



CDP Research Update -- April 6, 2017

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<https://content.govdelivery.com/accounts/USVHA/bulletins/1909509>

PTSD Monthly Update -- Which PTSD Treatment Is Right for Me?

National Center for PTSD

March 2017

There are several effective treatments for PTSD. This means that people with PTSD have options.

The National Center for PTSD created the PTSD Treatment Decision Aid to help people learn about these options and think about which treatment might be best for them.

<http://www.sciencedirect.com/science/article/pii/S0272735816303105>

Examining the role of psychological factors in the relationship between sleep problems and suicide.

D. Littlewood, S.D. Kyle, D. Pratt, S. Peters, P. Gooding

Clinical Psychology Review

Volume 54, June 2017, Pages 1-16

<http://dx.doi.org/10.1016/j.cpr.2017.03.009>

We sought to conduct the first systematic review of empirical evidence investigating the role of psychological factors in the relationship between sleep problems and suicidal thoughts and behaviours. Twelve studies were identified which examined psychological factors grouped into four categories of cognitive appraisals, psychosocial factors, emotion regulation strategies, and risk behaviours. Although there was substantial heterogeneity across studies with respect to measurement, sampling, and analysis, preliminary evidence indicated that negative cognitive appraisals, perceived social isolation, and unhelpful emotion regulation strategies may contribute to the association between sleep problems and suicidal thoughts and behaviours. Given that findings in this area are currently restricted to studies with cross-sectional designs, the directionality of the interrelationships between these psychological factors, sleep problems and suicidality, remains unclear. We integrate the findings of our review with contemporary psychological models of suicidal behaviour to develop a clear research agenda. Identified pathways should now be tested with longitudinal and experimental

designs. In addition, a more thorough investigation of the complexities of sleep, psychological factors, and suicidal thoughts and behaviours is crucial for the development of targeted psychological interventions.

<https://trialsjournal.biomedcentral.com/articles/10.1186/s13063-017-1899-2>

Why prudence is needed when interpreting articles reporting clinical trial results in mental health.

Rafael Dal-Ré, Julio Bobes and Pim Cuijpers

Trials

2017; 18:143

DOI: 10.1186/s13063-017-1899-2

Background

Clinical trial results' reliability is impacted by reporting bias. This is primarily manifested as publication bias and outcome reporting bias.

Mental health trials' specific features

Mental health trials are prone to two methodological deficiencies: (1) using small numbers of participants that facilitates false positive findings and exaggerated size effects, and (2) the obligatory use of psychometric scales that require subjective assessments. These two deficiencies contribute to the publication of unreliable results. Considerable reporting bias has been found in safety and efficacy findings in psychotherapy and pharmacotherapy trials. Reporting bias can be carried forward to meta-analyses, a key source for clinical practice guidelines. The final result is the frequent overestimation of treatment effects that could impact patients and clinician-informed decisions.

Mechanisms to prevent outcome reporting bias

Prospective registration of trials and publication of results are the two major methods to reduce reporting bias. Prospective trial registration will allow checking whether they are published (so it will help to prevent publication bias) and, if published, whether those outcomes and analyses that were deemed as appropriate before trial commencement are actually published (hence helping to find out selective reporting of outcomes). Unfortunately, the rate of registered trials in mental health interventions is low and, frequently, of poor quality.

Conclusion

Clinicians should be prudent when interpreting the results of published trials and some meta-analyses – such as those conducted by scientists working for the sponsor company or those that only include published trials. Prescribers, however, should be confident when prescribing drugs following the summary of product characteristics, since regulatory agencies have access to all clinical trial results.

<http://onlinelibrary.wiley.com/doi/10.1111/cp.12077/abstract>

“It has taken me a long time to get to this point of quiet confidence”: What contributes to therapeutic confidence for clinical psychologists?

Aisling McMahon, David Hevey

Clinical Psychologist

First published: 15 September 2015

DOI: 10.1111/cp.12077

Background

Within clinical psychology, there is a broad training and range of practice. However, most clinical psychologists practice psychotherapy and this study explored what relates to confidence in therapeutic practice.

Method

An online survey was distributed to Irish psychologists. Three-quarters of the survey participants constituted 46% of the total population of Irish health service psychologists, the remainder working in various non-health service settings. Clinical psychologists practising psychotherapy were the focus of this study (N = 170).

Results

Psychotherapy practice was a dominant activity for nearly all clinical psychologists but only 13% believed that their psychology training fully equipped them to practice psychotherapy and nearly one-half felt limited confidence for therapeutic work. More confident clinical psychologists were more satisfied with the psychotherapy knowledge and skills gained during clinical psychology training, more satisfied with their supervisory support, had spent longer in personal therapy, and had more years of experience.

Conclusions

Perceived quality of psychotherapy training during clinical psychology training provides an essential foundation for therapeutic confidence. Ongoing access to satisfying supervision in post-qualification practice also supports confident therapeutic work. In addition, the significance of substantial experience of personal therapy for confidence points to its inclusion as a valuable part of clinical psychology training.

<http://onlinelibrary.wiley.com/doi/10.1111/cp.12062/abstract>

Training in acceptance and commitment therapy fosters self-care in clinical psychology trainees.

Kenneth I. Pakenham

Clinical Psychologist

First published: 15 February 2015

DOI: 10.1111/cp.12062

Background

Despite the need for training in self-care for clinical psychology trainees (CPTs), research is limited, with little progress in the evaluation of effective approaches for teaching self-care. This study investigated the effects on self-care in CPTs of an acceptance and commitment therapy (ACT) university course with an explicit focus on self-care skills in addition to ACT competencies.

Methods

Fifty-seven CPTs completed a questionnaire to evaluate the self-care course components (2011 to 2013), and a subsample of 22 CPTs completed measures of self-care self-efficacy, and the importance of self-care training at the beginning and end of the course.

Results

All CPTs found the course helpful in fostering self-care, and 73.7% reported one or more behavioural self-care changes. Most frequently reported self-care changes and helpful course components were related to the six ACT therapeutic processes. Pairwise t-tests showed that self-care self-efficacy significantly increased from the beginning to

the end of the course and that student views on the importance of self-care training remained stable over the course duration.

Conclusions

Findings support the interweaving of training in psychotherapy competencies and self-care skills via a self-as-laboratory approach within an ACT framework.

<https://www.ncbi.nlm.nih.gov/pubmed/28370818>

Depress Anxiety. 2017 Mar 29. doi: 10.1002/da.22614. [Epub ahead of print]

Moral injury in U.S. combat veterans: Results from the national health and resilience in veterans study.

Wisco BE, Marx BP, May CL, Martini B, Krystal JH, Southwick SM, Pietrzak RH

BACKGROUND:

Combat exposure is associated with increased risk of mental disorders and suicidality. Moral injury, or persistent effects of perpetrating or witnessing acts that violate one's moral code, may contribute to mental health problems following military service. The pervasiveness of potentially morally injurious events (PMIEs) among U.S. combat veterans, and what factors are associated with PMIEs in this population remains unknown.

METHODS:

Data were analyzed from the National Health and Resilience in Veterans Study (NHRVS), a contemporary and nationally representative survey of a population-based sample of U.S. veterans, including 564 combat veterans, collected September-October 2013. Types of PMIEs (transgressions by self, transgressions by others, and betrayal) were assessed using the Moral Injury Events Scale. Psychiatric and functional outcomes were assessed using established measures.

RESULTS:

A total of 10.8% of combat veterans acknowledged transgressions by self, 25.5% endorsed transgressions by others, and 25.5% endorsed betrayal. PMIEs were moderately positively associated with combat severity ($\beta = .23$, $P < .001$) and negatively associated with white race, college education, and higher income (β s = .11-.16, P s < .05). Transgressions by self were associated with current mental disorders (OR = 1.65,

P < .001) and suicidal ideation (OR = 1.67, P < .001); betrayal was associated with postdeployment suicide attempts (OR = 1.99, P < .05), even after conservative adjustment for covariates, including combat severity.

CONCLUSIONS:

A significant minority of U.S combat veterans report PMIEs related to their military service. PMIEs are associated with risk for mental disorders and suicidality, even after adjustment for sociodemographic variables, trauma and combat exposure histories, and past psychiatric disorders.

This article is a U.S. Government work and is in the public domain in the USA.

<https://www.ncbi.nlm.nih.gov/pubmed/28363448>

Sleep Med Rev. 2017 Jan 30. pii: S1087-0792(17)30019-9. Doi: 10.1016/j.smrv.2017.01.004. [Epub ahead of print]

Trauma associated sleep disorder: A parasomnia induced by trauma.

Mysliwiec V, Brock MS, Creamer JL, O'Reilly BM, Germain A, Roth BJ

Nightmares and disruptive nocturnal behaviors that develop after traumatic experiences have long been recognized as having different clinical characteristics that overlap with other established parasomnia diagnoses. The inciting experience is typically in the setting of extreme traumatic stress coupled with periods of sleep disruption and/or deprivation. The limited number of laboratory documented cases and symptomatic overlap with rapid eye movement sleep behavior disorder (RBD) and posttraumatic stress disorder (PTSD) have contributed to difficulties in identifying what is a unique parasomnia. Trauma associated sleep disorder (TSD) incorporates the inciting traumatic experience and clinical features of trauma related nightmares and disruptive nocturnal behaviors as a novel parasomnia. The aims of this theoretical review are to 1) summarize the known cases and clinical findings supporting TSD, 2) differentiate TSD from clinical disorders with which it has overlapping features, 3) propose criteria for the diagnosis of TSD, and 4) present a hypothetical neurobiological model for the pathophysiology of TSD. Hyperarousal, as opposed to neurodegenerative changes in RBD, is a component of TSD that likely contributes to overriding atonia during REM sleep and the comorbid diagnosis of insomnia. Lastly, a way forward to further establish TSD as an accepted sleep disorder is proposed. Published by Elsevier Ltd.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4978598/>

Trends in suicidal behaviour and use of mental health services in Canadian military and civilian populations.

Jitender Sareen, MD, Tracie O. Afifi, PhD, Tamara Taillieu, MSc, Kristene Cheung, MA, Sarah Turner, BHSc, Shay-Lee Bolton, MSc, Julie Erickson, MA, Murray B. Stein, MD MPH, Deniz Fikretoglu, PhD, and Mark A. Zamorski, MD MHSA

Canadian Medical Association Journal

2016 Aug 9; 188(11): E261–E267.

doi: 10.1503/cmaj.151047

Background:

In the context of the Canadian mission in Afghanistan, substantial media attention has been placed on mental health and lack of access to treatment among Canadian Forces personnel. We compared trends in the prevalence of suicidal behaviour and the use of mental health services between Canadian military personnel and the general population from 2002 to 2012/13.

Methods:

We obtained data for respondents aged 18–60 years who participated in 4 nationally representative surveys by Statistics Canada designed to permit comparisons between populations and trends over time. Surveys of the general population were conducted in 2002 (n = 25 643) and 2012 (n = 15 981); those of military personnel were conducted in 2002 (n = 5153) and 2013 (n = 6700). We assessed the lifetime and past-year prevalence of suicidal ideation, plans and attempts, as well as use of mental health services.

Results:

In 2012/13, but not in 2002, military personnel had significantly higher odds of both lifetime and past-year suicidal ideation than the civilian population (lifetime: adjusted odds ratio [OR] 1.32, 95% confidence interval [CI] 1.17–1.50; past year: adjusted OR 1.34, 95% CI 1.09–1.66). The same was true for suicidal plans (lifetime: adjusted OR 1.64, 95% CI 1.35–1.99; past year: adjusted OR 1.66, 95% CI 1.18–2.33). Among respondents who reported past-year suicidal ideation, those in the military had a significantly higher past-year utilization rate of mental health services than those in the

civilian population in both 2002 (adjusted OR 2.02, 95% CI 1.31–3.13) and 2012/13 (adjusted OR 3.14, 95% CI 1.86–5.28).

Interpretation:

Canadian Forces personnel had a higher prevalence of suicidal ideation and plans in 2012/13 and a higher use of mental health services in 2002 and 2012/13 than the civilian population.

<http://www.tandfonline.com/doi/full/10.1080/15402002.2017.1301941>

The Short-Term Efficacy of an Unguided Internet-Based Cognitive-Behavioral Therapy for Insomnia: A Randomized Controlled Trial With a Six-Month Nonrandomized Follow-Up.

Susanne Hagatun, Øystein Vedaa, Tine Nordgreen, Otto R. F. Smith, Ståle Pallesen, Odd E. Havik, Bjørn Bjorvatn, Frances P. Thorndike, Lee M. Ritterband, and Børge Sivertsen

Behavioral Sleep Medicine

Published online: 27 Mar 2017

<http://dx.doi.org/10.1080/15402002.2017.1301941>

Objective:

Insomnia is a major health problem, and the need for effective and accessible treatment is urgent. The aim of the current study was to evaluate the short-term efficacy of an unguided Internet-based cognitive-behavioral treatment program for insomnia (CBTi), called SHUTi (Sleep Healthy Using the Internet).

Methods:

This study used a parallel arm randomized controlled trial in Norway. Participants were randomly allocated to the SHUTi condition or a Web-based patient education condition. Both groups were assessed before and after the nine-week intervention period (online sleep diaries and questionnaires). The SHUTi participants were reassessed in a six-month nonrandomized follow-up. Primary outcome measures were the Insomnia Severity Index (ISI) and the Bergen Insomnia Scale (BIS).

Results:

A total of 181 participants were included in the study; SHUTi condition (n = 95), patient

education condition (n = 86). Intention-to-treat mixed-model repeated-measures analysis revealed that the SHUTi group had better short-term outcomes compared with the patient education group on most sleep measures. The SHUTi group showed a significant decrease on the primary outcomes, the ISI (dbetween = -1.77, 95% CI = -2.23, -1.31) and the BIS (dbetween = -1.00, 95% CI = -1.32, -.68). Improvements were maintained among the completing SHUTi participants at the six-month nonrandomized follow-up. However, dropout attrition was high.

Conclusion:

Unguided Internet-based CBTi produced significant short-term improvements in sleep in patients with chronic insomnia. This highlights the benefits of making Internet-delivered CBTi programs available as a standard first-line treatment option in public health services. Nevertheless, the rate of dropout attrition (participants not completing post-assessment) in this trial limits the generalizability of the findings.

<http://www.sciencedirect.com/science/article/pii/S0272735816303105>

Examining the role of psychological factors in the relationship between sleep problems and suicide.

D. Littlewood, S.D. Kyle, D. Pratt, S. Peters, P. Gooding

Clinical Psychology Review

Volume 54, June 2017, Pages 1-16

<http://dx.doi.org/10.1016/j.cpr.2017.03.009>

We sought to conduct the first systematic review of empirical evidence investigating the role of psychological factors in the relationship between sleep problems and suicidal thoughts and behaviours. Twelve studies were identified which examined psychological factors grouped into four categories of cognitive appraisals, psychosocial factors, emotion regulation strategies, and risk behaviours. Although there was substantial heterogeneity across studies with respect to measurement, sampling, and analysis, preliminary evidence indicated that negative cognitive appraisals, perceived social isolation, and unhelpful emotion regulation strategies may contribute to the association between sleep problems and suicidal thoughts and behaviours. Given that findings in this area are currently restricted to studies with cross-sectional designs, the directionality of the interrelationships between these psychological factors, sleep problems and suicidality, remains unclear. We integrate the findings of our review with

contemporary psychological models of suicidal behaviour to develop a clear research agenda. Identified pathways should now be tested with longitudinal and experimental designs. In addition, a more thorough investigation of the complexities of sleep, psychological factors, and suicidal thoughts and behaviours is crucial for the development of targeted psychological interventions.

<http://onlinelibrary.wiley.com/doi/10.1002/jts.22172/full>

Modern Warfare: Video Game Playing and Posttraumatic Symptoms in Veterans.

Etter, D., Kamen, C., Etter, K. and Gore-Felton, C.

Journal of Traumatic Stress

First published: March 2017

DOI: 10.1002/jts.22172

Many of the current generation of veterans grew up with video games, including military first-person shooter (MFPS) video games. In MFPS games, players take the role of soldiers engaged in combat in environments modeled on real-life warzones. Exposure to trauma-congruent game content may either serve to exacerbate or to ameliorate posttraumatic symptoms. The current study examined the relationship between MFPS and other shooter video game playing and posttraumatic stress disorder (PTSD) symptoms among current and former members of the military (N = 111). Results indicated that video game play was very common, and 41.4% of participants reported playing MFPS or other shooter games (shooter players group). The shooter players group reported higher levels of PTSD symptoms than participants who did not play any video or shooter games (nonshooter/nonplayers group; $d = 0.44$); however, playing shooter games was not predictive of PTSD symptoms after accounting for personality, combat exposure, and social support variables. This may indicate that the same psychosocial factors predict both PTSD and shooter video game play. Although veterans may benefit from the development and use of clinical applications of video games in PTSD treatment, clinical attention should continue to focus on established psychosocial predictors of PTSD symptoms.

<http://www.tandfonline.com/doi/abs/10.1080/08854726.2017.1295675>

Professional Quality of Life and Changes in Spirituality Among VHA Chaplains: A Mixed Methods Investigation.

Wesley H. McCormick, Timothy D. Carroll, Brett A. Slagel, Kent D. Drescher, Jason A. Nieuwsma, and Joseph M. Currier

Journal Of Health Care Chaplaincy

Published online: 30 Mar 2017

<http://dx.doi.org/10.1080/08854726.2017.1295675>

A mixed method design was implemented to examine the spirituality and emotional well-being of Veterans Health Administration (VHA) chaplains and how potential changes in spirituality and emotional well-being may affect their professional quality of life. Four distinct categories of changes emerged from the narrative statements of a nationally representative sample of 267 VHA chaplains: (1) positive changes (e.g., increased empathy), (2) negative changes (e.g., dysthymic mood, questioning religious beliefs), (3) combination of positive and negative changes, and (4) no change (e.g., sustenance through spirituality or self-care). Most chaplains reported positive (37%) or no change (30%) in their spirituality and/or emotional well-being. However, quantitative analyses revealed that chaplains who reported negative changes endorsed greater burnout and secondary traumatic stress. Overall, these findings suggest VHA chaplains are predominantly spiritually resilient, but negative changes in the spiritual domain can occur, potentially increasing the risk of adverse changes in professional quality of life.

<http://onlinelibrary.wiley.com/doi/10.1002/da.22613/full>

PTSD and cognitive symptoms relate to inhibition-related prefrontal activation and functional connectivity.

Clausen AN, Francisco AJ, Thelen J, et al.

Depression and Anxiety

First published: 29 March 2017

DOI: 10.1002/da.22613

Background

Posttraumatic stress disorder (PTSD) is associated with reduced executive functioning and verbal memory performance, as well as abnormal task-specific activity in prefrontal cortex (PFC) and anterior cingulate cortices (ACC). The current study examined how PTSD symptoms and neuropsychological performance in combat veterans relates to (1) medial PFC and ACC activity during cognitive inhibition, and (2) task-independent PFC functional connectivity.

Methods

Thirty-nine male combat veterans with varying levels of PTSD symptoms completed the multisource interference task during functional magnetic resonance imaging. Robust regression analyses were used to assess relationships between percent signal change (PSC: incongruent–congruent) and both PTSD severity and neuropsychological performance. Analyses were conducted voxel-wise and for PSC extracted from medial PFC and ACC regions of interest. Resting-state scans were available for veterans with PTSD. Regions identified via task-based analyses were used as seeds for resting-state connectivity analyses.

Results

Worse PTSD severity and neuropsychological performance related to less medial PFC and rostral ACC activity during interference processing, driven partly by increased activation to congruent trials. Worse PTSD severity related to reduced functional connectivity between these regions and bilateral, lateral PFC (Brodmann area 10). Worse neuropsychological performance related to reduced functional connectivity between these regions and the inferior frontal gyrus.

Conclusions

PTSD and associated neuropsychological deficits may result from difficulties regulating medial PFC regions associated with “default mode,” or self-referential processing. Further clarification of functional coupling deficits between default mode and executive control networks in PTSD may enhance understanding of neuropsychological and emotional symptoms and provide novel treatment targets.

http://journals.lww.com/jonmd/Abstract/2017/04000/Acknowledging_the_Risk_for_Traumatic_Brain_Injury.14.aspx

Acknowledging the Risk for Traumatic Brain Injury in Women Veterans.

Amoroso, Timothy BS; Iverson, Katherine M. PhD

Journal of Nervous & Mental Disease

April 2017 - Volume 205 - Issue 4 - p 318–323

doi: 10.1097/NMD.0000000000000621

Since the Iraq and Afghanistan wars began, an unprecedented number of women have been engaging in combat operations. Likewise, the number of women using Department of Veterans Affairs (VA) services has doubled since 2001. Military service, and deployment to combat in particular, poses certain risks for traumatic brain injury (TBI)—for all service members. However, women may have additional military and nondeployment risk factors such as intimate partner violence (IPV). We briefly review the definition and classification issues related to TBI, as well as common acute and chronic health symptoms after TBI. Specific sex differences in prognosis after TBI, in particular the neurobehavioral symptoms, are also reviewed. We then focus on the emerging literature regarding TBI in women veterans including the etiologies, outcomes, and unique challenges this population faces. The article concludes with suggestions for enhanced screening by VA and non-VA providers alike, as well as directions for future research and clinical inquiry.

<http://journals.sagepub.com/doi/abs/10.1177/0192513X17698182>

Experiential Avoidance, Dyadic Interaction and Relationship Quality in the Lives of Veterans and Their Partners.

Osnat Zamir, Abigail H. Gewirtz, Madelyn Labella, David S. DeGarmo, James Snyder

Journal of Family Issues

First Published March 31, 2017

DOI 10.1177/0192513X17698182

This study assessed the mediating pathways of observed couple communication on the dyadic associations between experiential avoidance (EA) and relationship quality. A sample of 228 military couples following combat deployment participated in a conflict discussion and completed self-report measures to assess EA and relationship quality. Results of an actor–partner interdependence model using structural equation modeling indicated that for both dyad members greater EA was associated with their own lower relationship quality. Higher EA in men was associated with more observed negative

communication, as well as lower relationship quality in their female partners. Positive couple communication was associated with higher relationship quality in men and in women. Overall, EA demonstrated associations with relationship quality above and beyond couple communication skills. This study points to the importance of EA for the marital system and suggests that interventions targeting EA and positive couple communication skills may strengthen military marital relationships following deployment to war.

<http://jramc.bmj.com/content/early/2017/03/29/jramc-2016-000705>

The psychological health and well-being experiences of female military veterans: a systematic review of the qualitative literature.

Gemma L Jones and T Hanley

Journal of the Royal Army Medical Corps

Published Online First: 29 March 2017

doi: 10.1136/jramc-2016-000705

Introduction

Women in the military are a minority group who, in addition to facing exposure to traumatic events due to the nature of the work, face additional stressors while deployed. It is argued that these exposures and experiences place individuals at a significantly higher risk of finding it difficult adjusting post deployment. This paper focuses on the psychological health and well-being of female veterans post-deployment.

Methods

A systematic review of the literature related to female veterans' experiences upon returning home from deployment was conducted.

Results

Eight in-depth qualitative studies met the inclusion criteria for the study and were analysed using thematic analysis. Five key themes were identified in the papers: (1) bringing the war home, (2) post-deployment adjustment, (3) loss, (4) failed belongingness and (5) post-traumatic growth.

Conclusions

These studies provide a useful insight into the different psychological health and well-

being experiences that female veterans encounter. Additionally, the associated effects upon the individual and their families and communities are considered.

<http://www.sciencedirect.com/science/article/pii/S0160252716302333>

PTSD in Court I: Introducing PTSD for Court.

Gerald Young

International Journal of Law and Psychiatry
Volume 49, Part B, November–December 2016, Pages 238–258
<http://dx.doi.org/10.1016/j.ijlp.2016.10.012>

The first part of the series of three articles on posttraumatic stress disorder (PTSD) in Court to appear in the journal reviews the history of the construct of PTSD and its presentation in the DSM-5 (Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition; American Psychiatric Association, 2013) and the ICD-11 (International Classification of Diseases, 11th Edition; World Health Organization, 2018). There are 20 symptoms of PTSD in the DSM-5. PTSD symptoms are arranged into a four-cluster model, which has received partial support in the literature. Other four-factor models have been found that fit the data even better than that of the DSM-5. There is a five-factor dysphoria model and two six-factor models that have been found to fit better the DSM-5 PTSD symptoms. Finally, research is providing support for a hybrid seven-factor model. An eighth factor on dissociation seems applicable to the minority of people who express the dissociative subtype. At the epidemiological level, individuals can expect trauma exposure to take place about 70% over one's lifetime. Also, traumatic exposure leads to traumatic reactions in about 10% of cases, with PTSD being a primary diagnosis for trauma. Once initiated, PTSD becomes prolonged in about 10% of cases. Polytrauma and comorbidities complicate these prevalence statistics. Moreover, the possibility of malingered PTSD presents confounds. However, the estimate for malingered PTSD varies extensively, from 1 to 50%, so that the estimate is too imprecise for use in court without further research. This first article in the series of three articles appearing in the journal on PTSD in Court concludes with discussion of complications related to comorbidities and heterogeneities, in particular. For example, PTSD and its comorbidities can be expressed in over one quintillion ways. This complexity in its current structure in the DSM-5 speaks to the individual differences involved in its expression.

<http://www.sciencedirect.com/science/article/pii/S0160252717300389>

PTSD in Court II: Risk factors, endophenotypes, and biological underpinnings in PTSD.

Gerald Young

International Journal of Law and Psychiatry
Volume 51, March–April 2017, Pages 1–21
<http://dx.doi.org/10.1016/j.ijlp.2017.02.002>

The second article in the series of three for the journal on “PTSD in Court” especially concerns the biological bases that have been found to be associated with PTSD (posttraumatic stress disorder). The cohering concepts in this section relate to risk factors; candidate genes; polygenetics; “gene × environment” interactions; epigenetics; endophenotypes; biomarkers; and connective networks both structurally and functionally (in terms of intrinsic connectivity networks, ICNs, including the DMN, SN, and CEN; that is, default mode, salience, and central executive networks, respectively). Risk factors related to PTSD include pre-event, event- and post-event ones. Some of the genes related to PTSD include: FKBP5, 5-HTTLPR, and COMT (which are, respectively, FK506-binding protein 5 gene, serotonin-transporter linked polymorphic region, catechol-O-methyl-transferase). These genetic findings give an estimate of 30% for the genetic influence on PTSD. The typical brain regions involved in PTSD include the amygdala, hippocampus, and prefrontal cortex, along with the insula. Causal models of behavior are multifactorial and biopsychosocial, and these types of models apply to PTSD, as well. The paper presents a multilevel systems model of psychopathology, including PTSD, which involves three levels — a top-down psychological construct one, a bottom-up symptom connection one, and a middle one involving symptom appraisal. Legally, causality refers to the event at issue needing to meet the bar of being materially contributory to the outcome. Finally, this section of the article reviews empirically-supported therapies for PTSD and the dangers of not receiving treatment for it.

<http://www.sciencedirect.com/science/article/pii/S0160252717300596>

PTSD in Court III: Malingering, assessment, and the law.

Gerald Young

International Journal of Law and Psychiatry

Available online 31 March 2017

<http://dx.doi.org/10.1016/j.ijlp.2017.03.001>

This journal's third article on PTSD in Court focuses especially on the topic's "court" component. It first considers the topic of malingering, including in terms of its definition, certainties, and uncertainties. As with other areas of the study of psychological injury and law, generally, and PTSD (posttraumatic stress disorder), specifically, malingering is a contentious area not only definitionally but also empirically, in terms of establishing its base rate in the index populations assessed in the field. Both current research and re-analysis of past research indicates that the malingering prevalence rate at issue is more like $15 \pm 15\%$ as opposed to $40 \pm 10\%$. As for psychological tests used to assess PTSD, some of the better ones include the TSI-2 (Trauma Symptom Inventory, Second Edition; Briere, 2011), the MMPI-2-RF (Minnesota Multiphasic Personality Inventory, Second Edition, Restructured Form; Ben-Porath & Tellegen, 2008/2011), and the CAPS-5 (The Clinician-Administered PTSD Scale for DSM-5; Weathers, Blake, Schnurr, Kaloupek, Marx, & Keane, 2013b). Assessors need to know their own possible biases, the applicable laws (e.g., the Daubert trilogy), and how to write court-admissible reports. Overall conclusions reflect a moderate approach that navigates the territory between the extreme plaintiff or defense allegiances one frequently encounters in this area of forensic practice.

<http://journals.plos.org/plosone/article?id=10.1371/journal.pone.0174675>

Signs of current suicidality in men: A systematic review.

Tara Hunt, Coralie J. Wilson, Peter Caputi, Alan Woodward, Ian Wilson

PLOS ONE

Published: March 29, 2017

<http://dx.doi.org/10.1371/journal.pone.0174675>

Suicide signs have been identified by expert consensus and are relied on by service providers, community helpers' and family members to identify suicidal men. Whether signs that are reported in suicide literature accurately describe male presentations of

suicidality is unclear. A systematic review of the literature was conducted to identify male-specific signs of current suicidality and identify gaps in the literature for future research. Searches through Medline, CINAHL, PsychInfo and the Behavioral Sciences Collection, guided by the PRISMA-P statement, identified 12 studies that met the study eligibility criteria. Although the results generally reflected suicide signs identified by expert consensus, there is little research that has examined male-specific signs of the current suicidal state. This review highlights the need for scientific research to clarify male presentation of suicidality. Implications for future research to improve the prompt identification of suicidal men are discussed.

<http://www.sciencedirect.com/science/article/pii/S0163834317300531>

The therapeutic discharge: An approach to dealing with deceptive patients.

John B. Taylor, Scott R. Beach, Nicholas Kontos

General Hospital Psychiatry

Available online 29 March 2017

<http://dx.doi.org/10.1016/j.genhosppsy.2017.03.010>

Objective

Patients with factitious disorder or malingering behaviors pose particular problems in acute care settings. We sought to describe a manner to effectively discharge these patients and keep further harm, iatrogenic or otherwise, from being inflicted.

Method

Once an indication has been identified, the therapeutic discharge can be carried out in a stepwise fashion, resulting in a safe discharge. We outlined how to prepare for, and execute, the therapeutic discharge, along with preemptive consideration of complications that may arise.

Results

Consequences for the patient, physicians, and larger healthcare system are considered.

Conclusion

The therapeutic discharge is a safe and effective procedure for patients with deception syndromes in acute care settings. Carrying it out is a necessary element of psychiatric residency and psychosomatic medicine fellowship training.

<http://www.tandfonline.com/doi/full/10.1080/21635781.2017.1295001>

Understanding the Practice Experience of the Military Mental Health Provider in a Deployed Setting: A Conceptual Model.

Bud Warner & Phil E. Miller

Military Behavioral Health

Published online: 15 Feb 2017

<http://dx.doi.org/10.1080/21635781.2017.1295001>

Military mental health providers who are deployed to combat areas perform roles for which there is no analogous civilian job. Their clinical decision making is influenced by their emotional health, safety, training, support, and culture of the military. This article is based on original research that examined the experiences of 27 military mental health providers, proposes a model of decision making for the deployed military mental health providers, and provides case examples of its application.

<http://jamanetwork.com/journals/jamapsychiatry/article-abstract/2604310>

Efficacy of Self-guided Internet-Based Cognitive Behavioral Therapy in the Treatment of Depressive Symptoms: A Meta-analysis of Individual Participant Data.

Karyotaki E, Riper H, Twisk J, Hoogendoorn A, Kleiboer A, Mira A, Mackinnon A, Meyer B, Botella C, Littlewood E, Andersson G, Christensen H, Klein JP, Schröder J, Bretón-López J, Scheider J, Griffiths K, Farrer L, Huibers MJH, Phillips R, Gilbody S, Moritz S, Berger T, Pop V, Spek V, Cuijpers P.

JAMA Psychiatry

2017;74(4):351-359

doi:10.1001/jamapsychiatry.2017.0044

Importance

Self-guided internet-based cognitive behavioral therapy (iCBT) has the potential to

increase access and availability of evidence-based therapy and reduce the cost of depression treatment.

Objectives

To estimate the effect of self-guided iCBT in treating adults with depressive symptoms compared with controls and evaluate the moderating effects of treatment outcome and response.

Data Sources

A total of 13 384 abstracts were retrieved through a systematic literature search in PubMed, Embase, PsycINFO, and Cochrane Library from database inception to January 1, 2016.

Study Selection

Randomized clinical trials in which self-guided iCBT was compared with a control (usual care, waiting list, or attention control) in individuals with symptoms of depression.

Data Extraction and Synthesis

Primary authors provided individual participant data from 3876 participants from 13 of 16 eligible studies. Missing data were handled using multiple imputations. Mixed-effects models with participants nested within studies were used to examine treatment outcomes and moderators.

Main Outcomes and Measures

Outcomes included the Beck Depression Inventory, Center for Epidemiological Studies–Depression Scale, and 9-item Patient Health Questionnaire scores. Scales were standardized across the pool of the included studies.

Results

Of the 3876 study participants, the mean (SD) age was 42.0 (11.7) years, 2531 (66.0%) of 3832 were female, 1368 (53.1%) of 2574 completed secondary education, and 2262 (71.9%) of 3146 were employed. Self-guided iCBT was significantly more effective than controls on depressive symptoms severity ($\beta = -0.21$; Hedges $g = 0.27$) and treatment response ($\beta = 0.53$; odds ratio, 1.95; 95% CI, 1.52-2.50; number needed to treat, 8). Adherence to treatment was associated with lower depressive symptoms ($\beta = -0.19$; $P = .001$) and greater response to treatment ($\beta = 0.90$; $P < .001$). None of the examined participant and study-level variables moderated treatment outcomes.

Conclusions and Relevance

Self-guided iCBT is effective in treating depressive symptoms. The use of meta-

analyses of individual participant data provides substantial evidence for clinical and policy decision making because self-guided iCBT can be considered as an evidence-based first-step approach in treating symptoms of depression. Several limitations of the iCBT should be addressed before it can be disseminated into routine care.

<http://jamanetwork.com/journals/jamapsychiatry/article-abstract/2604311>

Meta-analyses Can Be Credible and Useful: A New Standard.

John P. A. Ioannidis, MD, DSc

JAMA Psychiatry
2017;74(4):311-312
doi:10.1001/jamapsychiatry.2017.0035

Carefully done meta-analyses constitute a major advance compared with expert opinion and nonsystematic attempts at summarizing, synthesizing, and integrating information. Meta-analyses serve many fields in summarizing an increasing stream of data and, for clinical purposes, streamlining information for decision making. However, there are flaws and caveats that threaten the validity and utility of meta-analyses.

<http://jamanetwork.com/journals/jamapsychiatry/article-abstract/2604309>

Reevaluating the Efficacy and Predictability of Antidepressant Treatments A Symptom Clustering Approach.

Chekroud AM, Gueorguieva R, Krumholz HM, Trivedi MH, Krystal JH, McCarthy G.

JAMA Psychiatry
2017;74(4):370-378
doi:10.1001/jamapsychiatry.2017.0025

Importance

Depressive severity is typically measured according to total scores on questionnaires that include a diverse range of symptoms despite convincing evidence that depression is not a unitary construct. When evaluated according to aggregate measurements,

treatment efficacy is generally modest and differences in efficacy between antidepressant therapies are small.

Objectives

To determine the efficacy of antidepressant treatments on empirically defined groups of symptoms and examine the replicability of these groups.

Design, Setting, and Participants

Patient-reported data on patients with depression from the Sequenced Treatment Alternatives to Relieve Depression (STAR*D) trial (n = 4039) were used to identify clusters of symptoms in a depressive symptom checklist. The findings were then replicated using the Combining Medications to Enhance Depression Outcomes (CO-MED) trial (n = 640). Mixed-effects regression analysis was then performed to determine whether observed symptom clusters have differential response trajectories using intent-to-treat data from both trials (n = 4706) along with 7 additional placebo and active-comparator phase 3 trials of duloxetine (n = 2515). Finally, outcomes for each cluster were estimated separately using machine-learning approaches. The study was conducted from October 28, 2014, to May 19, 2016.

Main Outcomes and Measures

Twelve items from the self-reported Quick Inventory of Depressive Symptomatology (QIDS-SR) scale and 14 items from the clinician-rated Hamilton Depression (HAM-D) rating scale. Higher scores on the measures indicate greater severity of the symptoms.

Results

Of the 4706 patients included in the first analysis, 1722 (36.6%) were male; mean (SD) age was 41.2 (13.3) years. Of the 2515 patients included in the second analysis, 855 (34.0%) were male; mean age was 42.65 (12.17) years. Three symptom clusters in the QIDS-SR scale were identified at baseline in STAR*D. This 3-cluster solution was replicated in CO-MED and was similar for the HAM-D scale. Antidepressants in general (8 of 9 treatments) were more effective for core emotional symptoms than for sleep or atypical symptoms. Differences in efficacy between drugs were often greater than the difference in efficacy between treatments and placebo. For example, high-dose duloxetine outperformed escitalopram in treating core emotional symptoms (effect size, 2.3 HAM-D points during 8 weeks, 95% CI, 1.6 to 3.1; $P < .001$), but escitalopram was not significantly different from placebo (effect size, 0.03 HAM-D points; 95% CI, -0.7 to 0.8; $P = .94$).

Conclusions and Relevance

Two common checklists used to measure depressive severity can produce statistically

reliable clusters of symptoms. These clusters differ in their responsiveness to treatment both within and across different antidepressant medications. Selecting the best drug for a given cluster may have a bigger benefit than that gained by use of an active compound vs a placebo.

<http://jamanetwork.com/journals/jamapsychiatry/fullarticle/2607494>

An Integrated Neuroscience Perspective on Formulation and Treatment Planning for Posttraumatic Stress Disorder: An Educational Review.

Ross DA, Arbuckle MR, Travis MJ, Dwyer JB, van Schalkwyk GI, Ressler KJ

JAMA Psychiatry

2017;74(4):407-415

doi:10.1001/jamapsychiatry.2016.3325

Importance

Posttraumatic stress disorder (PTSD) is a common psychiatric illness, increasingly in the public spotlight in the United States due its prevalence in the soldiers returning from combat in Iraq and Afghanistan. This educational review presents a contemporary approach for how to incorporate a modern neuroscience perspective into an integrative case formulation. The article is organized around key neuroscience “themes” most relevant for PTSD. Within each theme, the article highlights how seemingly diverse biological, psychological, and social perspectives all intersect with our current understanding of neuroscience.

Observations

Any contemporary neuroscience formulation of PTSD should include an understanding of fear conditioning, dysregulated circuits, memory reconsolidation, epigenetics, and genetic factors. Fear conditioning and other elements of basic learning theory offer a framework for understanding how traumatic events can lead to a range of behaviors associated with PTSD. A circuit dysregulation framework focuses more broadly on aberrant network connectivity, including between the prefrontal cortex and limbic structures. In the process of memory reconsolidation, it is now clear that every time a memory is reactivated it becomes momentarily labile—with implications for the genesis, maintenance, and treatment of PTSD. Epigenetic changes secondary to various experiences, especially early in life, can have long-term effects, including on the regulation of the hypothalamic-pituitary-adrenal axis, thereby affecting an individual’s

ability to regulate the stress response. Genetic factors are surprisingly relevant: PTSD has been shown to be highly heritable despite being definitionally linked to specific experiences. The relevance of each of these themes to current clinical practice and its potential to transform future care are discussed.

Conclusions and Relevance

Together, these perspectives contribute to an integrative, neuroscience-informed approach to case formulation and treatment planning. This may help to bridge the gap between the traditionally distinct viewpoints of clinicians and researchers.

<https://www.ncbi.nlm.nih.gov/pubmed/28359007>

Med J Aust. 2017 Apr 3;206(6):251-257

Physical comorbidities of post-traumatic stress disorder in Australian Vietnam War veterans.

McLeay SC, Harvey WM, Romaniuk MN, Crawford DH, Colquhoun DM, Young RM, Dwyer M, Gibson JM, O'Sullivan RA, Cooksley G, Strakosch CR, Thomson RM, Voisey J, Lawford BR

OBJECTIVE:

To determine whether the prevalence of physical comorbidities in Australian Vietnam War veterans with post-traumatic stress disorder (PTSD) is higher than in trauma-exposed veterans without PTSD.

DESIGN, SETTING AND PARTICIPANTS:

Cross-sectional analysis of the health status (based on self-reported and objective clinical assessments) of 298 Australian Vietnam War veterans enrolled by the Gallipoli Medical Research Institute (Brisbane) during February 2014 - July 2015, of whom 108 were confirmed as having had PTSD and 106 served as trauma-exposed control participants. Main outcomes and measures: Diagnostic psychiatric interview and psychological assessments determined PTSD status, trauma exposure, and comorbid psychological symptoms. Demographic data, and medical and sleep history were collected; comprehensive clinical examination, electrocardiography, spirometry, liver transient elastography, and selected pathology assessments and diagnostic imaging were performed. Outcomes associated with PTSD were identified; regression analysis excluded the effects of potentially confounding demographic and risk factors and

comorbid symptoms of depression and anxiety.

RESULTS:

The mean total number of comorbidities was higher among those with PTSD (17.7; SD, 6.1) than in trauma-exposed controls (14.1; SD, 5.2; $P < 0.001$). For 24 of 171 assessed clinical outcomes, morbidity was greater in the PTSD group, including for conditions of the gastrointestinal, hepatic, cardiovascular, and respiratory systems, sleep disorders, and laboratory pathology measures. In regression analyses including demographic factors, PTSD remained positively associated with 17 adverse outcomes; after adjusting for the severity of depressive symptoms, it remained significantly associated with ten.

CONCLUSION:

PTSD in Australian Vietnam veterans is associated with comorbidities in several organ systems, independent of trauma exposure. A comprehensive approach to the health care of veterans with PTSD is needed.

<https://www.ncbi.nlm.nih.gov/pubmed/28290941>

Mil Med. 2017 Mar;182(3):e1669-e1676. doi: 10.7205/MILMED-D-16-00154

Professional Stress and Burnout in U.S. Military Medical Personnel Deployed to Afghanistan.

Adler AB, Adrian AL, Hemphill M, Scaro NH, Sipos ML, Thomas JL

BACKGROUND:

Studies of medical staff members have consistently documented high levels of burnout compared to those in other professions. Although there are studies of burnout in military medical staff, there are gaps in understanding the experience of medical staff while they are deployed and few occupationally-related factors associated with decreased burnout have been identified in this population.

PURPOSE:

To assess work-related variables accounting for burnout over and above rank, post-traumatic stress disorder (PTSD) symptoms, and professional stressors in the deployed environment.

METHODS:

U.S. military medical staff members were surveyed in Afghanistan. The survey assessed burnout (emotional exhaustion and depersonalization), PTSD symptoms, perception of professional stressors, self-care behaviors, taking care of team members (team care), general leadership, and health-promoting leadership. Participants provided informed consent under a protocol approved by the institutional review board at Walter Reed Army Institute of Research, and coordinated through the Washington Headquarters Service and the Joint Casualty Care Research Team located in Afghanistan. A total of 344 individuals provided their consent (83.3%) and completed the survey.

RESULTS:

Correlations found significant positive relationships between perception of professional stressors and levels of burnout. Significant negative correlations were found between burnout and self-care, team care, general leadership, and health-promoting leadership. Regression analyses found self-care and team care accounted for less burnout even after controlling for rank, PTSD symptoms, and professional stressors. Health-promoting leadership accounted for less burnout even after controlling for these same covariates and general leadership as well.

CONCLUSION:

Although a cross-sectional survey, results provide three specific directions for reducing burnout in deployed medical staff. By emphasizing self-care, team care, and health-promoting leadership, policy makers, researchers, and leaders can address factors that influence burnout in this, and other occupational contexts. In addition, the constructs of team care and leadership offer novel contributions to the study of burnout in medical personnel. Reprint & Copyright © of 2017 Association Military Surgeons of the U.S.

Links of Interest

Female veterans targeted with residential treatment home

<http://www.pnj.com/story/news/2017/03/30/female-veterans-residential-treatment-pathways-for-change/99779552/>

Study: Military service narrows racial wage gap among women

<http://www.militarytimes.com/articles/study-military-service-narrows-racial-wage-gap-among-women>

Male Sexual Assault in the Military: Raising Awareness, Providing Support
<http://www.pdhealth.mil/news/blog/male-sexual-assault-military-raising-awareness-providing-support>

Treating depression is guesswork. Psychiatrists are beginning to crack the code.
<http://www.vox.com/science-and-health/2017/4/4/15073652/precision-psychiatry-depression>

Concerns linger over Veterans Crisis Line operations despite improvements
<http://www.militarytimes.com/articles/veterans-crisis-line-continued-concerns-congress>

Interactive voice response-based CBT noninferior to in-person CBT
<http://www.healio.com/internal-medicine/pain-management/news/online/{5f2c8422-dbca-441e-be78-b2fdc97ef883}/interactive-voice-response-based-cbt-noninferior-to-in-person-cbt>

Women taught at boot camp to endure sexual harassment from male Marines, veteran says
<https://www.marinecorpstimes.com/articles/female-recruits-taught-to-put-up-with-harassment>

Military Child of the Year honorees offer advice to their peers, and to military parents
<http://www.militarytimes.com/articles/military-child-of-the-year-honorees-offer-advice-to-their-peers-and-to-military-parents>

'Served Like A Girl': New documentary tracks female veterans in a pageant with purpose
<http://www.militarytimes.com/articles/served-like-a-girl-new-documentary-tracks-female-veterans-in-a-pageant-with-purpose>

Kevlar for the Mind: How post-traumatic stress can open paths to personal growth
<http://www.militarytimes.com/articles/kevlar-mind-ptsd-personal-growth>

Resource of the Week: [Defense Advisory Committee on Women in the Services \(DACOWITS\) 2016 Annual Report](#)

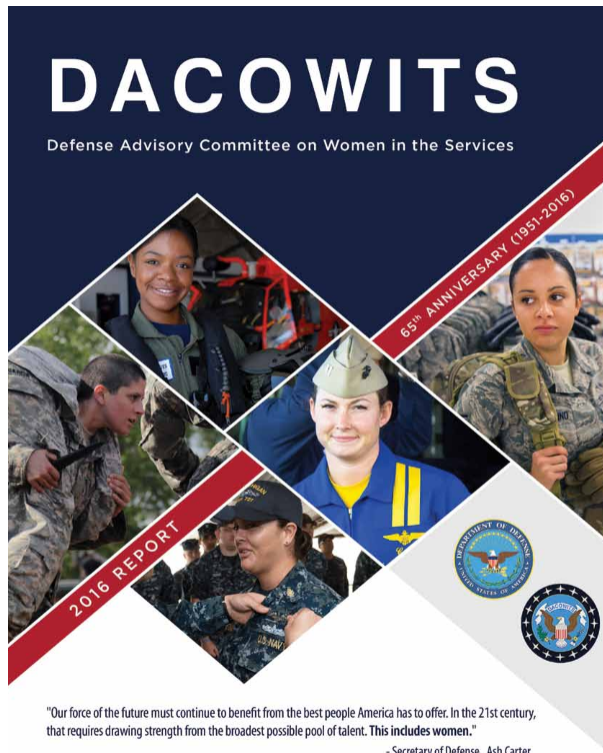
From press release:

Today, the Defense Advisory Committee on Women in the Services (DACOWITS) released its annual report on matters relating to women serving in the Armed Forces of the United States for Fiscal Year (FY) 2016. DACOWITS provides the Department of Defense (DoD) with advice and recommendations on matters and policies relating to the recruitment and retention, treatment, employment, integration and well-being of highly-qualified professional women in the armed forces.

Each December, the committee selects several study topics to examine during the following year. For 2016, DACOWITS studied 14 topics. The committee gathered information from multiple sources in examining these topics; for example, briefings and written responses from the DoD, service-level military representatives, and subject matter experts; data collected from focus groups and interactions with service members during installation visits; and peer-reviewed literature. DACOWITS collected qualitative data during their visits to multiple installations—representing all four DoD Service branches (Air Force, Army, Marine Corps, Navy) and the Coast Guard.

Based upon the data collected and analyzed, the FY16 annual report includes 14 recommendations and four continuing concerns the committee made to the secretary of defense on the following topics: mentorship, single-parent waivers, accessions and marketing, the chaplain corps, gender integration, combat gear and equipment, pregnancy and parenthood, physical standards, strategic communications, transition services, and sexual harassment and sexual assault training. The FY16 annual report is available online and includes detailed reasoning supporting each of the recommendations and continuing concerns addressed by the committee.

DACOWITS is one of the oldest DoD federal advisory committees. The committee was established following the signing of the Women's Armed Services Integration Act in 1948, by then Secretary of Defense George C. Marshall. The new law enabled women to serve as permanent, regular members of the Armed Forces in the Army, Navy, Marine Corps, and the recently formed Air Force. This annual report marks the Committee's 65th Anniversary.



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