



CDP Research Update -- June 30, 2016

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[http://www.professionalnursing.org/article/S8755-7223\(16\)30040-0/abstract](http://www.professionalnursing.org/article/S8755-7223(16)30040-0/abstract)

Joining Forces: The Status of Military and Veteran Healthcare in Nursing Curricula.

Brenda Elliott, PhD, RN and Barbara Patterson, RN, PhD, ANEF

Journal of Professional Nursing

Published Online: June 17, 2016

DOI: <http://dx.doi.org/10.1016/j.profnurs.2016.06.006>

According to the Department of Veterans Affairs, there are approximately 23 million Veterans living in the United States. In 2012, the Joining Forces initiative highlighted the need to enhance nursing education for the military and Veteran population. With the drawdown of two long, large-scale conflicts, a young cohort of Veterans presented new challenges in healthcare. While not necessarily a traditional vulnerable population, given their emergent healthcare needs, they are vulnerable. Purnell's Model for Cultural Competence provided a framework for this exploratory descriptive study. A national online survey of 123 nursing programs that pledged to support Joining Forces responded as to how they addressed the initiatives, curricular content, and facilitators and barriers to the process. The findings suggest that some schools/colleges of nursing have exceeded the initiative goals, some who have implemented little, while most are in the process. Respondents shared approaches used to enhance courses and curricula. Faculty who were veterans were a strength to program enhancement. The majority felt incorporating this content was important, although lack of time and a content-laden curriculum were common barriers. Nurse educators have an ethical obligation to teach culturally sensitive care. Making the pledge was only the first step.

<http://tva.sagepub.com/content/early/2016/06/13/1524838016650188.abstract>

A Critical Review of Negative Affect and the Application of CBT for PTSD.

Wilson J. Brown, Daniel Dewey, Brian E. Bunnell, Stephen J. Boyd, Allison K. Wilkerson, Melissa A. Mitchell, and Steven E. Bruce

Trauma, Violence, & Abuse

First published on June 14, 2016

doi:10.1177/1524838016650188

Forms of cognitive and behavioral therapies (CBTs), including prolonged exposure and cognitive processing therapy, have been empirically validated as efficacious treatments for posttraumatic stress disorder (PTSD). However, the assumption that PTSD develops from

dysregulated fear circuitry possesses limitations that detract from the potential efficacy of CBT approaches. An analysis of these limitations may provide insight into improvements to the CBT approach to PTSD, beginning with an examination of negative affect as an essential component to the conceptualization of PTSD and a barrier to the implementation of CBT for PTSD. As such, the literature regarding the impact of negative affect on aspects of cognition (i.e., attention, processing, memory, and emotion regulation) necessary for the successful application of CBT was systematically reviewed. Several literature databases were explored (e.g., PsychINFO and PubMed), resulting in 25 articles that met criteria for inclusion. Results of the review indicated that high negative affect generally disrupts cognitive processes, resulting in a narrowed focus on stimuli of a negative valence, increased rumination of negative autobiographical memories, inflexible preservation of initial information, difficulty considering counterfactuals, reliance on emotional reasoning, and misinterpretation of neutral or ambiguous events as negative, among others. With the aim to improve treatment efficacy of CBT for PTSD, suggestions to incorporate negative affect into research and clinical contexts are discussed.

<http://onlinelibrary.wiley.com/doi/10.1002/da.22534/abstract>

Patterns of change in response to prolonged exposure: implications for treatment outcome.

Clapp, J. D., Kemp, J. J., Cox, K. S. and Tuerk, P. W.

Depression and Anxiety

Version of Record online: 20 JUN 2016

DOI: 10.1002/da.22534

Background

Assessment of response to Prolonged Exposure (PE) suggests some patients may experience discontinuous change involving sudden symptom reductions and/or temporary exacerbations. The current study looked to (1) isolate profiles of PE response among treatment-seeking veterans and (2) identify factors associated with unique patterns of change.

Methods

Archival records were examined for veterans receiving PE through a specialty Veterans Affairs Medical Center (VAMC) clinic (N = 109). Latent profile analysis was used to extract response trajectories defined by change in weekly PTSD Checklist (PCL) scores. Associations with provider status (staff vs. intern), setting (in-person vs. telehealth), initial severity (PTSD; depression), and eventual treatment gains were examined.

Results

Three profiles were observed. Rapid Responders (18.3%) evidenced sharp reductions at Week 2 and again between Weeks 5 and 6. Linear Responders (40.4%) demonstrated gradual

reductions throughout the 10-week assessment window. Delayed Responder (41.3%) scores were relatively stable over the evaluation period although final session outcomes indicated reliable change ($PCL\Delta > 10$) in 40% of patients. Profiles were similar with respect to provider status, treatment setting, and initial symptom severity. Rapid Responders evidenced lower final session scores relative to Linear ($g = 1.13$) and Delayed ($g = 1.85$) groups, with Linear Responders reporting lower end scores than Delayed Responders ($g = 1.02$).

Conclusions

Anticipating patterns of recovery and their association with therapeutic outcome is of immense clinical value. Sudden gains emerged as a strong predictor of enhanced response. Data also suggest potential benefits of extending standard intervention for patients who fail to demonstrate an immediate response to PE.

<https://www.nationalregister.org/pub/the-national-register-report-pub/the-register-report-spring-2016/job-strain-and-burnout-in-military-psychology/>

Job Strain and Burnout in Military Psychology.

Mark A. Staal, PhD, ABPP, and Joseph L. Bonvie, PsyD, ABPP

The Register Report
(National Register of Health Services Psychologists)
Spring 2016

In the wake of nearly 15 years of sustained combat, military psychologists remain heavily employed. The intensity of this employment as well as the unique demands placed on psychologists serving in the military has contributed to job strain and subsequent burnout (Linnerooth, Mrdjenovich, & Moore, 2011). Some have attributed this to operational tempo and nature of the conflict. (Sargent, Millegan, Delaney, Roesch, Sanders, Mak, Mallahan, Raducha, & Webb-Murphy, 2016). The following article discusses job strain and burnout as they relate to the work of military psychologists. The expansion of service provision models and the unique stresses placed on military psychologists are also addressed.

<http://www.sciencedirect.com/science/article/pii/S1077722916300396>

Cognitive Behavioral Mobile Applications: Clinical Studies, Marketplace Overview, and Research Agenda.

John Torous, Michael Levin, David Ahern, Megan Oser

Cognitive and Behavioral Practice
Available online 19 June 2016
doi:10.1016/j.cbpra.2016.05.007

Objective

To review the current literature for evidence regarding the feasibility and efficacy of smartphone-based cognitive-behavioral intervention mobile applications, compare such to the number of applications on the commercial marketplaces, and explore potential steps forward for research in the field.

Methods

A literature search was conducted for papers published before February 2015 featuring quantitative results on clinical outcomes regarding the use of a smartphone for cognitive behavioral therapy, dialectical behavioral therapy, behavioral activation, and acceptance and commitment therapy. A search for the number of related applications available to consumers on the Apple and Google Play commercial marketplaces was also conducted.

Results

Nine studies, described in 11 articles, were identified that featured the use of smartphones in cognitive-behavioral interventions. The majority of studies presented pilot results suggesting the potential feasibility/efficacy of such apps. Four hundred and forty-seven related applications were found to be available on the commercial marketplaces.

Conclusions

The research base for smartphone-based cognitive-behavioral intervention mobile applications is preliminary at this point although results are encouraging. There is a discrepancy between the published literature and commercial applications available to consumers. We suggest potential steps forward in research to advance clinical use and research on this topic.

<https://content.govdelivery.com/accounts/USVHA/bulletins/150ffe6>

PTSD Monthly Update -- Resources in Response to the Orlando Tragedy

National Center for PTSD
June 2016

The extent of the Orlando mass shooting has shocked and deeply touched individuals across the globe. Of all disasters, mass violence and terrorism is linked with higher rates of traumatic stress reactions and for longer durations.

People with a connection to the shooting (or to a similar type of event) may experience grief, fear, anger, helplessness, and sadness. They may find themselves thinking about what

happened during the day and have trouble sleeping at night.

These are common reactions early on, but if they go on for more than a few weeks or are overwhelming it is important to seek help. Learn more about what to expect and when to seek help.

<http://aje.oxfordjournals.org/content/early/2016/06/09/aje.kwv291.abstract>

Longitudinal Associations Among Posttraumatic Stress Disorder, Disordered Eating, and Weight Gain in Military Men and Women.

K. S. Mitchell, B. Porter, E. J. Boyko and A. E. Field

American Journal of Epidemiology

First published online: June 9, 2016

doi: 10.1093/aje/kwv291

Obesity is a major health problem in the United States and a growing concern among members of the military. Posttraumatic stress disorder (PTSD) has been associated with overweight and obesity and may increase the risk of those conditions among military service members. Disordered eating behaviors have also been associated with PTSD and weight gain. However, eating disorders remain understudied in military samples. We investigated longitudinal associations among PTSD, disordered eating, and weight gain in the Millennium Cohort Study, which includes a nationally representative sample of male (n = 27,741) and female (n = 6,196) service members. PTSD at baseline (time 1; 2001–2003) was associated with disordered eating behaviors at time 2 (2004–2006), as well as weight change from time 2 to time 3 (2007–2008). Structural equation modeling results revealed that the association between PTSD and weight change from time 2 to time 3 was mediated by disordered eating symptoms. The association between PTSD and weight gain resulting from compensatory behaviors (vomiting, laxative use, fasting, overexercise) was significant for white participants only and for men but not women. PTSD was both directly and indirectly (through disordered eating) associated with weight change. These results highlight potentially important demographic differences in these associations and emphasize the need for further investigation of eating disorders in military service members.

<http://journals.rcni.com/doi/abs/10.7748/mhp.19.9.14.s19>

Implications of tours of duty on service personnel's mental health.

Christopher Hall
Staff nurse working for Norfolk and Suffolk. NHS Foundation Trust

Mental Health Practice
19, 9, 14-20
<http://dx.doi.org/10.7748/mhp.19.9.14.s19>

Many service personnel return home from overseas deployment dramatically changed by their experiences, but, unlike physical wounds, mental health issues are less visible and can be difficult to manage. The transition from military service to civilian life is a complex process that involves various dimensions. For most veterans the process is smooth and well managed, but for some the return to civilian life is challenging. This article examines some of the literature on mental health issues that can affect veterans and discusses some of the ways in which mental health nurses can support this client group.

<http://archinte.jamanetwork.com/article.aspx?articleid=2527390>

Centrally Assisted Collaborative Telecare for Posttraumatic Stress Disorder and Depression Among Military Personnel Attending Primary Care: A Randomized Clinical Trial.

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JAMA Internal Medicine
June 13, 2016
doi:10.1001/jamainternmed.2016.2402

Importance

It is often difficult for members of the US military to access high-quality care for posttraumatic stress disorder (PTSD) and depression.

Objective

To determine effectiveness of a centrally assisted collaborative telecare (CACT) intervention for PTSD and depression in military primary care.

Design, Setting, and Participants

The STEPS-UP study (Stepped Enhancement of PTSD Services Using Primary Care) is a randomized trial comparing CACT with usual integrated mental health care for PTSD or depression. Patients, mostly men in their 20s, were enrolled from 18 primary care clinics at 6

military installations from February 2012 to August 2013 with 12-month follow-up completed in October 2014.

Interventions

Randomization was to CACT (n = 332) or usual care (n = 334). The CACT patients received 12 months of stepped psychosocial and pharmacologic treatment with nurse telecare management of caseloads, symptoms, and treatment.

Main Outcomes and Measures

Primary outcomes were severity scores on the PTSD Diagnostic Scale (PDS; scored 0-51) and Symptom Checklist depression items (SCL-20; scored 0-4). Secondary outcomes were somatic symptoms, pain severity, health-related function, and mental health service use.

Results

Of 666 patients, 81% were male and the mean (SD) age was 31.1 (7.7) years. The CACT and usual care patients had similar baseline mean (SD) PDS PTSD (29.4 [9.4] vs 28.9 [8.9]) and SCL-20 depression (2.1 [0.6] vs 2.0 [0.7]) scores. Compared with usual care, CACT patients reported significantly greater mean (SE) 12-month decrease in PDS PTSD scores (-6.07 [0.68] vs -3.54 [0.72]) and SCL-20 depression scores -0.56 [0.05] vs -0.31 [0.05]). In the CACT group, significantly more participants had 50% improvement at 12 months compared with usual care for both PTSD (73 [25%] vs 49 [17%]; relative risk, 1.6 [95% CI, 1.1-2.4]) and depression (86 [30%] vs 59 [21%]; relative risk, 1.7 [95% CI, 1.1-2.4]), with a number needed to treat for a 50% improvement of 12.5 (95% CI, 6.9-71.9) and 11.1 (95% CI, 6.2-50.5), respectively. The CACT patients had significant improvements in somatic symptoms (difference between mean 12-month Patient Health Questionnaire 15 changes, -1.37 [95% CI, -2.26 to -0.47]) and mental health-related functioning (difference between mean 12-month Short Form-12 Mental Component Summary changes, 3.17 [95% CI, 0.91 to 5.42]), as well as increases in telephone health contacts and appropriate medication use.

Conclusions and Relevance

Central assistance for collaborative telecare with stepped psychosocial management modestly improved outcomes of PTSD and depression among military personnel attending primary care.

Trial Registration

clinicaltrials.gov Identifier: NCT01492348

<https://www.nationalregister.org/pub/the-national-register-report-pub/the-register-report-spring-2016/assessing-wellness-in-psychology-examples-from-medicine/>

Assessing Wellness in Psychology: Examples from Medicine.

Jodie Eckleberry-Hunt, PhD, ABPP, and Heather Kirkpatrick, PhD, ABPP, MSCP

The Register Report (National Register of Health Service Psychologists)
Spring 2016

Wellness is increasingly becoming an area of research and clinical focus among health care professionals. At the same time, it is not entirely clear what constitutes attainable wellness goals, particularly among individuals in demanding professions. The focus of this paper is to review recent research on physician wellness and draw comparisons to psychologists. We discuss our research findings that physician wellness encompasses three factors, Career Purpose, (lack of) Distress, and Cognitive Flexibility. The hope is that psychologists, who are increasingly moving into medical practice settings, will be able to benefit from this different perspective.

<http://gradworks.umi.com/10/11/10118710.html>

Parents' Daily Hassles Stress and Child Avoidant Coping during Deployment: A Structural Equation Nonrecursive Model to Investigate the Non-deployed Parent-Child Dyad in National Guard Families.

Beall, Peggy Howell, Ph.D.

Dissertation (Social Work)
University of Maryland, Baltimore
2016

Deployment is an event that military spouses and children cannot control. Repeated and lengthy deployments are associated with higher stress. Intense or prolonged stress is associated with maladaptive coping and physical, emotional, and relationship problems. Extant studies do not explain how parent stress and child avoidant coping do or do not impact one another. This dissertation's structural equation model tested the hypothesis that parent stress and child avoidant coping have a bidirectional relationship. Parent age, parent education, parent satisfaction with unit support, months of deployment were hypothesized to predict parent stress. Child age and child social support were hypothesized to predict child avoidant coping. The results suggest that parent stress and child avoidant coping do have a bidirectional relationship. The length of deployment did predict parent stress. Child age and child's social support predicted child avoidant coping. Finding that parent stress and child avoidant coping have a bidirectional relationship has implications for social work practice. Interventions that focus on the interaction of parent stress and child avoidant coping may be more efficacious than interventions that focus on parent stress or child avoidant coping independently. Further research should be done to investigate that supposition.

<http://ps.psychiatryonline.org/doi/abs/10.1176/appi.ps.201500271>

Suicide-Related Knowledge and Confidence Among Behavioral Health Care Staff in Seven States.

Caroline Silva, M.S., April R. Smith, Ph.D., Dorian R. Dodd, M.A., David W. Covington, L.P.C., M.B.A., Thomas E. Joiner, Ph.D.

Psychiatric Services

Published online: June 15, 2016

<http://dx.doi.org/10.1176/appi.ps.201500271>

Objective:

Death by suicide is a serious and growing public health concern in the United States. This noncontrolled, naturalistic study examined professionals' knowledge about suicide and confidence in working with suicidal individuals, comparing those who had received either of two gatekeeper trainings—Question, Persuade, and Refer (QPR) or Applied Suicide Intervention Skills Training (ASIST)—or other suicide-relevant training or no training.

Methods:

Participants (N=16,693) were individuals in various professional roles in the field of behavioral health care in Indiana, Kentucky, New York, Pennsylvania, Tennessee, Texas, and Utah. Participants completed a survey assessing suicide knowledge and skills confidence.

Results:

Most participants (52.9%) reported no previous suicide prevention or assessment training. Individuals with suicide-relevant training demonstrated greater suicide knowledge and confidence than those with no such training. Among those who had received any training, no differences were found in suicide knowledge; however, individuals who had received ASIST reported greater confidence in working with suicidal individuals, compared with those who had received other training. Professional role and prior experience with a client who had died by suicide had significant positive relationships with suicide knowledge and confidence. Regional differences emerged between states and are examined within the context of statewide suicide prevention initiatives.

Conclusions:

Increasing access to and incentives for participating in suicide-relevant training among behavioral health care staff may foster a more knowledgeable and confident group of gatekeepers. Future research should examine whether increases in knowledge and confidence among staff translate into actual changes in practice that help protect and serve at-risk individuals.

<http://online.liebertpub.com/doi/abs/10.1089/acm.2015.0351>

Improvements in Executive Attention, Rumination, Cognitive Reactivity, and Mindfulness Among High–Suicide Risk Patients Participating in Adjunct Mindfulness-Based Cognitive Therapy: Preliminary Findings.

Chesin Megan S., Benjamin-Phillips Christopher A., Keilp John, Fertuck Eric A., Brodsky Beth S., and Stanley Barbara

The Journal of Alternative and Complementary Medicine

Online Ahead of Print: June 15, 2016

doi:10.1089/acm.2015.0351

Objective:

To test changes to cognitive functioning among high–suicide risk outpatients participating in an adjunct mindfulness-based intervention combining mindfulness-based cognitive therapy and safety planning (MBCT-S).

Design:

Ten outpatients with a 6-month history of suicide attempt or active suicidal ideation plus suicidal ideation at study entry received 9 weeks of adjunct group-based MBCT-S. Executive attention, sustained attention, visual memory, and semantic memory encoding were measured by neuropsychological assessment. Rumination, mindfulness, cognitive reactivity (defined as the tendency towards depressogenic information processing and thought content in response to mild mood deterioration), and self-compassion were assessed using self-report measures. Changes in pre- to post-treatment functioning on these constructs were analyzed by using dependent t-tests. Where significant improvements were found, correlations between changes to cognitive functioning and depression and suicidal ideation during treatment were calculated.

Results:

Executive attention improved with MBCT-S in high–suicide risk outpatients (Stroop interference effect = 0.39 [standard deviation (SD), 27] at baseline and 0.27 (SD, 0.15) at post-treatment, $t[9] = 2.35$, $p = 0.04$, $d = 0.75$). One mindfulness skill, acting with awareness, increased with MBCT-S (average change in Five Facet Mindfulness Questionnaire-acting with awareness subscale score with treatment, 3.3 [SD, 3.0], $t[9] = 3.46$, $p < 0.01$, $d = 1.1$). Self-reported rumination and cognitive reactivity to suicidality and hopelessness decreased among participants (Ruminative Responses Brooding subscale score change, -3.4 [SD, 1.1], $t[9] = 10$, $p < 0.001$, $d = 3.2$; Leiden Index of Depression Sensitivity–Revised–Hopelessness/Suicidality subscale score change, -3 [SD, 2.7], $t[9] = 3.56$, $p < 0.01$, $d = 1.1$). None of these changes were related to improvements in depression or reductions in suicidal ideation during treatment.

Conclusions:

Findings from the present pilot study suggest that treatment with MBCT-S may improve

cognitive deficits specific to suicide ideators and attempters among depressed patients. Future controlled trials using follow-up assessments are needed to determine the specificity of these improvements in cognitive functioning to MBCT-S and their durability and to formally test whether the observed improvements in cognitive functioning explain MBCT-S treatment gains.

<http://www.ncbi.nlm.nih.gov/books/NBK362890/>

Mapping the Evidence: Sex Effects in High-Impact Conditions for Women Veterans – Depression, Diabetes, and Chronic Pain: Evidence-based Synthesis Program.

Investigators: Wei Duan-Porter, MD, PhD, Karen Goldstein, MD, MPH, Jennifer McDuffie, PhD, MPH, Megan Clowse, MD, Jaime M Hughes, MPH, MSW, Ruth Klap, PhD, Varsha Masilamani, MBBS, Nancy M Allen LaPointe, PharmD, MHS, and John W Williams, Jr, MD, MHSc.

Washington (DC): Department of Veterans Affairs (US); 2015 Sep.

Women are entering the military at unprecedented rates and comprise a rapidly increasing segment of Veterans Health Administration (VHA) enrollees. In response, the VHA Women's Health Service requested an evidence map to (1) identify effective interventions in women, (2) better understand sex differences in intervention effects for high-impact medical conditions, and (3) identify gaps in evidence about the efficacy of interventions in women.

<http://www.hindawi.com/journals/cpn/2016/4720941/>

Subclinical Posttraumatic Stress Disorder Symptoms: Relationships with Blood Pressure, Hostility, and Sleep.

James A. McCubbin, Heidi M. Zinzow, Melissa A. Hibdon, Aaron W. Nathan, Anastasia V. Morrison, Gregg W. Hayden, Caitlyn Lindberg, and Fred S. Switzer

Cardiovascular Psychiatry and Neurology
Volume 2016 (2016), Article ID 4720941, 9 pages
<http://dx.doi.org/10.1155/2016/4720941>

The purpose of this study was to examine the relationships among subclinical PTSD symptoms, blood pressure, and several variables linked to both frank PTSD and the basic psychobiological adaptation to stress. The authors recruited a sample of 91 healthy, young men and women between 18 and 35 years. We examined links among subclinical posttraumatic stress disorder symptoms, blood pressure, sleep quality, and hostility. Posttraumatic stress disorder symptoms were associated with poorer sleep quality and higher hostility scores in both women and men. In

men, PTSD symptoms were also associated with elevated resting diastolic blood pressure, and sex was an important moderator of that relationship. Moreover, sleep quality and hostility are substantive mediators of the relationship between diastolic blood pressure and PTSD. Behavioral interventions designed to increase sleep quality and restructure hostile attitudes could potentially serve as preventive interventions for PTSD and the underlying cardiovascular comorbidities in young adults.

<http://www.tandfonline.com/doi/abs/10.1080/13811118.2016.1199990>

Suicidal Ideation after Mild Traumatic Brain Injury: A Consecutive Canadian Sample.

A. Bethune , L. da Costa , C. H. B. van Niftrik , A. Feinstein

Archives of Suicide Research

Published online: 16 Jun 2016

DOI:10.1080/13811118.2016.1199990

Objectives:

We aim to elucidate psychosocial and injury features contributing to SI following concussion or mild traumatic brain injury (mTBI) and the time course for its development.

Methods:

Between 1998 and 2012, a sample of 871 patients referred to a follow-up clinic after concussion treatment in an urban tertiary care ED were consecutively offered enrollment at 3 months post injury. Data from psychiatric and social-demographic assessments were consecutively collected at two visits (3 and 6 months after injury) respectively. Chi-square and t-tests were performed to identify associations between variables related with SI. Logistic regression analysis was performed to identify factors independently associated.

Results:

During the enrolment period, 2296 patients with mTBI presented to the ED. 871 adults completed psychiatric and social demographic clinic assessments at 3 months, and 500 returned at 6 months. Suicidal ideation was expressed by 6.3% at 3 months and 8.2% at 6 months. Regression models showed SI independently associated with: speaking English as a Second Language (ESL) and injury mechanism (MVC passenger) at 3 and 6 months; and history of depression and marital status at 3 months only.

Conclusions:

SI is common 3 months after mTBI, and appears more at 6 month follow up. These findings suggest earlier screening for predisposing factors and closer monitoring of those at risk for suicidality.

<http://ajph.aphapublications.org/doi/abs/10.2105/AJPH.2016.303293>

Repeated Concussions: Time to Spur Action Among Vulnerable Veterans.

Uchenna S. Uchendu, MD, Bennet I. Omalu, MD, MBA, MPH, CPE, David X. Cifu, MD, and Leonard E. Egede, MD, MS

American Journal of Public Health

Accepted on: May 27, 2016

doi: 10.2105/AJPH.2016.303293

The Secretary of the United States Department of Veterans Affairs (VA) Honorable Robert McDonald recently pledged to donate his brain for chronic traumatic encephalopathy (CTE) research. Citing exposures to football, rugby, boxing, and paratrooper escapades as an army ranger, Secretary McDonald suggested that his brain could add to the body of knowledge on the effect of repeated concussions. In the meantime, work is under way to make the connections between the CTE postmortem diagnosis and the clinical findings while people are alive. Such knowledge is expected to positively impact medical management for people at risk and inform necessary policies, preventive actions, and health equity issues.

<http://www.sciencedirect.com/science/article/pii/S0005789416300296>

Quantity and Quality of Homework Compliance: A Meta-Analysis of Relations With Outcome in Cognitive Behavior Therapy.

Nikolaos Kazantzis, Craig Whittington, Leah Zelencich, Michael Kyrios, Peter J. Norton, Stefan G. Hofmann

Behavior Therapy

Available online 19 May 2016

doi:10.1016/j.beth.2016.05.002

Homework assignments have been shown to produce both causal and correlational effects in prior meta-analytic reviews of cognitive behavior therapy (CBT), but this research area has been characterized by a focus on the amount of compliance (i.e., quantity), and little is known about the role of skill acquisition (i.e., quality). A landmark study by Neimeyer and Feixas (1990) showed stronger homework-outcome relations when quality was assessed, but previous reviews have not considered whether the same pattern is evident across studies. Seventeen studies of CBT (N = 2,312 clients) published following calls for research on homework quality were included in the current meta-analysis. In the present review, homework compliance

relations were demonstrated when outcome was assessed at posttreatment (quality Hedges' $g = 0.78$, 95% Confidence Interval [CI] = 0.03 to 1.53, $k = 3$, $n = 417$; quantity $g = 0.79$, 95% CI = 0.57 to 1.02, $k = 15$, $n = 1537$) and at follow-up (quality $g = 1.07$, 95% CI = 0.06 to 2.08, $k = 3$, $n = 417$; quantity $g = 0.51$, 95% CI = 0.28 to 0.74, $k = 7$, $n = 1291$). All effect sizes were different from 0, $ps < .05$. Differences that were obtained in homework-outcome relations among sources of compliance data (client, therapist, objective) were tentative due to overlapping CIs, but suggest a potential moderating effect. If confirmed by further research, the present findings would suggest that trial methods capable of assessing both quantity and quality have been an important omission in research on homework-outcome relations in CBT.

<http://www.sciencedirect.com/science/article/pii/S0740547215300325>

Comparative Effectiveness of an Internet-Based Smoking Cessation Intervention versus Clinic-Based Specialty Care for Veterans.

Patrick S. Calhoun, Santanu Datta, Maren Olsen, Valerie A. Smith, Scott D. Moore, Lauren P. Hair, Eric A. Dedert, Angela Kirby, Michelle Dennis, Jean C. Beckham, Lori A. Bastian

Journal of Substance Abuse Treatment
Available online 17 June 2016

doi:10.1016/j.jsat.2016.06.004

Introduction

The primary objective of this project was to examine the effectiveness of an internet-based smoking cessation intervention combined with a tele-health medication clinic for nicotine replacement therapy (NRT) compared to referral to clinic-based smoking cessation care.

Methods

A total of 413 patients were proactively recruited from the Durham VA Medical Center and followed for 12 months. Patients were randomized to receive either a referral to VA specialty smoking cessation care (control) or to the internet intervention and tele-health medication clinic. Primary outcomes included (1) intervention reach, (2) self-reported 7-day point prevalence abstinence rates at 3 months and 12 months, and 3) relative cost-effectiveness.

Results

Reach of the internet intervention and use of smoking cessation aids were significantly greater compared to the control. At 3 months-post randomization, however, there were no significant differences in quit rates: 17% (95% CI: 12%–23%) in the internet-based intervention compared to 12% (95% CI: 8% -17%) in the control arm. Similarly, there were no differences in quit rates at 12 months (13% vs. 16%). While costs associated with the internet arm were higher due to increased penetration and intensity of NRT use, there were no statistically significant differences

in the relative cost effectiveness (e.g., life years gained, quality adjusted life years) between the two arms.

Conclusions

Current results suggest that using an electronic medical record to identify smokers and proactively offering smoking cessation services that are consistent with US Public Health Guidelines can significantly reduce smoking in veterans. Novel interventions that increase the reach of intensive treatment are needed to maximize quit rates in this population.

<http://psycnet.apa.org/psycinfo/2016-26315-001/>

EEG Neurofeedback as Adjunct to Psychotherapy for Complex Developmental Trauma-Related Disorders: Case Study and Treatment Rationale.

Fisher, Sebern F.; Lanius, Ruth A.; Frewen, Paul A.

Traumatology

May 30 , 2016

<http://dx.doi.org/10.1037/trm0000073>

The present clinical case study describes the long term treatment of “Bea”, a survivor of repeated and complex developmental trauma, via trauma-focused psychotherapy combined with electroencephalography (EEG) neurofeedback. Bea’s case is described alongside a brief introduction to a rationale for including EEG neurofeedback as an intervention for complex developmental trauma-related disorders. Future research directions are discussed. (PsycINFO Database Record (c) 2016 APA, all rights reserved)

<http://www.ncbi.nlm.nih.gov/pubmed/?term=26291560>

Chest. 2016 Feb;149(2):483-90. doi: 10.1378/chest.15-0693. Epub 2016 Jan 1.

OSA Syndrome and Posttraumatic Stress Disorder: Clinical Outcomes and Impact of Positive Airway Pressure Therapy.

Lettieri CJ, Williams SG, Collen JF

BACKGROUND:

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

METHODS:

This was a case-controlled observational cohort study at the Sleep Disorders Center of an academic military medical center. Two hundred consecutive patients with PTSD underwent sleep evaluations. Patients with PTSD with and without OSAS were compared with 50 consecutive age-matched patients with OSAS without PTSD and 50 age-matched normal control subjects. Polysomnographic data, sleep-related symptoms and QoL measures, and objective PAP usage were obtained.

RESULTS:

Among patients with PTSD, more than one-half (56.6%) received a diagnosis of OSAS. Patients with PTSD and OSAS had lower QoL and more somnolence compared with the other groups. Patients with PTSD demonstrated significantly lower adherence and response to PAP therapy. Resolution of sleepiness occurred in 82% of patients with OSAS alone, compared with 62.5% of PAP-adherent and 21.4% of nonadherent patients with PTSD and OSAS ($P < .001$). Similarly, posttreatment Functional Outcomes of Sleep Questionnaire ≥ 17.9 was achieved in 72% of patients with OSAS, compared with only 56.3% of patients with PTSD and OSA who were PAP adherent and 26.2% who were nonadherent ($P < .03$).

CONCLUSIONS:

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

Published by Elsevier Inc.

<http://www.ncbi.nlm.nih.gov/pubmed/26409313>

J Affect Disord. 2016 Jan 1;189:77-84. doi: 10.1016/j.jad.2015.09.016. Epub 2015 Sep 11.

Major depression and depressive symptoms in Australian Gulf War veterans 20 years after the Gulf War.

Ikin JF, McKenzie DP, Gwini SM, Kelsall HL, Creamer M, McFarlane AC, Clarke DM, Wright B, Sim M

BACKGROUND:

Risk of major depression (depression) was elevated in Australia's Gulf War veterans in a 2000-2002 (baseline) study. A follow up study has measured the Gulf War-related risk factors for depression, also the current prevalence and severity of depression, use of anti-depressant medication, and persistence, remittance or incidence of depression since baseline in Gulf War veterans and a military comparison group.

METHODS:

Participants completed the Composite International Diagnostic Interview v.2.1, the 9-item Patient Health Questionnaire and the Military Service Experience Questionnaire, and consented to Repatriation Pharmaceutical Benefits Scheme (RPBS) and PBS linkage.

RESULTS:

Prevalence of depression (9.7% Gulf War veterans and 7.7% comparison group; adj RR=1.2, 95% CI 0.8-1.7), and pattern of persistence, remittance and incidence of depression since baseline, were similar in the two groups, however veterans reported slightly more severe symptoms (adj median difference 1, 95% CI 0.26-1.74) and were more likely to have been dispensed anti-depressant medication (adj RR=1.56, 95% CI 1.05-2.32). Depression amongst veterans was associated with self-reported Gulf War-related stressors in a dose-response relationship (adj RR 1.06, 95% CI 1.02-1.09).

LIMITATIONS:

Lower participation rates at follow up resulted in reduced statistical power compared with baseline, Gulf War related stressor data collected at baseline was at risk of recall bias, and RPBS and PBS databases do not capture all dispensed Nervous System medications.

CONCLUSIONS:

More than 20 years after the Gulf War, veterans are experiencing slightly more severe depressive symptoms than a military comparison group, and depression continues to be associated with Gulf War-related stressors.

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<http://jsw.sagepub.com/content/early/2016/06/17/1468017316654344.abstract>

The effect of combat experience on adult attachment: A stepfamily perspective.

Ryan D Turner, David S Wood, D Aaron Parks, and Kevin Shafer

Journal of Social Work

Published on June 20, 2016

doi:10.1177/1468017316654344

Summary

Social science researchers have long examined the impact of combat experience on individual and family outcomes, but doing so within a stepfamily context has yet to be done. Drawn from a sample of young adults living in the USA, this study examines the effect of emerging adults' combat experience on the relationship between their childhood attachment with a biological parent in a stepfamily setting and their adult attachment style with a romantic partner.

Findings

Results of multiple regression analysis indicate that a secure parent–child relationship within a stepfamily reduces the likelihood of exhibiting more characteristics of avoidant attachment style in adulthood. However, when interacted with combat experience, a secure parent-child relationship significantly increases the likelihood of exhibiting more characteristics of avoidant attachment in adulthood.

Applications

Results from this study advance previous research findings on the effect of wartime experience on individual outcomes by examining postcombat deployment attachment styles for individuals who were raised in a stepfamily context. Incorporating these findings into social work research and practice can help clinicians more effectively prevent service members' maladaptive postdeployment attachment styles and treat individuals and families affected by them.

<http://www.tandfonline.com/doi/full/10.1080/15332985.2016.1186134>

“Give us respect, support and understanding”: Women veterans of Iraq and Afghanistan recommend strategies for improving their mental health care.

Sally A. Koblinsky , Allison L. Schroeder , Leigh A. Leslie

Social Work in Mental Health

Published online: 22 Jun 2016

DOI:10.1080/15332985.2016.1186134

Although women veterans of Iraq and Afghanistan have experienced war-related mental health challenges, they underutilize Veterans Affairs (VA) health care relative to men. Quantitative studies have identified barriers that limit women veterans' use of health care, but there is a dearth of research asking recent women veterans to volunteer their own recommendations for improving their mental health care. The current qualitative study sought to increase representation of the client voice by asking 29 women veterans of the recent wars to recommend strategies for improving VA and community-based mental health services. 16 strategies were identified in three thematic areas, including the therapeutic relationship, clinical care environment, and health care system. Implications of the findings for enhancing access, use, and quality of mental health services for this cohort of women veterans are discussed.

<http://www.sciencedirect.com/science/article/pii/S0887618516300962>

Changes in Threat-Related Cognitions and Experiential Avoidance in Group-Based Transdiagnostic CBT for Anxiety Disorders.

Emmanuel Espejo, Amanda Gorlick, Natalie Castriotta

Journal of Anxiety Disorders

Available online 17 June 2016

doi:10.1016/j.janxdis.2016.06.006

Group-based Transdiagnostic Cognitive Behavioral Therapy (TCBT) for anxiety disorders aims to target common factors to produce beneficial effects on multiple anxiety disorders at once. While there is growing evidence that various anxiety disorders can be effectively treated by this approach, the common factors contributing to these treatment effects are not well delineated. In a sample of 48 Veterans who completed Group-based TCBT, the current study examined change in threat perception and change in experiential avoidance pre to post-treatment and as potential mediators of changes in negative affect and personalized fear ratings. Results indicated that both threat perception and experiential avoidance were significantly reduced during treatment. Additionally, reductions in both threat perception and experiential avoidance significantly predicted reductions in negative affect and fear ratings. When change in threat perception and change in experiential avoidance were examined simultaneously, both remained significant predictors of changes in negative affect though only experiential avoidance predicted changes in fear ratings. Thus, both reductions in threat perception and experiential avoidance may mediate the broad treatment effects observed in group-based TCBT. Directions for future research are discussed.

<http://link.springer.com/article/10.1007/s10896-016-9814-2>

Comparing Intimately Violent to Non-violent Veterans in Treatment for Posttraumatic Stress Disorder.

April A. Gerlock, Jackie G. Szarka, Koriann Cox, Ofer Harel

Journal of Family Violence

First online: 20 June 2016

DOI 10.1007/s10896-016-9814-2

The impact on relationships and adjustment to life after warzone deployments is a major concern, especially when the Veteran also struggles with posttraumatic stress disorder (PTSD). In this manuscript, we describe and compare Veterans who are intimately violent to non-violent Veterans who are in treatment for PTSD. In order to accurately identify the presence of intimate

partner violence (IPV) we relied on both Veterans' and their partners' reports in the form of interviews and questionnaires. Additionally, we examined the following variables to determine if PTSD severity, childhood witnessing of inter-parental IPV, substance use/abuse, mutuality, and demographic variables could reliably differentiate Veterans perpetrating IPV from those who were not. Of the overall sample (N = 882; Veterans and partners), 43% of the male Veterans met our operationally defined criteria for IPV. Among the variables identified above, only the level of relationship mutuality significantly differentiated the intimately violent from non-violent.

<http://www.tandfonline.com/doi/abs/10.1080/03630242.2016.1202884>

Intimate Partner Violence among Women Veterans by Sexual Orientation.

Christina M. Dardis , Jillian C. Shipherd , Katherine M. Iverson

Women & Health

Published online: 20 Jun 2016

DOI:10.1080/03630242.2016.1202884

National estimates suggest intimate partner violence (IPV) rates are equal or higher among lesbian, bisexual or questioning (LBQ)-identified women than heterosexual-identified women. Women veterans are a population at high risk for IPV, yet the occurrence of lifetime and past-year IPV experiences by sexual orientation have not been examined in this population. Lifetime and past-year IPV experiences and current IPV-related Posttraumatic Stress Disorder symptoms were assessed with validated screening measures as part of a 2014 web-based national survey of women veterans. Among 403 respondents, 9.7% (n = 39) identified as LBQ, and 90.3% (n = 364) identified as heterosexual. When controlling for age, LBQ-identified women veterans were significantly more likely to report lifetime sexual and physical IPV and lifetime intimate partner stalking. In the past year, LBQ-identified veterans were twice as likely to endorse emotional mistreatment and physical IPV, and three times more likely to endorse sexual IPV, than were heterosexual-identified women veterans. However, sexual orientation was unrelated to IPV-related PTSD symptoms, when controlling for age, race and number IPV forms experienced. IPV is prevalent among LBQ-identified women veterans, suggesting the need to understand the potentially unique contextual factors and health care needs of this group.

<http://link.springer.com/article/10.1007/s12671-016-0555-3>

Coping Self-Efficacy and Mindfulness in Non-Suicidal Self-Injury.

Nancy L. Heath, Mélanie Joly, Dana Carsley

Mindfulness

First online: 20 June 2016

DOI 10.1007/s12671-016-0555-3

The present study examined relationships between dispositional mindfulness, coping self-efficacy, and non-suicidal self-injury (NSSI) in 97 first-year university students (78.35 % female; M age = 18.13 years; SD = 0.81). Participants were grouped according to whether they indicated engagement in NSSI within the last 12 months, or never having engaged in NSSI, resulting in a recent NSSI group (n = 35), and a comparison group (n = 62). Participants completed the Mindful Attention Awareness Scale (MAAS), the Coping Self-Efficacy Scale's (CSES) problem-focused and emotion-focused subscales, and the Inventory of Statements About Self-Injury (ISAS). Results obtained from Pearson's correlation analysis revealed that mindfulness was significantly and positively associated with students' perceived level of coping self-efficacy. Furthermore, students who reported having engaged in NSSI in the last 12 months (i.e., those in the recent NSSI group) reported significantly lower mindfulness and lower coping self-efficacy when compared to students with no NSSI. Interestingly, coping self-efficacy was found to fully mediate the relationship between dispositional mindfulness and NSSI. The present study shows preliminary evidence for the role of coping self-efficacy in explaining the relation between mindfulness and NSSI. Implications for future research and practice regarding mindfulness as a protective factor for NSSI via coping self-efficacy are discussed.

<http://onlinelibrary.wiley.com/doi/10.1111/papr.12464/abstract>

A Shortened Version of the Suicide Cognitions Scale for Identifying Chronic Pain Patients at Risk for Suicide.

Bryan, C. J., Kanzler, K. E., Grieser, E., Martinez, A., Allison, S. and McGeary, D.

Pain Practice

Version of Record online: 18 JUN 2016

DOI: 10.1111/papr.12464

Objective

Research in psychiatric outpatient and inpatient populations supports the utility of the Suicide Cognitions Scale (SCS) as an indicator of current and future risk for suicidal thoughts and behaviors. Designed to assess suicide-specific thoughts and beliefs, the SCS has yet to be evaluated among chronic pain patients, a group with elevated risk for suicide. The purpose of the present study was to develop and test a shortened version of the SCS (the SCS-S).

Study Design

A total of 228 chronic pain patients completed a battery of self-report surveys before or after a scheduled appointment.

Setting

Three outpatient medical clinics (pain medicine, orofacial pain, and clinical health psychology).

Methods

Confirmatory factor analysis, multivariate regression, and graded item response theory model analyses.

Results

Results of the CFAs suggested that a 3-factor solution was optimal. A shortened 9-item scale was identified based on the results of graded item response theory model analyses. Correlation and multivariate analyses supported the construct and incremental validity of the SCS-S.

Conclusions

Results support the reliability and validity of the SCS-S among chronic pain patients, and suggest the scale may be a useful method for identifying high-risk patients in medical settings.

<http://www.ncbi.nlm.nih.gov/pubmed/27322609>

Psychol Trauma. 2016 Jun 20. [Epub ahead of print]

Randomized Controlled Trial of Acceptance and Commitment Therapy for Distress and Impairment in OEF/OIF/OND Veterans.

Lang AJ, Schnurr PP, Jain S, He F, Walser RD, Bolton E, Benedek DM, Norman SB, Sylvers P, Flashman L, Strauss J, Raman R, Chard KM.

OBJECTIVE:

Acceptance and commitment therapy (ACT) is a widely utilized psychotherapeutic approach, but randomized, controlled studies are lacking in veterans. This study evaluated the efficacy of ACT for emotional distress among veterans of the conflicts in Iraq and Afghanistan.

METHOD:

One hundred sixty veterans (80% male, Mage = 34 years) with anxiety or depressive disorder according to the Diagnostic and Statistical Manual of Mental Disorders (4th ed.) were randomized to ACT or present-centered therapy (PCT) and assessed before, during, and after treatment and during 3- to 12-month follow-up. The primary outcome was general distress as measured by the Brief Symptom Inventory-18 Global Severity Index. Additional outcomes included symptomatology, disability, quality of life, acceptability, and satisfaction.

RESULTS:

There was improvement following treatment in the whole sample across a variety of measures, including general distress ($d = 0.74$, 95% confidence interval [CI: 0.52, 0.96]) and functioning ($d = 0.71$, 95% CI [0.50, 0.93]) and moderate to high levels of satisfaction with treatment.

Response to the 2 interventions did not differ on the primary outcome or most secondary outcomes, although ACT led to greater improvement in insomnia than did PCT ($d_s = 0.63$ and 0.08 , respectively). Treatment dropout did not differ by condition but was high (41.9%).

CONCLUSIONS:

ACT's efficacy in this group was modest and generally did not differ from that for PCT. Additional work is needed to understand the reasons that ACT did not perform as well as predicted in this veteran sample. (PsycINFO Database Record (c) 2016 APA, all rights reserved).

<http://www.sciencedirect.com/science/article/pii/S0260691716301125>

Stress-related biobehavioral responses, symptoms, and physical activity among female veterans in the community: An exploratory study.

Hsiao-Lan Wang, Constance Visovsky, Ming Ji, Maureen Groer

Nurse Education Today

Available online 23 June 2016

doi:10.1016/j.nedt.2016.06.017

Background

Female veterans experience multiple stresses during their lifetime. Some of them seek care in the civilian community. Common physical and psychological symptoms among female veterans include pain, fatigue, sleep quality, and depression. Physical activity has the potential to improve their well-being.

Objectives

This study was guided by the concept of allostasis. The purpose of the study was to determine the associations among stress-related biobehavioral responses and symptoms as well as to determine if physical activity moderated these associations among female veterans.

Design/Settings/Participants/Methods

A cross-sectional and exploratory design was implemented among 82 female veterans (46 ± 10.57 years old) at a community event. Self-reported questionnaires and blood and hair

samples were collected. Descriptive statistics and multivariate analyses were applied in this secondary data analysis.

Findings

Female veterans experienced moderate perceived stress and greater body mass index, C-reactive protein, and hair cortisol levels at the same time as they reported moderate levels of pain and fatigue, poor sleep quality, and considerable depressive symptoms. The findings showed that greater body mass index was significantly associated with more severe pain and poor sleep quality. Physical activity negatively moderated the relationship between perceived stress and pain.

Conclusion

Female veterans need services to manage body weight and help them engage in physical activity. Nurse educators are responsible for instructing nurses to properly identify female veterans in the civilian community facility and to provide care in a respectful manner.

[http://journals.lww.com/greenjournal/Abstract/2016/05001/Posttraumatic Stress Disorder and Pregnancy.171.aspx](http://journals.lww.com/greenjournal/Abstract/2016/05001/Posttraumatic_Stress_Disorder_and_Pregnancy.171.aspx)

Posttraumatic Stress Disorder and Pregnancy Outcomes in the Military.

Lutgendorf, Monica A. MD; Hemman, Eileen A. BSN, MN, EdD, CCRP; Imbruglio, Lorna R. RN, BSN, MSN; Deering, Shad MD; Napolitano, Peter G. MD

Obstetrics & Gynecology:

May 2016

doi: 10.1097/01.AOG.0000483857.56193.69

(Poster Presentations)

INTRODUCTION:

Posttraumatic stress disorder (PTSD) is common in reproductive age women, with an estimated lifetime prevalence of 9.7 to 12.3%. Our goal was to determine the prevalence of PTSD in a pregnant military population and to determine if women with PTSD are at increased risk for adverse pregnancy outcomes.

METHODS:

We conducted a planned interim analysis of an ongoing prospective cohort study. Pregnant patients were screened for PTSD, depression and substance use at 3 points in their pregnancy. Surveys used included the PTSD Checklist, Trauma History Screen, Combat Exposure Scale, Edinburgh Depression Screen and T-ACE. The primary outcomes were preterm delivery and depression.

RESULTS:

A total of 448 women were screened. 14.8% (16) military respondents screened positive for PTSD, and 6 (5.5%) had a presumptive diagnosis of PTSD. 11.1% (38) civilian respondents screened positive for PTSD, and 24 (7%) had a presumptive diagnosis of PTSD. A significant relationship between PTSD and depression exists, $[\chi^2] 97.5, P=.001$, but not for PTSD and preterm delivery, $[\chi^2] 1.47, P=.226$. Adjusting for preterm delivery and depression, the odds of having PTSD was significantly higher for women with depression, aOR 24.9 (95% CI = 8.9-69.7). However the odds of having PTSD was not significantly higher for women who delivered preterm, aOR 3 (95% CI = 0.86-11.52).

CONCLUSION:

In a military population, PTSD is a common problem. There is a significant relationship between PTSD and depression, and obstetric providers should be mindful of PTSD and traumatic events that may contribute to or worsen depression in pregnant women.

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Links of Interest

New Ways to Treat Pain Meet Resistance

<http://www.nytimes.com/2016/06/23/business/new-ways-to-treat-pain-without-opioids-meet-resistance.html>

Waking up after sleep cycles is overrated

<http://hprc-online.org/blog/wake-up-feeling-rested>

PTSD Awareness leads to positive treatment

<http://www.airforcemedicine.af.mil/News/Article/812431/ptsd-awareness-leads-to-positive-treatment>

Experts worry high military suicide rates are 'new normal'

<http://www.usatoday.com/story/news/nation/2016/06/12/military-suicide-rates/85287518/>

PTSD: What's Working, What's Ahead?

<http://www.military.com/daily-news/2016/06/14/ptsd-what-working-what-ahead.html>

Drunkorexia 101: Increasing Alcohol's Effects Through Diet and Exercise Behaviors

<https://www.sciencedaily.com/releases/2016/06/160627100223.htm>

Dose of nature is just what the doctor ordered

<https://www.sciencedaily.com/releases/2016/06/160623095252.htm>

Psychiatric diagnostic tools may not be valid for African Americans
<https://www.sciencedaily.com/releases/2016/06/160622105804.htm>

'Invisible wounds of war' now visible
<https://www.sciencedaily.com/releases/2016/06/160610095256.htm>

Resource of the Week: [Health Care Management of Sexual Assault/Sexual Harassment](#)

The Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury offers new resources for both patients and providers to help ensure consistent, compassionate health care for patients who were sexually assaulted or harassed.

The provider resources educate Military Health System (MHS) providers in all health care settings about Defense Department sexual assault policies and help them navigate legal, ethical and privacy considerations for patients who disclose sexual assault. The resources also include assessment and planning guidance for patient safety following an assault.

The patient resources explain reporting options; describe the health care process following a disclosure of sexual assault; and highlight healthy coping strategies.

Now available on the Military Health System website, the sexual assault and harassment resources include:

- **Algorithms for Response Procedures**

Algorithms that outline the process for health care management of patients who disclose sexual assault or sexual harassment and are specific to the unique environment of care and beneficiary type

- **Environment of Care Quick Reference Charts**

Charts with quick reference guidance specific to the unique environment of care for providers to use in the health care management of patients who disclose sexual assault

- **Sexual Assault: What to Expect Next**

A patient handout that explains what will happen after a patient discloses a sexual assault to a health care provider

- **Sexual Assault Health Care Support for Patients**

A patient resource that explains health care resources, eligibility and reporting options; reviews healthy coping strategies; defines common terms and support specialist roles; and provides crisis hotlines and sexual assault resources

- **Defense Department Sexual Assault/Sexual Harassment Safety Assessment Worksheet: Health Care Provider Version**

A worksheet to help providers conduct a brief safety assessment and develop a safety plan for patients who disclose sexual assault or sexual harassment

- **Defense Department Sexual Assault/Sexual Harassment Safety Plan**

A prioritized list of resources and coping strategies for a patient's use

- **Defense Department Brief Sexual Assault/Sexual Harassment Safety Plan**

An abbreviated list of resources and coping strategies for a patient's use

The screenshot shows a news article on the Defense Centers of Excellence website. The article is titled "DoD Releases Sexual Assault Resources to Enhance Care for Patients" and is dated June 23, 2016. The article text describes new resources for patients and providers, including algorithms for response procedures, quick reference charts, and a safety plan. A sidebar on the left contains navigation links like "Media Relations", "News Room", and "DCoE Blog". A top navigation bar includes "About DCoE", "Psychological Health", "Traumatic Brain Injury", "Service Members & Families", "Media & Resources", "Continuing Education Training & Events", and "24/7 Help".

Media Relations

News Room

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DoD Releases Sexual Assault Resources to Enhance Care for Patients
By DCoE Public Affairs on June 23, 2016

The Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury offers new resources for both patients and providers to help ensure consistent, compassionate health care for patients who were sexually assaulted or harassed.

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- **Sexual Assault: What to Expect Next**

NEW Sexual Assault Resources for Health Care Providers

DoD Sexual Assault/Harassment Safety Assessment Worksheet: Health Care Provider Version

DoD Sexual Assault/Harassment Safety Plan

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