



CDP Research Update -- March 31, 2016

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http://journals.lww.com/academicmedicine/Abstract/publishahead/Where_Do_Soldiers_Really_Come_From_A_Faculty.98544.aspx

Where Do Soldiers Really Come From? A Faculty Development Workshop on Veteran-Centered Care.

Lypson, Monica L. MD, MHPE; Ross, Paula T. PhD; Zimmerman, Natalie; Goldrath, Kathryn E. BA; Ravindranath, Divy MD, MS

Academic Medicine:

Post Author Corrections: March 22, 2016

doi: 10.1097/ACM.0000000000001162

Problem:

Addressing the medical concerns of veterans in both civilian health care systems and the Veterans Affairs (VA) health care system, where staff are familiar with issues of military reintegration, remains difficult but is increasingly important.

Approach:

In 2013, the authors developed and implemented a faculty development workshop for practicing clinicians using the documentary *Where Soldiers Come From*. The workshop included topics on unconscious bias, the service member trajectory, health care disparities, and strategies for overcoming barriers to treating veterans with posttraumatic stress disorder and traumatic brain injury. The workshop engaged faculty in the following active-learning techniques: images in education; trigger video; critical thinking and reflective writing; think-pair-share; and large-group discussion. The workshop has been conducted at three locations with 46 health care professionals.

Outcomes:

Thirty-one of 37 (84%) participants who completed the workshop evaluation were VA employees. The evaluation results show 25/32 (78.1%) participants indicated the workshop activities changed their knowledge, attitudes, and/or skills; 22/34 (64.7%) stated they had a better understanding of how to develop a care plan for veterans; and 27/34 (79.4%) stated they gained a better understanding of how to prepare for issues around returning veterans.

Next Steps:

To address the issue of veteran-centered care education more broadly, the authors have developed a massive open online course for health professionals, using most of the content from this workshop, which will be offered in spring 2016. Another important next step will be to deliver this workshop to and collect evaluation data from non-VA providers.

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<http://link.springer.com/article/10.1007/s13311-016-0429-3>

Sleep, Sleep Disorders, and Mild Traumatic Brain Injury. What We Know and What We Need to Know: Findings from a National Working Group.

Emerson M. Wickwire, Scott G. Williams, Thomas Roth, Vincent F. Capaldi, Michael Jaffe, Margaret Moline, Gholam K. Motamedi, Gregory W. Morgan, Vincent Mysliwiec, Anne Germain, Renee M. Pazdan, Reuven Ferziger, Thomas J. Balkin, Margaret E. MacDonald, Thomas A. Macek, Michael R. Yochelson, Steven M. Scharf, Christopher J. Lettieri

Current Perspectives

Neurotherapeutics

First online: 22 March 2016

doi:10.1007/s13311-016-0429-3

Disturbed sleep is one of the most common complaints following traumatic brain injury (TBI) and worsens morbidity and long-term sequelae. Further, sleep and TBI share neurophysiologic underpinnings with direct relevance to recovery from TBI. As such, disturbed sleep and clinical sleep disorders represent modifiable treatment targets to improve outcomes in TBI. This paper presents key findings from a national working group on sleep and TBI, with a specific focus on the testing and development of sleep-related therapeutic interventions for mild TBI (mTBI). First, mTBI and sleep physiology are briefly reviewed. Next, essential empirical and clinical questions and knowledge gaps are addressed. Finally, actionable recommendations are offered to guide active and efficient collaboration between academic, industry, and governmental stakeholders.

<http://link.springer.com/article/10.1007/s40675-016-0037-0>

Nightmares and Posttraumatic Stress Disorder (PTSD).

Rebecca L. Campbell, Anne Germain

Current Sleep Medicine Reports

First online: 22 March 2016

DOI 10.1007/s40675-016-0037-0

Nightmares are a unique feature of posttraumatic stress disorder (PTSD). Although nightmares are a symptom of PTSD, they have been shown to independently contribute to psychiatric distress and poor outcomes, including heightened suicidality and suicide. Nightmares are often resistant to recommended pharmacological or psychological PTSD treatments. Fortunately, nightmare-specific treatments are available, and improvements in nightmares are associated with clinically significant improvements in sleep quality and severity of daytime PTSD symptoms. The recent literature on the characteristics, neurophysiology, and treatment of nightmares in the context of PTSD is reviewed. Recent findings on the neurophysiological correlates of nightmares and more generally, dreaming, are also discussed here as they suggest novel directions for understanding the mechanisms underlying nightmares comorbid with PTSD and potential novel treatment approaches.

<http://link.springer.com/article/10.1007/s11469-016-9649-3>

Training Changes Professionals' Attitudes Towards Dual Diagnosis.

Pernille Pinderup

International Journal of Mental Health and Addiction

First online: 21 March 2016

DOI 10.1007/s11469-016-9649-3

Studies have shown that mental health professionals in many cases have counterproductive attitudes towards patients with mental illnesses and comorbid substance use disorders (dual diagnosis). This is problematic because professionals' attitudes are important for both the therapeutic alliance and treatment outcome. This study tested whether providing training in dual diagnosis treatment to mental health professionals will affect their attitudes positively. Twenty-one professionals completed a questionnaire on attitudes towards working with dual diagnosis (Comorbidity Problems Perceptions Questionnaire, CMPPQ) pre-training and post-training. Results showed that there was a significant positive change in total CMPPQ scores and a positive change in all six subscales of the CMPPQ following training, indicating that the training resulted in more positive attitudes. The study suggests that training might be a promising way to improve mental health professionals' attitudes. Future research is needed to confirm this finding in controlled studies with more participants and a longer follow-up.

<http://www.sciencedirect.com/science/article/pii/S1064748116300483>

Purpose in Life is Associated with a Reduced Risk of Incident Physical Disability in Aging U.S. Military Veterans.

Natalie P. Mota, Jack Tsai, Paul D. Kirwin, Jitender Sareen, Steven M. Southwick, Robert H. Pietrzak

The American Journal of Geriatric Psychiatry

Available online 21 March 2016

doi:10.1016/j.jagp.2016.03.004

Objectives

The current study evaluated the incidence and determinants of physical disability in a contemporary, nationally representative sample of U.S. military veterans.

Design, Setting, Participants

Data were analyzed from the National Health and Resilience in Veterans Study (NHRVS), a nationally representative, prospective cohort study of 1,686 veterans aged 55 years and older. Waves 1 and 2 were conducted in 2011 and 2013, respectively.

Measurements

Potential determinants of incident disability in activities of daily living (ADL; e.g., bathing, dressing) and instrumental activities of daily living (IADL; e.g., food preparation, medication adherence) were assessed at Wave 1, and included sociodemographic characteristics, and risk (e.g., medical conditions, psychiatric distress), and protective psychosocial (e.g., psychological resilience, purpose in life) factors.

Results

The two-year incidence of any physical disability (ADL or IADL) among veterans aged 55 years and older was 11.5%, and the incidence of ADL and IADL disability was 3.0% and 11.4%, respectively. Older age, being married/cohabiting, and number of medical conditions—specifically, diabetes, heart attack, and chronic pain—were associated with an increased risk of any incident physical disability and incident IADL disability. Retirement was associated with an increased risk of incident ADL disability. Purpose in life was found to be protective for incident IADL disability.

Conclusions

While greater medical burden is associated with increased incidence of physical disability in U.S. veterans, results of this study suggest that initiatives designed to foster greater purpose in life may help protect against the development of physical disability in this rapidly growing segment of the population.

<http://www.ncbi.nlm.nih.gov/pubmed/27000639>

Depress Anxiety. 2016 Mar 21. doi: 10.1002/da.22494. [Epub ahead of print]

Posttraumatic stress symptoms and aversion to ambiguous losses in combat veterans.

Ruderman L, Ehrlich DB, Roy A, Pietrzak RH, Harpaz-Rotem I, Levy I

BACKGROUND:

Psychiatric symptoms typically cut across traditional diagnostic categories. In order to devise individually tailored treatments, there is a need to identify the basic mechanisms that underlie these symptoms. Behavioral economics provides a framework for studying these mechanisms at the behavioral level. Here, we utilized this framework to examine a widely ignored aspect of trauma-related symptomatology-individual uncertainty attitudes-in combat veterans with and without posttraumatic stress disorder (PTSD).

METHODS:

Fifty-seven combat veterans, including 30 with PTSD and 27 without PTSD, completed a risk and ambiguity decision-making task that characterizes individual uncertainty attitudes, distinguishing between attitudes toward uncertain outcomes with known ("risk") and unknown ("ambiguity") probabilities, and between attitudes toward uncertain gains and uncertain losses. Participants' choices were used to estimate risk and ambiguity attitudes in the gain and loss domains.

RESULTS:

Veterans with PTSD were more averse to ambiguity, but not risk, compared to veterans without PTSD, when making choices between possible losses, but not gains. The degree of aversion was associated with anxious arousal (e.g., hypervigilance) symptoms, as well as with the degree of combat exposure. Moreover, ambiguity attitudes fully mediated the association between combat exposure and anxious arousal symptoms.

CONCLUSIONS:

These results provide a foundation for prospective studies of the causal association between ambiguity attitudes and trauma-related symptoms, as well as etiologic studies of the neural underpinnings of these behavioral outcomes. More generally, these results demonstrate the potential of neuroeconomic and behavioral economic techniques for devising objective and incentive-compatible diagnostic tools, and investigating the etiology of psychiatric disorders.
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<http://www.tandfonline.com/doi/abs/10.3109/10826084.2015.1133644>

The Impact of Hazardous Alcohol Use on Behavioral Healthcare Utilization Among National Guard Service Members.

Carissa van den Berk-Clark , Sundari Balan , Manan V. Shroff , Greg Widner , Rumi Kato Price

Substance Use & Misuse

Published online: 23 Mar 2016

DOI:10.3109/10826084.2015.1133644

Background:

Prior research suggests that both posttraumatic stress disorder (PTSD) and alcohol abuse affect behavioral healthcare utilization among combat-exposed military populations. However, their interactive effect is not well documented, especially after experiencing psychological trauma.

Objective:

This study examined the role of hazardous alcohol use (i.e. repeated patterns of drinking which lead to harmful consequences) on behavioral healthcare utilization among service members stratified by past-year combat exposure.

Method:

This study utilized a sample of National Guard service members who participated in an in-depth survey 2–4 months after returning from Operation Enduring Freedom, Operation Iraqi Freedom, or Operation New Dawn deployments (2011–2013) (n = 467). We examine the marginal effect (the change in the probability) of hazardous alcohol use on utilization while controlling for trauma exposure, PTSD and other potential covariates.

Results:

In the unadjusted logistic model, hazardous alcohol use reduced the probability of behavioral healthcare utilization by 77% among service members who had been exposed to combat within the past year. In the adjusted model, which controlled for socio-demographics (age, gender, and race), health status (PTSD symptoms, depression and physical health), and measures of stigma (perception of services as embarrassing or harmful to one's career or social networks), hazardous alcohol use further reduced the utilization probability by 302%.

Conclusion/Importance:

Although these findings require replication, they appear to demonstrate that when combat-exposed service members engaged in hazardous alcohol use at postdeployment, they were much less likely to utilize behavioral healthcare to manage their posttraumatic stress symptoms during this period.

<http://www.sciencedirect.com/science/article/pii/S221503661600064X>

Direct versus indirect psychosocial and behavioural interventions to prevent suicide and suicide attempts: a systematic review and meta-analysis.

Esther L Meerwijk, Amrita Parekh, Maria A Oquendo, I Elaine Allen, Linda S Franck, Kathryn A Lee

The Lancet Psychiatry

Available online 24 March 2016

doi:10.1016/S2215-0366(16)00064-X

Background

Psychosocial and behavioural interventions that address suicidal thoughts and behaviour during treatment (direct interventions) might be more effective in preventing suicide and suicide attempts than indirect interventions that address symptoms associated with suicidal behaviour

only (eg, hopelessness, depression, anxiety, quality of life). To test this hypothesis, we did a systematic review and meta-analysis of psychosocial and behavioural interventions aimed at preventing suicide and suicide attempts.

Methods

For this systematic review and meta-analysis, we searched MEDLINE and PsycINFO from inception to Dec 25, 2015, for randomised controlled trials that reported suicides or suicide attempts as an outcome, irrespective of participants' diagnoses or the publication language. We excluded studies with pharmacological or device-based interventions, those that targeted communities or clinicians, primary prevention trials, and trials that reported events of non-suicidal self-injury as suicide attempts. Trials that had no suicides or suicide attempts in both groups were also excluded. Data were extracted by one investigator and independently verified by a second investigator. We used random-effects models of the odds ratio (OR) based on a pooled measure of suicides and the number of individuals who attempted suicide, immediately post-treatment and at longer-term follow-up.

Findings

Of 2024 unique abstracts screened, 53 articles met eligibility criteria and reported on 44 studies; 31 studies provided post-treatment data with 6658 intervention group participants and 6711 control group participants at baseline, and 29 studies provided follow-up data. The post-treatment difference between direct interventions and indirect interventions did not reach statistical significance at the 0.05 level (OR 0.62 [95% CI 0.45–0.87] vs 0.93 [0.77–1.12], $p=0.06$) and represented a large effect size (Cohen's $d=0.77$). At longer-term follow-up, the difference was not significant (OR 0.65 [0.46–0.91] vs 0.82 [0.70–0.96], $p=0.25$) but still represented a medium effect size (Cohen's $d=0.47$). These effect sizes emphasise the clinical importance of direct interventions. Post-hoc subgroup and sensitivity analyses showed that our results are robust and unlikely to be notably affected by between-study heterogeneity or publication bias.

Interpretation

Psychosocial and behavioural interventions that directly address suicidal thoughts and behaviour are effective immediately post-treatment and long term, whereas treatments indirectly addressing these components are only effective long term. Moreover, although the differences shown between direct and indirect strategies were non-significant, the difference in favour of direct interventions represented a large post-treatment improvement and medium improvement at longer-term follow-up. On the basis of these findings, clinicians working with patients at risk of suicide should address suicidal thoughts and behaviours with the patient directly. Although direct interventions are effective, they are not sufficient, and additional efforts are needed to further reduce death by suicide and suicide attempts. Continued patient contact might be necessary to retain long-term effectiveness.

Perceptions of Institutional Betrayal Predict Suicidal Self-Directed Violence Among Veterans Exposed to Military Sexual Trauma.

Monteith, L. L., Bahraini, N. H., Matarazzo, B. B., Soberay, K. A. and Smith, C. P.

Journal of Clinical Psychology

Article first published online: 23 MAR 2016

DOI: 10.1002/jclp.22292

Objectives

We examined perceptions of institutional betrayal among Veterans exposed to military sexual trauma (MST) and whether perceptions of institutional betrayal are associated with symptoms of posttraumatic stress disorder (PTSD), depression, and suicidal ideation and attempt after MST.

Method

A total of 49 Veterans with MST completed self-report measures and interviews in a Veterans Health Administration setting.

Results

Many participants reported perceptions that a military institution created an environment in which MST seemed common, likely to occur, and did not proactively prevent such experiences. Many participants expressed difficulty reporting MST and indicated that the institutional response to reporting was inadequate. Over two-thirds perceived that the institution had created an environment in which they no longer felt valued or in which continued membership was difficult. Perceptions of institutional betrayal were associated with PTSD symptoms, depressive symptoms, and increased odds of attempting suicide after MST. In contrast, perceptions of institutional betrayal were not associated with post-MST suicidal ideation. Among the subsample of Veterans exposed to military sexual assault, the association between institutional betrayal and PTSD symptoms approached significance.

Conclusions

Perceptions regarding institutional betrayal appear to be highly relevant to MST and its sequelae. These findings underscore the importance of Veterans' perceptions of the military institution's efforts to prevent and respond to MST to individual recovery from sexual trauma. Additional research regarding the association between institutional betrayal and health-related outcomes is needed.

Late-Life Exacerbation of PTSD Symptoms in US Veterans: Results From the National Health and Resilience in Veterans Study.

Natalie Mota, PhD; Jack Tsai, PhD; Paul D. Kirwin, MD; Ilan Harpaz-Rotem, PhD; John H. Krystal, MD; Steven M. Southwick, MD; and Robert H. Pietrzak, PhD, MPH

The Journal of Clinical Psychiatry
2016;77(3):348–354
DOI 10.4088/JCP.15m10101

Objective:

More than 60% of US military veterans are 55 years or older. Although several case studies have suggested that older age is associated with a higher likelihood of reactivated or delayed-onset posttraumatic stress disorder (PTSD) symptoms in veterans, population-based data on the prevalence and determinants of this phenomenon are lacking.

Method:

Using data from the National Health and Resilience in Veterans Study (NHRVS: Wave 1 = October 2011–December 2011; Wave 2 = September 2013), a nationally representative, cohort study of US veterans, we evaluated the prevalence and determinants of exacerbated PTSD symptoms in 1,441 veterans 55 years or older using a DSM-IV–based measure in 2011 and a DSM-5–based measure in 2013. Veterans whose worst trauma occurred at least 5 years prior to Wave 2 of the NHRVS (mean = 28.6 years) and who reported a clinically significant increase (ie, ≥ 0.5 standard deviation [SD]; mean = 1.27, SD = 0.78) in PTSD symptoms from Wave 1 (lifetime) to Wave 2 (past-month) were identified as having exacerbated PTSD symptoms.

Results:

Results revealed that 9.9% of older US veterans experienced exacerbated PTSD symptoms an average of nearly 3 decades after their worst trauma. A multivariable logistic regression model indicated that greater self-reported cognitive difficulties at Wave 1 independently predicted exacerbated PTSD symptoms at Wave 2. Post hoc analysis revealed that this association was driven by greater severity of executive dysfunction (adjusted odds ratio range, 1.27–3.22).

Conclusions:

Approximately 1 in 10 older US veterans experiences a clinically significant exacerbation of PTSD symptoms in late life. Executive dysfunction may contribute to risk for exacerbated PTSD symptoms. These results suggest that exacerbated PTSD symptoms are prevalent in US veterans and highlight potential targets for identifying veterans at risk for this phenomenon.

Links of Interest

The military's suicide-prevention fight has moved to Facebook and Twitter

<http://www.militarytimes.com/story/military/2016/03/20/facebook-may-help-stop-your-friend-killing-himself/81960906/>

Counterpoint: Don't vilify the VA on treatment for PTSD

<http://www.startribune.com/counterpoint-don-t-vilify-the-va-on-treatment-for-ptsd/373004471/>

Enhancing sleep after brain injury reduces brain damage, cognitive decline in rats

<https://www.sciencedaily.com/releases/2016/03/160323082229.htm>

Playing action video games may increase the capability for a suicide attempt

<https://www.sciencedaily.com/releases/2016/03/160328133936.htm>

Psychotherapy for depressed rats shows genes aren't destiny

<https://www.sciencedaily.com/releases/2016/03/160329112425.htm>

Service dog helped retired Virginia Marine overcome PTSD

<http://www.stripes.com/news/us/service-dog-helped-retired-virginia-marine-overcome-ptsd-1.401706>

Legos help ease Iraq veteran's post-traumatic stress

<http://www.militarytimes.com/story/veterans/2016/03/26/legos-help-ease-iraq-veterans-post-traumatic-stress/82208836/>

Screening for PTSD in Primary Care

<http://nurse-practitioners-and-physician-assistants.advanceweb.com/Features/Articles/Screening-for-PTSD-in-Primary-Care.aspx>

New research: Nine laws particularly effective in reducing underage drinking fatalities

<https://www.sciencedaily.com/releases/2016/03/160330174224.htm>

Study looks at why people may feel more helpless in stressful situations than others

<https://www.sciencedaily.com/releases/2016/03/160330102846.htm>

Tele-Behavioral Health, 'face-to-face' teleconferencing between health providers and patients

http://www.army.mil/article/164972/Tele_Behavioral_Health_face_to_face_teleconferencing_between_health_providers_and_patients/

Resource of the Week -- [New/Updated Info on Anxiety Disorders from the National Institute of Mental Health \(NIMH\)](#).

This section of the NIMH [collection of mental health information geared towards the general public](#) was just updated this month. Sections include: Definition; Signs and Symptoms; Risk Factors; Treatments and Therapies; information about clinical trials; and links to booklets and brochures, videos/archived webinars, resources from the federal government, and research/statistics.

The screenshot shows the NIMH website interface. At the top, there is a dark navigation bar with links for 'National Institutes of Health', 'Contact Us', and 'Get Email Updates'. Below this is the NIMH logo and the tagline 'Transforming the understanding and treatment of mental illnesses.' A search bar is also present. The main navigation menu includes 'HEALTH & EDUCATION', 'OUTREACH', 'RESEARCH PRIORITIES', 'FUNDING', 'LABS AT NIMH', 'NEWS', and 'ABOUT US'. Under 'HEALTH & EDUCATION', there are sub-links for 'Mental Health Information', 'Publications', 'Educational Resources', 'Clinical Trials — Participants', 'Statistics', and 'Help for Mental Illnesses'. The page content is titled 'Anxiety Disorders' and features a 'Definition' section. A sidebar on the left lists various topics: Definition, Signs and Symptoms, Risk Factors, Treatments and Therapies, Join a Study, and Learn More. On the right, there are two featured articles: 'Science News About Anxiety Disorders' and 'Bullying Exerts Psychiatric Effects Into Adulthood'.

Shirl Kennedy
Research Editor
Center for Deployment Psychology
www.deploymentpsych.org
skennedy@deploymentpsych.org
301-816-4749