



CDP Research Update -- September, 2016

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<https://content.govdelivery.com/accounts/USVHA/bulletins/1654fb1>

PTSD Monthly Update -- Strategies for Protecting Your Relationships When Challenges Get in the Way

National Center for PTSD
September 2016

Relationships with friends, family members, and co-workers can have a major impact on your everyday life.

The love, support, and friendship of people who care about you can enhance the good times and may help you get through the bad.

But certain life challenges, such as experiencing posttraumatic stress disorder, financial troubles, or a job loss, can put a strain on any relationship - no matter how close it is.

<http://www.ncbi.nlm.nih.gov/pubmed/27606699>

J Consult Clin Psychol. 2016 Sep 8. [Epub ahead of print]

Randomized Controlled Trial of Prolonged Exposure Using Imaginal Exposure vs. Virtual Reality Exposure in Active Duty Soldiers With Deployment-Related Posttraumatic Stress Disorder (PTSD).

Reger GM, Koenen-Woods P, Zetocha K, Smolenski DJ, Holloway KM, Rothbaum BO, Difede J, Rizzo AA, Edwards-Stewart A, Skopp NA, Mishkind M, Reger MA, Gahm GA.

Prolonged exposure (PE) is an evidence-based psychotherapy for posttraumatic stress disorder (PTSD) but there is limited research with active-duty military populations. Virtual reality exposure (VRE) has shown promise but randomized trials are needed to evaluate efficacy relative to existing standards of care. This study evaluated the efficacy of VRE and PE for active duty soldiers with PTSD from deployments to Iraq and Afghanistan. Active-duty soldiers (= 162) were randomized to 10-sessions of PE, VRE, or a minimal attention waitlist (WL). Blinded assessors evaluated symptoms at baseline, halfway through treatment, at posttreatment, and at 3- and 6-month follow-ups using the Clinician Administered PTSD Scale (CAPS). Intent-to-treat analyses found that both PE and VRE resulted in significant reductions in PTSD symptoms relative to those in the WL. The majority of patients demonstrated reliable change in PTSD symptoms. There was no difference between PE and VRE regarding treatment drop out before completing 10 sessions (44 and 41% for VRE and PE, respectively). Contrary to hypotheses, analyses at posttreatment did not show that VRE was superior to PE. Post hoc analyses found that PE resulted in significantly greater symptom reductions than VRE at 3- and

6-month follow-up. Both treatments significantly reduced self-reported stigma. PE is an efficacious treatment for active-duty Army soldiers with PTSD from deployments to Iraq or Afghanistan. Results extend previous evidence supporting the efficacy of PE to active-duty military personnel and raise important questions for future research on VRE. (PsycINFO Database Record (c) 2016 APA, all rights reserved).

<http://ps.psychiatryonline.org/doi/abs/10.1176/appi.ps.201500533>

Counseling Veterans Applying for Service Connection Status for Mental Health Conditions.

Sarah Meshberg-Cohen, Ph.D., Jason C. DeViva, Ph.D., Marc I. Rosen, M.D.

Psychiatric Services

Published online: September 15, 2016

<http://dx.doi.org/10.1176/appi.ps.201500533>

Veterans with mental health conditions that were either caused or aggravated by their military service are eligible to receive service-connected disability benefits from the Department of Veterans Affairs. The process of applying for service connection status is complex, and it is not surprising that veterans frequently develop beliefs about service connection that may not be accurate and that could interfere with treatment. The authors describe some of these beliefs and offer suggestions to clinicians for addressing them. Veterans may believe that their clinician is directly involved in service connection determination or that therapy notes will determine the outcome of the claim. Veterans may not understand the basis for award of service connection and may interpret rejection of their claim as reflecting disrespect for their service or degree of distress. The authors argue that discussing these beliefs with veterans might enhance therapy by demonstrating familiarity with an important aspect of veterans' experience and by helping veterans address a significant and distressing issue.

<http://www.tandfonline.com/doi/full/10.1080/02699931.2016.1226162>

Effects of alcohol, rumination, and gender on the time course of negative affect.

Jeffrey S. Simons, Noah N. Emery, Raluca M. Simons, Thomas A. Wills, and Michael K. Webb

Cognition And Emotion

Published online: 09 Sep 2016

<http://dx.doi.org/10.1080/02699931.2016.1226162>

This study modelled associations between gender, ruminative cognitive style, alcohol use, and the time course of negative affect over the course of 43,111 random assessments in the natural environment. Participants (N = 263) completed 49 days of experience sampling over 1.3 years. The data indicated that rumination at baseline was positively associated with alcohol dependence symptoms at baseline as well as higher negative affect over the course of the study. Consistent with negative reinforcement models, drinking served to decrease the persistence of negative affect from moment to moment. However, this ameliorative effect of drinking was evident only among women, suggesting an increased risk for negative reinforcement driven drinking behaviour. In addition, rumination appeared to counteract the desired effects of alcohol on mood among women. This suggests that women who ruminate more may be motivated to consume larger amounts of alcohol to achieve the desired effects. Overall, the results indicate that ruminative cognitive style and the persistence of negative affect from moment to moment may reflect an individual vulnerability for the development of alcohol use disorder especially among women.

<http://www.ncbi.nlm.nih.gov/pubmed/26561734>

J Anxiety Disord. 2016 Jan;37:10-20. doi: 10.1016/j.janxdis.2015.10.005. Epub 2015 Oct 20

Latent profiles of DSM-5 PTSD symptoms and the "Big Five" personality traits.

Contractor AA, Armour C, Shea MT, Mota N, Pietrzak RH

Typologies of DSM-5 PTSD symptoms and personality traits were evaluated in regard to coping styles and treatment preferences using data from 1266 trauma-exposed military veterans of which the majority were male (n=1097; weighted 89.6%). Latent profile analyses indicated a best-fitting 5-class solution; PTSD asymptomatic and emotionally stable (C1); predominant re-experiencing and avoidance symptoms and less emotionally stable (C2); subsyndromal PTSD (C3); predominant negative

alterations in mood/cognitions and combined internalizing-externalizing traits (C4); and high PTSD severity and combined internalizing-externalizing traits (C5). Compared to C5, C1 members were less likely to use self-distraction, denial, and substance use and more likely to use active coping; C2 and C4 members were less likely to use denial and more likely to use behavioral disengagement; C3 members were less likely to use denial and instrumental coping and more likely to use active coping; most classes were less likely to seek mental health treatment. Compared to C1, C2 members were more likely to use self-distraction, substance use, behavioral disengagement and less likely to use active coping; C3 members were more likely to use self-distraction, and substance use, and less likely to use positive reframing, and acceptance; and C4 members were more likely to use denial, substance use, emotional support, and behavioral disengagement, and less likely to use active coping, positive reframing, and acceptance; all classes were more likely to seek mental health treatment. Emotional stability was most distinguishing of the typologies. Other implications are discussed. Copyright © 2015 Elsevier Ltd. All rights reserved.

<http://www.sciencedirect.com/science/article/pii/S0272735816300046>

The role of masculinity in men's help-seeking for depression: A systematic review.

Zac E. Seidler, Alexei J. Dawes, Simon Rice, John L. Oliffe, Haryana M. Dhillon

Clinical Psychology Review

Available online 10 September 2016

<http://dx.doi.org/10.1016/j.cpr.2016.09.002>

Aim

Conformity to traditional masculine gender norms may deter men's help-seeking and/or impact the services men engage. Despite proliferating research, current evidence has not been evaluated systematically. This review summarises findings related to the role of masculinity on men's help-seeking for depression.

Method

Six electronic databases were searched using terms related to masculinity, depression and help-seeking. Titles and abstracts were reviewed and data systematically extracted and examined for methodological quality.

Results

Of 1927 citations identified, 37 met inclusion criteria. Seventeen (46%) studies reported qualitative research; eighteen (49%) employed quantitative methods, and two (5%) mixed methods. Findings suggest conformity to traditional masculine norms has a threefold effect on men experiencing depression, impacting: i) their symptoms and expression of symptoms; ii) their attitudes to, intention, and, actual help-seeking behaviour; and, iii) their symptom management.

Conclusion

Results demonstrate the problematic impact of conformity to traditional masculine norms on the way men experience and seek help for depression. Tailoring and targeting clinical interventions may increase men's service uptake and the efficacy of treatments. Future research examining factors associated with men's access to, and engagement with depression care will be critical to increasing help-seeking, treatment uptake, and effectual self-management among men experiencing depression.

<http://link.springer.com/article/10.1007/s11920-016-0731-0>

Recent Advances in Means Safety as a Suicide Prevention Strategy.

Hyejin M. Jin, Lauren R. Khazem, Michael D. Anestis

Current Psychiatry Reports

October 2016, 18:96

DOI 10.1007/s11920-016-0731-0

Despite advances in theory and the development and implementation of evidence-based treatments, the United States suicide rate has been rising continuously for over a decade. Although this does not indicate that traditional treatment approaches should be abandoned, it does highlight the need to supplement such approaches with alternatives. One seemingly highly valuable option is means safety, defined as the reduced access to and/or increased safe storage of potentially lethal methods for suicide. This paper provides a review of the current literature on the prevalence of six methods for suicide and preventative efforts aimed to reduce suicide rates. The majority of means safety interventions seem promising given that these methods are common and highly lethal. However, cultural and practical barriers will need to be taken into consideration when implementing these plans. Overall, means safety efforts and preventative measures seem to be promising ways to reduce the national suicide rate if implemented.

<http://link.springer.com/article/10.1007%2Fs10942-016-0250-2>

Acceptance in Cognitive Behavioral Psychotherapies: Different or the Same?

Karol J. Wild, Bianca Macavei, Delia M. Podea

Journal of Rational-Emotive & Cognitive-Behavior Therapy

First online: 08 September 2016

DOI 10.1007/s10942-016-0250-2

Acceptance is a key construct in both rational emotive behavior therapy (REBT) and acceptance and commitment therapy (ACT). The objectives of this study were to assess and compare the properties of ACT acceptance with those of REBT acceptance in predicting emotions. A sample of 112 subjects, comprising different educational and occupational status, completed three measures of acceptance (REBT and ACT), two of mindfulness, as well as completing depression and anxiety scales. Both ACT acceptance as process and REBT acceptance could predict significant ACT acceptance as outcome. Mindfulness as a trait also predicted the level of ACT outcome acceptance as well as the level of REBT acceptance, but mindfulness as process predicted only ACT outcome acceptance. The results show that REBT acceptance, ACT acceptance and mindfulness can explain anxiety and depression in different ways. The results show that the difference between ACT acceptance and REBT acceptance primary concern the process of acceptance, most likely due to the underlying cognitive processing. The outcome acceptance and emotional level are similar in the two conditions. Future research should employ multiple cognitive measurements.

<http://jramc.bmj.com/content/early/2016/09/13/jramc-2016-000640.abstract>

The impact of sleep deprivation in military surgical teams: a systematic review.

Rachael SV Parker and P Parker

Journal of the Royal Army Medical Corps

Published Online First 13 September 2016

doi:10.1136/jramc-2016-000640

Background

Fatigue in military operations leads to safety and operational problems due to a decrease in alertness and performance. The primary method of counteracting the effects of sleep deprivation is to increase nightly sleep time, which in operational situations is not always feasible. History has taught us that surgeons and surgical teams are finite resources that cannot operate on patients indefinitely.

Methods

A systematic review was conducted using the search terms 'sleep' and 'deprivation' examining the impact of sleep deprivation on cognitive performance in military surgical teams. Studies examining outcomes on intensive care patients and subjects with comorbidities were not addressed in this review.

Results

Sleep deprivation in any 'out-of-hours' surgery has a significant impact on overall morbidity and mortality. Sleep deprivation in surgeons and surgical trainees negatively impacts cognitive performance and puts their own and patients' health at risk. All published research lacks consensus when defining 'sleep deprivation' and 'rested' states. It is recognised that it would be unethical to conduct a well-designed randomised controlled trial, to determine the effects of fatigue on performance in surgery; however, there is a paucity between surrogate markers and applying simulated results to actual clinical performance. This requires further research. Recommended methods of combating fatigue include: prophylactically 'sleep-banking' prior to known periods of sleep deprivation, napping, use of stimulant or alerting substances such as modafinil, coordinated work schedules to reduce circadian desynchronisation and regular breaks with enforced rest periods.

Conclusions

A forward surgical team will become combat-ineffective after 48 hours of continuous operations. This systematic review recommends implementing on-call periods of no more than 12 hours in duration, with adequate rest periods every 24 hours. Drug therapies and sleep banking may, in the short term, prevent negative effects of acute sleep deprivation.

<http://www.sciencedirect.com/science/article/pii/S0005796716301590>

Cognitive-behavior therapy singly and combined with medication for persistent insomnia: Impact on psychological and daytime functioning.

Charles M. Morin, Simon Beaulieu-Bonneau, Lynda Bélanger, Hans Ivers, Montserrat Sánchez Ortuño, Annie Vallières, Josée Savard, Bernard Guay, Chantal Mérette

Behaviour Research and Therapy

Volume 87, December 2016, Pages 109–116

<http://dx.doi.org/10.1016/j.brat.2016.09.002>

While impairment of daytime functioning due to poor sleep is often the main determinant for seeking treatment, few studies have examined the clinical impact of insomnia therapies on daytime outcomes. The main objective of this study was to evaluate the impact of cognitive-behavior therapy (CBT), alone and combined with medication, on various indices of daytime and psychological functioning. Participants were 160 individuals with chronic insomnia who received CBT alone or CBT plus medication (zolpidem) for an initial six-week therapy, followed by an extended six-month therapy. Participants treated with CBT initially received maintenance CBT or no additional treatment and those treated with combined therapy initially continued with CBT plus intermittent medication (prn) or CBT without medication (taper). Measures of anxiety and depressive symptoms, fatigue, quality of life, and perceived impact of sleep difficulties on various indices of daytime functioning were completed at baseline, after each treatment stage, and at six-month follow-up. Following acute treatment, significant improvements of fatigue, quality of life (mental component), anxiety, and depression were obtained in the CBT alone condition but not in the combined CBT plus medication condition. Following extended treatment, further improvements were noted for the subgroup receiving extended CBT relative to that with no additional treatment, and for the subgroup receiving CBT and intermittent medication relative to that with CBT but no medication. Improvements were well maintained at the 6-month follow-up. These findings indicate that insomnia-specific therapy is effective at improving daytime and psychological functioning in the short term, and that maintenance therapy produces an added value to optimize long-term outcomes. Trial registration: www.clinicaltrials.gov (#NCT 00042146).

<http://psycnet.apa.org/journals/drm/26/3/238/>

Posttraumatic nightmares and imagery rehearsal: The possible role of lucid dreaming.

Harb, Gerlinde C.; Brownlow, Janeese A.; Ross, Richard J.

Dreaming

Vol 26(3), Sep 2016, 238-249

<http://dx.doi.org/10.1037/drm0000030>

Lucid dreaming (LD) is a distinct behavioral state characterized by an awareness of dreaming while a dream occurs and, at times, an ability to, during dreaming, control dream events and/or purposefully awaken from a dream. LD and its potential role as a mechanism of action of Imagery Rehearsal therapy (IR) were investigated in military veterans with posttraumatic stress disorder and recurrent nightmares. This study reports on the nature of LD constructs in 33 treatment-seeking Iraq and Afghanistan combat veterans participating in a larger clinical trial of 6 sessions of 1 of 2 therapies: components of Cognitive–Behavioral Therapy for Insomnia (cCBT-I) or IR + cCBT-I. Participants completed questionnaires regarding sleep and nightmares, other PTSD symptoms, and LD before and after treatment. Before treatment, veterans demonstrated a LD profile characterized by high dream awareness and low dream content control. After IR + cCBT-I treatment, control of dream content, but not lucid awareness, increased more than after cCBT-I treatment ($ES = .68$). This increase in dream content control was related to a reduction in nightmare distress. An increase in 1 component of LD, namely control of dream content, appears to contribute to therapeutic change with IR for recurrent posttraumatic nightmares. (PsycINFO Database Record (c) 2016 APA, all rights reserved)

<http://www.healio.com/psychiatry/journals/psycann/2016-9-46-9/%7B906528a9-bb05-4c5b-a9d0-d965dfb44e8e%7D/state-of-the-art-prevention-and-treatment-of-ptsd-pharmacotherapy-psychotherapy-and-nonpharmacological-somatic-therapies>

State-of-the-Art Prevention and Treatment of PTSD: Pharmacotherapy, Psychotherapy, and Nonpharmacological Somatic Therapies. (CME article)

Nils C. Westfall, MD; Charles B. Nemeroff, MD, PhD

Psychiatric Annals

September 2016 - Volume 46 · Issue 9: 533-549

DOI: 10.3928/00485713-20160808-01

Posttraumatic stress disorder (PTSD) is a distressing and disabling disease of great public health significance that is often associated with substantial psychiatric and

medical comorbidity. It commonly goes unreported and untreated and many cases become chronic in course. Unfortunately, only a minority of patients with chronic PTSD achieves remission. Indeed, it is unusual for patients with PTSD to achieve complete symptom remission after receiving monotherapy with medications or psychotherapy. However, great advances in the prevention and treatment of PTSD have been made in the last quarter century since it was first recognized as a distinct diagnostic entity in the Diagnostic and Statistical Manual of Mental Disorders, third edition. This article discusses the current state-of-the-art prevention and treatment interventions for PTSD, including pharmacotherapies, psychotherapies, and nonpharmacological somatic treatments in active duty military personnel and veterans, adult civilians, and children and adolescents.

<http://psycnet.apa.org/psycinfo/2016-37290-001/>

Trauma Types as Differential Predictors of Posttraumatic Stress Disorder (PTSD), Major Depressive Disorder (MDD), and Their Comorbidity.

Wanklyn, Sonya G.; Pukay-Martin, Nicole D.; Belus, Jennifer M.; St. Cyr, Kate; Girard, Todd A.; Monson, Candice M.

Canadian Journal of Behavioural Science

Aug 8 , 2016

<http://dx.doi.org/10.1037/cbs0000056>

Posttraumatic stress disorder (PTSD) and major depressive disorder (MDD) are 2 of the most common mental health conditions subsequent to traumatic exposure among military personnel, and these disorders are frequently comorbid. This comorbidity is associated with substantial personal and societal costs. Identification of military personnel at higher risk for developing comorbid PTSD/MDD is important, yet limited research has examined potential correlates of this comorbidity. The present study examined whether specific types of traumatic events increase the likelihood of comorbid PTSD/MDD as compared with MDD or PTSD alone among a sample of 7,047 Canadian Forces personnel (5,012 men, 2,035 women) who had experienced a traumatic event. A complex pattern of findings emerged such that trauma types were differentially associated with diagnostic status, and the pattern of associations was different among men relative to women. Nonsexual interpersonal trauma had the broadest and most consistent relationship with diagnostic status in both sexes, undisclosed/other trauma was associated with PTSD/MDD in both sexes, and accident or unexpected trauma and

traumas occurring as a refugee or civilian in a war zone were not associated with diagnostic outcome for either sex. Deployment-related trauma was uniquely associated with PTSD-only among men and PTSD/MDD among women. Although sexual trauma was associated with PTSD-only, MDD-only, and PTSD/MDD among women, it was not associated with mental health disorders among men. These findings indicate that trauma type may facilitate identification of military personnel at increased likelihood for PTSD/MDD comorbidity and its associated greater morbidity and mortality. (PsycINFO Database Record (c) 2016 APA, all rights reserved)

<https://pdfs.semanticscholar.org/2bd5/ec1d516236a7aaf76a2767fe64bc938c32e0.pdf>

Military Spouses Caring for a Child with Autism: Exploring Risk and Protective Factors.

Freuler AC and Baranek GT

Journal of Family Medicine
Published: February 12, 2016
2016; 3(1): 1049

Caring for a child with a diagnosis of autism spectrum disorder (ASD) in the context of a military lifestyle is a task that more than 20,000 United States military spouses face today. Despite this prevalence, there is limited research that considers the complex set of challenges that these caregivers endure, and the process by which they strive to adapt to such challenges. The goal of this study was to identify aspects of everyday life that serve to facilitate and/or inhibit the resilience process for military caregivers of children with ASD. A series of semi-structured interviews were conducted with 18 spouses of active duty military personnel who have a child with ASD, ages 4 to 12 years old. These personnel comprised four branches of the United States Uniformed Services, including: Army (n=13), Marine (n=2), Navy (n=2), and Air Force (n=1). Families were stationed at installations across the country, representing bases in 9 states and in the District of Columbia. An iterative process of thematic analysis was conducted, which yielded six theme categories including aspects of risk (barriers/stressors), as well as protective factors (supports/resources, and strategies). Findings from this study may inform programs and policies that aim to support caregiver resilience and subsequent family wellbeing.

[http://journals.lww.com/journaloftraumanursing/Abstract/2016/09000/Demographic, Clinical, and Health System.6.aspx](http://journals.lww.com/journaloftraumanursing/Abstract/2016/09000/Demographic,_Clinical,_and_Health_System.6.aspx)

Demographic, Clinical, and Health System Characteristics Associated With Pain Assessment Documentation and Pain Severity in U.S. Military Patients in Combat Zone Emergency Departments, 2010–2013.

Blackman, Virginia Schmied PhD, RN, CNS; Cooper, Bruce A. PhD; Puntillo, Kathleen PhD, RN, FAAN, FCCM; Franck, Linda S. PhD, RN, FRCPCH, FAAN

Journal of Trauma Nursing:

September/October 2016 - Volume 23 - Issue 5 - p 257–274

doi: 10.1097/JTN.0000000000000231

Emergency department (ED) pain assessment documentation in trauma patients is critical to ED pain care. This retrospective, cross-sectional study used trauma registry data to evaluate U.S. military combat zone trauma patients injured between 2010 and 2013 requiring \geq 24-hr inpatient care. Study aims were to identify the frequency of combat zone ED pain assessment documentation and describe pain severity. Secondary aims were to construct statistical models to explain variation in pain assessment documentation and pain severity.

Pain scores were documented in 60.5% ($n = 3,339$) of the 5,518 records evaluated. The proportion of records with ED pain scores increased yearly. Pain assessment documentation was associated with documentation of ED vital signs, comprehensive facility, more recent year, prehospital (PH) heart rate of 60–100 beats/min, ED Glasgow Coma Scale score of 15 vs. 14, blunt trauma, and lower injury severity score (ISS).

Pain severity scores ranged from 0 to 10; mean = 5.5 (SD = 3.1); median = 6. Higher ED pain scores were associated with Army service compared with Marine Corps, no documented PH vital signs, higher PH pain score, ED respiratory rate < 12 or > 16 , moderate or severe ISS compared with minor ISS, treatment in a less-equipped facility, and injury in 2011 or 2012 vs. 2010. The pain severity model explained 20.4% of variance in pain severity.

Overall, frequency of pain assessment documentation in combat-zone EDs improved yearly, but remained suboptimal. Pain severity was poorly predicted by demographic, clinical, and health system variables available from the trauma registry, emphasizing the importance of individual assessment.

<http://www.nature.com/tp/journal/v6/n9/full/tp2016165a.html>

Biological risk factors for suicidal behaviors: a meta-analysis.

B P Chang, J C Franklin, J D Ribeiro, K R Fox, K H Bentley et al.

Translational Psychiatry

(2016) 6, e887; Published online 13 September 2016

doi:10.1038/tp.2016.165

Prior studies have proposed a wide range of potential biological risk factors for future suicidal behaviors. Although strong evidence exists for biological correlates of suicidal behaviors, it remains unclear if these correlates are also risk factors for suicidal behaviors. We performed a meta-analysis to integrate the existing literature on biological risk factors for suicidal behaviors and to determine their statistical significance. We conducted a systematic search of PubMed, PsycInfo and Google Scholar for studies that used a biological factor to predict either suicide attempt or death by suicide. Inclusion criteria included studies with at least one longitudinal analysis using a biological factor to predict either of these outcomes in any population through 2015. From an initial screen of 2541 studies we identified 94 cases. Random effects models were used for both meta-analyses and meta-regression. The combined effect of biological factors produced statistically significant but relatively weak prediction of suicide attempts (weighted mean odds ratio (wOR)=1.41; CI: 1.09–1.81) and suicide death (wOR=1.28; CI: 1.13–1.45). After accounting for publication bias, prediction was nonsignificant for both suicide attempts and suicide death. Only two factors remained significant after accounting for publication bias—cytokines (wOR=2.87; CI: 1.40–5.93) and low levels of fish oil nutrients (wOR=1.09; CI: 1.01–1.19). Our meta-analysis revealed that currently known biological factors are weak predictors of future suicidal behaviors. This conclusion should be interpreted within the context of the limitations of the existing literature, including long follow-up intervals and a lack of tests of interactions with other risk factors. Future studies addressing these limitations may more effectively test for potential biological risk factors.

<http://journals.plos.org/plosone/article?id=10.1371/journal.pone.0161191>

El Alaoui S, Ljótsson B, Hedman E, Svanborg C, Kaldo V, Lindefors N

Predicting Outcome in Internet-Based Cognitive Behaviour Therapy for Major Depression: A Large Cohort Study of Adult Patients in Routine Psychiatric Care.

PLoS ONE 11(9): e0161191

doi:10.1371/journal.pone.0161191

Background

Although the effectiveness of therapist-guided internet-based cognitive behaviour therapy (ICBT) for treating depression has been well documented, knowledge of outcome predictors and risk factors associated with lower treatment response is limited, especially when the treatment has been conducted within a naturalistic clinical setting. Identification of such factors is important for clinicians when making treatment recommendations.

Methods

Data from a large cohort (N = 1738) of adult outpatients having been treated with ICBT for depression at an outpatient psychiatric clinic were analysed. A multilevel modelling approach was used to identify patient and treatment variables associated with the speed of recovery during treatment using weekly measurements of the Montgomery Åsberg Depression Rating Scale Self-Rated (MADRS-S).

Outcomes

Adhering to the treatment, perceiving it as credible and working full-time emerged as predictors of a faster pace of recovery and were also associated with a lower level of depression at the end of treatment. Higher pre-treatment depression and sleep problems were associated with a greater improvement rate, but predicted higher depression after treatment. Having a history of psychotropic medication was associated with both slower improvement and higher post-treatment depression.

Conclusion

Perceived credibility of ICBT is a strong predictor of treatment response. Assessing patient beliefs and expectations may be a useful aid for clinicians when identifying those who are more or less likely to benefit from ICBT. Helping patients improve expectations prior to treatment may be an important goal for clinicians during the initial assessment phase.

<http://commons.lib.jmu.edu/cgi/viewcontent.cgi?article=1132&context=diss201019>

A Mixed Methods Analysis of the Relationship between Attachment, Post-Traumatic Stress, and Post-Traumatic Growth among United States Service Members

Chauncy T. Brinton

James Madison University
Summer 2016
Dissertation

The impact of secure military relationships on US service members' response to trauma during military service was examined in this mixed methods study. Veterans with and without combat exposure evidence a high rate of post-traumatic stress disorder (PTSD) and the military has tried to institute resilience-based programs in anticipation of the psychological challenges experienced by soldiers. At the same time, research has shown that some service members report positive outcomes associated with military service including the phenomena of post-traumatic growth (PTG). The constructs from attachment theory (safe haven and exploration) have begun to be the focus of research with service members and have been linked to PTG. In the current study, the statistical relationships and qualitative dimensions among attachment, PTSD, and PTG were examined. The quantitative portion of this study found that the safer and secure service members rated their relationships with fellow service members, their unit, and their leaders, the fewer PTSD symptoms they reported and the more likely they were to experience posttraumatic growth, independent of demographics (age, education level, rank), and combat exposure. The qualitative portion of this study reported the broad and varied lived experiences of service member's relationships – providing many answers to the question of how relationships matter. Implications of these findings for military programs and policies and future research directions are discussed.

<http://www.sciencedirect.com/science/article/pii/S0889159116304214>

Increased pro-inflammatory milieu in combat related PTSD – a new cohort replication study.

Daniel Lindqvist, Synthia H. Mellon, Firdaus S. Dhabhar, Rachel Yehuda, S. Marlene Grenon, Janine D. Flory, Linda M. Bierer, Duna Abu-Amara, Michelle Coy, Iouri Makotkine, Victor I. Reus, F. Saverio Bersani, Charles R. Marmar, Owen M. Wolkowitz

Brain, Behavior, and Immunity

Available online 13 September 2016

<http://dx.doi.org/10.1016/j.bbi.2016.09.012>

[Introduction]

Several lines of evidence indicate that increased inflammation is associated with Post-Traumatic Stress Disorder (PTSD). We have previously reported that peripheral inflammatory markers are significantly higher in combat-exposed veterans with than without PTSD. This study was designed to replicate these findings in a new study cohort using the same population and recruitment strategies.

[Methods]

Sixty-one male war veterans (31 PTSD and 30 control subjects) were included in this replication study. Levels of Interleukin-6, Tumor Necrosis Factor-alpha, Gamma interferon, and high-sensitivity C-reactive protein were quantified in blood samples. A standardized “total pro-inflammatory score” was calculated to limit the number of statistical comparisons. The Clinician Administered PTSD Scale (CAPS) rating scale was used to assess PTSD symptom severity.

[Results]

PTSD subjects had significantly higher total pro-inflammatory scores compared to non-PTSD subjects in unadjusted analysis (Cohen’s $d=0.75$, $p=0.005$) as well as after adjusting for potentially confounding effects of age, BMI, smoking, and potentially interfering medications and somatic co-morbidities ($p=0.023$). There were no significant correlations between inflammatory markers and severity of symptoms within the PTSD group.

[Conclusions]

We replicated, in a new sample, our previous finding of increased inflammatory markers in combat-exposed PTSD subjects compared to combat-exposed non-PTSD controls. These findings strongly add to the growing literature suggesting that immune activation may be an important aspect of PTSD pathophysiology, although not directly correlated with current PTSD symptom levels in the PTSD group.

<http://www.sciencedirect.com/science/article/pii/S1042368016300262>

Concussion—Mild Traumatic Brain Injury : Recoverable Injury with Potential for Serious Sequelae.

Joshua Kamins, MD, Christopher C. Giza

Neurosurgery Clinics of North America
Volume 27, Issue 4, October 2016, Pages 441–452
<http://dx.doi.org/10.1016/j.nec.2016.05.005>

KEY POINTS

- Concussion is a clinical syndrome induced by biomechanical force causing neurologic symptoms that recover in most individuals.
- A minority of patients with concussion go on to develop persistent symptoms that may be disabling.
- Proper management of concussion includes protecting the individual from repeated injury, assessment for risk factors or comorbidities that may prolong recovery, symptomatic care, reassurance, initial rest, and providing a planned gradual return to cognitive and physical demand.
- Remote deficits from mild traumatic brain injury include motor, cognitive, and endocrine dysfunction and potential neurodegeneration, for which the mechanisms are still being elucidated.

<http://www.sciencedirect.com/science/article/pii/S0306453016304449>

Hostility and telomere shortening among U.S. military veterans: Results from the National Health and Resilience in Veterans Study.

Laura E. Watkins, Ilan Harpaz-Rotem, Lauren M. Sippel, John H. Krystal, Steven M. Southwick, Robert H. Pietrzak

Psychoneuroendocrinology
Available online 15 September 2016
<http://dx.doi.org/10.1016/j.psyneuen.2016.09.006>

Chronic disorders of aging are critical concerns for the U.S. veteran population, which is, on average, two decades older than the non-veteran population. Characterization of risk factors that may accelerate biological aging is important in identifying targets for

prevention and intervention. In the current study, we analyzed data from a contemporary, and nationally representative sample of U.S. veterans to evaluate the relationship between a broad range of sociodemographic, military, and clinical variables, and peripheral telomere length, which is an indicator of biological age and linked to risk for aging-related disorders and mortality. Data from 468 U.S. military veterans who participated in the National Health and Resilience in Veterans Study were analyzed. Telomere length was assessed from cells isolated from saliva using quantitative polymerase chain reaction methods. A multivariable binary logistic regression analysis was conducted to evaluate the relations between hostility and telomere length, while controlling for sociodemographic, military, and clinical variables. Greater scores on a measure of hostility were independently associated with telomere shortening, even after adjustment for a broad range of other variables (odds ratio [OR] = 1.58, 95% confidence interval [CI] = 1.15–2.18). Secondary analyses revealed that this association was driven by difficulties controlling anger (OR = 1.72, 95%CI = 1.14–2.61), which reflect the external manifestation of hostility, rather than aggressive urges or impulses. Hostility, particularly difficulties controlling anger, is associated with peripheral telomere shortening in U.S. military veterans. Prevention and treatment efforts designed to reduce hostility may help mitigate risk for accelerated cellular aging in this growing segment of the U.S. population.

<http://bmjopen.bmj.com/content/6/9/e011667.full>

Long-term responses to treatment in UK veterans with military-related PTSD: an observational study.

Dominic Murphy, Lucy Spencer-Harper, Carron Carson, Emily Palmer, Kate Hill, Nicola Sorfleet, Simon Wessely, Walter Busuttill

BMJ Open

2016;6:9 e011667

doi:10.1136/bmjopen-2016-011667

Objectives

Military-related trauma can be difficult to treat. Evaluating longer term responses to treatment and identifying which individuals may need additional support could inform clinical practice. We assessed 1-year outcomes in UK veterans treated for post-traumatic stress disorder (PTSD).

Design

Within-participant design.

Setting

The intervention was offered by Combat Stress, a mental health charity for veterans in the UK.

Participants

The sample included 401 veterans who completed a standardised 6-week residential treatment. Of these, 268 (67%) were successfully followed up a year after the end of treatment.

Methods

A range of health outcomes were collected pretreatment and repeated at standard intervals post-treatment. The primary outcome was severity of PTSD symptoms, and secondary outcomes included measures of other mental health difficulties (depression, anxiety and anger), problems with alcohol, and social and occupational functioning.

Results

Significant reductions in PTSD severity were observed a year after treatment (PSS-I: -11.9 , 95% CI -13.1 to -10.7). Reductions in the secondary outcomes were also reported. Higher levels of post-treatment functional impairment (0.24 , 95% CI 0.08 to 0.41) and alcohol problems (0.18 , 95% CI 0.03 to 0.32) were associated with poorer PTSD treatment response at 12 months.

Conclusions

This uncontrolled study suggests the longer term benefits of a structured programme to treat UK veterans with PTSD. Our findings point to the importance of continued support targeted for particular individuals post-treatment to improve longer term outcomes.

http://fisherpub.sjfc.edu/cgi/viewcontent.cgi?article=1259&context=education_etd

College Persistence: Young Military Veterans with PTSD

Rhonda M. Butler

St. John Fisher College
Education Doctoral, 2016

Military veterans, ranging in age from 22 to 27, have been returning home in large numbers to enter college, but few are graduating. The phenomenological research study consisted of 10 telephone interviews with young military veterans who ranged in age from 23 to 31 (1 European American female, 4 European American males, 2 Hispanic males, 2 African American males, and 1 Asian male) who attended college for two or more semesters. The interviews were recorded and coded in a search for common themes that would uncover potential issues to persisting in college. Through content analysis, three themes were derived: communication, trust, and support. The three themes were viewed through three lenses: their personal lives, the college experience, and the Veterans Administration. Results showed participants struggled with relationships with family and friends. Policy development should include Post 9/11 GI Bill to extend coverage beyond 36 months. More colleges should provide veteran catered services that assist with paperwork and class structure. The VA should increase efficiency for veterans to receive uninterrupted funding for college expenses that include housing. Once the student receives acceptance to a college, the VA should provide immediate and long term healthcare services that cover the initial physical to enter college and mental health services throughout a college degree. There are many factors that can elicit greater communication, support, and trust building for veterans who have attended college. These factors can result in increased rates of graduation from undergraduate institutions within the United States.

<http://link.springer.com/article/10.1057/s41271-016-0007-2>

A culture gap in the United States: Implications for policy on limiting access to firearms for suicidal persons.

Elizabeth Marino, Christopher Wolsko, Susan G. Keys, Laura Pennavaria

Journal of Public Health Policy

September 2016, Volume 37, Supplement 1, pp 110-121

DOI 10.1057/s41271-016-0007-2

Suicide is a critical public health problem worldwide. In the United States (US), firearm ownership is common, and firearms account for the majority of deaths by suicide. While suicide prevention strategies may include limiting access to firearms, the contentious nature of gun regulations in the US, particularly among members of rural communities, often gives rise to constitutional concerns and political polarization that could inhibit

suicidal persons from seeking the help they need. We examine potential outcomes of public health strategies in the US that encourage limiting access to firearms for populations who both value firearm ownership and are vulnerable to suicide. Based on preliminary results from a firearm safety study, we argue that attempts to limit access to firearms among those at risk of suicide will only succeed when the most affected cultural groups are engaged in collaborative discussions.

<http://phr.sagepub.com/content/131/5/714.abstract>

Cigarette Smoking and Sociodemographic, Military, and Health Characteristics of Operation Enduring Freedom and Operation Iraqi Freedom Veterans: 2009-2011 National Health Study for a New Generation of US Veterans.

Yasmin S. Cypel, Kim Hamlett-Berry, Shannon K. Barth, Dana E. Christofferson, Victoria J. Davey, Stephanie Eber, Aaron I. Schneiderman, and Robert M. Bossarte

Public Health Reports

September/October 2016 vol. 131 no. 5 714-727

doi: 10.1177/0033354916664864

Objective:

We examined the sociodemographic, military, and health characteristics of current cigarette smokers, former smokers, and nonsmokers among Operation Enduring Freedom (OEF) / Operation Iraqi Freedom (OIF) veterans and estimated smoking prevalence to better understand cigarette use in this population.

Methods:

We analyzed data from the US Department of Veterans Affairs (VA) 2009-2011 National Health Study for a New Generation of US Veterans. On the basis of a stratified random sample of 60 000 OEF/OIF veterans, we sought responses to a 72-item questionnaire via mail, telephone, or Internet. Cigarette smoking status was based on self-reported cigarette use in the past year. We used multinomial logistic regression to evaluate associations between smoking status and sociodemographic, military, and health characteristics.

Results:

Among 19 911 veterans who provided information on cigarette smoking, 5581 were current smokers (weighted percentage: 32.5%, 95% confidence interval [CI]: 31.7-33.2).

Current smokers were more likely than nonsmokers or former smokers to be younger, to have less education or income, to be separated/divorced or never married/single, and to have served on active duty or in the army. Comparing current smokers and nonsmokers, some significant associations from adjusted analyses included the following: having a Mental Component Summary score (a measure of overall mental health) above the mean of the US population relative to below the mean (adjusted odds ratio [aOR] = 0.81, 95% CI: 0.73-0.90); having physician-diagnosed depression (aOR = 1.52, 95% CI: 1.33-1.74), respiratory conditions (aOR = 1.16, 95% CI: 1.04-1.30), or repeated seizures/blackouts/convulsions (aOR = 1.80, 95% CI: 1.22-2.67); heavy alcohol use vs never use (aOR = 5.49, 95% CI: 4.57-6.59); a poor vs excellent perception of overall health (aOR = 3.79, 95% CI: 2.60-5.52); and being deployed vs nondeployed (aOR = 0.87, 95% CI: 0.78-0.96). Using health care services from the VA protected against current smoking.

Conclusion:

Mental and physical health, substance use, and military service characteristics shape cigarette-smoking patterns in OEF/OIF veterans.

Links of Interest

DEA plan to ban plant substance popular with veterans called 'insane'

<http://www.stripes.com/news/us/dea-plan-to-ban-plant-substance-popular-with-veterans-called-insane-1.429328>

Troops often don't vote, cite obstacles and skepticism their ballots will be counted

<http://www.stripes.com/news/troops-often-don-t-vote-cite-obstacles-and-skepticism-their-ballots-will-be-counted-1.429189>

If You Need a Trigger Warning, You Need P.T.S.D. Treatment

<http://www.nytimes.com/roomfordebate/2016/09/13/do-trigger-warnings-work/if-you-need-a-trigger-warning-you-need-ptsd-treatment>

Navy to Hold All-Hands Training, Webinars on New Transgender Policy

<http://www.military.com/daily-news/2016/09/16/navy-to-hold-all-hands-training-webinars-new-transgender-policy.html>

Pentagon to cover sex-reassignment surgery for transgender active-duty troops
<http://www.militarytimes.com/articles/defense-department-covers-gender-reassignment-surgery>

Taking Military Sexual Trauma Seriously
<http://www.theatlantic.com/politics/archive/2016/09/women-vets-and-mst/498866/>

Expert: Greatest challenge in PTSD recovery is completing therapy
<http://www.stripes.com/expert-greatest-challenge-in-ptsd-recovery-is-completing-therapy-1.428501>

Scuba, Parrots, Yoga: Veterans Embrace Alternative Therapies for PTSD
<http://www.nytimes.com/2016/09/18/us/veterans-ptsd-alternative-therapies.html>

Faith-based treatment for veterans questioned
<http://www.stripes.com/news/veterans/faith-based-treatment-for-veterans-questioned-1.429527>

Overcoming physical and invisible wounds: How one soldier went from contemplating suicide to advocating for the wellness of others
<http://health.mil/News/Articles/2016/09/19/Overcoming-physical-and-invisible-wounds-How-one-soldier-went-from-contemplating-suicide>

ICYMI: Military bomb tech suicides at crisis level
<http://www.pnj.com/story/news/military/2016/09/17/group-combats-suicides-military-bomb-techs/90276608/>

Nurse Advice Line serves as important tool for suicide prevention
<http://www.health.mil/News/Articles/2016/09/21/Nurse-Advice-Line-serves-as-important-tool-for-suicide-prevention>

Psychological issues key part of recent military health summit
<http://www.health.mil/News/Articles/2016/09/21/Psychological-issues-key-part-of-recent-military-health-summit>

\$4 million in federal funds allotted to open more veteran treatment courts
<http://www.stripes.com/news/4-million-in-federal-funds-allotted-to-open-more-veteran-treatment-courts-1.430085>

Service dog helps veteran cope with PTSD

http://www.dailyprogress.com/service-dog-helps-veteran-cope-with-ptsd/article_a1583b5d-a8a3-588d-897f-89504d7bec8d.html

Resource of the Week: [Federal Voting Assistance Program -- Military Voter](#)

The Federal Voting Assistance Program (FVAP) works to ensure Service members, their eligible family members and overseas citizens are aware of their right to vote and have the tools and resources to successfully do so - from anywhere in the world.

The Director of FVAP administers the Uniformed and Overseas Citizens Absentee Voting Act (UOCAVA) on behalf of the Secretary of Defense. UOCAVA, as amended by the Military and Overseas Voter Empowerment (MOVE) Act, requires States to transmit requested absentee ballots to UOCAVA voters no later than 45 days before a federal election. Those citizens protected by UOCAVA include:

- Members of the Uniformed Services (Army, Navy, Marine Corps, Air Force, Coast Guard, United States Public Health Service Commissioned Corps, and National Oceanic and Atmospheric Administration Commissioned Corps)
- Members of the Merchant Marines
- Eligible family members of the above
- U.S. citizens residing outside the U.S.

FVAP assists voters through partnerships with the Military Services, Department of State, Department of Justice and election officials from 50 States, U.S. territories and the District of Columbia.



- Military Voter**
- Absentee Voting Overview
- Service Information
 - Army Voters
 - Navy Voters
 - Marine Corps Voters
 - Air Force Voters
 - Coast Guard Voters
- Voter Registration And Ballots
- Military Spouses
- Separating From Active Duty
- Additional Information

Military Voter

Absentee Voting Overview

FVAP encourages the use of the Federal Post Card Application (FPCA) to start the absentee voting process as it is standardized for use across all States and will extend your eligibility to receive a ballot for all federal elections for at least one calendar year. The FPCA acts as both a registration and absentee ballot request form. We encourage our military voters to submit a new FPCA every year and when they move.

Service Voting Information

Each Service provides extensive voting assistance starting at the unit level. Assistance with any portion of the absentee voting process can be obtained by contacting your [Installation Voter Assistance Office](#). Service specific voting information can be found on the websites listed below or by contacting your [Service Voting Action Officer](#).

+ - Select a State to View Go

Alaska Hawaii Idaho Kansas Kentucky Louisiana Maryland Massachusetts Michigan Minnesota Missouri Montana Nebraska Nevada New Hampshire New Jersey New York North Carolina North Dakota Ohio Oklahoma Oregon Pennsylvania Rhode Island South Carolina South Dakota Tennessee Texas Utah Virginia Washington Wisconsin Wyoming

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