



CDP Research Update -- September 20, 2012

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<http://www.iom.edu/Reports/2012/Substance-Use-Disorders-in-the-US-Armed-Forces.aspx>

Substance Use Disorders in the U.S. Armed Forces

Institute of Medicine

Released: September 17, 2012

Like many sectors of society, the U.S. military has a long history of alcohol and other drug misuse and abuse. In recent years, the face of the issue has been transformed by increasing rates of prescription drug abuse among service members. Heavy alcohol use and binge drinking continues to be a concern within the military.

To better understand the current substance use problems within the U.S. military, the Department of Defense (DoD) asked the IOM to analyze policies and programs that pertain to prevention, screening, diagnosis, and treatment of substance use disorders for active duty service members in all branches, members of the National Guard and Reserve, and military families. The IOM concludes that to deal with this public health crisis, the DoD will need to consistently implement evidence-based prevention, screening, diagnosis, and treatment services and take leadership for ensuring that these services expand and improve.

<http://www.ingentaconnect.com/content/amsus/zmm/2012/00000177/a00109s1>

Celebrating 40 Years of Medical Education at The Uniformed Services University Of The Health Sciences: Lessons Learned From The Long-Term Career Outcome Study (LTCOS)

Military Medicine

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Throughout the University's 40 years of existence, exemplary faculty-directed biomedical research and teaching programs have developed and prospered which have advanced many scientific disciplines critical to military medicine and important to national and international health such as trauma care, wound healing, biomedical imaging, infectious diseases, microbiology and immunology, genetics, cancer research, human immunodeficiency virus, infection acquired immunodeficiency syndrome, human behavior, disaster response, and sports medicine. In 1993, the Graduate School of Nursing was added to USU and matriculated its first 10 specialty extended care nursing students. Noteworthy educational successes for USU have been major contributions to physician and nurse education including innovative methods and tools for teaching, student evaluation, and the use of standardized patient simulations. A substantial group of University faculty members have won national honors for contributions in medical student, physician, and nurse education. Several faculty members have been recruited from the University to assume direction of a number of prestigious national medical organizations including the National Board of Medical Examiners, the AMA, and the Educational Commission for Foreign Medical Graduates, the AAMC, and several specialty societies. Several of the medical school's clinical departments and their faculties have for many years been in the forefront of American medical education research as exemplified by the LTCOS project and its team members. Congressman Hébert and the American people have been well rewarded for their investment in the USU experiment!

Three recent unfortunate events affirm Congressman Hébert's wisdom in promoting the founding of a military health university and medical school for the United States. The World Trade Center attack on September 11, 2001 followed by the Allied Forces invasion of Afghanistan on October 7, 2001 began a strenuous test for the medical services of the armed forces. The challenges of providing medical care to deployed troops at war were expanded when the Allies invaded Iraq on March 26, 2003. Through the more than 10 years of continuous combat by U.S. and allied forces, thousands of military physicians have been deployed to battle zones. Career military medical officers trained at USU have provided enlightened leadership, stability and state of the art medical knowledge and skills to serve the hundreds of thousands of soldiers, sailors, and airmen placed in harm's way.

<http://www.ncbi.nlm.nih.gov/pubmed/22977265?dopt=Abstract>

Behav Modif. 2012 Sep 12. [Epub ahead of print]

A Preliminary Investigation of Stimulus Control Training for Worry: Effects on Anxiety and Insomnia.

McGowan SK, Behar E.

Abstract

For individuals with generalized anxiety disorder, worry becomes associated with numerous aspects of life (e.g., time of day, specific stimuli, environmental cues) and is thus under poor discriminative stimulus control (SC). In addition, excessive worry is associated with anxiety, depressed mood, and sleep

difficulties. This investigation sought to provide preliminary evidence for the efficacy of SC procedures in reducing anxiety-, mood-, and sleep-related symptoms. A total of 53 participants with high trait worry were randomly assigned to receive 2 weeks of either SC training (consisting of a 30-min time- and place-restricted worry period each day) or a control condition called focused worry (FW; consisting of instructions to not avoid naturally occurring worry so that worry and anxiety would not paradoxically increase). At post-training, SC was superior to FW in producing reductions on measures of worry, anxiety, negative affect, and insomnia, but not on measures of depression or positive affect. Moreover, SC was superior to FW in producing clinically significant change on measures of worry and anxiety. Results provide preliminary support for the use of SC training techniques in larger treatment packages for individuals who experience high levels of worry.

<http://www.ncbi.nlm.nih.gov/pubmed/22976558?dopt=Abstract>

Neurotherapeutics. 2012 Sep 14. [Epub ahead of print]

Insomnia Pharmacotherapy.

Roehrs T, Roth T.

Source: Sleep Disorders and Research Center, Henry Ford Hospital, Detroit, MI, 48202, USA, troehrs1@hfhs.org.

Abstract

The benzodiazepine receptor agonists (BzRAs) a melatonin receptor agonist and a histamine antagonist have all been approved as hypnotics. Beyond their differing mechanisms of action, they have differences in pharmacokinetics, and among the BzRAs differences in receptor subtype affinity and formulations, which provides the physician with broad options for tailoring therapy to each patient's specific needs. Consistent with their specific pharmacokinetics and formulations, these Food and Drug Administration-approved hypnotics have been shown to improve sleep with no evidence of tolerance development in long-term use. In addition, emerging data indicate these drugs also improve aspects of daytime function. Their side effects are either associated with the direct sedating effects of the drugs, doses greater than clinical doses, or a combination with alcohol or other sedating drugs. Anxiolytic BzRAs, sedating antidepressants and antipsychotics have been used off-label as hypnotics. However, in the absence of information regarding their dose range for efficacy and safety, their use as hypnotics is ill-advised.

<http://www.ncbi.nlm.nih.gov/pubmed/22976557?dopt=Abstract>

Neurotherapeutics. 2012 Sep 14. [Epub ahead of print]

Classification of Sleep Disorders.

Thorpy MJ.

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Abstract

The classification of sleep disorders is necessary to discriminate between disorders and to facilitate an understanding of symptoms, etiology, and pathophysiology that allows for appropriate treatment. The earliest classification systems, largely organized according to major symptoms (insomnia, excessive sleepiness, and abnormal events that occur during sleep), were unable to be based on pathophysiology because the cause of most sleep disorders was unknown. These 3 symptom-based categories are easily understood by physicians and are therefore useful for developing a differential diagnosis. The International Classification of Sleep Disorders, version 2, published in 2005 and currently undergoing revision, combines a symptomatic presentation (e.g., insomnia) with 1 organized in part on pathophysiology (e.g., circadian rhythms) and in part on body systems (e.g., breathing disorders). This organization of sleep disorders is necessary because of the varied nature and because the pathophysiology for many of the disorders is still unknown. The International Classification of Sleep Disorders, version 2 provides relevant diagnostic and epidemiological information on sleep disorders to more easily differentiate between the disorders.

<http://www.ncbi.nlm.nih.gov/pubmed/22975073?dopt=Abstract>

Behav Res Ther. 2012 Aug 20;50(11):651-660. doi: 10.1016/j.brat.2012.08.001. [Epub ahead of print]

Improving sleep with mindfulness and acceptance: A metacognitive model of insomnia.

Ong JC, Ulmer CS, Manber R.

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Abstract

While there is an accumulating evidence to suggest that therapies using mindfulness and acceptance-based approaches have benefits for improving the symptoms of insomnia, it is unclear how these treatments work. The goal of this paper is to present a conceptual framework for the cognitive mechanisms of insomnia based upon mindfulness and acceptance approaches. The existing cognitive and behavioral models of insomnia are first reviewed and a two-level model of cognitive (primary) and metacognitive (secondary) arousal is presented in the context of insomnia. We then focus on the role of metacognition in mindfulness and acceptance-based therapies, followed by a review of these therapies in the treatment of insomnia. A conceptual framework is presented detailing the mechanisms of metacognition in the context of insomnia treatments. This model proposes that increasing awareness of the mental and physical states that are present when experiencing insomnia symptoms and then

learning how to shift mental processes can promote an adaptive stance to one's response to these symptoms. These metacognitive processes are characterized by balanced appraisals, cognitive flexibility, equanimity, and commitment to values and are posited to reduce sleep-related arousal, leading to remission from insomnia. We hope that this model will further the understanding and impact of mindfulness and acceptance-based approaches to insomnia.

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<http://www.ncbi.nlm.nih.gov/pubmed/22977267?dopt=Abstract>

Behav Modif. 2012 Sep 12. [Epub ahead of print]

Numbing and Dysphoria Symptoms of Posttraumatic Stress Disorder Among Iraq and Afghanistan War Veterans: A Review of Findings and Implications for Treatment.

Hassija CM, Jakupcak M, Gray MJ.

Abstract

Iraq and Afghanistan war veterans experience significant rates of posttraumatic stress disorder (PTSD) and other trauma-related mental health conditions. Understanding how specific PTSD symptomatology affects physical health and psychosocial functioning may be useful in improving the conceptualization of PTSD nosology and informing treatment approaches for this population. Confirmatory factor analytic evidence supports four-factor models of PTSD symptoms that classify emotional numbing and/or dysphoria symptoms as a distinct PTSD symptom cluster, and these symptoms appear to be related to poorer psychological adjustment among returning Iraq and Afghanistan war veterans. This review briefly describes current conceptualizations of numbing/dysphoria symptoms of PTSD and summarizes research on the factor structure of PTSD symptoms. Then, the literature on the influence of numbing/dysphoria symptoms on physical and psychological health among these veterans is reviewed, and implications for treatment and directions for future research are presented.

<http://www.ncbi.nlm.nih.gov/pubmed/22975446?dopt=Abstract>

Neurosci Biobehav Rev. 2012 Sep 10. pii: S0149-7634(12)00123-6. doi: 10.1016/j.neubiorev.2012.07.010. [Epub ahead of print]

Alcohol Dependence as a Chronic Pain Disorder.

Egli M, Koob GF, Edwards S.

Source: Division of Neuroscience and Behavior, National Institute on Alcohol Abuse and Alcoholism, NIH, DHHS, Bethesda, MD. Electronic address: megli@mail.nih.gov.

Abstract

Dysregulation of pain neurocircuitry and neurochemistry has been increasingly recognized as playing a critical role in a diverse spectrum of diseases including migraine, fibromyalgia, depression, and PTSD. Evidence presented here supports the hypothesis that alcohol dependence is among the pathologies arising from aberrant neurobiological substrates of pain. In this review, we explore the possible influence of alcohol analgesia and hyperalgesia in promoting alcohol misuse and dependence. We examine evidence that neuroanatomical sites involved in the negative emotional states of alcohol dependence also play an important role in pain transmission and may be functionally altered under chronic pain conditions. We also consider possible genetic links between pain transmission and alcohol dependence. We propose an allostatic load model in which episodes of alcohol intoxication and withdrawal, traumatic stressors, and injury are each capable of dysregulating an overlapping set of neural substrates to engender sensory and affective pain states that are integral to alcohol dependence and comorbid conditions such as anxiety, depression, and chronic pain.

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<http://www.ncbi.nlm.nih.gov/pubmed/22974491?dopt=Abstract>

Drug Alcohol Depend. 2012 Sep 10. pii: S0376-8716(12)00332-8. doi: 10.1016/j.drugalcdep.2012.08.015. [Epub ahead of print]

The association between substance use disorders and mortality among a cohort of Veterans with posttraumatic stress disorder: Variation by age cohort and mortality type.

Bohnert KM, Ilgen MA, Rosen CS, Desai RA, Austin K, Blow FC.

Source: Serious Mental Illness Treatment Resource and Evaluation Center, VA Ann Arbor Healthcare System, MI 48109, USA; Department of Psychiatry, University of Michigan, Ann Arbor, MI 48109, USA. Electronic address: kiplingb@med.umich.edu.

Abstract

BACKGROUND:

Prior studies of Veterans have linked posttraumatic stress disorder (PTSD) with an increased risk of mortality. Other studies of Veterans have found that substance use disorders (SUDs) are associated with an excess risk of mortality among those with psychiatric disorders. It is not known whether having an SUD increases the risk of mortality among Veterans with PTSD, and whether the association differs by mortality type or varies by age cohort.

METHODS:

A cohort of patients who received Veterans Health Administration services during fiscal year (FY) 2004

and diagnosed with PTSD (n=272,509) were followed from FY 2005 through FY 2007 for the main outcomes of mortality and cause of death.

RESULTS:

SUD was positively associated with mortality during follow-up (adjusted hazards ratio: 1.70; 95% confidence interval: 1.64, 1.77). SUD was a stronger predictor of non-injury-related mortality for the <45 years group compared with the 45-64 or ≥65 group. SUD predicted injury-related mortality for all age groups.

CONCLUSIONS:

Among Veterans with PTSD, the association between SUD and mortality was most pronounced for the youngest age group, which included Iraq/Afghanistan Veterans. For older age groups, which included Vietnam-era Veterans, SUD was a greater predictor of injury-related mortality. The findings could be useful for identifying PTSD patients at excess risk of mortality.

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<http://www.ncbi.nlm.nih.gov/pubmed/22974471?dopt=Abstract>

J Affect Disord. 2012 Sep 10. pii: S0165-0327(12)00462-4. doi: 10.1016/j.jad.2012.06.013. [Epub ahead of print]

Relations between the underlying dimensions of PTSD and major depression using an epidemiological survey of deployed Ohio National Guard soldiers.

Biehn TL, Contractor A, Elhai JD, Tamburrino M, Fine TH, Prescott MR, Shirley E, Chan PK, Slembariski R, Liberzon I, Calabrese JR, Galea S.

Source: Department of Psychology, University of Toledo, United States.

Abstract

BACKGROUND:

In the present study, the authors investigated the relationship between the underlying symptom dimensions of posttraumatic stress disorder (PTSD) and dimensions of major depressive disorder (MDD).

METHOD:

A sample of 1266 Ohio National Guard soldiers with a history of overseas deployment participated and were administered the PTSD Checklist (assessing PTSD) and Patient Health Questionnaire-9 (assessing depression).

RESULTS:

Using confirmatory factor analysis, results demonstrated that both PTSD's dysphoria and hyperarousal

factors were more related to depression's somatic than non-somatic factor. Furthermore, depression's somatic factor was more related to PTSD's dysphoria than hyperarousal factor.

LIMITATIONS:

Limitations of this study include the use of self-report measures and a predominately male military sample.

CONCLUSIONS:

Results indicate that PTSD's dysphoria factor is related to depression specifically by way of depression's somatic construct. Given PTSD's substantial dysphoria/distress component, these results have implications for understanding the nature of PTSD's high comorbidity with depression.

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<http://www.ncbi.nlm.nih.gov/pubmed/22573042?dopt=Abstract>

J Head Trauma Rehabil. 2012 May-Jun;27(3):234-9.

Traumatic brain injury, shell shock, and posttraumatic stress disorder in the military--past, present, and future.

Shively SB, Perl DP.

Source: Department of Pathology, Uniformed Services University of the Health Sciences, Bethesda, Maryland 20814, USA. sharon.shively.ctr@usuhs.edu

Abstract

With preferential use of high explosives in modern warfare, traumatic brain injury (TBI) has become a common injury for troops. Most TBIs are classified as "mild," although military personnel with these injuries can have persistent symptoms such as headache, memory impairment, and behavioral changes. During World War I, soldiers in the trenches, undergoing unrelenting artillery bombardment, suffered from similar symptoms, designated at the time as "shell shock." Dr Frederick Mott proposed studying the brains of deceased soldiers to elucidate the neuropathology of this clinical entity. Subsequent to a British government enquiry after World War I, the term "shell shock" was banned and further investigation into a possible organic cause for these symptoms was discontinued. Nevertheless, similar clinical entities, such as combat or battle fatigue and posttraumatic stress disorder, continue to be encountered by combatants in subsequent military conflicts. To this day, there exists a paucity of neuropathology studies investigating the effects of high explosives on the human brain. By analogy, studies have recently revealed that athletes with repeated head trauma can develop a neurodegenerative disease, chronic traumatic encephalopathy, who present with similar clinical features. Given current circumstance, we propose completing the work envisioned by Dr Mott almost 100 years ago.

<http://www.ncbi.nlm.nih.gov/pubmed/22972087?dopt=Abstract>

Cochrane Database Syst Rev. 2012 Sep 12;9:CD005472.

Acupuncture for insomnia.

Cheuk DK, Yeung WF, Chung K, Wong V.

Source: Department of Pediatrics and Adolescent Medicine, The University of Hong Kong, Queen Mary Hospital, Pokfulam Road, Hong Kong, China.

Abstract

BACKGROUND:

Although conventional non-pharmacological and pharmacological treatments for insomnia are effective in many people, alternative therapies such as acupuncture are widely practised. However, it remains unclear whether current evidence is rigorous enough to support acupuncture for the treatment of insomnia.

OBJECTIVES:

To determine the efficacy and safety of acupuncture for insomnia.

SEARCH METHODS:

We searched the Cochrane Central Register of Controlled Trials (CENTRAL), MEDLINE, EMBASE, PsycINFO, Dissertation Abstracts International, CINAHL, AMED, the Traditional Chinese Medical Literature Analysis and Retrieval System (TCMLARS), the World Health Organization (WHO) Trials Portal (ICTRP) and relevant specialised registers of the Cochrane Collaboration in October 2011. We screened reference lists of all eligible reports and contacted trial authors and experts in the field.

SELECTION CRITERIA:

Randomised controlled trials evaluating any form of acupuncture for insomnia. They compared acupuncture with/without additional treatment against placebo or sham or no treatment or same additional treatment. We excluded trials that compared different acupuncture methods or acupuncture against other treatments.

DATA COLLECTION AND ANALYSIS:

Two review authors independently extracted data and assessed risk of bias. We used odds ratio (OR) and mean difference for binary and continuous outcomes respectively. We combined data in meta-analyses where appropriate.

MAIN RESULTS:

Thirty-three trials were included. They recruited 2293 participants with insomnia, aged 15 to 98 years, some with medical conditions contributing to insomnia (stroke, end-stage renal disease, perimenopause, pregnancy, psychiatric diseases). They evaluated needle acupuncture,

electroacupuncture, acupressure or magnetic acupressure. Compared with no treatment (two studies, 280 participants) or sham/placebo (two studies, 112 participants), acupressure resulted in more people with improvement in sleep quality (compared to no treatment: OR 13.08, 95% confidence interval (CI) 1.79 to 95.59; compared to sham/placebo: OR 6.62, 95% CI 1.78 to 24.55). However, when assuming that dropouts had a worse outcome in sensitivity analysis the beneficial effect of acupuncture was inconclusive. Compared with other treatment alone, acupuncture as an adjunct to other treatment might marginally increase the proportion of people with improved sleep quality (13 studies, 883 participants, OR 3.08, 95% CI 1.93 to 4.90). On subgroup analysis, only needle acupuncture but not electroacupuncture showed benefits. All trials had high risk of bias and were heterogeneous in the definition of insomnia, participant characteristics, acupoints and treatment regimen. The effect sizes were generally small with wide confidence intervals. Publication bias was likely present. Adverse effects were rarely reported and they were minor.

AUTHORS' CONCLUSIONS:

Due to poor methodological quality, high levels of heterogeneity and publication bias, the current evidence is not sufficiently rigorous to support or refute acupuncture for treating insomnia. Larger high-quality clinical trials are required.

<http://www.ncbi.nlm.nih.gov/pubmed/22967784?dopt=Abstract>

J Clin Psychiatry. 2012 Aug;73(8):e25.

Shift work disorder case studies: applying management principles in clinical practice.

Krystal AD, Roth T, Simon RD Jr.

Source: From the Insomnia and Sleep Research Program Department of Psychiatry and Behavioral Sciences, Duke University School of Medicine, Durham, North Carolina.

Abstract

Shift work disorder (SWD) is a circadian rhythm sleep disorder characterized by insomnia and excessive sleepiness. SWD, which is estimated to affect 10% of people who work night or rotating shifts, can have serious consequences such as accidents, loss of productivity, and depression. By enlisting the support of family, identifying and treating comorbid sleep disorders, and appropriately timing light and dark exposure (supplemented by melatonin), clinicians can help many shift workers improve their ability to sleep, maintain wakefulness, and possibly decrease other adverse effects of shift work. More aggressive treatment strategies and referral to a sleep specialist should be considered for patients who do not respond to these simple measures.

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<http://www.biomedcentral.com/1471-244X/12/146/abstract>

Sex-related differences in sleep slow wave activity in major depressive disorder: a high-density EEG investigation.

David T. Plante, Eric C. Landsness, Michael J. Peterson, Michael R. Goldstein, Brady A. Riedner, Timothy Wanger, Jeffrey J. Guokas, Giulio Tononi and Ruth M. Benca

BMC Psychiatry 2012, 12:146 doi:10.1186/1471-244X-12-146

Published: 18 September 2012

Background

Sleep disturbance plays an important role in major depressive disorder (MDD). Prior investigations have demonstrated that slow wave activity (SWA) during sleep is altered in MDD; however, results have not been consistent across studies, which may be due in part to sex-related differences in SWA and/or limited spatial resolution of spectral analyses. This study sought to characterize SWA in MDD utilizing high-density electroencephalography (hdEEG) to examine the topography of SWA across the cortex in MDD, as well as sex-related variation in SWA topography in the disorder.

Methods

All-night recordings with 256 channel hdEEG were collected in 30 unipolar MDD subjects (19 women) and 30 age and sex-matched control subjects. Spectral analyses of SWA were performed to determine group differences. SWA was compared between MDD and controls, including analyses stratified by sex, using statistical non-parametric mapping to correct for multiple comparisons of topographic data.

Results

As a group, MDD subjects demonstrated significant increases in all-night SWA primarily in bilateral prefrontal channels. When stratified by sex, MDD women demonstrated global increases in SWA relative to age-matched controls that were most consistent in bilateral prefrontal regions; however, MDD men showed no significant differences relative to age-matched controls. Further analyses demonstrated increased SWA in MDD women was most prominent in the first portion of the night.

Conclusions

Women, but not men with MDD demonstrate significant increases in SWA in multiple cortical areas relative to control subjects. Further research is warranted to investigate the role of SWA in MDD, and to clarify how increased SWA in women with MDD is related to the pathophysiology of the disorder.

<http://www.ncbi.nlm.nih.gov/pubmed/22984348>

Res Hum Dev. 2012;9(3):210-228. Epub 2012 Aug 16.

Women Vietnam Veterans: Do PTSD Symptoms Mediate Effects of Warzone Service on Health?

Kaiser AP, Spiro A 3rd, Lee LO, Stellman JM.

Source: VA National Center for PTSD and the Massachusetts Veterans Epidemiology Research and Information Center, VA Boston Healthcare System, and the Department of Psychiatry, Boston University School of Medicine.

Abstract

We assessed the impact of warzone stress on the physical and mental health functioning and well-being of 975 female nurse veterans who had been deployed to Vietnam, and examined whether PTSD symptoms at the time of the survey mediated these relations. A questionnaire was mailed to the Women's Vietnam Memorial Project members, approximately 25 - 30 years after their wartime service. We examined current physical and mental health functioning in relation to several measures of warzone stress and PTSD symptoms, adjusting for age, length of military service, and current physical health problems. Using regression models, we evaluated whether current PTSD symptoms mediated the effects of warzone stress on mental and physical health. Findings suggested that PTSD symptoms did mediate the relationship between warzone stress and mental, but not physical, health functioning in later life. These findings suggest that among women nurses deployed to Vietnam, the effects of warzone stress many years earlier on current functioning and well-being are both direct and indirect, mediated by PTSD symptoms. The legacy of wartime deployment remains, although muted in its expression, in military nurses nearly 30 years after their return.

<http://www.ncbi.nlm.nih.gov/pubmed/22984347>

Res Hum Dev. 2012;9(3):191-209. Epub 2012 Aug 16.

Does Wartime Captivity Affect Late-life Mental Health? A Study of Vietnam-era Repatriated Prisoners of War.

Park CL, Kaiser AP, Spiro A 3rd, King DW, King LA.

Source: Department of Psychology, University of Connecticut.

Abstract

Our earlier study of U.S. prisoners of war in Vietnam (King et al., 2011) examined personal and military demographics and aspects of the stressful experience of wartime imprisonment as they related to psychological well-being shortly after homecoming in 1973. Research with repatriated prisoners of war (RPWs) from other military eras suggests that the severity of captivity stressors might predict long-term distress. However, the extent to which effects of the captivity experience persisted for Vietnam-era RPWs is unknown. The present study extended our previous analyses by examining the associations of demographic factors, captivity stressors, and repatriation mental health with subsequent symptoms of posttraumatic stress disorder (PTSD), anxiety, and depressive symptoms (measured nearly 30 years

later) in a sample of 292 Vietnam-era RPWs. Results indicated that although most of the men in our sample were within normal limits on anxiety and depressive symptoms, a substantial minority reported experiencing clinically significant levels. Levels of PTSD symptoms were generally low, with only a modest proportion demonstrating elevations. Multiple regression analyses showed that age at capture and posttraumatic stress symptoms at repatriation predicted all three long-term mental health outcomes. In addition, physical torture predicted long-term PTSD symptoms. Findings highlight the potential long-term effects of wartime captivity, and also suggest that most Vietnam-era RPWs demonstrate remarkable resilience to extraordinarily stressful life experiences.

<http://www.ncbi.nlm.nih.gov/pubmed/22983600>

Psychiatr Serv. 2012 Sep 15. doi: 10.1176/appi.ps.201100415. [Epub ahead of print]

Work-Related Outcomes Among Female Veterans and Service Members After Treatment of Posttraumatic Stress Disorder.

Schnurr PP, Lunney CA.

Abstract

OBJECTIVE

This study examined the effect of treatment for posttraumatic stress disorder (PTSD) on work-related quality-of-life outcomes and the relationship between clinically significant change during treatment and work-related outcomes. Additional analyses explored whether current depression and employment status moderated the effects of treatment and clinically significant change.

METHODS

Participants were 218 female veterans and soldiers with current PTSD who participated in a randomized clinical trial of treatment for PTSD. They received ten weekly sessions of prolonged exposure or present-centered therapy and were assessed before and after treatment and at three- and six-month follow-ups. Outcomes were clinician-rated and self-rated occupational impairment and self-rated satisfaction with work.

RESULTS

Both treatment groups had improvements in occupational impairment, and the degree of improvement by the two groups was similar. There was no pre- to posttreatment change in work satisfaction. At the end of treatment, participants who no longer met diagnostic criteria for PTSD had greater improvements in all domains of work-related quality of life than participants who still had PTSD.

CONCLUSIONS

Although prolonged exposure resulted in better PTSD symptom outcomes than present-centered therapy in the randomized clinical trial, it did not result in better work-related quality-of-life outcomes.

The improvement in occupational impairment associated with loss of diagnosis suggests the importance of continuing treatment until clinically meaningful change has been attained.

<http://www.ncbi.nlm.nih.gov/pubmed/22981834>

Brain Behav Immun. 2012 Sep 5. pii: S0889-1591(12)00423-0. doi: 10.1016/j.bbi.2012.08.015. [Epub ahead of print]

Predicting PTSD: Pre-existing vulnerabilities in glucocorticoid-signaling and implications for preventive interventions.

van Zuiden M, Kavelaars A, Geuze E, Olff M, Heijnen CJ.

Source: Anxiety Disorders, Department of Psychiatry, Academic Medical Center, University of Amsterdam, Amsterdam, The Netherlands.

Abstract

Posttraumatic stress disorder (PTSD) is an anxiety disorder that may develop in response to a traumatic event. Approximately 10% of trauma-exposed individuals subsequently develop PTSD. It is hypothesized that the development of PTSD is associated with biological vulnerability factors, which are already present prior to the onset of symptoms. In this review we present an overview of currently identified vulnerability factors in the glucocorticoid (GC) signaling pathway for the development of PTSD. In addition, the implications of the identified vulnerability factors for potential preventive intervention strategies, including glucocorticoid receptor (GR) agonists and oxytocin, are discussed. Summarized, the findings of these studies indicate that individuals vulnerable for development of PTSD have dysregulations on various levels of the GC-signaling cascade: i.e. low levels of circulating levels of cortisol shortly after trauma, high GR number in peripheral blood mononuclear cells (PBMCs), high GILZ mRNA expression and low FKBP5 expression in PBMCs prior to trauma, and high sensitivity of T-cells for regulation by GCs prior to trauma. Furthermore, single nucleotide polymorphisms in the GR and FKBP5 genes have been found to be associated with increased risk for PTSD. Collectively, the identified vulnerability factors tentatively suggest that the development of PTSD may be preceded by a high sensitivity of various cells for regulation by GCs. The identification of these vulnerability factors may ultimately aid selective targeting of preventive interventions towards individuals at risk for PTSD. In addition, the identification of these vulnerability factors may eventually result in new preventive pharmacological strategies for PTSD.

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<http://www.ncbi.nlm.nih.gov/pubmed/22978070>

Violence Vict. 2012;27(4):487-99.

Military sexual trauma during deployment to Iraq and Afghanistan: prevalence, readjustment, and gender differences.

Katz LS, Cojucar G, Beheshti S, Nakamura E, Murray M.

Source: Women's Mental Health Center, Veterans Affairs Long Beach Healthcare System, Long Beach, California 90822, USA. lori.katz@va.gov

Abstract

This study examines military sexual trauma (MST) in men and women deployed in the wars in Iraq and Afghanistan. A diverse sample of 470 (408 men and 62 women) completed anonymous self-report questionnaires. Seventy-seven reported MST: 51 (12.5%) men and 26 (42%) women. MST was significantly related to symptoms and readjustment and most strongly with intimacy problems. Of those with MST, 73% also reported exposure to war-related stressors. Gender differences revealed that women reported a higher prevalence of MST, but men were more likely to endorse MST with multiple war-related stressors. However, no gender differences were found on reports of symptoms, posttraumatic stress disorder (PTSD), or readjustment. Implications of these results are discussed.

<http://www.ncbi.nlm.nih.gov/pubmed/22759936>

J Nerv Ment Dis. 2012 Jul;200(7):594-7.

Treating patients who strain the research psychotherapy paradigm.

Markowitz JC, Kaplowitz M, Suh EJ, Meehan KB, Neria Y, Jonker H, Rafaeli A, Lovell K.

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Abstract

Clinical trials of psychotherapy require diagnostic homogeneity, which implies a convergence of clinical presentations. Yet research study patients present diversely, and patients who do not fit a treatment paradigm may greatly complicate delivery of the study psychotherapy. The research literature has not addressed this issue. The authors use case illustrations of three psychotherapies--Prolonged Exposure, Relaxation Therapy, and Interpersonal Psychotherapy--from an ongoing psychotherapy outcome trial of posttraumatic stress disorder to describe psychotherapeutic responses to complex, "atypical" patients who strain standard treatment paradigms. Therapists required flexibility, and occasionally deviations from strict protocol, in treating heterodox patients. Such heterogeneity of presentation may have implications for psychotherapy outcome in research trials. Despite lack of discussion in the literature, many trials may face such issues.

<http://www.ncbi.nlm.nih.gov/pubmed/22978433?dopt=Abstract>

J Neurotrauma. 2012 Sep 14. [Epub ahead of print]

Trends in outcomes and hospitalization costs among traumatic brain injury in adult patients in the United States.

Souayah N, Khosro F, Khan HM, Ji AB, Yacoub HA, Qureshi AI.

Source: New Jersey Medical School, Neurology, 90 Bergen street DOC 8100, Newark , New Jersey, United States, 07101; souayani@umdnj.edu.

Abstract

Introduction:

Several new therapeutic strategies have been introduced for the management of adult traumatic brain injury (TBI) over the last decade such as the development of management pathways and specialized TBI units and improved treatment of cerebral perfusion. The purpose of this study is to compare TBI-related hospitalization outcomes in the United States between two time periods, 1993-1994 and 2006-2007.

Materials and Methods:

We determined the rates of occurrence, in-hospital outcomes, and mean hospital charges for patients hospitalized with adult TBI in 1993-1994 using the nationally representative all payer Nationwide Inpatient Survey (NIS) database and compared these outcomes with homologous data from 2006-2007.

Results:

The incidence of TBI admissions was reduced by 35% in 2006-2007 compared to 1993-1994; (22/100,000 versus 34/100,000 population; $p < 0.0001$). The mean length of hospitalization in days (mean \pm SD, in days) was significantly lower in 2006-2007 compared to 1993-1994 (2.5 ± 2.4 versus 2.7 ± 2.6 ; $p < 0.0001$). In-hospital mortality increased significantly in 2006-2007 compared with 1993-1994 (0.8% versus 0.4%, $p < 0.0001$). The average hospitalization charges was significantly higher in 2006-2007 compared to 1993-1994 ($\$21,460 \pm \$21,212$ versus $\$5,142 \pm \$4,625$; $p < 0.0001$), even after adjusting for inflation. In both time periods, most hospitalized adult TBI patients were graded as mild injury (98.2% in 1993-1994 versus 98.0% in 2006-2007; $p = 0.20$). There was a significant increase of average hospitalization charges and death rates in all TBI severity subgroups in 2006-2007 compared to that of 1993-1994.

Conclusion:

The decline in the rate of hospitalization between the two time periods was predominantly related to the decline in the number of admissions of patients with mild TBI. Although the number of TBI admissions was reduced, a significant increase in average hospitalization charges and in-hospital mortality rate was observed in 2006-2007 compared with 1993-1994.

<http://www.ncbi.nlm.nih.gov/pubmed/22982083?dopt=Abstract>

Behav Res Ther. 2012 Aug 11;50(11):685-689. doi: 10.1016/j.brat.2012.07.005. [Epub ahead of print]

Comparative effectiveness of CBT interventions for co-morbid chronic pain & insomnia: A pilot study.

Pigeon WR, Moynihan J, Matteson-Rusby S, Jungquist CR, Xia Y, Tu X, Perlis ML.

Source: University of Rochester Medical Center, Department of Psychiatry, Rochester, NY, USA; Center of Excellence for Suicide Prevention, Canandaigua VA Medical Center, Canandaigua, NY, USA. Electronic address: Wilfred_pigeon@urmc.rochester.edu.

Abstract

INTRODUCTION:

Chronic pain is difficult to treat and often precedes or exacerbates sleep disturbances such as insomnia. Insomnia, in turn, can amplify the pain experience. Both conditions are associated with inflammatory processes, which may be involved in the bi-directional relationship between pain and sleep. Cognitive behavioral therapy (CBT) for pain and CBT for insomnia are evidence based interventions for, respectively, chronic pain and insomnia. The study objectives were to determine the feasibility of combining CBT for pain and for insomnia and to assess the effects of the combined intervention and the stand alone interventions on pain, sleep, and mood outcomes compared to a control condition.

METHODS:

Twenty-one adults with co-occurring chronic pain and chronic insomnia were randomized to either CBT for pain, CBT for insomnia, combined CBT for pain and insomnia, or a wait-list control condition.

RESULTS:

The combined CBT intervention was feasible to deliver and produced significant improvements in sleep, disability from pain, depression and fatigue compared to the control condition. Overall, the combined intervention appeared to have a strong advantage over CBT for pain on most outcomes, modest advantage over both CBT for insomnia in reducing insomnia severity in chronic pain patients.

DISCUSSION:

CBT for pain and CBT for insomnia may be combined with good results for patients with co-occurring chronic pain and insomnia.

Published by Elsevier Ltd.

<http://www.ncbi.nlm.nih.gov/pubmed/22981051?dopt=Abstract>

Asian J Psychiatr. 2012 Sep;5(3):231-5. doi: 10.1016/j.ajp.2011.12.003. Epub 2012 Jan 23.

A comparison between acupuncture versus zolpidem in the treatment of primary insomnia.

Tu JH, Chung WC, Yang CY, Tzeng DS.

Source: Department of Psychiatry, Chiayi Branch of Taichung Veterans General, Hospital, Chiayi, Taiwan.

Abstract

BACKGROUND:

To determine the relative efficacy of acupuncture and zolpidem in the treatment of primary insomnia, we administered a sleep quality scale to thirty-three patients with primary insomnia randomly chosen to receive one of the two therapies at a psychosomatic clinic.

METHODS:

A study in the psychosomatic clinic at a teaching hospital in southern Taiwan from November 2007 to November 2008. The 19 patients in acupuncture group underwent one acupuncture session a week. The 14 patients in the control group took zolpidem 1# (10mg) every night. Members of both groups returned to our clinic once a week for four weeks. The main outcome measure was the Pittsburgh Sleep Quality Index (PSQI).

RESULTS:

Both groups were found to have improved significantly. Using generalized estimating equation analysis to test the variance with group and time as factors, we found both groups improved over time at a similar rate ($p=0.79$). In regression analysis, setting the fourth total PSQI score to zero, the baseline PSQI score was 4.13 ($p<0.001$), the second score 1.32 ($p=0.005$), and the third 1.49 ($p=0.03$); men had a higher PSQI score 1.56 than women ($p=0.02$); the increasing age of one year would have lower PSQI score 0.08 ($p<0.001$) and increasing educational level of one year which would decrease PSQI score 0.25 ($p=0.007$).

CONCLUSIONS:

Acupuncture might be used as an alternative strategy compared to zolpidem for the treatment of primary insomnia.

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<http://onlinelibrary.wiley.com/doi/10.1111/j.1943-278X.2012.00119.x/abstract>

The Collaborative Assessment and Management of Suicidality (CAMS): An Evolving Evidence-Based Clinical Approach to Suicidal Risk.

David A. Jobes, PhD

Suicide and Life-Threatening Behavior

Article first published online: 12 SEP 2012

The Collaborative Assessment and Management of Suicidality (CAMS) is an evidence-based clinical intervention that has significantly evolved over 25 years of clinical research. CAMS is best understood as a therapeutic framework that emphasizes a unique collaborative assessment and treatment planning process between the suicidal patient and clinician. This process is designed to enhance the therapeutic alliance and increase treatment motivation in the suicidal patient. Central to the CAMS approach is the use of the Suicide Status Form (SSF), which is a multipurpose clinical assessment, treatment planning, tracking, and outcome tool. The original development of CAMS was largely rooted in SSF-based quantitative and qualitative assessment of suicidal risk. As this line of research progressed, CAMS emerged as a problem-focused clinical intervention that is designed to target and treat suicidal “drivers” and ultimately eliminate suicidal coping. To date, CAMS (and the clinical use of the SSF) has been supported by six published correlational studies and one randomized clinical trial (RCT). Currently, two well-powered RCTs are under way, and various new CAMS-related projects are also being pursued. The clinical and empirical evolution of CAMS—how it was developed and what are the next steps for this clinical approach—are described here.

<http://www.tandfonline.com/doi/abs/10.1080/08995605.2012.716269>

Army Suicides: “Knowns” and an Interpretative Framework for Future Directions.

James Griffith

Military Psychology

Volume 24, Issue 5, 2012

488-512

Studies have yielded consistent variables associated with military suicides: age (17 to 30 years), gender (male), race (white), and previous mental health conditions. Military experience variables have shown little associations with suicide. Taken together, findings may be explained, in part, by age-specific psychosocial tasks (e.g., intimacy versus isolation and identity versus role confusion). Both relate directly to the extent that the individual is socially integrated—tasks health and medical research literature have described as increasingly more difficult for youth to effectively accomplish. Contextual circumstances, such as gender and race, appear to provide necessary supports to successfully accomplish these psychosocial tasks.

<https://digital.lib.washington.edu/researchworks/handle/1773/20534>

Spousal Military Deployment during Pregnancy and Adverse Birth Outcomes.

Spieker, Amy

Thesis (Master's)--University of Washington, 2012

Background:

Pregnant women with a spouse deployed in the military are at increased risk of depression and self-reported stress in comparison to those without a deployed spouse. In non-military populations, women who experience anxiety, depression, and stress during pregnancy face increased risk of adverse birth outcomes. This study aims to determine the association between a spouse's deployment and adverse birth outcomes in a military population.

Methods:

We conducted a retrospective cohort study at Madigan Army Medical Center (MAMC) that examined birth records of all singleton deliveries to dependent spouses from September 2001-September 2011. Logistic regression was used to estimate relative risks and 95% confidence intervals (CI) of the associations between deployment and low birthweight (LBW, <2500g), preterm delivery (PTD, <37 weeks), small for gestational age (SGA, <10 percentile for gestational age), and Cesarean delivery.

Results:

We identified 14,799 births at MAMC; 1,939 (13.1%) women had a spouse deployed at time of delivery. We found women with spouses in branches of service other than the Army (Air Force, Navy, Marines, and Coast Guard) were at a 79% increased risk of LBW (95% CI 1.18-2.71) and a 75% increased risk of PTD (95% CI 1.19-2.57). Among women with two or more children, we observed a 49% increased risk of LBW (95% CI 1.04-2.13) and a 56% increased risk of SGA (95% CI 1.09-2.22). Women 30-34 years old were at a 48% (95% CI 1.02-2.17) increased risk of PTD, 81% increased risk of LBW (95% CI 1.18-2.77), and a 67% increased risk of SGA (95% CI 1.09-2.55). Women ≥35 were at a 79% increased risk of PTD (95% CI 1.11-2.88).

Conclusion:

Further research should focus on the relationship between the timing of deployment and gestational age, social support and stress reduction during deployment, and differences between branches of service and military treatment facilities.

<http://journals.psychiatryonline.org/article.aspx?articleid=1359992>

A Comprehensive National Telemental Health Training Program.

Linda Godleski, M.D.

Academic Psychiatry 2012;36:408-410. 10.1176/appi.ap.10090137

Telemental Health (TMH) revolutionized access to the delivery of evidenced-based clinical mental health services, yet education for clinicians and trainees to optimally utilize telehealth technologies had just begun to be addressed. The U.S. Department of Veterans Affairs (VA) developed a comprehensive National Telemental Health Training Program to educate psychiatrists, psychiatric residents, and medical students to deliver care using clinical video technologies (CVT). This national TMH training program itself uses innovative and technological educational modalities, including comprehensive web-based modules,

national satellite broadcasts, a national teleconferenced journal club, interactive internet applications, and live real-time simulated remote competency assessments. Additional training opportunities include participation in comprehensive national educational conferences, advanced fellowships, special mentoring projects, and telemental health leadership opportunities.

<http://www.aerzteblatt.de/pdf.asp?id=128487>

Traumatic Experiences and Posttraumatic Stress Disorder in Soldiers Following Deployment Abroad.

Background:

Little is known about the frequency of traumatic event exposure and the development of post-traumatic stress disorder (PTSD) among German soldiers serving in Afghanistan.

Methods:

We studied a random sample consisting of 1599 soldiers who had served in the 2009/2010 ISAF mission in Afghanistan, stratified by deployment location and unit. Twelve months after their return to Germany, the soldiers were assessed with a Composite International Diagnostic Interview (CIDI) to establish the diagnoses of mental disorders and PTSD according to the DSM-IV. 889 similar soldiers who had not been deployed abroad were assessed in the same way.

Results:

49.2% (95% confidence interval [CI]: 46.4 to 52.1) of the deployed soldiers experienced at least one traumatic event during their deployment, and 13% experienced more than three. The 12-month prevalence of PTSD among returning soldiers was 2.9% (95% CI: 2.1 to 4.1), while the service-related incidence after deployment was 0.9% (95% CI: 0.5 to 1.6). These figures imply a two- to fourfold elevation of the risk of PTSD. The risk of PTSD was highest among soldiers who had served in Kunduz (Afghanistan) and in combat units. Only half of all soldiers with PTSD sought professional help.

Conclusion:

Deployment abroad is associated with a high frequency of traumatic experiences and a two- to fourfold elevation of the risk of PTSD. Each year, about 300 cases of PTSD develop for every 10 000 soldiers who return to Germany; thus, the cumulative number of returnees with PTSD from the beginning of German deployment abroad may currently run into the thousands. 45% of all PTSD cases, or about one in two, are neither diagnosed nor treated. Deployment abroad also substantially increases the risk of developing a number of other mental disorders.

<http://www.sciencedirect.com/science/article/pii/S0140197112001133>

Discrepancies in military middle-school adolescents' and parents' perceptions of family functioning, social support, anger frequency, and concerns.

Janet R. Crow, Amanda K. Seybold

Journal of Adolescence

Available online: 10 September 2012

Previous literature suggests that adolescents' and parents' perceptions of family functioning are typically quite disparate and that perceptual discrepancies increase when a family is under stress. During the years of deployments to Iraq and Afghanistan adolescents in military families have faced uniquely stressful circumstances which may exacerbate difficulties commonly experienced during adolescence. For this study 91 middle-school adolescent–parent dyads from U.S. Army families were surveyed about their perceptions of family functioning, social support, the adolescent's frequency of anger, and the adolescent's concerns. Findings indicated significant differences in parents' and adolescents' matched ratings for all variables except adolescent concerns. Adolescent–parent perceptual discrepancies were greatest for families who had never experienced deployment and during or following the first deployment. The results of this study may be useful to those supporting military families as they develop strategies to help family members understand the others' perceptions and learn to communicate and solve problems despite the differences.

<http://www.tandfonline.com/doi/abs/10.1080/13607863.2012.717259>

Distinguishing late-onset stress symptomatology from posttraumatic stress disorder in older combat veterans.

Carrie M. Potter, Anica Pless Kaiser, Lynda A. King, Daniel W. King, Eve H. Davison, Antonia V. Seligowski, Christopher B. Brady, Avron Spiro

Aging & Mental Health

Received: 22 Dec 2011

Accepted: 12 Jul 2012

Version of record first published: 10 Sep 2012

Objective:

To assess the discriminant validity of late-onset stress symptomatology (LOSS) in terms of its distinction from posttraumatic stress disorder (PTSD).

Method:

The LOSS Scale, PTSD Checklist – Civilian Version, and related psychological measures were administered to 562 older male combat veterans via a mailed questionnaire. Analyses focused on: (a) comparing associations of LOSS and PTSD with other psychological variables and (b) examining a hypothesized curvilinear relationship between LOSS and PTSD scores.

Results:

Compared to PTSD, LOSS was more strongly associated with concerns about retirement and less strongly associated with depression, anxiety, sense of mastery, and satisfaction with life. LOSS also demonstrated a curvilinear relationship with PTSD, such that the positive association between LOSS and PTSD diminished at higher levels of PTSD.

Conclusion:

LOSS is conceptually and statistically more strongly associated with a normative late-life stressor than is PTSD, but is less strongly related to mental health symptoms and emotional well-being. Additionally, LOSS seems more related to subthreshold PTSD than it is to clinically significant PTSD. The present findings support the discriminant validity of LOSS.

<http://www.sciencedirect.com/science/article/pii/S0272735812001377>

Connecting active duty and returning veterans to mental health treatment: Interventions and treatment adaptations that may reduce barriers to care.

Heidi M. Zinzow, Thomas W. Britt, Anna C. McFadden, Crystal M. Burnette, Skye Gillispie

Clinical Psychology Review, Available online 11 September 2012

Recent military operations in Afghanistan and Iraq have involved multiple deployments and significant combat exposure, resulting in high rates of mental health problems. However, rates of treatment-seeking among military personnel are relatively low, and the military environment poses several obstacles to engaging in effective clinical interventions. The current paper first reviews barriers and facilitators of treatment-seeking and engagement among military personnel, including stigma, practical barriers, perceptions of mental health problems, and attitudes towards treatment. Next, this paper reviews treatment adaptations and other interventions that are intended to reduce barriers to care among active duty and returning military personnel. These include early interventions, brief formats, integrating clinicians into the medical and military context, technology-based interventions, addressing negative treatment perceptions, screening/early identification, and enlisting unit support.

<http://onlinelibrary.wiley.com/doi/10.1002/jts.21734/abstract>

Combining group-based exposure therapy with prolonged exposure to treat U.S. Vietnam veterans With PTSD: A case study.

Ready, D. J., Vega, E. M., Worley, V. and Bradley, B.

Article first published online: 10 SEP 2012

Group-based exposure therapy (GBET) of 16-week duration was developed to treat combat-related posttraumatic stress disorder (PTSD) and decreased PTSD symptoms in 3 noncontrolled open trials with low attrition (0%–5%). Group-based exposure therapy has not produced as much PTSD symptom reduction as Prolonged Exposure (PE) within a U.S. Veterans Affairs PTSD treatment program, although PE had more dropouts (20%). This pilot study was of a model that combined key elements of GBET with components of PE in an effort to increase the effectiveness of a group-based treatment while reducing its length and maintaining low attrition. Twice per week, 8 Vietnam combat veterans with PTSD were treated for 12 weeks, with an intervention that included 2 within-group war trauma presentations per participant, 6 PE style individual imaginal exposure (IE) sessions per participant, daily listening to recorded IE sessions, and daily in vivo exposure exercises. All completed treatment and showed significant reductions on all measures of PTSD with large effect sizes; 7 participants no longer met PTSD criteria on treating clinician administered interviews and a self-report measure at posttreatment. Significant reductions in depression with large effect sizes and moderate reductions in PTSD-related cognitions were also found. Most gains were maintained 6 months posttreatment.

<http://www.tandfonline.com/doi/abs/10.1080/00981389.2012.699023>

Social Work in the Veterans Administration Hospital System: Impact of the Work.

Joan Beder, Paul Postiglione, Jessica Strolin-Goltzman

Social Work in Health Care

Vol. 51, Iss. 8, 2012

Social workers in the Veterans Administration (VA) hospital system are faced with numerous challenges to best address the ongoing health and mental health needs of those who serve in the military. Social workers in the VA system serve diverse roles on the multidisciplinary medical teams and mental health services and are integral to the VA hospital environment. Most social workers feel positive about their work and their contributions to the care of the military. Despite positive feelings about their work, social workers are also prone to compassion fatigue and burnout as the work, especially with returning veterans from Afghanistan/Iraq, often extracts a toll. This article details the experience of social workers in the VA hospital system; it describes the impact of the work on the social workers, noting levels of compassion satisfaction, compassion fatigue, and burnout.

https://dlib.lib.washington.edu/dspace/bitstream/handle/1773/20598/Romero_washington_02500_10482.pdf

Museum Engagement with Veterans, and Representations of War and PTSD.

Don Louis Romero

A thesis submitted in partial fulfillment of the requirements for the degree of
Master of Arts
University of Washington

2012

While museums, in particular history and military museums, have long included representations of war and soldiers, there is one area that is not as visible: that of the veteran who returns home from war physically intact, but psychologically scarred, perhaps suffering from post-traumatic stress disorder (PTSD). There has been little research into how museums are addressing this aspect of war and if they are actively engaging with this component of the veteran community. With the large numbers of veterans returning from Iraq and Afghanistan, this has become a more significant and timely subject.

The purpose behind this qualitative exploratory research study is to explore the ways in which museums are engaging with veterans, and to what degree, while also looking at the ways in which the sensitive topic of PTSD in veterans is being represented. The methods include a site visit and interviews with staff at the National Veterans Art Museum in Chicago as well as collecting descriptive data about museums that are conducting these types of programs.

The findings suggest that while some museums are engaging with this audience and addressing the issues in question, it is on a fairly small scale. Some museums are collaborating with Veterans Administration hospitals in art therapy programs while others are exhibiting works that depict PTSD. For example, the Whitney Museum of American Art in New York has worked with the VA to host an exhibit of photographs taken by veterans. From this research, it is anticipated that museums may show a greater interest in this particular audience and expand their programming as deemed appropriate.

<http://www.springerlink.com/content/gn43355541202415/>

Understanding and Using the Rorschach Inkblot Test to Assess Post-Traumatic Conditions.

Donald J. Viglione, Benjamin Towns and Dawn Lindshield

Psychological Injury and the Law

2012, DOI: 10.1007/s12207-012-9128-5Online First™

Partially, in response to recent and current military conflicts, many forensic and clinical researchers and practitioners have devoted increasing interest to post-traumatic stress disorder (PTSD) and the individual variations in response to trauma. Such efforts have produced a considerable amount of research and opinion supporting the assessment of post-traumatic conditions with the Rorschach Inkblot Test. Based on PTSD and Rorschach research and an appreciation as the Rorschach as a performance test, five interpretive considerations are presented (1) cognitive constriction, (2) trauma-related imagery, (3) trauma-related cognitive disturbances, (4) stress response, and (5) dissociation.

These five provide a conceptual starting point for the understanding and application of the test to post-traumatic conditions. Implications for the clinical and forensic evaluation of post-traumatic conditions and for research are presented.

<http://www.ncbi.nlm.nih.gov/pubmed/22986404?dopt=Abstract>

Ann Intern Med. 2012 Sep 18;157(6):JC3-12.

CBT by telephone for depression improved adherence compared with face-to-face CBT in primary care.

Kessler R.

Abstract

QUESTION

In patients with major depressive disorder (MDD), does telephone-based cognitive-behavioral therapy (CBT) improve treatment adherence and have better efficacy than face-to-face CBT?

METHODS DESIGN

Randomized controlled trial (RCT). ClinicalTrials.gov NCT00498706. ALLOCATION Concealed.* BLINDING Blinded* (outcome assessors for Hamilton Depression [Ham-D] Rating Scale). FOLLOW-UP PERIOD 18 weeks and 6 months.

SETTING

2 academic general internal medicine and 4 primary care clinics in metropolitan Chicago, Illinois, USA.

PATIENTS

325 English-speaking patients ≥ 18 years of age (mean age 48 y, 78% women) who had MDD (Ham-D score ≥ 16). Exclusion criteria were vision or hearing impairment preventing participation; severe psychiatric disorder; depression of organic cause; severe alcohol or substance abuse; dementia; suicidality; receiving or planning to receive individual psychotherapy; or initiation of antidepressant pharmacotherapy in the past 10 days.

INTERVENTION

Telephone-based CBT (n = 163) or face-to-face CBT (n = 162). CBT protocol was the same for both groups and comprised eighteen 45-minute sessions (2 sessions/wk for 2 wk, then 12 weekly sessions, then 2 booster sessions over 4 wk).

OUTCOMES

Primary outcome was nonadherence to treatment (completion of ≥ 18 sessions). Secondary outcomes were depression severity (17-item Ham-D and Patient Health Questionnaire-9 [PHQ-9]), MDD (Mini International Neuropsychiatric Interview), and full remission (abbreviated 7-item Ham-D scale).

PATIENT FOLLOW-UP

100% for nonadherence (intention-to-treat analysis).

MAIN RESULTS

Nonadherence to treatment was lower in the telephone group than in the face-to-face group (Table). Groups did not differ for depression severity at 18 weeks, but the telephone group had more severe depression at 6 months (mean difference Ham-D score 2.91, $P < 0.001$ and PHQ-9 2.12, $P = 0.004$). Groups did not differ for MDD at 18 weeks or 6 months or for remission at 18 weeks (Table); remission was lower in the telephone group at 6 months (Table).

CONCLUSIONS

In patients with major depressive disorder, cognitive-behavioral therapy (CBT) by telephone improved treatment adherence compared with face-to-face CBT. Groups had similar rates of major depressive disorder and remission at 18 weeks, but remission rate was lower in the telephone group at 6 months. Telephone vs face-to-face (FTF) cognitive-behavioral therapy in patients with major depressive disorder (MDD)†Outcomes Event rates At 18 wk Telephone FTF RRR/RRI/RBR (95% CI) NNT/NNH (CI) Nonadherence 21%33% RRR 36% (8 to 56) NNT 9 (5 to 45) MDD ‡23%25% RRR 9% (-36 to 40) NS Full remission §27%27% RBR 0.1% (-45 to 31) NS At 6 mo MDD ‡29%26% RRI 12% (-24 to 65) NS Full remission §19%32% RBR 41% (11 to 62) NNH 8 (5 to 36) †NS = not significant; RBR = relative benefit reduction; other abbreviations defined in Glossary. RRR, RRI, RBR, NNT, NNH, and CI calculated using estimated numbers of patients based on event rates in article and assuming 100% follow-up. ‡Based on Mini International Neuropsychiatric Interview. §Based on 7-item abbreviated Hamilton Depression Rating Scale.

<http://www.ncbi.nlm.nih.gov/pubmed/22985427?dopt=Abstract>

BMC Public Health. 2012 Sep 17;12(1):797. [Epub ahead of print]

Does anonymity increase the reporting of mental health symptoms?

Fear NT, Seddon R, Jones N, Greenberg N, Wessely S.

Abstract

BACKGROUND:

There is no doubt that the perceived stigma of having a mental disorder acts as a barrier to help seeking. It is possible that personnel may be reluctant to admit to symptoms suggestive of poor mental health when such data can be linked to them, even if their personal details are only used to help them access further care. This may be particularly relevant because individuals who have a mental health problem are more likely to experience barriers to care and hold stigmatizing beliefs. If that is the case, then mental health screening programmes may not be effective in detecting those most in need of care. We aimed to compare mental health symptom reporting when using an anonymous versus identifiable questionnaire among UK military personnel on deployment in Iraq.

METHODS:

Survey among UK military personnel using two questionnaires, one was anonymous (n = 315) and one collected contact details (i.e. identifiable, n = 296). Distribution was by alternate allocation. Data were collected in Iraq during January-February 2009.

RESULTS:

No significant difference in the reporting of symptoms of common mental disorders was found (18.1% of identifiable vs. 22.9% of anonymous participants). UK military personnel were more likely to report sub-threshold and probable PTSD when completing questionnaires anonymously (sub-threshold PTSD: 2.4% of identifiable vs. 5.8% of anonymous participants; probable PTSD: 1.7% of identifiable vs. 4.8% of anonymous participants). Of the 11 barriers to care and perceived social stigma statements considered, those completing the anonymous questionnaire compared to those completing the identifiable questionnaire were more likely to endorse three statements: "leaders discourage the use of mental health services" (9.3% vs. 4.6%), "it would be too embarrassing" (41.6% vs. 32.5%) and "I would be seen as weak" (46.6% vs. 34.2%).

CONCLUSIONS:

We found a significant effect on the reporting of sub-threshold and probable PTSD and certain stigmatizing beliefs (but not common mental disorders) when using an anonymous compared to identifiable questionnaire, with the anonymous questionnaire resulting in a higher prevalence of PTSD and increased reporting of three stigmatizing beliefs. This has implications for the conduct of mental health screening and research in the US and UK military.

<http://www.usni.org/store/catalog-fall-2012/when-warrior-returns>

When the Warrior Returns: Making the Transition at Home (new book)

Nathan D. Ainspan and Walter E. Penk, Editors

Naval Institute Press

ISBN/SKU: 9781612510903

Binding: Paperback, with Ebook Coming Soon

Era: 21st Century

Number of Pages: 320

Subject: Veterans

Date Available: September 2012

Nearly two million soldiers, sailors, marines, and airmen have been deployed in recent conflicts. When the Warrior Returns addresses the practical and psychological needs of the families of these transitioning service members and provides a convenient list of key resources. Combining the knowledge of fifty experts, the book provides answers to questions about the post-deployment transition process, how it affects families, and how family members can help their service members and

themselves navigate the transition successfully as a family. These experts provide straightforward answers to questions about the transition process and how it impacts the warrior and their children. A one-stop source of information filled with useful advice, this book is unequalled.

The book features a foreword by Patty Shinseki and is published in cooperation with the Association of the United States Army.

Links of Interest

New generation of vets find camaraderie, services online

<http://www.csmonitor.com/USA/Latest-News-Wires/2012/0916/New-generation-of-vets-find-camaraderie-services-online>

GW Hires New Veteran Services Coordinator

<http://gwtoday.gwu.edu/gw-hires-new-veteran-services-coordinator>

Business puts vets to work rehabbing foreclosed houses

<http://www.stripes.com/news/us/business-puts-vets-to-work-rehabbing-foreclosed-houses-1.189661>

Tripler's Sleep Disorder Center earns AASM accreditation

http://www.army.mil/article/87373/Tripler_s_Sleep_Disorder_Center_earns_AASM_accreditation/

Building spiritual fitness in Kuwait

http://www.army.mil/article/86621/Building_spiritual_fitness_in_Kuwait/

Behavioral health study aims to improve health of the force

http://www.army.mil/article/86117/Behavioral_health_study_aims_to_improve_health_of_the_force/

Military couple avert Soldier's suicide attempt

http://www.army.mil/article/87204/Military_couple_avert_Soldier_s_suicide_attempt/

Stress Hormones: Good or Bad for Posttraumatic Stress Disorder Risk?

<http://www.sciencedaily.com/releases/2012/09/120912125330.htm>

Pain From Sexual Assault Often Untreated, Study Says

http://www.nlm.nih.gov/medlineplus/news/fullstory_129286.html

“Wait” is Not a Dirty Word

<http://blog-brigade.militaryonesource.mil/2012/09/17/%E2%80%9Cwait%E2%80%9D-is-not-a-dirty-word/>

Low Estrogen Linked to PTSD

<http://psychcentral.com/news/2012/08/11/low-estrogen-linked-to-ptsd/43004.html>

Army explores tactical 4G telemedicine

http://www.army.mil/article/87550/Army_explores_tactical_4G_telemedicine/

Research Tip of the Week: [2013 Military Friendly Schools List](#)

G.I. Jobs has come out with its 2013 Military Friendly Schools List. They can be sorted by state, and “virtual schools” are included. A [Matchmaker](#) function allows you to find “the top schools that we think you’ll be interested in based on location, class structure and potential fields.” Clicking on the name of the school brings up a profile. Some of the listings include “student profiles,” such as [this one](#) from a Navy Corpsman attending the George Washington University School of Health Sciences.

Methodology behind the list:

A Military Friendly Schools Academic Advisory Board consisting of 12 higher education administrators, a representative from the Student Veterans Association and the 2011 Military Spouse of the Year, helps determine survey questions and weightings.

Research findings are compiled and weighted according to the following categories to determine a final score:

45% for Effort 1, defined as certifications, programs and policies, which measures a school’s non-financial efforts to recruit and retain military and veteran students. This category includes things like VA-approval to accept the GI Bill, SOC membership, academic credit for CLEP and ACE, flexible learning programs and much more.

35% for Effort 2, defined as financial commitment, which measures a school’s financial efforts to recruit and retain military and veteran students. This category includes things like Yellow Ribbon program membership, tuition benefits and outreach dedicated to recruiting military students.

15% for a school’s results, or success, in recruiting military and veteran students. This category includes the number and % of military and veteran students enrolled.

5% allocated to other categories including a school’s academic accreditations.

Resources ▾ Find Schools 2013 List

G.I. JOBS MILITARY FRIENDLY SCHOOLS

Sign In **Register**

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2013 Military Friendly Schools® List

Please select a state to filter the list

Select a Location: District of Columbia ▾ Include Virtual Schools Reviewed Schools Only - Student Veteran Reviews - Student Veteran Profile

All Locations

Alabama

- Amridge University, Inc.
- Athens State University
- Auburn Executive MBA Programs
- Bishop State Community College

NARROW YOUR SEARCH RESULTS

Use our Military Friendly

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