



CDP Research Update -- July 21, 2016

What's Here:

- PTSD Monthly Update: Living with Someone with PTSD
- Removing Barriers in the Assessment of Combat-Related Post-traumatic Stress Disorder.
- Does One Size Fit All? Nosological, Clinical, and Scientific Implications of Variations in PTSD Criterion A.
- Relations Between Cognitive Functioning and Alcohol Use, Craving, and Post-Traumatic Stress: An Examination Among Trauma-Exposed Military Veterans With Alcohol Use Disorder.
- Principal Component Analysis of the Suicide Opinion Questionnaire in a U.S. Military Sample of Marine Corps Non-Commissioned Officers.
- An Analysis of Personal Technology Use by Service Members and Military Behavioral Health Providers.
- Factors associated with having a medical marijuana card among Veterans with recent substance use in VA outpatient treatment.
- Acceptance and Commitment Therapy for Co-Occurring PTSD and Substance Use: A Manual Development Study.
- Dissemination of CBT for Insomnia.
- Positive and Negative Religious/Spiritual Coping and Combat Exposure as Predictors of Posttraumatic Stress and Perceived Growth in Iraq and Afghanistan Veterans.
- Mild Traumatic Brain Injury, PTSD, and Psychosocial Functioning Among Male and Female U.S. OEF/OIF Veterans.
- Improved Mood State and Absence of Sex Differences in Response to the Stress of Army Basic Combat Training.

- The Effectiveness of Cognitive Processing Therapy (CPT) in the Treatment of Posttraumatic Stress Disorder (PTSD) Among Veterans Who Have Experienced Military Sexual Trauma.
- Intrusive Cognitive Content and Postdeployment Distress.
- Obese Veterans Enrolled in a Veterans Affairs Medical Center Outpatient Weight Loss Clinic Are Likely to Experience Disordered Sleep and Posttraumatic Stress.
- Alcohol Consumption and Gender: A Critical Review.
- Chronic occupational exposures can influence the rate of PTSD and depressive disorders in first responders and military personnel.
- Nature and Treatment of Comorbid Alcohol Problems and Post Traumatic Stress Disorder Among American Military Personnel and Veterans.
- Reduced default mode network connectivity following combat trauma.
- Accelerated resolution therapy: an innovative mental health intervention to treat post-traumatic stress disorder.
- Impact of comorbid anxiety and depressive disorders on treatment response to cognitive behavior therapy for insomnia.
- What happens to the mental health of UK service personnel after they return home from Afghanistan?
- Links of Interest
- Resource of the Week: CDP's "Learn Now" Resource

<https://content.govdelivery.com/accounts/USVHA/bulletins/157527d>

PTSD Monthly Update: Living with Someone with PTSD

National Center for PTSD
July 2016

When someone you care about is diagnosed with PTSD, it can leave you feeling overwhelmed. You might be worried about the changes in your loved one, or you might feel hurt by your loved one's distance or moods.

It's important to know that you are not alone or helpless. Your support can make all the difference in your partner, friend, or family member's recovery.

You also need to take care of yourself. Changes in family life are stressful, and taking care of yourself will make it easier to cope.

<http://publications.amsus.org/doi/abs/10.7205/MILMED-D-15-00182>

Removing Barriers in the Assessment of Combat-Related Post-traumatic Stress Disorder.

Peter D. Yeomans, PhD; Richard J. Ross , MD, PhD

Military Medicine

Volume 181 Issue 7, July 2016, pp. 625-626

DOI: <http://dx.doi.org/10.7205/MILMED-D-15-00182>

While the Veterans Health Administration continues to treat Vietnam War Veterans, approximately two million service men and women have returned from Iraq and Afghanistan. However, our treatments can only be as effective as the quality of our clinical assessment. Disclosure of trauma is facilitated when the type of trauma is present in the sociocultural environment of patient and clinician. Topics that once were deemed too shameful for inquiry, specifically, childhood abuse, domestic violence, sexual abuse, and military sexual trauma are now part of a standard assessment. Similarly, the standard clinical assessment of combat Veterans should include specific queries that address the darkest underside of wartime experiences.

<http://www.sciencedirect.com/science/article/pii/S0887618516301372>

Does One Size Fit All? Nosological, Clinical, and Scientific Implications of Variations in PTSD Criterion A.

Jacob Y. Stein, Dayna V. Wilmot, Zahava Solomon

Journal of Anxiety Disorders

Available online 9 July 2016

doi:10.1016/j.janxdis.2016.07.001

Posttraumatic stress disorder (PTSD) is a psychiatric pathology wherein the precipitating traumatic event is essential for diagnostic eligibility (Criterion A). This link is substantiated throughout PTSD's development as a diagnosis. However, while traumatic events may vary considerably, this variation currently bears nearly no implications for psychiatric nosology. Consequently, PTSD remains a semi-unified diagnostic construct, consisting of no Criterion-A-determined subtypes of adult PTSD. The question addressed by the current paper is then does

one size truly fit all? Making an argument for the negative, the paper briefly reviews complex PTSD (CPTSD), ongoing traumatic stress response (OTSR), and cumulative traumas, all of which are exemplars wherein Criterion A specification is crucial for understanding the emerging symptomatology and for devising appropriate interventions. Indicating several overlooked discrepancies in the PTSD literature, the paper urges for the necessity of a more fine-grained differential diagnostic subtyping of PTSD, wherein posttraumatic reactions are more closely associated with their precipitating traumatic events. The paper concludes by suggesting diagnostic, clinical and societal implications, as well as proposing directions for future research.

<http://publications.amsus.org/doi/abs/10.7205/MILMED-D-15-00228?ai=10ubn&mi=47tg1r&af=R>

Relations Between Cognitive Functioning and Alcohol Use, Craving, and Post-Traumatic Stress: An Examination Among Trauma-Exposed Military Veterans With Alcohol Use Disorder.

Adrienne J. Heinz; David L. Pennington; Nicole Cohen; Brandi Schmeling; Brooke A. Lasher; Emily Schrodek; Steven L. Batki

Military Medicine

Volume 181 Issue 7, July 2016, pp. 663–671

DOI: <http://dx.doi.org/10.7205/MILMED-D-15-00228>

Cognitive dysfunction is commonly observed among individuals with alcohol use disorder (AUD) and trauma exposure and is, in turn, associated with worse clinical outcomes. Accordingly, disruptions in cognitive functioning may be conceptualized as a trans-disease phenomenon representing a potential high-yield target for intervention. Less is known though about how different cognitive functions covary with alcohol use, craving, and post-traumatic stress symptom severity among trauma-exposed individuals with AUD. Sixty-eight male and female trauma-exposed military veterans with AUD, entering treatment trials to reduce alcohol use, completed measures assessing alcohol use and craving, post-traumatic stress symptom severity, and cognitive functioning. In multivariate models, after controlling for post-traumatic stress symptom severity, poorer learning and memory was associated with higher alcohol consumption and higher risk taking/impulsivity was associated with stronger preoccupations with alcohol and compulsions to drink. Alcohol consumption and craving, but not performance on cognitive tests, were positively associated with post-traumatic stress symptom severity. Findings suggest that interventions to strengthen cognitive functioning might be used as a preparatory step to augment treatments for AUD. Clinicians are encouraged to consider a standard assessment of cognitive functioning, in addition to post-traumatic stress symptom severity, in treatment planning and delivery for this vulnerable and high-risk population.

<http://publications.amsus.org/doi/abs/10.7205/MILMED-D-15-00062?ai=10ubn&mi=47tg1r&af=R>

Principal Component Analysis of the Suicide Opinion Questionnaire in a U.S. Military Sample of Marine Corps Non-Commissioned Officers.

Marcus VanSickle; Aaron Werbel; Kanchana Perera; Kyna Pak; Kathryn DeYoung; Marjan Ghahramanlou-Holloway

Military Medicine

Volume 181 Issue 7, July 2016, pp. 672-679

DOI: <http://dx.doi.org/10.7205/MILMED-D-15-00062>

Attitudes about suicide are important to examine among individuals within a specific setting, profession, and/or culture; if found to be condemnatory, such attitudes can be effectively modified with training. The Suicide Opinion Questionnaire (SOQ) is one of the most commonly used instruments for the measurement of attitudes toward suicide. The SOQ has not been tested in military populations and the measure has demonstrated multiple different factor structures across various studies performed on civilian samples. The purpose of this study was twofold: (1) to gain an understanding of the applicability and utility of the SOQ for the military; and (2) to examine the relationship among sex, education, prior exposure to suicide within one's military unit, and suicide opinions. A total of 1,758 Marine Non-Commissioned Officers (NCOs) completed the SOQ as part of a suicide program evaluation study. Results demonstrated a 4-component structure for the SOQ, accounting for approximately 30% of the total variance. Sex, education, and prior exposure to suicide within one's military unit were significantly related to suicide opinions. Recommendations are made for the development and empirical evaluation of a new and/or adapted, culturally sensitive suicide attitude measure for the military.

<http://publications.amsus.org/doi/abs/10.7205/MILMED-D-15-00041?ai=10ubn&mi=47tg1r&af=R>

An Analysis of Personal Technology Use by Service Members and Military Behavioral Health Providers.

Amanda Edwards-Stewart; Derek J. Smolenski; Greg M. Reger; Nigel Bush; Don E. Workman

Military Medicine

Volume 181 Issue 7, July 2016, pp. 701-709

DOI: <http://dx.doi.org/10.7205/MILMED-D-15-00041>

Personal technology use is ubiquitous in the United States today and technology, in general, continues to change the face of health care. However, little is known about the personal

technology use of military service members and the behavioral health care providers that treat them. This study reports the technology use of 1,101 active duty service members and 45 behavioral health care providers at a large military installation. Participants reported Internet usage; ownership of smartphones, tablets, and e-readers; usage of mobile applications (apps); and basic demographic information. Compared with providers, service members reported higher rates of smartphone ownership, were more likely to own Android smartphones than iPhones, and spent more time gaming. Both groups spent a comparable amount of time using social media. With the exception of gaming, however, differences between service members and providers were not statistically significant when demographics were matched and controlled. Among service members, younger respondents (18–34) were statistically more likely than older respondents (35–58) to own smartphones, spend time gaming, and engage in social media. Our findings can help inform provider's technology-based education and intervention of their patients and guide the development of new technologies to support the psychological health of service members.

<http://www.sciencedirect.com/science/article/pii/S0306460316302477>

Factors associated with having a medical marijuana card among Veterans with recent substance use in VA outpatient treatment.

Alan K. Davis, Erin E. Bonar, Mark A. Ilgen, Maureen A. Walton, Brian E. Perron, Stephen Chermack

Addictive Behaviors

Available online 8 July 2016

doi:10.1016/j.addbeh.2016.07.006

Psychiatric symptoms, somatic problems, and co-occurring substance use have been associated with medical marijuana consumption among civilian patients with substance use disorders. It is possible that these factors may impact Veterans' ability to engage in or adhere to mental health and substance use disorder treatment. Therefore, we examined whether psychiatric functioning, substance use, and somatic problems were associated with medical marijuana use among Veterans receiving substance use disorder and/or mental health treatment. Participants (n = 841) completed screening measures for a randomized controlled trial and 67 (8%) reported that they had a current medical marijuana card. Most of these participants (78%) reported using marijuana to treat severe/chronic pain. Significant bivariate differences revealed that, compared to participants without a medical marijuana card, those with a card were more likely to be in a middle income bracket, unemployed, and they had a significantly higher number of recent days of marijuana use, synthetic marijuana use, and using sedatives prescribed to them. Additionally, a significantly higher proportion of participants with a medical marijuana card scored above the clinical cutoff for posttraumatic stress disorder (PTSD) symptoms, had significantly higher severity of sleep-related problems, and reported a higher

level of pain. These findings highlight the co-occurrence of substance use, PTSD symptoms, sleep-related problems, and chronic pain among Veterans who use medical marijuana. Future research should investigate the inter-relationships among medical marijuana use and other clinical issues (PTSD symptoms, sleep, pain) over time, and potential implications of medical marijuana use on treatment engagement and response.

<http://www.sciencedirect.com/science/article/pii/S2212144716300394>

Acceptance and Commitment Therapy for Co-Occurring PTSD and Substance Use: A Manual Development Study.

Barbara A. Hermann, Eric C. Meyer, Paula P. Schnurr, Sonja V. Batten, Robyn D. Walser

Journal of Contextual Behavioral Science

Available online 7 July 2016

doi:10.1016/j.jcbs.2016.07.001

We present the theoretical rationale for addressing comorbid posttraumatic stress disorder (PTSD) and substance use disorder (SUD) with Acceptance and Commitment Therapy (ACT). We then describe the development of a treatment manual of ACT for PTSD/SUD and the subsequent refinement to this manual following a feasibility study with a small sample of veterans. Treatment retention was similar to what has been observed in studies of other integrated treatments for PTSD/SUD. Overall treatment satisfaction was positive. Pilot outcomes are presented for descriptive purposes. We describe changes we made to the initial manual following the trial to bolster retention and improve the intervention. Revisions were based on feedback from therapists, consultants, and participants and examination of pilot outcome data. Additional strategies for adapting ACT to this challenging clinical presentation are offered.

<http://link.springer.com/article/10.1007/s40675-016-0048-x>

Dissemination of CBT for Insomnia.

Rachel Manber, Norah Simpson

Current Sleep Medicine Reports

First Online: 09 July 2016

DOI: 10.1007/s40675-016-0048-x

Dissemination of cognitive behavioral therapy for insomnia (CBTI) is essential because this effective non-pharmacological intervention for insomnia is currently underutilized. In this chapter, we review past and recent dissemination efforts aimed at (1) increasing the ranks of qualified treatment providers and (2) increasing availability of direct-to-consumer CBTI treatment products. Specifically, we describe a model for training licensed mental health clinicians to competency in delivering CBTI that is currently underway in the VA Healthcare system and results from the evaluation of this dissemination effort. We also discuss existing direct-to-consumer treatment programs that use a variety of formats and modalities, and the emerging use of technologies to deliver and enhance CBTI. While significant progress has been made in disseminating CBTI, we highlight the need for future dissemination work, including the importance of developing cost-effective models that blend therapist-delivered treatment with direct-to-consumer modalities, and the need to create treatment guidelines, particularly as they apply to low therapist involvement and blended models of delivery.

<http://psycnet.apa.org/psycinfo/2016-22463-001/>

Positive and Negative Religious/Spiritual Coping and Combat Exposure as Predictors of Posttraumatic Stress and Perceived Growth in Iraq and Afghanistan Veterans.

Park, Crystal L.; Smith, Philip H.; Lee, Sharon Y.; Mazure, Carolyn M.; McKee, Sherry A.; Hoff, Rani

Psychology of Religion and Spirituality

May 5 , 2016

<http://dx.doi.org/10.1037/rel0000086>

We examined religious/spiritual (RS) coping from the Survey of Experiences of Returning Veterans (SERV) Study, 630 participants who reported on their demographics, combat exposure, use of positive and negative RS coping, posttraumatic stress disorder (PTSD) symptoms and perceived posttraumatic growth (PPTG). PTSD symptoms and PPTG were inversely correlated. As hypothesized, negative RS coping was inversely associated with PPTG and positively with PTSD, while positive RS coping was related only to PPTG. Although we expected that RS coping would buffer relations between combat exposure and both PTSD and PPTG, we found only one moderator effect and it was opposite our hypothesized direction: those with high combat exposure and high positive RS coping had the highest PTSD symptomatology. These results suggest, among veterans with combat exposure, negative RS coping is associated with higher PTSD symptomatology, while positive RS coping is generally associated with higher PPTG as well as higher PTSD for those with high combat exposure. (PsycINFO Database Record (c) 2016 APA, all rights reserved)

<http://onlinelibrary.wiley.com/doi/10.1002/jts.22110/abstract>

Mild Traumatic Brain Injury, PTSD, and Psychosocial Functioning Among Male and Female U.S. OEF/OIF Veterans.

Jackson, C. E., Green, J. D., Bovin, M. J., Vasterling, J. J., Holowka, D. W., Ranganathan, G., Rosen, R. C., Keane, T. M. and Marx, B. P.

Journal of Traumatic Stress

Version of Record online: 12 JUL 2016

DOI: 10.1002/jts.22110

This study examined the unique and combined relationship between mild traumatic brain injury (mTBI) and posttraumatic stress disorder (PTSD) with psychosocial functioning in a cohort of 1,312 U.S. male and female veterans of Operations Enduring Freedom (OEF) and Iraqi Freedom (OIF) enrolled in the Veterans After-Discharge Longitudinal Registry (Project VALOR). We assessed mTBI with structured screening questions reflective of current TBI classification standards and PTSD via the SCID-IV PTSD module; all other variables were assessed by self-report questionnaires. We identified significant diagnostic group differences in psychosocial functioning for both sexes. Individuals with PTSD, with or without a history of mTBI, reported significantly worse psychosocial functioning than individuals with mTBI alone or neither mTBI nor PTSD (males, $\eta^2p = .11$, $p < .001$; females, $\eta^2p = .14$, $p < .001$), even after adjusting for demographics and severity of chronic pain. The results suggested that veterans experiencing PTSD, regardless of whether they had a history of mTBI, were at increased risk for long-term psychosocial impairment. Further research examining possible benefits from improved access to resources and treatment to address these needs would be valuable.

<http://onlinelibrary.wiley.com/doi/10.1111/aphw.12075/full>

Improved Mood State and Absence of Sex Differences in Response to the Stress of Army Basic Combat Training.

Lieberman, H. R., Karl, J. P., McClung, J. P., Williams, K. W. and Cable, S.

Applied Psychology: Health and Well-Being

Version of Record online: 12 JUL 2016

DOI: 10.1111/aphw.12075

Background

It is reported that women are more susceptible to stress than men but they have not been compared in stressful, real-world, team-centered, occupational/training environments. This

study investigated effects of Army Basic Combat Training (BCT), a structured military training program, on the mood of young adult men and women.

Methods

Using the Profile of Mood States (POMS) questionnaire, 169 soldiers (98 men and 71 women) were assessed prior to starting BCT and after each phase of training.

Results

Significant improvements were found in five of six subscales over the course of BCT. Men and women responded positively and similarly to BCT. POMS scores attributable to an interaction of time and each factor of sex, age group, education level, ethnicity, and race were not significantly different.

Conclusions

When studied in the same environment and exposed to the same stressors, men and women in this study responded similarly. The positive changes in mood in both sexes during BCT appear to result from the interaction of a structured physical and cognitive training program conducted in a team-oriented environment, and indicate that BCT enhances soldier mood similarly regardless of sex.

http://sophia.stkate.edu/cgi/viewcontent.cgi?article=1601&context=msw_papers

The Effectiveness of Cognitive Processing erapy (CPT) in the Treatment of Posttraumatic Stress Disorder (PTSD) Among Veterans Who Have Experienced Military Sexual Trauma.

Nicole Humble

Master of Social Work Clinical Research Papers (2016)
School of Social Work
St. Catherine University and the University of St. Thomas

Military sexual trauma is a growing problem in the United States military. With the integration of women in the infantry units in all military branches it is even more of a concern. Military sexual trauma though does not happen to only women. The purpose of this research project was to take a known evidence based therapy used by the Veterans Health Administration Department of Veterans Affairs, and see if it is effective in the treatment of post traumatic stress disorder in military sexual trauma victims. The VA uses many evidence-based therapies from Prolonged Exposure, cognitive behavior therapy, EMDR, and also the use of medications when further assistance is needed. The literature review is the first of its kind to study the effectiveness of cognitive processing therapy (CPT), posttraumatic stress disorder (PTSD), and military sexual trauma (MST) together. The question asked was “is cognitive processing therapy more effective

when treating Post Traumatic Stress Disorder in Military Sexual Trauma victims?" The findings show that CPT is effective in the treatment of PTSD in MST victims, and that it is also effective in reducing depressive symptoms, and lowering PTSD symptoms in those who had not experienced MST, but military related PTSD.

<http://onlinelibrary.wiley.com/doi/10.1002/jts.22113/abstract>

Intrusive Cognitive Content and Postdeployment Distress.

Shipherd, J. C., Salters-Pedneault, K. and Matza, A.

Journal of Traumatic Stress

Version of Record online: 12 JUL 2016

DOI: 10.1002/jts.22113

Although intrusive cognitions (ICs) are common posttrauma, little is known about trauma-related IC content, or associations between IC content and posttraumatic adjustment. A mixed-method cross-sectional approach was used in a secondary analysis of IC content and postdeployment distress. Participants were 1,521 U.S. Army soldiers 3–12 months postdeployment reporting their most distressing postdeployment ICs (mean number of ICs reported was 1.20). ICs were transcribed and content was categorized by 13 emergent themes. The most commonly reported ICs were of injury or death (48.2%) and combat (43.5%), and soldiers with probable posttraumatic stress disorder (PTSD; $n = 187$) were more likely to report the presence of these ICs, $\chi^2(1) = 35.27$, $ps < .001$, $\phi_s < .16$ than those without probable PTSD ($n = 1,331$). Other domains also emerged frequently, including ICs about friends (31.0%), family (15.8%), and leadership concerns (13.8%). IC content was a small, but significant correlate of distress after adjusting for combat exposure ($\Delta R^2 \geq .02$, $ps \leq .001$). The presence of ICs of injury or death, combat, military sexual trauma, health, leadership, and family ($\beta_s > .06$, $ps < .02$) were unique correlates of distress. Results suggested that ICs about a wide range of topics should be addressed in postdeployment interventions.

<http://www.aasmnet.org/jcsm/ViewAbstract.aspx?pid=30713>

Obese Veterans Enrolled in a Veterans Affairs Medical Center Outpatient Weight Loss Clinic Are Likely to Experience Disordered Sleep and Posttraumatic Stress.

Mayer SB, Levy JR, Farrell-Carnahan L, Nichols MG, Raman S.

Study Objectives

This cross-sectional study aimed to characterize sleep patterns, the quality and duration of sleep, and estimate the prevalence of common sleep disorders and posttraumatic stress disorder (PTSD) in a hospital-based Veterans Affairs MOVE! (Managing Overweight Veterans Everywhere) clinic.

Methods

Participants completed five instruments: the Pittsburgh Sleep Quality Index (PSQI), Smith's Measure of Morningness/Eveningness, Restless Legs Syndrome Rating Scale, the STOP Questionnaire, and the Posttraumatic Stress Disorder (PTSD) Checklist – Civilian Version (PCL-C).

Results

Enrolled Veterans ($n = 96$) were mostly male (78%), African American (49%), mean age 58 (standard deviation [SD] 10.6) years, and mean body mass index (BMI) 38.4 kg/m² (SD 8.4). By PSQI, 89% rated sleep quality as “poor” (mean = 11.1, SD = 5.1), consistent with severely impaired sleep. Most were at high risk for sleep disorders including restless leg syndrome (53%), obstructive sleep apnea (66%), and circadian sleep disorders (72%). Forty-seven percent endorsed clinically significant symptoms of PTSD. Hypotheses-generating regression models suggest sleep latency (minutes before falling asleep) was associated with BMI ($p = 0.018$). Bedtime, getting up time, hours of sleep, waking up in the middle of the night or early morning, having to get up to use the bathroom, inability to breathe comfortably, cough or snore loudly, feeling too cold or too hot, having bad dreams, pain, and frequency of having trouble sleeping, were not significantly associated with BMI.

Conclusions

Our cross-sectional study suggests that sleep difficulties are common among Veterans referred to a weight loss program at a Veterans Affairs Hospital. Controlled studies are needed to investigate whether the results are generalizable and whether obesity among veterans is a risk factor for sleep disorders and PTSD.

<http://www.omicsonline.org/open-access/alcohol-consumption-and-gender-a-critical-review-2161-0487-1000267.php?aid=76030>

Alcohol Consumption and Gender: A Critical Review.

Arsalan Moinuddin, Ashish Goel, Sukhmani Saini, Ashutosh Bajpai and Rajesh Misra

Over a past few decades, there have been major advances in our understanding of gender differences in behavioral addictions especially alcohol consumption. Usually, females have lesser tendency to consume alcohol but their intake most of the times is heavy and is linked with more deleterious effects than males. But recently an increase in female alcohol consumption is observed in most societies and cultures. It is essential to clarify the distinction between “gender” and “sex” used interchangeably in most of the researches so far. “Sex” is a biological characteristic while “gender” refers to the adaptation of social, cultural and behavioral attributes by an individual and we will refer “female gender” unanimously throughout this text. In this review, we have tried to analyze reasons for gender disparity in alcohol consumption from a socialist point of view enlightening the historical background and development of Ladette culture in Europe. In the later half an attempt was made to analyse the global scenario of female alcohol consumption by comparing its contrasting trends between developed nations; UK, Scotland, European Union nations, Australia, New Zealand, Canada, Russia, USA and the developing countries such as Asia, South America and India. Thus, it is empirical from a public health point of view to analyze the female drinking pattern globally, unveil its etiology and suggest measures for harm minimization.

<https://extremephysiolmed.biomedcentral.com/articles/10.1186/s13728-016-0049-x>

Chronic occupational exposures can influence the rate of PTSD and depressive disorders in first responders and military personnel.

Anthony Walker, Andrew McKune, Sally Ferguson, David B. Pyne and Ben Rattray

Extreme Physiology & Medicine
2016; 5:8
DOI: 10.1186/s13728-016-0049-x

Background

First responders and military personnel experience rates of post-traumatic stress disorder (PTSD) far in excess of the general population. Although exposure to acute traumatic events plays a role in the genesis of these disorders, in this review, we present an argument that the occupational and environmental conditions where these workers operate are also likely contributors.

Presentation of the hypothesis

First responders and military personnel face occupational exposures that have been associated with altered immune and inflammatory activity. In turn, these physiological responses are linked

to altered moods and feelings of well-being which may provide priming conditions that compromise individual resilience, and increase the risk of PTSD and depression when subsequently exposed to acute traumatic events. These exposures include heat, smoke, and sleep restriction, and physical injury often alongside heavy physical exertion. Provided the stimulus is sufficient, these exposures have been linked to inflammatory activity and modification of the hypothalamic–pituitary axis (HPA), offering a mechanism for the high rates of PTSD and depressive disorders in these occupations.

Testing the hypothesis

To test this hypothesis in the future, a case–control approach is suggested that compares individuals with PTSD or depressive disorders with healthy colleagues in a retrospective framework. This approach should characterise the relationships between altered immune and inflammatory activity and health outcomes. Wearable technology, surveys, and formal experimentation in the field will add useful data to these investigations.

Implications of the hypothesis

Inflammatory changes, linked with occupational exposures in first responders and military personnel, would highlight the need for a risk management approach to work places. Risk management strategies could focus on reducing exposure, ensuring recovery, and increasing resilience to these risk contributors to minimise the rates of PTSD and depressive disorders in vulnerable occupations.

<http://www.ncbi.nlm.nih.gov/pubmed/27159820>

Alcohol Res. 2016;38(1):133-40.

Nature and Treatment of Comorbid Alcohol Problems and Post Traumatic Stress Disorder Among American Military Personnel and Veterans.

Allen JP, Crawford EF, Kudler H

Many service members and veterans seeking treatment for alcohol problems also have post-traumatic stress disorder (PTSD). This article considers the effectiveness of treating alcohol problems and PTSD simultaneously. The authors begin by summarizing the extent of excessive alcohol use among military service members and veterans. They then explore the relationship between combat exposure and subsequent alcohol use; identify and briefly describe evidence-based treatments for alcohol problems and PTSD, separately; and review research on the effects of single treatments for both PTSD symptoms and alcohol use.

<http://www.ncbi.nlm.nih.gov/pubmed/26797653>

Neurosci Lett. 2016 Feb 26;615:37-43. doi: 10.1016/j.neulet.2016.01.010. Epub 2016 Jan 12.

Reduced default mode network connectivity following combat trauma.

DiGangi JA, Tadayyon A, Fitzgerald DA, Rabinak CA, Kennedy A, Klumpp H, Rauch SA, Phan KL

Recent studies show decreased functional connectivity in the default mode network (DMN) in PTSD; however, few have directly examined combat trauma specifically. There is limited understanding of how combat itself may affect the DMN. Some literature suggests that trauma exposure, rather than PTSD, can disrupt the DMN. To further elucidate the effect of trauma and PTSD on the DMN, we investigated DMN functional connectivity during the resting-state in veterans with PTSD, combat-exposed controls, and never-traumatized healthy controls. Results revealed that DMN connectivity was reduced in veterans exposed to combat trauma with and without PTSD compared to healthy civilian controls. Specifically, both groups of veterans demonstrated weaker connectivity within a network involving the precuneus, medial prefrontal cortex (mPFC) and right superior parietal lobule regardless of whether the mPFC or precuneus was chosen as a seed region. Findings suggest that the experience of trauma, rather than the pathology of PTSD, may be related to DMN changes.

Copyright © 2016. Published by Elsevier Ireland Ltd.

<http://jramc.bmj.com/content/162/2/90.abstract>

Accelerated resolution therapy: an innovative mental health intervention to treat post-traumatic stress disorder.

Alan Finnegan, K Kip, D Hernandez, S McGhee, L Rosenzweig, C Hynes, M Thomas

Journal of the Royal Army Medical Corps

2016;162:90-97

doi:10.1136/jramc-2015-000417

Post-traumatic stress disorder (PTSD) is a disabling trauma and stress-related disorder that may occur after a person experiences a traumatic event, and evokes a combination of intrusion and avoidance symptoms, negative alterations in cognitions and mood, and alterations in arousal and reactivity. Accelerated resolution therapy (ART) is an emerging psychotherapy that provides fast and lasting resolution for mental health problems such as PTSD. ART has been shown to achieve a positive result in one to five sessions, typically over a 2-week period, and requires no homework, skills practice or repeated exposure to targeted events. Initial research, including one randomised control trial, has demonstrated that ART interventions can

significantly reduce symptoms of psychological trauma in both civilians and US service members and veterans. These results suggest that ART be considered as either a primary treatment option or for refractory PTSD in those with a suboptimal response to endorsed first-line therapies. Conservative estimates indicate substantial potential cost savings in PTSD treatment. Despite the need for more definitive clinical trials, there is increasing interest in ART in the USA, including in the US Army. The growing positive empirical evidence is compelling, and there appears to be sufficient evidence to warrant UK researchers undertaking ART research. The armed forces offer the potential for comparative international trials. However, equally important are veterans, emergency services personnel and those subjected to violence. ART appears to also have application in other conditions, including depression, anxiety disorders, and alcohol or drug misuse. ART can potentially help personnel traumatised by the unique challenges of war and conflict zones by providing brief psychotherapy in a readily accessible and culturally competent manner. ART facilitates the provision of interventions and resolutions in theatre, thus enhancing forces' fighting capability.

<http://psycnet.apa.org/journals/ccp/84/8/659>

Impact of comorbid anxiety and depressive disorders on treatment response to cognitive behavior therapy for insomnia.

Bélanger, Lynda; Harvey, Allison G.; Fortier-Brochu, Émilie; Beaulieu-Bonneau, Simon; Eidelman, Polina; Talbot, Lisa; Ivers, Hans; Hein, Kerrie; Lamy, Manon; Soehner, Adriane M.; Mérette, Chantal; Morin, Charles M.

Journal of Consulting and Clinical Psychology
Vol 84(8), Aug 2016, 659-667
<http://dx.doi.org/10.1037/ccp0000084>

Objective:

To evaluate the impact of comorbid anxiety or depressive disorders on treatment response to cognitive-behavior therapy (CBT) for insomnia, behavior therapy (BT), or cognitive therapy (CT).

Method:

Participants were 188 adults (117 women; Mage = 47.4 years) with chronic insomnia, including 45 also presenting a comorbid anxiety or mild to moderate depressive disorder. They were randomized to BT (n = 63), CT (n = 65), or CBT (n = 60). Outcome measures were the proportion of treatment responders (decrease of ≥ 8 points on the Insomnia Severity Index; ISI) and remissions (ISI score < 8) and depression and anxiety symptoms.

Results: Proportion of treatment responders and remitters in the CBT condition was not significantly different between the subgroups with and without comorbidity. However, the

proportion of responders was lower in the comorbidity subgroup compared to those without comorbidity in both the BT (34.4% vs. 81.6%; $p = .007$) and CT (23.6% vs. 57.6%; $p = .02$) alone conditions, although remission rates and prepost ISI change scores were not. Pre to post change scores on the depression (-10.6 vs. -3.9 ; $p < .001$) and anxiety measures (-9.2 vs. -2.5 ; $p = .01$) were significantly greater in the comorbidity subgroup relative to the subgroup without comorbidity but only for those treated with the full CBT; no difference was found for those treated with either BT or CT alone.

Conclusions:

The presence of a comorbid anxiety or mild to moderate depressive disorder did not reduce the efficacy of CBT for insomnia, but it did for its single BT and CT components when used alone. (PsycINFO Database Record (c) 2016 APA, all rights reserved)

<http://www.ncbi.nlm.nih.gov/pubmed/26508773>

J R Army Med Corps. 2016 Apr;162(2):115-9. doi: 10.1136/jramc-2015-000425. Epub 2015 Oct 27.

What happens to the mental health of UK service personnel after they return home from Afghanistan?

Banwell E, Greenberg N, Smith P, Jones N, Fertout M

OBJECTIVE:

Fear et al identified a small but significant increase in probable post-traumatic stress disorder (PTSD) in UK military personnel from around 3% in first year post deployment to around 6% by year 5. As yet it is not clear what factors are linked to the increase in probable PTSD, and therefore, serial measurement of poor mental health would be helpful.

METHOD:

Rates of mental ill health among UK service personnel were compared upon deployment completion and at follow-up and identified factors associated with maladjustment.

RESULTS:

Poor mental health symptomatology increased from baseline to follow-up, PTSD symptoms and related functional impairment increased significantly. Poor baseline mental health was predictive of transition and family relationship difficulties.

CONCLUSIONS:

The results are discussed in relation to encouraging recognition and reporting of symptoms among personnel and their social networks.

Published by the BMJ Publishing Group Limited.

Links of Interest

National Intrepid Center Zeroes In on Traumatic Brain Injury

<http://www.defense.gov/News-Article-View/Article/842262/national-intrepid-center-zeroes-in-on-traumatic-brain-injury>

Nearly 80 percent of drivers express significant anger, aggression or road rage

<https://www.sciencedaily.com/releases/2016/07/160714091346.htm>

Glutamate levels in the brain may be linked to alcohol craving

<https://www.sciencedaily.com/releases/2016/07/160720215433.htm>

Public health benefits of e-cigarette use tend to outweigh the harms

<https://www.sciencedaily.com/releases/2016/07/160714193631.htm>

Doctors shouldn't routinely recommend e-cigarettes to smokers

<https://www.sciencedaily.com/releases/2016/07/160712073913.htm>

Prevalence of diagnosed sleep disorders has risen among US veterans:

Largest rate increases among those with post-traumatic stress disorder

<https://www.sciencedaily.com/releases/2016/07/160715112939.htm>

Resource of the Week: [CDP's "Learn Now" Resources](#)


The Center for Deployment Psychology's website is intended to assist providers in the implementation and use of evidence-based therapies. This section is dedicated to providing knowledge, resources and support that providers can use right now. The links below lead to a variety of resources that allow providers to enhance their skills immediately.

[LEARN NOW](#)
[TRAINING](#)
[DISORDERS](#)
[TREATMENTS](#)
[RESOURCES](#)
[MILITARY CULTURE](#)
[ABOUT CDP](#)

Learn Now


The Center for Deployment Psychology's website is intended to assist providers in the implementation and use of evidence-based therapies. This section is dedicated to providing knowledge, resources and support that providers can use right now. The links below lead to a variety of resources that allow providers to enhance their skills immediately.

Self-paced eLearning Courses



- ▶ Rates of Psychological Issues in the U.S. Military
- ▶ Military Cultural Competence
- ▶ Prolonged Exposure Therapy
- ▶ More Online Courses

PE Session Notes



- ▶ PE Session 1 (10:28 min)
- ▶ PE Session ~6 Hot Spots (7:08 min)
- ▶ Final PE Session (4:49 min)
- ▶ More PE Session Notes

Webcasts

Podcasts


Newest Stories

Free CE/CME/CNEs for Watching Joining...
1 month 2 weeks ago

New Military Culture Homepage
5 months 2 weeks ago

Watch 2015 Joining Forces Wellness Wee...
7 months 2 weeks ago

Get Email Updates



Shirl Kennedy
 Research Editor
 Center for Deployment Psychology
www.deploymentpsych.org
skennedy@deploymentpsych.org
 240-535-3901