveness and preferred protocol when using neurofeedback treatment on PTSD, a systematic search of PubMed, PsychInfo, Embase, and Cochrane databases was undertaken. Five studies were included in this review. Neurofeedback had a statistically significant effect in three studies. Neurobiological changes were reported in three studies. Interpretation of results is, however, limited by differences between the studies and several issues regarding design. The optimistic results presented here qualify neurofeedback as probably efficacious for PTSD treatment.

<http://qhr.sagepub.com/content/early/2016/01/25/1049732315627364.abstract>

Use of Social Media Among Individuals Who Suffer From Post-Traumatic Stress A Qualitative Analysis of Narratives.

Martin Salzmänn-Erikson and Duygu Hiçdurmaz

Qualitative Health Research

Published online before print January 29, 2016

doi: 10.1177/1049732315627364

Suffering from post-traumatic stress impacts and restricts the life situation of the individual on several levels, not least regarding social difficulties. Social media on the Internet facilitate new possibilities for interaction and communication. Earlier research has demonstrated that people use social media to seek support and to discuss health-related issues. The current study aimed to describe how individuals suffering from post-traumatic stress use social media to convey authentic narratives of their daily lives, including illness, and further, to analyze the content of this media use. The data comprised YouTube videos, blogs, and forum discussions. Five categories cover the findings: (a) structure of the narrative, (b) narrating the trauma, (c) restrictions in life, (d) strategies in everyday living, and (e) online interaction. We stress that sharing narratives online facilitates a “verbalizing” of the life conditions of the sufferers and can be used as a self-care activity.

<http://www.sciencedirect.com/science/article/pii/S1555415515009599>

Canine-assisted Adjunct Therapy in the Military: An Intriguing Alternative Modality.

Regina P. Owen, DNP, APRN, Brendan J. Finton, MS, Susanne W. Gibbons, PhD, C-ANP/GNP, Patrick H. DeLeon, PhD, JD

The Journal for Nurse Practitioners

Volume 12, Issue 2, February 2016, Pages 95–101

doi:10.1016/j.nurpra.2015.09.014

The Departments of Defense and Veterans Affairs are exploring the use of canine-assisted therapy as an adjunct intervention for assisting wounded warriors in adapting to the signature war injuries of posttraumatic stress disorder and traumatic brain injury. The civilian health care system is increasingly following their lead. Quantitative research shows positive physiological and psychological benefits. Qualitative studies report positive quality of life benefits. Nurse practitioners should be aware of possible patient participation in canine-assisted therapy. The challenge is showing empirical evidence for its cost-effectiveness in providing comprehensive, holistic health care.

<http://www.sciencedirect.com/science/article/pii/S0022399916300204>

Posttraumatic stress disorder and somatic complaints: Contrasting Vietnam and OIF/OEF Veterans' experiences.

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Journal of Psychosomatic Research

Available online 29 January 2016

doi:10.1016/j.jpsychores.2016.01.009

Objective

To replicate and expand upon the relationship of somatic symptoms and posttraumatic stress disorder (PTSD) by comparing symptoms among service eras in US Veterans.

Method

Data were collected from 226 Vietnam and 132 Operation Iraqi Freedom/Operation Enduring Freedom (OIF/OEF) Veterans who were referred to a Veterans Affairs (VA) hospital PTSD outpatient clinic between 2005 and 2013. Veterans were administered self-report inventories and a clinical interview to measure somatic symptoms and PTSD severity. A subset of Veterans ($n = 185$) screening positive for PTSD were administered the Clinician Administered PTSD Scale (CAPS) to measure PTSD severity. Multiple moderated linear regressions were used to examine the influence of service era on the relationship between somatic and PTSD symptoms.

Results

There were no significant differences between service eras in pain severity, pain interference, and total somatic symptoms reported. Vietnam Veterans were more likely to report limb/join pain ($p < .05$), fainting ($p < .01$), and shortness of breath ($p < .001$), whereas OIF/OEF Veterans were more likely to complain of headaches ($p < .001$). A significant interaction effect occurred between service era and dizziness ($p < .05$) and chest pain ($p < .01$), with OIF/OEF Veterans reporting higher levels of these symptoms significantly more likely than Vietnam Veterans to also experience more severe PTSD.

Conclusion

Findings are consistent with previous research demonstrating the relationship of somatic symptoms and PTSD across service eras but provide additional data concerning similarities and differences of somatic symptoms between eras. Potential explanations for observed service era differences in somatic symptoms are discussed.

<http://ps.psychiatryonline.org/doi/abs/10.1176/appi.ps.201500082>

An Emergency Department Intervention and Follow-Up to Reduce Suicide Risk in the VA: Acceptability and Effectiveness.

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Psychiatric Services

Received: February 24, 2015

Accepted: September 16, 2015

<http://dx.doi.org/10.1176/appi.ps.201500082>

Objective:

Emergency departments (EDs) are often the primary contact point for suicidal individuals. The post-ED visit period is a high suicide risk time. To address the need for support during this time, a novel intervention was implemented in five Department of Veterans Affairs medical center EDs. The intervention combined the Safety Planning Intervention (SPI) with structured follow-up and monitoring (SFU) by telephone for suicidal individuals who did not require hospitalization. This study assessed the intervention's acceptability and perceived usefulness.

Methods:

A selected sample of 100 intervention participants completed a semistructured interview consisting of open-ended questions about the intervention's acceptability, usefulness, and helpfulness. Satisfaction with the SPI and SFU was separately evaluated.

Results:

Nearly all participants found the SAFE VET intervention to be acceptable, reporting that it was helpful in preventing further suicidal behavior and fostering treatment engagement.

Conclusions:

The SAFE VET intervention showed promise as an ED intervention for suicidal patients.

<http://www.ncbi.nlm.nih.gov/pubmed/25525202>

J R Army Med Corps. 2015 Dec;161(4):322-6. doi: 10.1136/jramc-2014-000344. Epub 2014 Dec 18.

PTSD, stigma and barriers to help-seeking within the UK Armed Forces.

Murphy D, Busuttill W.

Among the general public, much is known about the longer-term consequences of not seeking support for mental health difficulties. However, within military populations, and in particular, the UK Armed Forces, less is known. Understanding the factors that present barriers for UK service personnel with mental health difficulties accessing support is important because this may provide a means for support personnel to seek help sooner. This paper explores the literature relating to the impact of untreated post-traumatic stress disorder (PTSD) among military personnel, attempts to draw conclusions about the barriers that may prevent personnel seeking help and the efficacy of previous interventions to address these. Stigma has been highlighted as the key barrier to help-seeking behaviours, in particular, internal stigma, which can be classified as negative beliefs about the self that an individual may hold as a result of experiencing symptoms of PTSD.

Links of Interest

Doctors outside the VA need to know more about the veterans they treat

<http://medicalxpress.com/news/2016-01-doctors-va-veterans.html>

Smartphones: The Clinician's New Assistant

<http://t2health.dcoe.mil/blogs/mobile-health/smartphones-clinicians-new-assistant>

Electric patch holds promise for treating PTSD

http://www.eurekalert.org/pub_releases/2016-01/uoc--eph012116.php

Welcome to the Age of the Commando

<http://www.nytimes.com/2016/01/31/opinion/sunday/welcome-to-the-age-of-the-commando.html>

Las Vegas Marine veteran can't get war out of his head

<http://m.lasvegassun.com/news/2016/feb/01/las-vegas-marine-veteran-cant-get-war-out-of-his-h/>

Sexual trauma raises suicide risk among veterans

<http://www.foxnews.com/health/2016/01/21/sexual-trauma-raises-suicide-risk-among-veterans.html>

For insomniacs, sleep is a learned behavior

<http://www.orlandosentinel.com/news/lake/os-lk-housecalls-02072016-20160207-story.html>

This Iraq War Vet's New Novel Is As Tragic And Darkly Funny As It Is Honest

<http://taskandpurpose.com/this-iraq-war-vets-new-novel-is-as-tragic-and-darkly-funny-as-it-is-honest/>

States Addressing Depression

<http://www.ncsl.org/research/health/depression.aspx>

Wearable Electric Patch May Ease PTSD

https://www.nlm.nih.gov/medlineplus/news/fullstory_156960.html

Study may offer answers for treating depression in alcoholics

<http://www.sciencedaily.com/releases/2016/02/160202091405.htm>

Comparison of smoking cessation therapies finds similar quit rates

<http://www.sciencedaily.com/releases/2016/01/160126125236.htm>

Fight your fears: Facing down anxieties can expand your world

<http://www.sciencedaily.com/releases/2016/01/160129171328.htm>

Resource of the Week: [Open Syllabus Explorer](#)

The is basically a browseable, searchable database of books assigned in more than one million college courses “over the past decade or so.”

The OSP is an effort to make the intellectual judgment embedded in syllabi relevant to broader explorations of teaching, publishing, and intellectual history. The project has collected over 1 million syllabi, has extracted citations and other metadata from them, and is now pleased to make the Syllabus Explorer publicly available as a means of exploring this corpus.

Open Syllabus Explorer beta 0.4
Mapping the college curriculum across 1M+ syllabi.

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1	392	62.7	Psychology : Themes and Variations Welten, Wayne, 1950
2	238	94.4	Methods in Behavioral Research Cozby, Paul C.

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