CDP Research Update -- March 24, 2016

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http://www.ptsd.va.gov/professional/newsletters/ctu-online/ctu_v10n1.pdf

Clinician's Trauma Update

National Center for PTSD
Issue 10; February 2016

CTU-Online includes brief updates on the latest clinically relevant research. Content on treatment and assessment is emphasized. Publications on other topics are included if the content has significant clinical implications.

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http://link.springer.com/article/10.1007/s11920-016-0686-1

DSM-5 Criteria and Its Implications for Diagnosing PTSD in Military Service Members and Veterans.

Jeffrey Guina, Randon S. Welton, Pamela J. Broderick, Terry L. Correll, Ryan P. Peirson

Current Psychiatry Reports
May 2016, 18:43

This review addresses how changes in the Diagnostic and Statistical Manual of Mental Disorders (DSM)-5 posttraumatic stress disorder (PTSD) criteria has the potential to affect the care and careers of those who have served in the military, where the diagnosis often determines fitness for duty and veterans' benefits. PTSD criteria changes were intended to integrate new knowledge acquired since previous DSM editions. Many believe the changes will improve diagnosis and treatment, but some worry these could have negative clinical, occupational, and legal consequences. We analyze the changes in classification, trauma definition, symptoms, symptom clusters, and subtypes and possible impacts on the military (e.g., over- and under-diagnosis, "drone" video exposure, subthreshold PTSD, and secondary PTSD). We also discuss critiques and proposals for future changes. Our objectives are to improve the screening, diagnosis, and treatment of those service members who have survived trauma and to improve policies related to the military mental healthcare and disability systems.

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http://www.aasmnet.org/jcsm/ViewAbstract.aspx?pid=30515

Nightmares and Suicide in Posttraumatic Stress Disorder: The Mediating Role of Defeat, Entrapment, and Hopelessness.

Donna L. Littlewood, MRes; Patricia A. Gooding, PhD; Maria Panagioti, PhD; Simon D. Kyle, PhD

Journal of Clinical Sleep Medicine
Volume 12 No. 03, 393-399
http://dx.doi.org/10.5664/jcsm.5592

Study Objectives
Although nightmares appear to be related to suicidal behaviors, the mechanisms which underpin this relationship are unknown. We sought to address this gap by examining a multiple

mediation hypothesis whereby nightmares were predicted to have an indirect effect on suicidal behaviors through perceptions of defeat, entrapment, and hopelessness.

Methods
Data were collected from 91 participants who had experienced trauma and symptoms of posttraumatic stress disorder (PTSD). Nightmares were measured by summing the frequency and intensity ratings of relevant items on the Clinician-Administered PTSD Scale. Participants also completed questionnaire measures of suicidal behavior, hopelessness, defeat, and entrapment. Given the interrelations between insomnia, PTSD, and suicide, a measure of insomnia was included as a covariate. Furthermore, analyses were conducted with and without those participants who had comorbid depression.

Results
Suicidal behaviors were higher in those participants who experienced nightmares (62%), in comparison to those who did not (20%). Bootstrapped analyses provided support for the hypothesized multistep mediational model. Specifically, nightmares were both directly and indirectly associated with suicidal behaviors, through perceptions of defeat, entrapment, and hopelessness, independent of comorbid insomnia and depression.

Conclusions
For the first time we show that the relationship between nightmares and suicidal behaviors is partially mediated by a multistep pathway via defeat, entrapment, and hopelessness. Clinically, our work highlights the importance of monitoring and targeting nightmares and perceptions of defeat, entrapment, and hopelessness when working with clients who have experienced trauma.

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http://www.tandfonline.com/doi/abs/10.1080/23337486.2016.1155861

Burdens of proof: veteran frauds, PTSD pussies, and the spectre of the welfare queen.

Brianne P. Gallagher

Critical Military Studies
Published online: 10 Mar 2016
DOI:10.1080/23337486.2016.1155861

This article examines veterans' experiences when they return from the wars in Iraq and Afghanistan and navigate the bureaucratic and gendered systems of the military-medical complex. Broadly, it focuses on the embodied struggles of veterans, such as Ethan McCord, who seek disability benefits for the official diagnosis of post-traumatic stress disorder (PTSD). Drawing insight from Ethan McCord's interactions with the Veteran's Administration (VA) and a broader literature on veterans' struggles to qualify for disability benefits, it maps the micro- and macropolitical ways that soldiers navigate the bureaucratic system of the VA within gendered

formations of power. It argues that the bureaucratic and capitalist structures of the military-medical complex – along with the US Administration – are waging an invisible war on soldiers, veterans, military families, and military communities that has disabling effects. Particularly, it examines how the gendered and historical spectre of the underserving 'welfare queen' and 'welfare fraud' in neoliberal discourses historically informs contemporary images and discourses of veterans as underserving 'frauds' when they seek mental health services and disability benefits at the VA. It situates these gendered discourses and speech acts within broader systems of militarized power and in the everyday struggles of veterans' interactions with doctors, psychiatrists, and the higher chain of command. Finally, it demonstrates how veterans such as Ethan McCord are both embedded in and resist these modes of gendered social control in the military and VA system.

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http://psycnet.apa.org/journals/mil/28/2/89/

The impact of the United States Air Force Deployment Transition Center on postdeployment mental health outcomes.

Schneider, Kristin G.; Bezdjian, Serena; Burchett, Danielle; Isler, William C.; Dickey, David; Garb, Howard N.

Military Psychology
Vol 28(2), Mar 2016, 89-103
http://dx.doi.org/10.1037/mil0000105

The United States Air Force Deployment Transition Center (DTC) operates a 2-day third-location decompression program that commenced operations during the summer of 2010 in Ramstein, Germany, with the aim to assist Air Force service members (AFSMs) who are returning from deployment as they prepare to reintegrate back into their home lives and work stations. The present study evaluated the impact of DTC attendance on later mental health outcomes. Because participants are not randomly assigned to attend the DTC, propensity score weighting was used to compare DTC participants (N = 1,573) to a weighted control group of AFSMs (N = 1,570) in the same job specialties who returned from deployment during the same time period. Rates of endorsement to items on the Postdeployment Health Reassessment were examined and compared, as were rates of mental health diagnoses from AFSMs' official medical records. Key findings indicate that DTC participants reported lower levels of depressive and posttraumatic stress symptoms and lower levels of relationship conflict following return from deployment, as compared to weighted control participants. Mental health diagnostic rates were comparable for the 2 groups during the first 6 months following return from deployment. These findings suggest that participation in the DTC program had notable benefits for redeploying AFSMs and support the continued use of the program.

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http://www.jad-journal.com/article/S0165-0327(16)30043-X/abstract

Is Cohesion Within Military Units Associated with Post-Deployment Behavioral and Mental Health Outcomes?

Joshua Breslau, Claude Setodji, Christine Vaughan

Journal of Affective Disorders
Published Online: March 15, 2016
DOI: http://dx.doi.org/10.1016/j.jad.2016.03.053

Purpose
Prior studies suggest that cohesion among members of military units has a positive impact on behavioral and mental health sequelae of combat deployment. However, these studies have not distinguished variation in cohesion across units from variation in perception of cohesion across individuals within units.

Methods
A sample of U.S. Marines was assessed before and after deployment to Iraq or Afghanistan in 2010 or 2011. Within-group centering was used to distinguish unit-level from individual-level associations of cohesion with four behavioral and mental health outcomes assessed after deployment: alcohol misuse, violation of the Uniform Code of Military Justice (UCMJ), probable posttraumatic stress disorder (PTSD) and a positive screen for depression.

Results
Unit-level cohesion is associated positively with alcohol misuse (OR=1.86, 95% CI 1.05-3.29) and negatively with UCMJ violations (OR=0.41, 95% CI 0.20-0.83) but not with probable PTSD (OR=1.00, 95% CI 0.60-1.6) or a positive screen for depression (OR=1.00 95% CI 0.58-1.72). Lower perception of cohesion relative to the other members of the same unit is associated with higher likelihood of UCMJ violations, probable PTSD and a positive screen for depression.

Limitations
Data on all members of the studied units were not available.

Conclusions
Distinguishing unit-level from individual-level variation in cohesion among military unit members reveals more varied associations with behavioral and mental health outcomes of deployment than have been reported in previous studies, in which these levels have been collapsed. Associations between individual-level variation in cohesion and mental health outcomes may result from pre-existing traits related to both perception of cohesion and risk for psychiatric disorders.

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http://www.ncbi.nlm.nih.gov/pubmed/26963723

Am J Ther. 2016 Mar 9. [Epub ahead of print]

Misuse of Prescribed Pain Medication in a Military Population-A Self-Reported Survey to Assess a Correlation With Age, Deployment, Combat Illnesses, or Injury?

Ramirez S, Bebarta VS, Varney SM, Ganem V, Zarzabal LA, Potter JS

Opioid misuse is a growing epidemic among the civilian and military communities. Five hundred prospective, anonymous surveys were collected in the emergency department waiting room of a military tertiary care hospital over 3 weeks. Demographics, medical and military characteristics were investigated for association with opioid use. Univariate logistic models were used to characterize the probability of misuse in relation to the demographic, medical, and military-specific variables. Traumatic brain injury (TBI) and posttraumatic stress disorder were investigated within different age cohorts with adjustment for deployment. The opioid misuse rate disclosed by the subject was 31%. Subjects with TBI were less likely to misuse opioids. We found a trend among younger cohorts to have a higher likelihood for misusing opioids when diagnosed with TBI or posttraumatic stress disorder with history of deployment in the past 5 years. The most common form of misuse was using a previously prescribed medication for a new pain. Traumatic brain injury and/or enrollment in post-deployment recovery programs maybe protective against opioid misuse. Chronic opioid use among young soldiers maybe viewed as a weakness that could influence opioid misuse. Younger cohorts of active duty service members could be at higher risk for misuse. Efforts to enhance close monitoring of misuse should address these at-risk populations.

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http://ps.psychiatryonline.org/doi/abs/10.1176/appi.ps.201500292

Diagnosis of PTSD by Army Behavioral Health Clinicians: Are Diagnoses Recorded in Electronic Health Records?

Joshua E. Wilk, Ph.D., Richard K. Herrell, Ph.D., Abby L. Carr, Joyce C. West, Ph.D., Joseph Wise, M.D., Charles W. Hoge, M.D.

Psychiatric Services
Accepted: December 04, 2015
http://dx.doi.org/10.1176/appi.ps.201500292

Objective:
The study sought to identify the extent to which posttraumatic stress disorder (PTSD) diagnoses

are recorded in the electronic health record (EHR) in Army behavioral health clinics and to assess clinicians' reasons for not recording them and treatment factors associated with recording or not recording the diagnosis.

Methods:
A total of 543 Army mental health providers completed the anonymous, Web-based survey. Clinicians reported clinical data for 399 service member patients, of whom 110 (28%) had a reported PTSD diagnosis. Data were weighted to account for sampling design and nonresponses.

Results:
Of those given a diagnosis of PTSD by their clinician, 59% were reported to have the diagnosis recorded in the EHR, and 41% did not. The most common reason for not recording was reducing stigma or protecting the service member's career prospects. Psychiatrists were more likely than psychologists or social workers to record the diagnosis.

Conclusions:
Findings indicate that for many patients presenting with PTSD in Army behavioral health clinics at the time of the survey (2010), clinicians did not record a PTSD diagnosis in the EHR, often in an effort to reduce stigma. This pattern may exist for other diagnoses. Recent Army policy has provided guidance to clinicians on diagnostic recording practice. An important implication concerns the reliance on coded diagnoses in PTSD surveillance efforts by the U.S. Department of Defense (DoD). The problem of underestimated prevalence rates may be further compounded by overly narrow DoD surveillance definitions of PTSD.

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http://ps.psychiatryonline.org/doi/abs/10.1176/appi.ps.201500237

Barriers to Engaging Service Members in Mental Health Care Within the U.S. Military Health System.

Terri Tanielian, M.A., Mahlet A. Woldetsadik, M.P.H., M.Phil., Lisa H. Jaycox, Ph.D., Caroline Batka, M.P.A., Shaela Moen, B.S.N., M.P.H., Carrie Farmer, Ph.D., Charles C. Engel, M.D., M.P.H.

Psychiatric Services
Accepted: November 16, 2015
http://dx.doi.org/10.1176/appi.ps.201500237

Objective:
Over the past decade, there has been growing recognition of the mental health consequences associated with deployment and service by military service personnel. This study examined

potential barriers to mental health care faced by members of the military in accessing needed services.

Methods:
This qualitative study of stakeholders was conducted across six large military installations, encompassing 18 Army primary care clinics, within the context of a large randomized controlled trial. Stakeholders included patients recruited for the study (N=38), health care providers working within site clinics (N=31), and the care managers employed to implement the intervention protocol (N=7).

Results:
Issues raised across stakeholder groups fell into two main categories: structural factors associated with the Army medical system and institutional attitudes and cultural issues across the U.S. military. Structural issues included concerns about the existing capacity of the system, for example, the number of providers available to address the population's needs and the constraints on clinic hours and scheduling practices. The institutional attitude and cultural issues fell into two main areas: attitudes and perceptions by the leadership and the concern that those attitudes could have negative career repercussions for those who access care.

Conclusions:
Although there have been significant efforts to improve access to mental health care, stakeholders within the military health system still perceive significant barriers to care. Efforts to ensure adequate and timely access to high-quality mental health care for service members will need to appropriately respond to capacity constraints and organizational and institutional culture.

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http://www.ncbi.nlm.nih.gov/pubmed/26990003

J Trauma Stress. 2016 Mar 18. doi: 10.1002/jts.22091. [Epub ahead of print]

Treatment of Mental or Physical Health Problems in a Combat Zone: Comparisons of Postdeployment Mental Health and Early Separation From Service.

Conway TL, Schmied EA, Larson GE, Galarneau MR, Hammer PS, Quinn KH, Schmitz KJ, Webb-Murphy JA, Boucher WC, Edwards NK, Ly HL

The primary aim of this study was to evaluate whether being treated for mental health or nonbattle physical injury during military combat deployment was associated with higher risk for postdeployment mental disorders and poorer career outcomes than seen in the general combat-deployed population. Service members treated in theater for mental health (n = 964) or noncombat injury (n = 853) were compared with randomly sampled personnel (n = 7,220) from the general deployed population on diagnosed mental disorders and early separation from

service. Deployment, medical, and career information were obtained from Department of Defense archival databases. Over half of the personnel who received mental health treatment while deployed were diagnosed with 1 or more mental disorders postdeployment and/or were separated from service before completing their full-term enlistment. This was significantly higher than expected compared to the general deployed group, adjusting for demographic/military characteristics and mental health history (adjusted odds ratios [ORs] ranging 1.62 to 2.96). Frequencies of problems also were higher in the mental health-treated group than in the group treated for nonbattle physical injuries (significant adjusted ORs ranging 1.65 to 2.58). The documented higher risks for postdeployment adjustment problems suggested that especially those treated in theater by mental health providers might benefit from postdeployment risk-reduction programs.

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http://ps.psychiatryonline.org/doi/abs/10.1176/appi.ps.201500113

Receipt of Depression Treatment From General Medical Providers and Specialty Mental Health Providers.

S. Janet Kuramoto-Crawford, Ph.D., M.H.S., Beth Han, M.D., Ph.D., Laura Jacobus-Kantor, Ph.D., Ramin Mojtabai, M.D., Ph.D.

Psychiatric Services
Accepted: November 16, 2015
http://dx.doi.org/10.1176/appi.ps.201500113

Objective:
This study compared sociodemographic characteristics and health conditions of adults with a major depressive episode who received treatment from general medical providers or specialty mental health providers.

Methods:
The sample included 17,700 respondents ages 18–64 from the 2008–2012 National Survey on Drug Use and Health who met the DSM-IV criteria for a major depressive episode in the past 12 months and of whom 8,900 (61.5%) received treatment for depression.

Results:
Approximately 21% of adults with a major depressive episode received depression care from general providers only, 19% from specialists only, and 19% from both. Compared with adults receiving care from general providers only, adults who received care from both types of provider were younger, had higher education, were more likely to have suicidal ideation and functional impairment, and were more likely to reside in a county with more psychiatrists providing patient care. These adults, compared with those who received care from a specialty mental health

provider only, were more likely to be female, have higher education, have a greater number of general medical comorbidities, and have functional impairment, but they were less likely to be non-Hispanic black or Hispanic.

Conclusions:
Adults with major depressive episodes who received depression care from both general and specialty providers differed from those who received care from either provider type. Continued efforts to understand differences in depression care in specialty mental health and general medical settings may help improve the provision of mental health services as health care reform continues.

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http://psycnet.apa.org/journals/mil/28/2/78/

Keeping engaged during deployment: The interplay between self-efficacy, family support, and threat exposure.

Delahaij, Roos; Kamphuis, Wim; van den Berg, Coen E.

Military Psychology
Vol 28(2), Mar 2016, 78-88
http://dx.doi.org/10.1037/mil0000098

This study investigated the importance of 2 resilience resources for service members' ability to deal with threat during deployment. Military self-efficacy and family support were measured before deployment and related to work engagement and burnout levels of service members during deployment. We hypothesized that in high threat situations, low self-efficacy would lead to unfavorable outcomes, whereas in low threat situations, high self-efficacy could have negative consequences. In addition, we hypothesized that family support would compensate for both effects. The results showed these expected 3-way interactions. We found that strong self-efficacy helped service members deal with exposure to threatening situations during deployment, leading to more work engagement and less burnout. However, having strong self-efficacy without being exposed to threat during deployment reduced service members' work engagement and increased burnout. In addition, we found that the presence of family support compensated for these effects. Service members with low self-efficacy benefitted from family support when threat exposure was high, whereas service members with high self-efficacy benefitted from family support when threat exposure was low. As such, family support seemed to act as a compensatory mechanism for the potential negative effects of self-efficacy. This underlines the importance of studying the interplay between resources that help service members deal with deployment experiences. Practical implications relate to supporting service members' resilience through enhancing multiple resources. (PsycINFO Database Record (c) 2016 APA, all rights reserved)

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http://psycnet.apa.org/journals/mil/28/2/104/

Examination of the relationship between PTSD and distress tolerance in a sample of male veterans with comorbid substance use disorders.

Vinci, Christine; Mota, Natalie; Berenz, Erin; Connolly, Kevin

Military Psychology
Vol 28(2), Mar 2016, 104-114
http://dx.doi.org/10.1037/mil0000100

Distress tolerance (DT), the perceived or actual ability to tolerate negative emotional or physical states, is inversely related to posttraumatic stress disorder (PTSD) symptoms in civilian, community samples. No studies to date have examined the relationship between DT and PTSD in clinical samples of veterans with a comorbid diagnosis of PTSD and a substance use disorder (SUD). Thus, the present study examined the relationship between DT and PTSD in a sample of predominately African American, male veterans (n = 75) diagnosed with comorbid PTSD and SUD (according to a structured clinical interview). Results of hierarchical linear regression models indicated that DT was inversely related to total PTSD symptom severity score, above and beyond depressive symptoms and SUD severity. Of the 4 symptom clusters, DT was inversely associated with intrusions and hyperarousal. These findings are discussed in light of previous work with civilian samples. Determining whether treatment incorporating DT skills would be useful for veterans undergoing PTSD treatment should be evaluated. (PsycINFO Database Record (c) 2016 APA, all rights reserved)

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http://online.liebertpub.com/doi/abs/10.1089/tmj.2015.0047

Impact of Sleep Telemedicine Protocol in Management of Sleep Apnea: A 5-Year VA Experience.

Baig Mirza M., Antonescu-Turcu Andrea, and Ratarasarn Kavita

Telemedicine and e-Health
March 2016, ahead of print.
doi:10.1089/tmj.2015.0047

Background:
There is growing evidence that demonstrates an important role for telemedicine technologies in enhancing healthcare delivery. A comprehensive sleep telemedicine protocol was implemented at the Veterans Administration Medical Center (VAMC), Milwaukee, WI, in 2008 in an effort to

improve access to sleep specialty care. The telemedicine protocol relied heavily on sleep specialist interventions based on chart review (electronic consult [e-consult]). This was done in response to long wait time for sleep clinic visits as well as delayed sleep study appointments. Since 2008 all consults are screened by sleep service to determine the next step in intervention. Based on chart review, the following steps are undertaken: (1) eligibility for portable versus in-lab sleep study is determined, and a sleep study order is placed accordingly, (2) positive airway pressure (PAP) therapy is prescribed for confirmed sleep apnea, and (3) need for in-person evaluation in the sleep clinic is determined, and the visit is scheduled. This study summarizes the 5-year trend in various aspects of access to sleep care after implementation of sleep telemedicine protocol at the Milwaukee VAMC. Patients and

Methods:
This is a retrospective system efficiency study. The electronic medical record was interrogated 5 years after starting the sleep telemedicine protocol to study annual trends in the following parameters: (1) interval between sleep consult and prescription of PAP equipment, (2) total sleep consults, and (3) sleep clinic wait time.

Results:
Two part-time sleep physicians provided sleep-related care at the Milwaukee VAMC between 2008 and 2012. During this period, the interval between sleep consult and PAP prescription decreased from ≥60 days to ≤7 days. This occurred in spite of an increase in total sleep consults and sleep studies. There was also a significant increase in data downloads, indicating overall improved follow-up. There was no change in clinic wait time of ≥60 days.

Conclusions:
Implementation of a sleep telemedicine protocol at the Milwaukee VAMC was associated with increased efficiency of sleep services. Timeliness of sleep management interventions for sleep apnea improved in spite of the increased volume of service.

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http://guilfordjournals.com/doi/abs/10.1521/ijct.2016.9.1.87

Meaning in Life as a Protective Factor for the Emergence of Suicide Ideation That Leads to Suicide Attempts Among Military Personnel and Veterans With Elevated PTSD and Depression.

Sungchoon Sinclair, Craig J. Bryan, and AnnaBelle O. Bryan

International Journal of Cognitive Therapy
Vol. 9, No. 1, pp. 87-98
doi: 10.1521/ijct.2016.9.1.87

The current study examines the fluid vulnerability theory (FVT) to determine how the presence of meaning in life explains the emergence of suicide ideation and the transition from suicide ideation to attempts among military personnel and veterans with elevated symptoms of posttraumatic stress disorder (PTSD) and depression. We used path analysis to determine if the presence of meaning in life and the search for life meaning mediate the relationship between PTSD/depression and suicide ideation that leads to suicide attempts. A total of 393 U.S. service members and veterans (69.7% male; 82.5% Caucasian; mean age = 36.26) enrolled in college completed an anonymous online survey assessing basic demographic information, posttraumatic stress, depression, meaning in life, suicide ideation, and suicide attempts. Results indicate that meaning in life may be an important factor for explaining why some military personnel and veterans do not become suicidal despite their risk of suicide due to clinical conditions (PTSD/depression).

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http://jmvfh.utpjournals.press/doi/pdf/10.3138/jmvfh.3379

Transitioning from Military to Civilian Life: The Role of Mastery and Social Support.

Krystal K Hachey, PhDa, Kerry Sudom, PhDa, Jill Sweet, MSca, Mary Beth MacLean, MAb, and Linda VanTil, DVM, MSc

Journal of Military, Veteran and Family Health
2016
doi:10.3138/jmvfh.3379

The Survey on Transition to Civilian Life (STCL) was created to measure the adjustment outcomes of recently released Canadian Armed Forces (CAF) members. The survey was administered to a sample of CAF regular force members released from 1998 to 2007. The aim of the current study was to examine resources that promote the successful adjustment to civilian life. Specifically, the goal was to conduct a secondary analysis of the STCL that examined the roles of mastery and social environment (that is, community belonging and satisfaction with support) in the transition to civilian life as well as how these variables correlate with health and life stress. Ordinal logistic regression results revealed that mastery, satisfaction with types of social support (friends and family), and a sense of community belonging acted as potential protective factors that were associated with easier adjustment to civilian life for veterans with physical health conditions, mental health conditions, and higher levels of life stress. The first model showed that the odds of an easier adjustment were lower for those who were more stressed (adjusted odds ratio [AOR] 1⁄4 0.13), self-reported a physical health condition (AOR 1⁄4 0.53), and self-reported a mental health condition (AOR 1⁄4 0.23). The second model revealed that the odds of an easier adjustment were lower for those veterans dissatisfied with their family relationships (AOR 1⁄4 0.42) and their relationships with friends (AOR 1⁄4 0.47) and those with a very weak sense of community belonging (AOR 1⁄4 0.39), and they were higher among those

with high levels of mastery (AOR 1⁄4 3.93). Therefore, the current study suggests resources that can potentially aid in the transition to civilian life.

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http://www.sciencedirect.com/science/article/pii/S0065260116300156

Understanding Resilience: From Negative Life Events to Everyday Stressors.

M.D. Seery, W.J. Quinton

Advances in Experimental Social Psychology
Available online 17 March 2016
doi:10.1016/bs.aesp.2016.02.002

Resilience is typically conceptualized as successful adaptation to serious negative life events. Even relatively mundane stressors, however, require coping. Therefore, we argue that resilience should reflect managing well with stressors in general. To support the argument that resilience is relevant for social psychology and that social psychology can inform our understanding of resilience, we first discuss a program of research that links prior life adversity exposure to resilience to everyday stressors. We next review a psychophysiological approach—the biopsychosocial model of challenge/threat—to assessing resilience as it occurs and tie this approach to research on coping resources. Finally, we highlight two central research areas within social psychology—romantic relationships and stigma and prejudice—for which resilience is highly relevant. This demonstrates the merits of applying the concept of resilience to a range of stressors and the potential for experimental social psychology to inform understudied aspects of resilience.

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http://www.sciencedirect.com/science/article/pii/S0163834316300172

Female Veterans' Preferences for Counseling Related to Intimate Partner Violence: Informing Patient-Centered Interventions.

Katherine M. Iverson, Shannon Wiltsey Stirman, Amy E. Street, Megan R. Gerber, Louisa S. Carpenter, Melissa E. Dichter, Megan Bair-Merritt, Dawne Vogt

General Hospital Psychiatry
Available online 18 March 2016
doi:10.1016/j.genhosppsych.2016.03.001

Objective
Female Veterans are at high risk for intimate partner violence (IPV). A critical issue in the

provision of health care to women who experience IPV is the delivery of effective brief counseling interventions that address women's unique needs. We aimed to identify female Veterans' priorities and preferences for healthcare-based IPV counseling.

Method
A 2014 web-based survey was administered to a national sample of U.S. female Veterans. Among 411 respondents (75% participation rate), 55% (n = 226) reported IPV during their lifetime. These women identified priorities for the content focus of IPV-related counseling and preferences for the delivery of these services.

Results
Women prioritized counseling that focuses on physical safety and emotional health, with learning about community resources being a relatively lower priority. Participants preferred counseling to focus specifically on enhancing coping skills and managing mental health symptoms. In addition, women want counseling to be individualized, and preferred the option to meet with a counselor immediately following disclosure. Affordable services and attention to privacy concerns were of paramount importance in the context of IPV-related counseling.

Conclusion
These findings can inform patient-centered brief counseling interventions for women who experience IPV, which may ultimately reduce health disparities and violence among this population.

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http://psycnet.apa.org/journals/ccp/84/4/353

In cognitive therapy for depression, early focus on maladaptive beliefs may be especially efficacious for patients with personality disorders.

Keefe, John R.; Webb, Christian A.; DeRubeis, Robert J.

Journal of Consulting and Clinical Psychology
Vol 84(4), Apr 2016, 353-364
http://dx.doi.org/10.1037/ccp0000071

Objective:
Patients with major depressive disorder (MDD) and a comorbid personality disorder (PD) have been found to exhibit relatively poor outcomes in cognitive therapy (CT) and other treatments. Adaptations of CT focusing heavily on patients' core beliefs have yielded promising findings in the treatment of PD. However, there have been no investigations that have specifically tested whether increased focus on maladaptive beliefs contributes to CT's efficacy for these patients.

Method:
CT technique use from an early CT session was assessed for 59 patients (33 without PD, 26 with PD—predominantly Cluster C) who participated in a randomized controlled trial for moderate to severe MDD. Scores were calculated for directive CT techniques (CT-Concrete) and a set of belief-focused items (CT-Belief) as rated by the Collaborative Study Process Rating Scale. Robust regressions were conducted to estimate relations between scores on each of these measures and change in depressive and PD symptoms. A PD status by CT-Belief use interaction tested the hypothesis that therapist use of CT-Belief techniques would exhibit a stronger association with symptom change in the PD group relative to the non-PD group.

Results:
As hypothesized, a significant interaction between PD status and use of CT-Belief techniques emerged in the prediction of depressive and PD symptom change. Among PD patients, higher early CT-Belief interventions were found to predict significantly greater improvement. CT-Belief use did not predict greater symptom change among those without PD.

Conclusions:
Early focus on CT-Belief interventions may facilitate changes in depression and PD symptoms for patients with MDD-PD comorbidity.

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http://www.sciencedirect.com/science/article/pii/S0925492716300695

Memory and Functional Brain Differences in a National Sample of U.S. Veterans with Gulf War Illness.

Crystal M. Cooper, Richard W. Briggs, Emily A. Farris, James Bartlett, Robert W. Haley, Timothy N. Odegard

Psychiatry Research: Neuroimaging
Available online 18 March 2016
doi:10.1016/j.pscychresns.2016.03.004

Roughly 26-32% of U.S. veterans who served in the 1991 Persian Gulf War report suffering from chronic health problems. Memory complaints are regularly reported by ill Gulf War veterans (GWV), but limited data verify their complaints. This study investigated episodic memory and brain function in a nationally representative sample of GWV, using a face-name memory task and functional magnetic resonance imaging during encoding. A syndrome classification system was used to subdivide ill GWV into the three major Gulf War Illness syndrome types, “impaired cognition” (GWV-1), “confusion ataxia” (GWV-2), and “central pain” (GWV-3). Memory and brain function of ill GWV were contrasted to deployed and nondeployed well GWV controls (GWV-C). Ill GWV exhibited impaired memory function relative to GWV-C

but the patterns of functional brain differences varied. Brain activation differentiated the GWV-C from the ill GWV. The different syndrome types also differed from one another in several brain regions. Additionally, the current study was the first to observe differences in brain function between deployed and nondeployed GWV-C. These results provide 1) evidence of memory impairment in ill GWV and differentiate the syndrome types at a functional neurobiological level, and 2) the role of deployment in the war on brain function.

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http://www.tandfonline.com/doi/abs/10.1080/13811118.2016.1162245

An Aspect of the Capability for Suicide—Fearlessness of the Pain Involved in Dying—Amplifies the Association Between Suicide Ideation and Attempts.

Phillip N. Smith , Ian H. Stanley , Thomas E. Joiner , Natalie J. Sachs-Ericsson , Kimberly A. Van Orden

Archives of Suicide Research
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DOI:10.1080/13811118.2016.1162245

The interpersonal theory of suicide posits that individuals who experience suicide ideation will only develop suicidal intent, and subsequently engage in suicidal behavior when they have concomitant fearlessness about death and tolerance for physical pain (i.e., the capability for suicide). Objective: The current studies examined the hypothesis that one aspect of the capability for suicide—fearlessness of the pain involved in dying—would amplify the positive association between current suicide ideation and a previous suicide attempt in two samples at high risk for experiencing suicide ideation and suicide attempts. Methods: Study 1 examined this relation using self-report methods in a sample of adults entering treatment in a mental health outpatient clinic. Study 2 utilized similar methods in a sample of adults admitted to inpatient psychiatry. Results: Both studies indicated that those individuals who reported suicide ideation were more likely than non-ideators to report having attempted suicide only if they also reported greater fearlessness of the pain involved in dying. Conclusions: The current findings support the theorized role of the capability for suicide in the transition from ideation to attempt and also support assessing the capability for suicide in risk assessment.

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http://www.tandfonline.com/doi/abs/10.1080/13811118.2016.1162242

Suicide Ideation is Related to Therapeutic Alliance in a Brief Therapy for Attempted Suicide.

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Archives of Suicide Research
Accepted author version posted online: 16 Mar 2016
DOI:10.1080/13811118.2016.1162242

Objective:
To investigate the role of therapeutic alliance on suicide ideation as outcome measure in a brief therapy for patients who attempted suicide.

Method:
Sixty patients received the three-session therapy supplemented by follow-up contact through regular letters. Therapeutic alliance was measured with the Helping Alliance Questionnaire (HAq). Outcome at 6 and 12 months was measured with the Beck Scale for Suicide Ideation (BSS).

Results:
Therapeutic alliance increased from session one to session three. Higher alliance measures correlated with lower suicidal ideation at 12 months follow-up. A history of previous attempts and depression had a negative affect on therapeutic alliance.

Conclusion:
The results suggest that in the treatment of suicidal patients therapeutic alliance may be a moderating factor for reducing suicide ideation.

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http://www.tandfonline.com/doi/abs/10.1080/21635781.2015.1133344

Pre- versus Postenlistment Timing of First Suicide Attempt as a Predictor of Suicide Risk Factors in an Active Duty Military Population With Suicidal Thoughts.

Katherine Anne Comtois , Samantha A. Chalker , Amanda H. Kerbrat

Military Behavioral Health
Published online: 16 Mar 2016
DOI:10.1080/21635781.2015.1133344

Objective:
This study examines the association of pre- versus post-enlistment timing of first suicide attempt with suicidal ideation, depressive symptoms, single vs. multiple attempts, and highest suicide attempt lethality in an active duty military sample with suicidal thoughts.

Method:
Data were pooled from baseline assessments of 784 help-seeking Service Members.

Results:
Adjusting for demographic and military covariates, suicidal ideation was higher for those with a history of suicide attempt. A pre-enlistment suicide attempt was associated with over four times the risk of multiple lifetime attempts. Conclusions: Pre-enlistment suicide attempts are important to assess as they increased risk of multiple attempts.

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http://www.tandfonline.com/doi/abs/10.1080/19012276.2016.1162106

Clinical impact of comorbid major depression in subjects with posttraumatic stress disorder: A review of the literature.

Álvaro Frías , Bárbara Martínez , Cárol Palma , Núria Farriols

Nordic Psychology
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Nearly half of those with posttraumatic stress disorder (PTSD) have co-occurring major depressive disorder. Some etiopathogenic theories and treatments have been postulated for this comorbidity. However, there are no systematic reviews aimed at addressing the clinical impact of comorbid major depression in the PTSD profile. A comprehensive database search was performed from 1985 to February 2015. Overall, 94 studies fulfilled the inclusion criteria. The main evidence is described concerning several clinical criteria: PTSD symptoms and other psychopathology (suicide ideation/attempts or/and alcohol misuse), disability (quality of life and/or medical conditions), natural course, and treatment-related features (treatment seeking, response to treatment, and/or treatment compliance/preference). Overall, comorbid major depression tends to exert a deleterious role on the PTSD profile. This negative effect is mainly found regarding the symptomatology, disability, and natural course of PTSD. Methodological divergences are discussed with respect to inconsistent findings.

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http://www.sciencedirect.com/science/article/pii/S1551714416300301

“Do you expect Me to Receive PTSD Care in a setting where most of the other patients remind Me of the perpetrator?”: Home-based telemedicine to address barriers to care unique to military Sexual Trauma And Veterans Affairs hospitals.

Amanda K. Gilmore, Margaret T. Davis, Anouk Grubaugh, Heidi Resnick, Anna Birks, Carol Denier, Wendy Muzzy, Peter Tuerk, Ron Acierno

Contemporary Clinical Trials
Available online 16 March 2016
doi:10.1016/j.cct.2016.03.004

Home-based telemedicine (HBT) is a validated method of evidence-based treatment delivery for posttraumatic stress disorder (PTSD), and justification for its use has centered on closing gaps related to provider availability and distance to treatment centers. However, another potential use of HBT may be to overcome barriers to care that are inherent to the treatment environment, such as with female veterans who have experienced military sexual trauma (MST) and who must present to VA Medical Centers where the majority of patients share features with perpetrator (e.g. gender, clothing) and may function as reminders of the trauma. Delivering evidence-based therapies to female veterans with MST-related PTSD via HBT can provide needed treatment to this population. This manuscript describes an ongoing federally funded randomized controlled trial comparing Prolonged Exposure (PE) delivered in-person to PE delivered via HBT. Outcomes include session attendance, satisfaction with services, and clinical and quality of life indices. It is hypothesized that based on intent-to-treat analyses, HBT delivery of PE will be more effective than SD at improving both clinical and quality of life outcomes at post, 3-, and 6-month follow-up. This is because 'dose received', that is fewer sessions missed, and lower attrition, will be observed in the HBT group. Although the current manuscript focuses on female veterans with MST-related PTSD, implications for other populations facing systemic barriers are discussed.

Links of Interest

Can Trauma Help You Grow?
http://www.newyorker.com/tech/elements/can-trauma-help-you-grow

Veterans are using pot to ease PTSD, despite scant research
http://m.apnews.com/ap/db_16026/contentdetail.htm?contentguid=hZSfXupJ

For these vets, making people laugh is the best medicine
https://www.washingtonpost.com/lifestyle/magazine/for-these-vets-making-people-laugh-is-the-best-medicine/2016/03/09/10bc97a2-c380-11e5-8965-0607e0e265ce_story.html

Armed with Sleep: The Importance of Sleep on Warfighter Performance
http://science.dodlive.mil/2016/03/20/armed-with-sleep-the-importance-of-sleep-on-warfighter-performance/

Work–Family Conflict Among Single Parents in the Canadian Armed Forces
http://vanierinstitute.ca/work-family-conflict-single-parents-canadian-armed-forces/

Significant link between nightmares, suicidal behavior
https://www.sciencedaily.com/releases/2016/03/160316215141.htm

Social media use associated with depression among US young adults
https://www.sciencedaily.com/releases/2016/03/160322100401.htm

Marijuana use disorder is on the rise nationally; few receive treatment
https://www.sciencedaily.com/releases/2016/03/160316105703.htm

Treating withdrawal symptoms could help cannabis users quit, study finds
https://www.sciencedaily.com/releases/2016/03/160323115626.htm

Research proves it -- the smell of alcohol makes it hard to resist
https://www.sciencedaily.com/releases/2016/03/160317105443.htm

PTSD May Stiffen Veterans' Arteries, Boosting Heart Risks
https://www.nlm.nih.gov/medlineplus/news/fullstory_157926.html

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Resource of the Week -- CDC Guideline for Prescribing Opioids for Chronic Pain — United States, 2016

> This guideline provides recommendations for primary care clinicians who are prescribing opioids for chronic pain outside of active cancer treatment, palliative care, and end-of-life care. The guideline addresses 1) when to initiate or continue opioids for chronic pain; 2) opioid selection, dosage, duration, follow-up, and discontinuation; and 3) assessing risk and addressing harms of opioid use. CDC developed the guideline using the Grading of Recommendations Assessment, Development, and Evaluation (GRADE) framework, and recommendations are made on the basis of a systematic review of the scientific evidence while considering benefits and harms, values and preferences, and resource allocation. CDC obtained input from experts, stakeholders, the public, peer reviewers, and a federally chartered advisory committee. It is important that patients receive appropriate pain treatment with careful consideration of the benefits and risks of treatment options. This guideline is intended to improve communication between clinicians and patients about the risks and benefits of opioid therapy for chronic pain, improve the safety and effectiveness of pain treatment, and reduce the risks associated with long-term opioid therapy, including opioid use disorder, overdose, and death. CDC has provided a checklist for prescribing opioids for chronic pain (http://stacks.cdc.gov/view/cdc/38025) as well as a website (http://www.cdc.gov/drugoverdose/prescribingresources.html) with additional tools to guide clinicians in implementing the recommendations.

Centers for Disease Control and Prevention
MMWR
Morbidity and Mortality Weekly Report
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March 15, 2016

CDC Guideline for Prescribing Opioids for Chronic Pain — United States, 2016

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

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