

CDP



Research Update -- February 1, 2018

What's Here:

- Medications for PTSD, Explained, PTSD Monthly Update - January 2018
- Effect of Prolonged Exposure Therapy Delivered Over 2 Weeks vs 8 Weeks vs Present-Centered Therapy on PTSD Symptom Severity in Military Personnel: A Randomized Clinical Trial.
- Military Cultural Competence.
- Psychosocial characteristics as potential predictors of suicide in adults: an overview of the evidence with new results from prospective cohort studies.
- Moving Beyond Housing: Service Implications for Veterans Entering Permanent Supportive Housing.
- Toward Return to Duty Decision-Making After Military Mild Traumatic Brain Injury: Preliminary Validation of the Charge of Quarters Duty Test.
- Moral Injury and Human Relationship: A Conversation.
- Adversity and Resilience are Associated with Outcome Following Mild Traumatic Brain Injury in Military Service Members.
- Do neurocognitive abilities distinguish suicide attempters from suicide ideators? A systematic review of an emerging research area.
- Correlates of employment and postsecondary education enrolment in Afghanistan and Iraq veterans with traumatic brain injuries.
- Complementary and Alternative Medicine for Posttraumatic Stress Disorder Symptoms: A Systematic Review.

- Developing Military Cultural Competency to Better Serve Those Who Have Served Us.
- Preliminary efficacy of service dogs as a complementary treatment for posttraumatic stress disorder in military members and veterans.
- Disentangling the link between posttraumatic stress disorder and violent behavior: Findings from a nationally representative sample.
- Links of Interest
- Resource of the Week: Prevalence of Mental Illness in the United States: Data Sources and Estimates (Congressional Research Service)

<https://content.govdelivery.com/accounts/USVHA/bulletins/1d6f3e8>

Medications for PTSD, Explained, PTSD Monthly Update - January 2018

National Center for PTSD

The symptoms of PTSD can affect every area of your life. The good news is that there are treatment options that can help. While psychotherapy, sometimes called "counseling", has been shown to be the most effective treatment for PTSD, certain medications have also been proven to help decrease many of the core symptoms.

Is Medication is Right for Me?

Medication may be a good choice if you don't want to try talk therapy now or if you can't fit weekly therapy appointments into your life. Some people find that taking certain medication for PTSD while they are in therapy makes the process easier. Talk to your health care provider about which medications are right for you.

<https://jamanetwork.com/journals/jama/fullarticle/2670254>

Effect of Prolonged Exposure Therapy Delivered Over 2 Weeks vs 8 Weeks vs Present-Centered Therapy on PTSD Symptom Severity in Military Personnel: A Randomized Clinical Trial.

Edna B. Foa, PhD; Carmen P. McLean, PhD; Yinyin Zang, PhD; et al.

JAMA

2018;319(4):354-364

doi:10.1001/jama.2017.21242

Key Points

Questions

Among active military with posttraumatic stress disorder (PTSD), are 10 sessions of prolonged exposure therapy (a trauma-focused cognitive behavioral therapy) delivered over 2 weeks (massed therapy) more effective than minimal contact and noninferior to 10 sessions delivered over 8 weeks (spaced therapy) for reducing PTSD symptom severity, and does spaced therapy reduce PTSD symptom severity more than present-centered therapy (PCT)?

Findings

In this randomized clinical trial (N = 366 active military with PTSD), massed therapy showed greater decrease in PTSD symptom severity than minimal contact and was noninferior to spaced therapy. There were no differences in PTSD symptom severity reduction between spaced therapy and PCT.

Meaning

Massed therapy was noninferior to spaced therapy for reducing PTSD symptoms in active military personnel, although the reductions in PTSD symptom severity with all treatments were relatively modest.

Abstract

Importance

Effective and efficient treatment is needed for posttraumatic stress disorder (PTSD) in active duty military personnel.

Objective

To examine the effects of massed prolonged exposure therapy (massed therapy), spaced prolonged exposure therapy (spaced therapy), present-centered therapy (PCT), and a minimal-contact control (MCC) on PTSD severity.

Design, Setting, and Participants

Randomized clinical trial conducted at Fort Hood, Texas, from January 2011 through

July 2016 and enrolling 370 military personnel with PTSD who had returned from Iraq, Afghanistan, or both. Final follow-up was July 11, 2016.

Interventions

Prolonged exposure therapy, cognitive behavioral therapy involving exposure to trauma memories/reminders, administered as massed therapy (n = 110; 10 sessions over 2 weeks) or spaced therapy (n = 109; 10 sessions over 8 weeks); PCT, a non-trauma-focused therapy involving identifying/discussing daily stressors (n = 107; 10 sessions over 8 weeks); or MCC, telephone calls from therapists (n = 40; once weekly for 4 weeks).

Main Outcomes and Measures

Outcomes were assessed before and after treatment and at 2-week, 12-week, and 6-month follow-up. Primary outcome was interviewer-assessed PTSD symptom severity, measured by the PTSD Symptom Scale–Interview (PSS-I; range, 0-51; higher scores indicate greater PTSD severity; MCID, 3.18), used to assess efficacy of massed therapy at 2 weeks posttreatment vs MCC at week 4; noninferiority of massed therapy vs spaced therapy at 2 weeks and 12 weeks posttreatment (noninferiority margin, 50% [2.3 points on PSS-I, with 1-sided $\alpha = .05$]); and efficacy of spaced therapy vs PCT at posttreatment.

Results

Among 370 randomized participants, data were analyzed for 366 (mean age, 32.7 [SD, 7.3] years; 44 women [12.0%]; mean baseline PSS-I score, 25.49 [6.36]), and 216 (59.0%) completed the study. At 2 weeks posttreatment, mean PSS-I score was 17.62 (mean decrease from baseline, 7.13) for massed therapy and 21.41 (mean decrease, 3.43) for MCC (difference in decrease, 3.70 [95% CI, 0.72 to 6.68]; $P = .02$). At 2 weeks posttreatment, mean PSS-I score was 18.03 for spaced therapy (decrease, 7.29; difference in means vs massed therapy, 0.79 [1-sided 95% CI, $-\infty$ to 2.29; $P = .049$ for noninferiority]) and at 12 weeks posttreatment was 18.88 for massed therapy (decrease, 6.32) and 18.34 for spaced therapy (decrease, 6.97; difference, 0.55 [1-sided 95% CI, $-\infty$ to 2.05; $P = .03$ for noninferiority]). At posttreatment, PSS-I scores for PCT were 18.65 (decrease, 7.31; difference in decrease vs spaced therapy, 0.10 [95% CI, -2.48 to 2.27]; $P = .93$).

Conclusions and Relevance

Among active duty military personnel with PTSD, massed therapy (10 sessions over 2 weeks) reduced PTSD symptom severity more than MCC at 2-week follow-up and was noninferior to spaced therapy (10 sessions over 8 weeks), and there was no significant difference between spaced therapy and PCT. The reductions in PTSD symptom

severity with all treatments were relatively modest, suggesting that further research is needed to determine the clinical importance of these findings.

Trial Registration clinicaltrials.gov Identifier: NCT01049516

See also: [A Window Into the Evolution of Trauma-Focused Psychotherapies for Posttraumatic Stress Disorder](#) (editorial)

<https://link.springer.com/article/10.1007/s10615-018-0651-z>

Military Cultural Competence.

Atuel, H.R. & Castro, C.A.

Clinical Social Work Journal

First Online: 25 January 2018

DOI <https://doi.org/10.1007/s10615-018-0651-z>

This article offers a new definition of military cultural competence based on a review of the literature. As a starting point, the defining characteristics of military culture is discussed and includes the chain of command, military norms, and military identity. Having laid this groundwork, the multidimensionality of military cultural competence—attitudinal, cognitive, behavior—is discussed. Clinical applications of these various competencies are provided.

<https://www.nature.com/articles/s41398-017-0072-8>

Psychosocial characteristics as potential predictors of suicide in adults: an overview of the evidence with new results from prospective cohort studies.

G. David Batty, Mika Kivimäki, Steven Bell, Catharine R. Gale, Martin Shipley, Elise Whitley & David Gunnell

Translational Psychiatry

Volume 8, Article number: 22 (2018)

doi:10.1038/s41398-017-0072-8

In this narrative overview of the evidence linking psychosocial factors with future suicide risk, we collected results from published reports of prospective studies with verified suicide events (mortality or, less commonly, hospitalisation) alongside analyses of new data. There is abundant evidence indicating that low socioeconomic position, irrespective of the economic status of the country in question, is associated with an increased risk of suicide, including the suggestion that the recent global economic recession has been responsible for an increase in suicide deaths and, by proxy, attempts. Social isolation, low scores on tests of intelligence, serious mental illness (both particularly strongly), chronic psychological distress, and lower physical stature (a marker of childhood exposures) were also consistently related to elevated suicide rates. Although there is some circumstantial evidence for psychosocial stress, personality disposition, and early-life characteristics such as bullying being risk indices for suicide, the general paucity of studies means it is not currently possible to draw clear conclusions about their role. Most suicide intervention strategies have traditionally not explored the modification of psychosocial factors, partly because evidence linking psychosocial factors with suicide risk is, as shown herein, largely in its infancy, or, where it does exist, for instance for intelligence and personality disposition, the characteristics in question do not appear to be easily malleable.

<https://link.springer.com/article/10.1007/s10615-018-0648-7>

Moving Beyond Housing: Service Implications for Veterans Entering Permanent Supportive Housing.

Taylor Harris, Hailey Winetrobe, Harmony Rhoades, Carl Andrew Castro, Suzanne Wenzel

Clinical Social Work Journal

First Online: 22 January 2018

DOI <https://doi.org/10.1007/s10615-018-0648-7>

As a result of efforts to end homelessness among U.S. veterans, more former service members are entering permanent supportive housing (PSH). While PSH has been successfully used to house homeless veterans, more research is needed about services beyond housing placement and retention. This study uses the Gelberg–Andersen behavioral model for vulnerable populations to determine associations between predisposing, enabling, and need characteristics and recent service use (i.e., services

to satisfy basic needs, occupational development, financial, healthcare, mental health) among unaccompanied homeless veterans (N = 126) entering PSH in Los Angeles. Among the significant findings, as indicated using univariable logistic regression models, were veterans who had incarceration histories were more likely to utilize basic needs services, compared to those without incarceration histories. Veterans who received an honorable discharge were more likely to utilize occupational development services, compared to veterans with other discharge statuses. Veterans who had a case manager were more likely to utilize mental health services than those without a case manager, while those who received social security were less likely to utilize mental health services compared to veterans who did not receive social security. Veterans who met criteria for a psychological disability and veterans who met criteria for probable PTSD were more likely to use basic needs services and mental health services than veterans who fell below these thresholds. Clinical implications for social workers including “equal access to services,” “enhancing economic stability,” “providing safe and affordable housing with trauma-informed services,” and “training service social workers to deliver well-informed linkages and services” are discussed.

<https://academic.oup.com/milmed/advance-article/doi/10.1093/milmed/usx045/4819216>

Toward Return to Duty Decision-Making After Military Mild Traumatic Brain Injury: Preliminary Validation of the Charge of Quarters Duty Test.

Mary V Radomski, PhD, OTR/L Leslie F Davidson, PhD, OTR/L Laurel Smith, MS, OTR/L Marsha Finkelstein, MS Amy Cecchini, PT, MS Kristin J Heaton, PhD Karen McCulloch, PT, PhD Matthew Scherer, PT, PhD Margaret M Weightman, PT, PhD

Military Medicine

Published: 22 January 2018

<https://doi.org/10.1093/milmed/usx045>

Introduction:

Determining duty-readiness after mild traumatic brain injury (mTBI) remains a priority of the United States Department of Defense as warfighters in both deployed and non-deployed settings continue to sustain these injuries in relatively large numbers. Warfighters with mTBI may experience unresolved sensorimotor, emotional, cognitive sequelae including problems with executive functions, a category of higher order cognitive processes that enable people to regulate goal-directed behavior. Persistent mTBI sequelae interfere with warfighters' proficiency in performing military duties and

signal the need for graded return to activity and possibly rehabilitative services. Although significant strides have been carried out in recent years to enhance the identification and management of mTBI in garrison (EXORD 165–13) and deployed settings (EXORD 242–11; DoDI 6,490.11), the Department of Defense still lacks reliable, valid, and clinically feasible functional assessments to help inform duty-readiness decisions. Traditional functional assessments lack face validity for warfighters and may have ceiling effects, especially as related to executive functions. Performance-based multitasking assessments have been shown to be sensitive to executive dysfunction after acquired brain injury but no multitasking assessments have been validated in adults with mTBI. Existing multitasking assessments are not ecologically valid relative to military contexts. A multidisciplinary military–civilian team of researchers developed and evaluated a performance-based assessment called the Assessment of Military Multitasking Performance. One of the Assessment of Military Multitasking Performance multitasks, the Charge of Quarters Duty Test (CQDT), was designed to challenge the divided attention, foresight, and planning dimensions of executive functions. Here, we report on the preliminary validation results of the CQDT.

Materials and methods:

The team conducted a measurement development study at Fort Bragg, NC, enrolling 83 service members (33 with mTBI and 50 healthy controls). Discriminant validity was evaluated by comparing differences in CQDT sub-scores of warfighters with mTBI and healthy controls. Associations between CQDT sub-scores and neurocognitive measures known to be sensitive to mTBI were examined to explore convergent validity. The study was approved by the Womack Army Medical Center Institutional Review Board (Fort Bragg).

Results:

There were significant between-group differences in two of the four CQDT sub-scores (number of visits, $p = 0.012$; and performance accuracy, $p = 0.020$). Correlations between the CQDT sub-scores and some neurocognitive measures were statistically significant but weak, ranging from 0.287 (CQDT performance accuracy and NAB Numbers and Letters, Part D) to -0.421 (CQDT total number of visits and Automated Neuropsychological Assessment Metrics Tower Task). There were group differences in terms of participants' reading level, education, years in military, and stress symptoms; some of these characteristics may have influenced CQDT performance.

Conclusions:

The CQDT demonstrated initial evidence of discriminant validity. Further study is warranted to more formally evaluate convergent/divergent validity and ultimately how

and whether this performance-based multitasking measure can inform readiness to return to duty after mTBI.

<https://link.springer.com/article/10.1007/s11089-018-0800-x>

Moral Injury and Human Relationship: A Conversation.

Michael Yandell

Pastoral Psychology

First Online: 23 January 2018

DOI <https://doi.org/10.1007/s11089-018-0800-x>

This article brings together years of personal reflection on my own experience of war as an army veteran. I argue that moral injury is about human relationship, and therefore I write in a conversational tone with the Reader. I explore two oft-cited definitions of moral injury (Shay and Litz et al.) and Dietrich Bonhoeffer's use of the term "conscience" by critically reflecting on my own experience, and I invite readers to do the same.

<http://online.liebertpub.com/doi/abs/10.1089/neu.2017.5424>

Adversity and Resilience are Associated with Outcome Following Mild Traumatic Brain Injury in Military Service Members.

Dr. Matthew Wade Reid, Dr. Douglas Cooper, Dr. Lisa H Lu, Prof. Grant L Iverson, and Dr. Jan Kennedy

Journal of Neurotrauma

January 2018, ahead of print

<https://doi.org/10.1089/neu.2017.5424>

The objective of this study was to assess the associations between resilience, adversity, post-concussion symptoms, and posttraumatic stress symptom reporting following mild traumatic brain injury (mTBI). We hypothesized that resilience would be associated with less symptom reporting and adversity would be associated with greater symptom reporting. This was a cross-sectional study of retrospective data collected for an

ongoing TBI repository. US military service members who screened positive for mTBI during a primary care visit completed the Trauma History Screen (THS), Connor-Davidson Resilience Scale (CD-RISC), Neurobehavioral Symptom Inventory (NSI), and PTSD Checklist-Civilian Version (PCL-C). Data collected from February 2015 to August 2016 were used for the present study. Only participants with complete data for the above measures were included, yielding a sample size of 165 participants. Adversity (THS) and resilience (CD-RISC) scores were each significantly correlated with post-concussion (NSI) and traumatic stress (PCL-C) total and subscale scores in the hypothesized direction. Interactions between adversity and resilience were absent for all measures except the NSI sensory subscale. Four traumatic event types were significantly positively associated with most NSI and PCL-C total and subscale scores, but the age at which traumatic events were first experienced showed few, and mixed significant associations. In conclusion, resilience and adversity were significantly associated with symptom endorsement following mTBI. Screening for cumulative adversity may identify individuals at greater risk of developing persistent post-concussion symptoms and/or PTSD and interventions that increase resilience may reduce symptom severity.

<http://onlinelibrary.wiley.com/doi/10.1111/cpsp.12227/abstract>

Do neurocognitive abilities distinguish suicide attempters from suicide ideators? A systematic review of an emerging research area.

Boaz Y. Saffer, E. David Klonsky

Clinical Psychology Science and Practice

First published: 28 January 2018

DOI: 10.1111/cpsp.12227

Recent findings suggest that neurocognitive deficits may hasten progression from suicidal thoughts to behavior. To test this proposition, we examined whether neurocognitive deficits distinguish individuals who have attempted suicide (attempters) from those who have considered suicide but never attempted (ideators). A comprehensive literature search yielded 14 studies comparing attempters to ideators on a range of neurocognitive abilities. In general, attempters and ideators scored comparably across neurocognitive abilities (median Hedges' $g = -.18$). An exception was a moderate difference for inhibition and decision making (median Hedges' $g = -.50$ and $g = -.49$, respectively). Results suggest that some neurocognitive abilities might

help explain the transition from suicidal thoughts to suicide attempts. However, findings are regarded as suggestive, given the small number of studies, few cross-study examinations of neurocognitive domains, and variability in sample characteristics. Recommendations for future research are included.

<http://www.tandfonline.com/doi/abs/10.1080/02699052.2018.1431845>

Correlates of employment and postsecondary education enrolment in Afghanistan and Iraq veterans with traumatic brain injuries.

Donald C Olsen, Chelsea C Hays, Henry J Orff, Amy J Jak & Elizabeth W Twamley

Brain Injury

Published online: 25 Jan 2018

<https://doi.org/10.1080/02699052.2018.1431845>

Primary Objective:

About 20% of Iraq and Afghanistan Veterans have sustained a traumatic brain injury (TBI), which can result in postconcussive symptoms and difficulty transitioning from the military to civilian employment and postsecondary education. To better inform programs help Veterans transition back into civilian life, we evaluated correlates of employment and postsecondary education enrolment among treatment-seeking Veterans with a history of TBI. Research Design: A cross-sectional design, using an archival database of VA medical records, was used to answer these research questions.

Methods and Procedures:

We examined demographic, TBI-related, postconcussive, psychiatric, and neuropsychological factors in 390 Veterans (86% with mild TBI) to determine what factors were associated with employment or enrolment in postsecondary education. Bivariate correlations and multivariate regression were used.

Main Outcomes and Results:

Age, minority status, and service connected disability ratings were significantly associated with employment and postsecondary education enrolment in a multivariate context, whereas TBI-related factors and neurocognitive, postconcussive, and psychiatric symptom severity were not associated with employment or postsecondary education outcomes.

Conclusions:

Further research is needed to confirm these findings and to evaluate the contribution of age, minority status, and disability on successful return to work and/or school for Veterans with a history of TBI.

<https://focus.psychiatryonline.org/doi/abs/10.1176/appi.focus.16102>

Complementary and Alternative Medicine for Posttraumatic Stress Disorder Symptoms: A Systematic Review.

Helané Wahbeh, N.D., MCR., Angela Senders, N.D., Rachel Neuendorf, M.S., Julien Cayton, B.

Focus

Volume 16, Issue 1, Winter 2018, pp. 98-112

<https://doi.org/10.1176/appi.focus.16102>

Objectives:

To (1) characterize complementary and alternative medicine studies for posttraumatic stress disorder symptoms, (2) evaluate the quality of these studies, and (3) systematically grade the scientific evidence for individual CAM modalities for posttraumatic stress disorder.

Design:

Systematic review. Eight data sources were searched. Selection criteria included any study design assessing posttraumatic stress disorder outcomes and any complementary and alternative medicine intervention. The body of evidence for each modality was assessed with the Natural Standard evidence-based, validated grading rationale.

Results and Conclusions:

Thirty-three studies (n = 1329) were reviewed. Scientific evidence of benefit for posttraumatic stress disorder was strong for repetitive transcranial magnetic stimulation and good for acupuncture, hypnotherapy, meditation, and visualization. Evidence was unclear or conflicting for biofeedback, relaxation, Emotional Freedom and Thought Field therapies, yoga, and natural products. Considerations for clinical applications and future research recommendations are discussed.

(Reprinted with permission from Journal of Evidence- Based Complementary & Alternative Medicine, 19(3): 161–175, 2014)

<https://journal.opted.org/article/developing-military-cultural-competency-to-better-servethose-who-have-served-us/>

Developing Military Cultural Competency to Better Serve Those Who Have Served Us.

Navjit Sanghera OD, FAAO

Optometric Education
Volume 43 Number 1 (Fall 2017)

The military culture is one of unique practices, traditions and beliefs that represent a shared unifying language with a distinct set of guiding principles. With the increasing numbers of veterans and their families reintegrating into civilian life, it is likely that most healthcare professionals, including optometrists, will provide care for veterans and their families at some point during their professional careers. Cultural and linguistic competency can better prepare the optometric healthcare provider and solidify the foundation for proper management and care. Cultural and linguistic competency can also help to ensure effective, understandable and respectful care for all patients, improving patient satisfaction and overall health outcomes.

<http://psycnet.apa.org/doiLanding?doi=10.1037%2Fccp0000267>

Preliminary efficacy of service dogs as a complementary treatment for posttraumatic stress disorder in military members and veterans.

O'Haire, Marguerite E., Rodriguez, Kerri E.

Journal of Consulting and Clinical Psychology
Vol 86(2), Feb 2018, 179-188
<http://dx.doi.org/10.1037/ccp0000267>

Objective:

Psychiatric service dogs are an emerging complementary treatment for military members and veterans with posttraumatic stress disorder (PTSD). Yet despite anecdotal accounts of their value, there is a lack of empirical research on their efficacy. The current proof-of-concept study assessed the effects of this practice.

Method:

A nonrandomized efficacy trial was conducted with 141 post-9/11 military members and veterans with PTSD to compare usual care alone (n = 66) with usual care plus a trained service dog (n = 75). The primary outcome was longitudinal change on The PTSD Checklist (PCL; Weathers, Litz, Herman, Huska, & Keane, 1993), including data points from a cross-sectional assessment and a longitudinal record review. Secondary outcomes included cross-sectional differences in depression, quality of life, and social and work functioning.

Results:

Mixed-model analyses revealed clinically significant reductions in PTSD symptoms from baseline following the receipt of a service dog, but not while receiving usual care alone. Though clinically meaningful, average reductions were not below the diagnostic cutoff on the PCL. Regression analyses revealed significant differences with medium to large effect sizes among those with service dogs compared with those on the waitlist, including lower depression, higher quality of life, and higher social functioning. There were no differences in employment status, but there was lower absenteeism because of health among those who were employed.

Conclusion:

The addition of trained service dogs to usual care may confer clinically meaningful improvements in PTSD symptomology for military members and veterans with PTSD, though it does not appear to be associated with a loss of diagnosis. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Impact Statement

What is the public health significance of this article?—Despite anecdotal accounts of the benefits of service dogs for military members and veterans with PTSD, limited empirical evidence exists to document their efficacy. This proof-of-concept study suggests that the addition of trained psychiatric service dogs to usual care may improve PTSD symptomology, but not below the level of clinical diagnosis, and contribute to better quality of life and improved social functioning. In their current form, service dogs may confer benefits as a complementary or integrative treatment option among military

members and veterans with PTSD. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

<http://psycnet.apa.org/record/2017-52450-001>

Disentangling the link between posttraumatic stress disorder and violent behavior: Findings from a nationally representative sample.

Blakey, S. M., Love, H., Lindquist, L., Beckham, J. C., & Elbogen, E. B.

Journal of Consulting and Clinical Psychology

Vol 86(2), Feb 2018, 169-178

<http://dx.doi.org/10.1037/ccp0000253>

Objective:

Although research using combat veteran samples has demonstrated an association between posttraumatic stress disorder (PTSD) and violence toward others, there has been relatively little research examining this relationship among individuals with no combat history.

Method:

Data representative of the United States population collected from the two wave National Epidemiologic Survey on Alcohol and Related Conditions (NESARC) were analyzed to determine the risk factors for violent behavior of individuals reporting no history of active military combat (N = 33,215).

Results:

In χ^2 analyses, participants meeting criteria for lifetime PTSD at Wave 1 reported higher rates of violence between Waves 1 and 2 compared with participants without a history of PTSD (7 vs. 3%). An increase in anger after trauma and use of alcohol to cope with PTSD symptoms were stronger predictors of physically aggressive or violent acts than a lifetime diagnosis of PTSD without anger. When controlling for these and other covariates, PTSD alone no longer significantly predicted any subtype of physical aggression or violence toward others.

Conclusions:

Results suggest that although PTSD is related to violent behavior, specific sequelae of trauma (specifically, increased anger and self-medicating with alcohol) are more critical than diagnosis per se in predicting violent behavior in the general population. Clinical implications and future research directions are discussed. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Links of Interest

A Stanford researcher is pioneering a dramatic shift in how we treat depression — and you can try her new app right now

<http://www.businessinsider.com/stanford-therapy-chatbot-app-depression-anxiety-woebot-2018-1>

If opioids aren't the answer for treating chronic pain, what is?

<http://www.shreveporttimes.com/story/news/2018/01/26/opioid-epidemic-chronic-pain-doctors-prescriptions/1018329001/>

Massed Prolonged Exposure Tx Tied to More PTSD Improvement

<https://www.doctorslounge.com/index.php/news/pb/77997>

Intro to Data: Using Geographic Location to Enhance Data Visualizations of Mental Health Prevalence in the Military Health System

<http://www.pdhealth.mil/news/blog/intro-data-using-geographic-location-enhance-data-visualizations-mental-health-prevalence-military-health-system>

DOD, VA team up on new tool to help with 'bad paper' upgrade applications

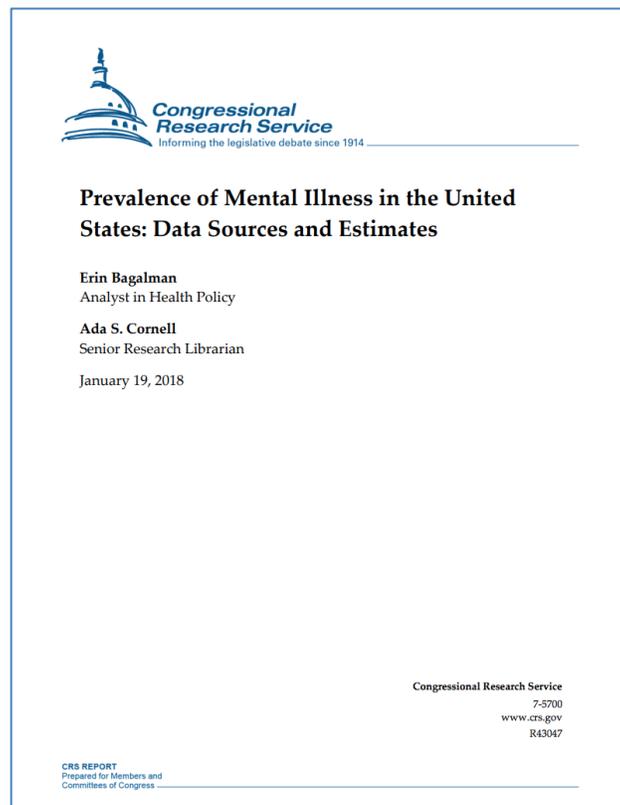
<https://www.militarytimes.com/veterans/2018/01/26/dod-va-team-up-on-new-tool-to-help-with-bad-paper-upgrade-applications/>

Fort Hood PTSD Study Gives Hope for Faster Recovery

<https://www.military.com/daily-news/2018/01/27/fort-hood-ptsd-study-gives-hope-faster-recovery.html>

Resource of the Week: [Prevalence of Mental Illness in the United States: Data Sources and Estimates](#) (Congressional Research Service)

Determining how many people have a mental illness can be difficult, and prevalence estimates vary. While numerous surveys include questions related to mental illness, few provide prevalence estimates of diagnosable mental illness (e.g., major depressive disorder as opposed to feeling depressed, or generalized anxiety disorder as opposed to feeling anxious), and fewer still provide national prevalence estimates of diagnosable mental illness. This report briefly describes the methodology and results of three large surveys (funded in whole or in part by the U.S. Department of Health and Human Services) that provide national prevalence estimates of diagnosable mental illness: the National Comorbidity Survey Replication (NCS-R), the National Comorbidity Survey Replication Adolescent Supplement (NCS-A), and the National Survey on Drug Use and Health (NSDUH). The NCS-R and the NCS-A have the advantage of identifying specific mental illnesses, but they are more than a decade old. The NSDUH does not identify specific mental illnesses, but it has the advantage of being conducted annually.



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