



## CDP Research Update -- August 4, 2016

### What's Here:

- Comparative Effectiveness of Cognitive Therapy and Dynamic Psychotherapy for Major Depressive Disorder in a Community Mental Health Setting
- A Randomized Clinical Noninferiority Trial
- Punishment Learning in U.S. Veterans With Posttraumatic Stress Disorder.
- Perceived Support From Multiple Sources: Associations With PTSD Symptoms.
- Prevalence of Obstructive Sleep Apnea in the general population: A systematic review.
- Positive Affect and Sleep: A Systematic Review.
- Interventions to prevent self-harm: what does the evidence say?
- Treating seasonal affective disorder with cognitive behavioural therapy is comparable to light therapy.
- Mindfulness meditation for insomnia: A meta-analysis of randomized controlled trials.
- The centrality of fear extinction in linking risk factors to PTSD: A narrative review.
- Characteristics of U.S. Veteran Patients with Major Depressive Disorder who Require “Next-Step” Treatments: A VAST-D Report.
- The endocannabinoid system and Post Traumatic Stress Disorder (PTSD): From preclinical findings to innovative therapeutic approaches in clinical settings.
- Mindfulness meditation for insomnia: A meta-analysis of randomized controlled trials.
- Conceptualization and Pilot Testing of a Core Competency-Based Training Workshop in Suicide Risk Assessment and Management: Notes From the Field.
- Does body mass index moderate the association between posttraumatic stress disorder symptoms and suicidal ideation in Iraq/Afghanistan veterans?
- The Influence of Gender on Suicidal Ideation following Military Sexual Trauma among Veterans in the Veterans Health Administration.
- Perceived Support From Multiple Sources: Associations With PTSD Symptoms.
- Structured Approach Therapy for Combat-Related PTSD in Returning U.S. Veterans: Complementary Mediation by Changes in Emotion Functioning.

- Neural Correlates of Trait Rumination During an Emotion Interference Task in Women With PTSD.
- Prevalence, Correlates, and Predictors of Insomnia in the US Army Prior to Deployment.
- Likelihood of Attending Treatment for Anxiety Among Veteran Primary Care Patients: Patient Preferences for Treatment Attributes.
- Marital Status Distribution of the UK Military: Does It Differ From the General Population?
- Health and Health Care Access of Rural Women Veterans: Findings From the National Survey of Women Veterans.
- Perceived Social Support in Multi-era Veterans With Posttraumatic Stress Disorder.
- Mindfulness-based training attenuates insula response to an aversive interoceptive challenge.
- Association Between Religious Service Attendance and Lower Suicide Rates Among US Women.
- Links of Interest
- The U.S. Military's Force Structure: A Primer (Congressional Budget Office)

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<http://archpsyc.jamanetwork.com/article.aspx?articleid=2538519>

**Comparative Effectiveness of Cognitive Therapy and Dynamic Psychotherapy for Major Depressive Disorder in a Community Mental Health Setting: A Randomized Clinical Noninferiority Trial.**

Mary Beth Connolly Gibbons, PhD; Robert Gallop, PhD; Donald Thompson, PhD; Debra Luther, PhD; Kathryn Crits-Christoph, PhD; Julie Jacobs, PhD; Seohyun Yin, BA; Paul Crits-Christoph, PhD

JAMA Psychiatry

Published online August 03, 2016

doi:10.1001/jamapsychiatry.2016.1720

**Importance**

Dynamic psychotherapy (DT) is widely practiced in the community, but few trials have established its effectiveness for specific mental health disorders relative to control conditions or other evidence-based psychotherapies.

## Objective

To determine whether DT is not inferior to cognitive therapy (CT) in the treatment of major depressive disorder (MDD) in a community mental health setting.

## Design, Setting, and Participants

From October 28, 2010, to July 2, 2014, outpatients with MDD were randomized to treatment delivered by trained therapists. Twenty therapists employed at a community mental health center in Pennsylvania were trained by experts in CT or DT. A total of 237 adult outpatients with MDD seeking services at this site were randomized to 16 sessions of DT or CT delivered across 5 months. Final assessment was completed on December 9, 2014, and data were analyzed from December 10, 2014, to January 14, 2016.

## Interventions

Short-term DT or CT.

## Main Outcomes and Measures

Expert blind evaluations with the 17-item Hamilton Rating Scale for Depression.

## Results

Among the 237 patients (59 men [24.9%]; 178 women [75.1%]; mean [SD] age, 36.2 [12.1] years) treated by 20 therapists (19 women and 1 man; mean [SD] age, 40.0 [14.6] years), 118 were randomized to DT and 119 to CT. A mean (SD) difference between treatments was found in the change on the Hamilton Rating Scale for Depression of 0.86 (7.73) scale points (95% CI, -0.70 to 2.42; Cohen d, 0.11), indicating that DT was statistically not inferior to CT. A statistically significant main effect was found for time ( $F_{1,198} = 75.92$ ;  $P = .001$ ). No statistically significant differences were found between treatments on patient ratings of treatment credibility. Dynamic psychotherapy and CT were discriminated from each other on competence in supportive techniques ( $t_{120} = 2.48$ ;  $P = .02$ ), competence in expressive techniques ( $t_{120} = 4.78$ ;  $P = .001$ ), adherence to CT techniques ( $t_{115} = -7.07$ ;  $P = .001$ ), and competence in CT ( $t_{115} = -7.07$ ;  $P = .001$ ).

## Conclusions and Relevance

This study suggests that DT is not inferior to CT on change in depression for the treatment of MDD in a community mental health setting. The 95% CI suggests that the effects of DT are equivalent to those of CT.

Trial Registration [clinicaltrials.gov](https://clinicaltrials.gov) Identifier: [NCT01207271](https://clinicaltrials.gov/ct2/show/study/NCT01207271)

See also: [Bona Fide Psychotherapy Models Are Equally Effective for Major Depressive Disorder](#)  
[Future Research Directions](#) (editorial)

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<http://onlinelibrary.wiley.com/doi/10.1002/jts.22109/abstract>

### **Punishment Learning in U.S. Veterans With Posttraumatic Stress Disorder.**

Sawyer, A. T., Liverant, G. I., Jun, J. J., Lee, D. J., Cohen, A. L., Dutra, S. J., Pizzagalli, D. A. and Sloan, D. M.

Journal of Traumatic Stress

Version of Record online: 26 JUL 2016

DOI: 10.1002/jts.22109

Learning processes have been implicated in the development and course of posttraumatic stress disorder (PTSD); however, little is currently known about punishment-based learning in PTSD. The current study investigated impairments in punishment-based learning in U.S. veterans. We expected that veterans with PTSD would demonstrate greater punishment-based learning compared to a non-PTSD control group. We compared a PTSD group with and without co-occurring depression ( $n = 27$ ) to a control group (with and without trauma exposure) without PTSD or depression ( $n = 29$ ). Participants completed a computerized probabilistic punishment-based learning task. Compared to the non-PTSD control group, veterans with PTSD showed significantly greater punishment-based learning. Specifically, there was a significant Block  $\times$  Group interaction,  $F(1, 54) = 4.12, p = .047, \eta^2 = .07$ . Veterans with PTSD demonstrated greater change in response bias for responding toward a less frequently punished stimulus across blocks. The observed hypersensitivity to punishment in individuals with PTSD may contribute to avoidant responses that are not specific to trauma cues.

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<http://onlinelibrary.wiley.com/doi/10.1002/jts.22114/abstract>

### **Perceived Support From Multiple Sources: Associations With PTSD Symptoms.**

DiMauro, J., Renshaw, K. D., Smith, B. N. and Vogt, D.

Journal of Traumatic Stress

Version of Record online: 26 JUL 2016

DOI: 10.1002/jts.22114

Perceived social support is negatively associated with severity of posttraumatic stress disorder (PTSD), but the literature lacks data about specific sources of support. Using 2 service member (SM) samples ( $n = 207$  and  $465$ ), this study examined perceived support from family/friends and the broader public. SMs perceived high support from both sources. In multivariate regressions, perceived support from the broader public was not significantly associated with severity of PTSD symptoms, but it demonstrated a nearly identical effect size ( $\beta = -.21$ ) as support from family/friends ( $\beta = -.23$ ) in a sample of active duty and National Guard/Reserve SMs. We found

that, SMs perceived high levels of support from the broader public, with modest evidence that such perceptions may relate to severity of PTSD.

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<http://www.sciencedirect.com/science/article/pii/S1087079216300648>

### **Prevalence of Obstructive Sleep Apnea in the general population: A systematic review.**

Chamara V. Senaratna, Jennifer L. Perret, Caroline Lodge, Adrian Lowe, Brittany E. Campbell, Melanie C. Matheson, Garun S. Hamilton, Shyamali C. Dharmage

Sleep Medicine Reviews

Available online 18 July 2016

doi:10.1016/j.smr.2016.07.002

With this systematic review we aimed to determine the prevalence of OSA in adults in the general population and how it varied between population sub-groups. Twenty-four studies out of 3,807 found by systematically searching PubMed and EMBASE databases were included in this review. Substantial methodological heterogeneity in population prevalence studies has caused a wide variation in the reported prevalence, which, in general, is high. At  $\geq 5$  Apnea-Hypopnea Index (AHI), the overall population prevalence ranged from 9% to 38% and was higher in men. It increased with increasing age and, in some elderly groups, was as high as 90% in men and 78% in women. At  $\geq 15$  AHI, the prevalence in the general adult population ranged from 6% to 17%, being as high as 49% in the advanced ages. OSA prevalence was also greater in obese men and women. This systematic review of the overall body of evidence confirms that advancing age, male sex, and higher body-mass index increase OSA prevalence. The need to (a) consider OSA as having a continuum in the general population and (b) generate consensus on methodology and diagnostic threshold to define OSA so that the prevalence of OSA can be validly compared across regions and countries, and within age-/sex-specific subgroups, are highlighted.

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<http://www.sciencedirect.com/science/article/pii/S1087079216300685>

### **Positive Affect and Sleep: A Systematic Review.**

Anthony D. Ong, Sara Kim, Sarah Young, Andrew Steptoe

Sleep Medicine Reviews

Available online 25 July 2016

doi:10.1016/j.smr.2016.07.006

A sizeable literature has implicated sleep in the phenomenological experience of various mood disorders, vulnerability to psychopathology, and overall poor psychological functioning. By contrast, positive affective states (e.g., joy, happiness, vigor, positive mood) that may contribute to sleep have been understudied. This systematic review integrates findings from cross-sectional, longitudinal, ambulatory, and experimental studies that investigate the association between positive affect and sleep. A comprehensive search for all available research on the topic was performed in three electronic bibliographic databases (PubMed, PsycINFO, CINAHL). Two independent reviewers extracted data on study characteristics and quality. From 10,853 retrieved articles, 44 fulfilled inclusion criteria and formed the base of the review. The majority of studies (68.2%, n = 30) were classified as weak or having high risk of bias. In general, the pattern of findings suggests that aggregate or trait measures provide the most consistent evidence of an association between positive affect and sleep in healthy populations. More limited empirical data exists on the association between positive affect and sleep in clinical populations. We conclude that more rigorous and theoretically informed research is needed before firm conclusions can be drawn about the possible beneficial impact of positive affect on sleep outcomes.

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<http://ebmh.bmj.com/content/early/2016/07/19/eb-2016-102420>

### **Interventions to prevent self-harm: what does the evidence say?**

Kate E Saunders, Katharine A Smith

Evidence-Based Mental Health

Published Online First 19 July 2016

doi:10.1136/eb-2016-102420

Self-harm is a major public health concern and a risk factor for future suicide. It predominantly occurs in young people with around 65% of self-harm occurring before the age of 35. Self-harm causes distress to families and is associated with poorer educational outcomes as well as increased health and social care costs. Repetition is common with a quarter of individuals presenting to hospital with a further episode of self-harm within a year. We review the evidence from randomised controlled trials of treatments for self-harm, focusing on pharmacological and psychological approaches. We then contrast this with the current observational evidence and reflect on the challenges and limitations of randomised controlled trials for the treatment of self-harm.

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<http://ebmh.bmj.com/content/early/2016/06/13/eb-2016-102327>

## **Treating seasonal affective disorder with cognitive behavioural therapy is comparable to light therapy.**

Sherri Melrose

Evidence-Based Mental Health

Published Online First 13 June 2016

doi:10.1136/eb-2016-102327

The overall lifetime prevalence of seasonal affective disorder (SAD) ranges as high as 9.7%.<sup>1</sup> Light therapy, where bright artificial light is used to replace diminished sunlight, can be an effective non-drug treatment for SAD.<sup>2</sup> However, alternative non-drug treatment approaches are also needed. Cognitive behavioural therapy (CBT) is an established and effective treatment for depressive disorders.<sup>3</sup> Limited research examining CBT adapted specifically for SAD (CBT-SAD) is available.

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<http://www.sciencedirect.com/science/article/pii/S0022399916303579>

## **Mindfulness meditation for insomnia: A meta-analysis of randomized controlled trials.**

Hong Gong, Chen-Xu Ni, Yun-Zi Liu, Yi Zhang, Wen-Jun Su, Yong-Jie Lian, Wei Peng, Chun-Lei Jiang

Journal of Psychosomatic Research

Available online 26 July 2016

doi:10.1016/j.jpsychores.2016.07.016

### **Background**

Insomnia is a widespread and debilitating condition that affects sleep quality and daily productivity. Although mindfulness meditation (MM) has been suggested as a potentially effective supplement to medical treatment for insomnia, no comprehensively quantitative research has been conducted in this field. Therefore, we performed a meta-analysis on the findings of related randomized controlled trials (RCTs) to evaluate the effects of MM on insomnia.

### **Methods**

Related publications in PubMed, EMBASE, the Cochrane Library and PsycINFO were searched up to July 2015. To calculate the standardized mean differences (SMDs) and 95% confidence intervals (CIs), we used a fixed effect model when heterogeneity was negligible and a random effect model when heterogeneity was significant.

## Results

A total of 330 participants in 6 RCTs that met the selection criteria were included in this meta-analysis. Analysis of overall effect revealed that MM significantly improved total wake time and sleep quality, but had no significant effects on sleep onset latency, total sleep time, wake after sleep onset, sleep efficiency, total wake time, ISI, PSQI and DBAS. Subgroup analyses showed that although there were no significant differences between MM and control groups in terms of total sleep time. Significant effects were found in total wake time, sleep onset latency, sleep quality, sleep efficiency, and PSQI global score (absolute value of SMD range: 0.44–1.09, all  $p < 0.05$ ).

## Conclusions

The results suggest that MM may mildly improve some sleep parameters in patients with insomnia. MM can serve as an auxiliary treatment to medication for sleep complaints.

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<http://www.sciencedirect.com/science/article/pii/S0149763416301701>

## **The centrality of fear extinction in linking risk factors to PTSD: A narrative review.**

Daniel V. Zuj, Matthew A. Palmer, Miriam J.J. Lommen, Kim L. Felmingham

Neuroscience & Biobehavioral Reviews  
Volume 69, October 2016, Pages 15–35  
doi:10.1016/j.neubiorev.2016.07.014

Recent prospective studies in emergency services have identified impaired fear extinction learning and memory to be a significant predictor of Posttraumatic Stress Disorder (PTSD), complementing a wealth of cross-sectional evidence of extinction deficits associated with the disorder. Additional fields of research show specific risk factors and biomarkers of the disorder, including candidate genotypes, stress and sex hormones, cognitive factors, and sleep disturbances. Studies in mostly nonclinical populations also reveal that the aforementioned factors are involved in fear extinction learning and memory. Here, we provide a comprehensive narrative review of the literature linking PTSD to these risk factors, and linking these risk factors to impaired fear extinction. On balance, the evidence suggests that fear extinction may play a role in the relationship between risk factors and PTSD. Should this notion hold true, this review carries important implications for the improvement of exposure-based treatments, as well as strategies for the implementation of treatment.

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## **Characteristics of U.S. Veteran Patients with Major Depressive Disorder who Require “Next-Step” Treatments: A VAST-D Report.**

Sidney Zisook, Ilanit Tal, Kimberly Weingart, Paul Hicks, Lori L. Davis, Peijun Chen, Jean Yoon, Gary R. Johnson, Julia E. Vertrees, Sanjai Rao, Patricia D. Pilkinton, James A. Wilcox, Mamta Sapra, Ali Iranmanesh, Grant D. Huang, Somaia Mohamed

Journal of Affective Disorders  
Available online 26 July 2016  
doi:10.1016/j.jad.2016.07.023

### Objective

Finding effective and lasting treatments for patients with Major Depressive Disorder (MDD) that fail to respond optimally to initial standard treatment is a critical public health imperative. Understanding the nature and characteristics of patients prior to initiating “next-step” treatment is an important component of identifying which specific treatments are best suited for individual patients. We describe clinical features and demographic characteristics of a sample of Veterans who enrolled in a “next-step” clinical trial after failing to achieve an optimal outcome from at least one well-delivered antidepressant trial.

### Methods

1522 Veteran outpatients with nonpsychotic MDD completed assessments prior to being randomized to study treatment. Data is summarized and presented in terms of demographic, social, historical and clinical features and compared to a similar, non-Veteran sample.

### Results

Participants were largely male and white, with about half unmarried and half unemployed. They were moderately severely depressed, with about one-third reporting recent suicidal ideation. More than half had chronic and/or recurrent depression. General medical and psychiatric comorbidities were highly prevalent, particularly PTSD. Many had histories of childhood adversity and bereavement. Participants were impaired in multiple domains of their lives and had negative self-worth.

### Limitations

These results may not be generalizable to females, and some characteristics may be specific to Veterans of US military service. There was insufficient data on age of clinical onset and depression subtypes, and three novel measures were not psychometrically validated.

### Conclusions

Characterizing VAST-D participants provides important information to help clinicians understand features that may optimize “next-step” MDD treatments.

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<http://www.sciencedirect.com/science/article/pii/S104366181630706X>

**The endocannabinoid system and Post Traumatic Stress Disorder (PTSD): From preclinical findings to innovative therapeutic approaches in clinical settings.**

Andrea Berardi, Gustav Schelling, Patrizia Campolongo

Pharmacological Research

Available online 22 July 2016

doi:10.1016/j.phrs.2016.07.024

Post-Traumatic Stress Disorder (PTSD) is a psychiatric chronic disease developing in individuals after the experience of an intense and life-threatening traumatic event. The post-traumatic symptomatology encompasses alterations in memory processes, mood, anxiety and arousal. There is now consensus in considering the disease as an aberrant adaptation to traumatic stress. Pharmacological research, aimed at the discovery of new potential effective treatments, has lately directed its attention towards the “so-called” cognitive enhancers. This class of substances, by modulating cognitive processes involved in the development and/or persistence of the post-traumatic symptomatology, could be of great help in improving the outcome of psychotherapies and patients’ prognosis. In this perspective, drugs acting on the endocannabinoid system are receiving great attention due to their dual ability to modulate memory processes on one hand, and to reduce anxiety and depression on the other. The purpose of the present review is to offer a thorough overview of both animal and human studies investigating the effects of cannabinoids on memory processes. First, we will briefly describe the characteristics of the endocannabinoid system and the most commonly used animal models of learning and memory. Then, studies investigating cannabinoid modulatory influences on memory consolidation, retrieval and extinction will be separately presented, and the potential benefits associated with each approach will be discussed. In the final section, we will review literature data reporting beneficial effects of cannabinoid drugs in PTSD patients.

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[http://www.jpsychores.com/article/S0022-3999\(16\)30357-9/abstract](http://www.jpsychores.com/article/S0022-3999(16)30357-9/abstract)

**Mindfulness meditation for insomnia: A meta-analysis of randomized controlled trials.**

Hong Gong, Chen-Xu Ni, Yun-Zi Liu, Yi Zhang, Wen-Jun Su, Yong-Jie Lian, Wei Peng, Chun-Lei Jiang

Journal of Psychosomatic Research

October 2016; Volume 89

DOI: <http://dx.doi.org/10.1016/j.jpsychores.2016.07.016>

## Background

Insomnia is a widespread and debilitating condition that affects sleep quality and daily productivity. Although mindfulness meditation (MM) has been suggested as a potentially effective supplement to medical treatment for insomnia, no comprehensively quantitative research has been conducted in this field. Therefore, we performed a meta-analysis on the findings of related randomized controlled trials (RCTs) to evaluate the effects of MM on insomnia.

## Methods

Related publications in PubMed, EMBASE, the Cochrane Library and PsycINFO were searched up to July 2015. To calculate the standardized mean differences (SMDs) and 95% confidence intervals (CIs), we used a fixed effect model when heterogeneity was negligible and a random effect model when heterogeneity was significant.

## Results

A total of 330 participants in 6 RCTs that met the selection criteria were included in this meta-analysis. Analysis of overall effect revealed that MM significantly improved total wake time and sleep quality, but had no significant effects on sleep onset latency, total sleep time, wake after sleep onset, sleep efficiency, total wake time, ISI, PSQI and DBAS. Subgroup analyses showed that although there were no significant differences between MM and control groups in terms of total sleep time, significant effects were found in total wake time, sleep onset latency, sleep quality, sleep efficiency, and PSQI global score (absolute value of SMD range: 0.44–1.09, all  $p < 0.05$ ).

## Conclusions

The results suggest that MM may mildly improve some sleep parameters in patients with insomnia. MM can serve as an auxiliary treatment to medication for sleep complaints.

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<http://onlinelibrary.wiley.com/doi/10.1002/jclp.22329/full>

## **Conceptualization and Pilot Testing of a Core Competency-Based Training Workshop in Suicide Risk Assessment and Management: Notes From the Field.**

Robert J. Cramer, Claire N. Bryson, Morgam K. Eichorst, Lee N. Keyes, Brittany E. Ridge

Journal of Clinical Psychology

First published: 26 July 2016

DOI: 10.1002/jclp.22329

## Objectives

As professional psychology training programs and continuing education have moved toward

competency based approaches, it has become equally important to develop uniform, evidence-based approaches for suicide risk assessment and management. The present article presents a workshop curriculum based on established core competencies in suicide risk assessment and management.

#### Method

Drawing on theories suicide risk formation, the workshop features an integration of didactic, process, and experiential components. We present pilot data from 2 small group workshops (n = 17): 1 from a clinical psychology doctoral program and 1 from a university counseling center.

#### Results

Workshop participation yielded increases in (a) the ability to recognize appropriate clinician responses to suicidal client statements, (b) self-perceptions of general capacity to interface with suicidal patients and mastery of the 10 core competencies, (c) factual knowledge concerning suicide risk assessment and management, and (d) the self-rated ability to assess and manage a suicidal patient.

#### Conclusion

We discuss statistical and generalizability limitations as well as implications for future modification, implementation, and provision of this training method.

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<http://www.sciencedirect.com/science/article/pii/S016517811530874X>

### **Does body mass index moderate the association between posttraumatic stress disorder symptoms and suicidal ideation in Iraq/Afghanistan veterans?**

Julie A. Kittel, Bryann B. DeBeer, Nathan A. Kimbrel, Monica M. Matthieu, Eric C. Meyer, Suzy Bird Gulliver, Sandra B. Morissette

Psychiatry Research

Volume 244, 30 October 2016, Pages 123–129

doi:10.1016/j.psychres.2016.07.039

Suicide, PTSD, and obesity co-occur at high rates among returning veterans, yet limited research exists regarding the relationship among these variables. Self-report and diagnostic interview data from a longitudinal study of Iraq and Afghanistan veterans (N=130) enrolled in VA healthcare examined these inter-relations. As hypothesized, body mass index (BMI) significantly moderated the association between PTSD and suicidal ideation such that the association between PTSD and suicidal ideation was strongest among individuals with a high BMI. Programs that focus on health promotion, trauma treatment, and weight management should continue to monitor suicide risk.

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<http://www.sciencedirect.com/science/article/pii/S0165178116312057>

**The Influence of Gender on Suicidal Ideation following Military Sexual Trauma among Veterans in the Veterans Health Administration.**

Lindsey L. Monteith, Nazanin H. Bahraini, Bridget B. Matarazzo, Holly Gerber, Kelly A. Soberay, Jeri E. Forster

Psychiatry Research

Available online 22 July 2016

doi:10.1016/j.psychres.2016.07.036

No studies have examined whether military sexual trauma, as measured and defined within the Veterans Health Administration (VHA), is associated with suicidal ideation among Veterans in VHA care, when taking prior suicide attempts into account. Research regarding the role of gender in this association is also limited. The present study examined: (1) whether military sexual trauma was associated with the presence of past-week suicidal ideation among 354 Veterans in VHA (310 men, 44 women); (2) whether gender moderated the association between military sexual trauma and suicidal ideation. Information regarding military sexual trauma, suicidal ideation, suicide attempt, and psychiatric diagnoses was obtained from self-report instruments and medical records. Adjusting for age, gender, combat, posttraumatic stress disorder, depressive disorders, negative affect, and lifetime suicide attempt, Veterans with military sexual trauma were significantly more likely to report suicidal ideation, compared to Veterans without military sexual trauma. Furthermore, the association between military sexual trauma and suicidal ideation was stronger for men compared to women. These results contribute to a growing literature identifying military sexual trauma as a risk factor for suicidal thoughts and behaviors among Veterans in VHA care and emphasize the importance of screening for suicidal ideation among survivors of military sexual trauma.

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<http://onlinelibrary.wiley.com/doi/10.1002/jts.22114/full>

**Perceived Support From Multiple Sources: Associations With PTSD Symptoms.**

DiMauro, J., Renshaw, K. D., Smith, B. N. and Vogt, D.

Journal of Traumatic Stress

First published: 26 July 2016

DOI: 10.1002/jts.22114

Perceived social support is negatively associated with severity of posttraumatic stress disorder (PTSD), but the literature lacks data about specific sources of support. Using 2 service member (SM) samples ( $n = 207$  and  $465$ ), this study examined perceived support from family/friends and the broader public. SMs perceived high support from both sources. In multivariate regressions, perceived support from the broader public was not significantly associated with severity of PTSD symptoms, but it demonstrated a nearly identical effect size ( $\beta = -.21$ ) as support from family/friends ( $\beta = -.23$ ) in a sample of active duty and National Guard/Reserve SMs. We found that, SMs perceived high levels of support from the broader public, with modest evidence that such perceptions may relate to severity of PTSD.

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<http://onlinelibrary.wiley.com/doi/10.1002/jts.22120/abstract>

### **Structured Approach Therapy for Combat-Related PTSD in Returning U.S. Veterans: Complementary Mediation by Changes in Emotion Functioning.**

Sautter, F. J., Glynn, S. M., Becker-Cretu, J. B., Senturk, D., Armelie, A. P. and Wielt, D. B.

Journal of Traumatic Stress

First published: 29 July 2016

DOI: 10.1002/jts.22120

To address the impact of combat-related posttraumatic stress disorder (PTSD) on U.S. Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF) veterans, the investigators developed a 12-session manualized PTSD treatment for couples called structured approach therapy (SAT). A randomized controlled trial had shown that 29 OEF/OIF veterans with combat-related PTSD who had participated in SAT showed significantly greater reductions in PTSD compared to 28 veterans receiving a 12-session PTSD family education intervention (Sautter, Glynn, Cretu, Senturk, & Vaught, 2015). We conducted supplemental follow-up and mediation analyses, which tested the hypothesis that changes in emotion functioning play a significant role in the decreases in PTSD symptoms primarily observed in veterans who had received SAT. Veterans assigned to the SAT condition showed significantly greater decreases than those assigned to PTSD family education in emotion regulation problems ( $p < .001$ , Cohen's  $f^2 = .18$ ) and fear of intense emotions ( $p < .001$ , Cohen's  $f^2 = .152$ ). Decreases in both emotion regulation problems (mediated effect:  $.36$ ), and fear of intense emotions (mediated effect:  $.24$ ) were found to be complementary mediators of reductions in PTSD symptoms greater with SAT. These findings suggest that SAT may aid veterans in improving their ability to regulate trauma-related emotions.

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<http://onlinelibrary.wiley.com/doi/10.1002/jts.22112/abstract>

## **Neural Correlates of Trait Rumination During an Emotion Interference Task in Women With PTSD.**

Buchholz, K. R., Bruce, S. E., Koucky, E. M., Artime, T. M., Wojtalik, J. A., Brown, W. J. and Sheline, Y. I.

Journal of Traumatic Stress  
First published: 29 July 2016  
DOI: 10.1002/jts.22112

Rumination, defined as repetitive, negative, self-focused thinking, is hypothesized to be a transdiagnostic factor that is associated with depression, anxiety, and posttraumatic stress disorder (PTSD). Theory has suggested that in individuals with PTSD, rumination serves as a cognitive avoidance factor that contributes to the maintenance of symptoms by inhibiting the cognitive and emotional processing of the traumatic event, subsequently interfering with treatment engagement and outcome. Little is known about the neural correlates of rumination in women with PTSD. The current study utilized functional magnetic resonance imaging (fMRI) to examine neural correlates during an emotion interference task of self-reported rumination in women with PTSD. Women with PTSD (39 participants) were recruited at a university-based trauma clinic and completed a clinical evaluation that included measures of PTSD symptoms, rumination, and depressive symptoms, as well as a neuroimaging session in which the participants were administered an emotion interference task. There was a significant relationship between self-reported rumination and activity in the right orbital frontal cortex, BA 11;  $t(37) = 5.62$ ,  $p = .004$ ,  $k = 46$  during the task. This finding suggested that women with PTSD, who had higher levels of rumination, may experience greater difficulty inhibiting negative emotional stimuli compared to women with lower levels of rumination.

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<http://www.ncbi.nlm.nih.gov/pubmed/27450687>

Sleep. 2016 Jul 19. pii: sp-00103-16. [Epub ahead of print]

## **Prevalence, Correlates, and Predictors of Insomnia in the US Army Prior to Deployment.**

Taylor DJ, Pruiksma KE, Hale WJ, Kelly K, Maurer D, Peterson AL, Mintz J, Litz BT, Williamson DE; STRONG STAR Consortium.

### **STUDY OBJECTIVES:**

To determine the prevalence, correlates, and predictors of insomnia in US Army personnel prior to deployment.

## METHODS:

Cross-sectional cohort design assessing insomnia and other psychosocial variables in active duty service members (N = 4,101), at Fort Hood, Texas, prior to military deployment. Insomnia was defined as an Insomnia Severity Index  $\geq 15$ .

## RESULTS:

The prevalence of insomnia was 19.9%. Enlisted personnel were five times more likely to report insomnia than officers (odds ratio [OR] = 5.17). Insomnia was higher among American Indian/Alaskan Natives than other groups (ORs = 1.86-2.85). Those in the Insomnia Group were older, had longer military careers, and reported more marriages, children, and military deployments (ds = 0.13-0.34) than the No Insomnia group. The Insomnia Group reported more severe mental health symptoms, more recent stressful life events, greater childhood abuse, and lower levels of trait resilience, social support, and unit cohesion (Cohen ds=0.27-1.29). After controlling for covariates, the Insomnia Group was more likely to have a history of head injuries and clinically significant posttraumatic stress disorder (PTSD), anxiety, depression, alcohol use problems, back pain, extremity pain, headaches, and fatigue (ORs = 1.40-3.30). A simultaneous logistic regression found that greater PTSD, depression, fatigue, stressful life events, headaches, anxiety, alcohol use problems, extremity pain, history of head injury, childhood physical neglect, back pain, number of times married, and lower leader support/unit cohesion and tangible social support were statistically significant predictors of insomnia status.

## CONCLUSIONS:

Insomnia occurs in about one of five service members prior to a military deployment and is associated with a wide array of psychosocial stressors and mental and physical health problems.

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<http://link.springer.com/article/10.1007/s10880-016-9462-y>

## **Likelihood of Attending Treatment for Anxiety Among Veteran Primary Care Patients: Patient Preferences for Treatment Attributes.**

Robyn L. Shepardson, Jennifer S. Funderburk

Journal of Clinical Psychology in Medical Settings

First Online: 27 July 2016

DOI: 10.1007/s10880-016-9462-y

Anxiety is common, but under-treated, in primary care. Behavioral health providers embedded in primary care can help address this treatment gap. Guidance on anxiety treatment preferences would help inform tailoring of clinical practice and new interventions to be more patient-centered and increase treatment engagement. We surveyed 144 non-treatment seeking Veteran primary

care patients (82.6 % male, 85.4 % White, age M = 59.8 years, SD = 13.9) reporting current anxiety symptoms (M = 13.87, SD = 3.66, on the Generalized Anxiety Disorder-7 Questionnaire) on their likelihood of attending anxiety treatment featuring various levels of 11 attributes (modality, type, location, format, provider, visit frequency, visit length, treatment duration, type of psychotherapy, symptom focus, and topic/skill). Participants indicated clear preferences for individual, face-to-face treatment in primary care, occurring once a month for at least 30 min and lasting at least three sessions. They also tended to prefer a stress management approach focused on trouble sleeping or fatigue, but all topics/skills were rated equivalently. For most attributes, the highest rated options were consistent with characteristics of integrated care. Implications for research and practice are discussed.

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<http://www.tandfonline.com/doi/abs/10.1080/21635781.2016.1213210>

### **Marital Status Distribution of the UK Military: Does It Differ From the General Population?**

Mary Keeling , Simon Wessely , Nicola T. Fear

Military Behavioral Health

Published online: 28 Jul 2016

DOI:10.1080/21635781.2016.1213210

UK media suggest UK military personnel have high divorce rates; to date, these claims are not substantiated. Marital status distribution of the general population and military were compared using data from the Office for National Statistics marital projections (2008) and a military cohort study (2007 – 2009), respectively. Data from the military cohort study was collected via questionnaire with a response rate of 56% for the overall cohort questionnaire and 99.5% for the marital status question. Overall, military personnel (59.4%) were more likely to be married than the general population (49.3%) and less likely to be divorced (3.7%) than the general population (10.0%). Military females and military personnel married under 30 years of age are more likely to report divorce. Military welfare services might target these groups with programs assisting marital relationships.

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<http://onlinelibrary.wiley.com/doi/10.1111/jrh.12197/full>

### **Health and Health Care Access of Rural Women Veterans: Findings From the National Survey of Women Veterans.**

Cordasco, K. M., Mengeling, M. A., Yano, E. M. and Washington, D. L.

The Journal of Rural Health  
First published: 28 July 2016  
DOI: 10.1111/jrh.12197

#### Purpose

Disparities in health and health care access between rural and urban Americans are well documented. There is evidence that these disparities are mirrored within the US veteran population. However, there are few studies assessing this issue among women veterans (WVs).

#### Methods

Using the 2008–2009 National Survey of Women Veterans, a population-based cross-sectional national telephone survey, we examined rural WVs' health and health care access compared to urban WVs. We measured health using the Medical Outcomes Study Short-Form (SF-12); access using measures of regular source of care (RSOC), health care utilization, and unmet needs; and barriers to getting needed care.

#### Findings

Rural WVs have significantly worse physical health functioning compared to urban WVs (mean physical component score of 43.6 for rural WVs versus 47.2 for urban WVs;  $P = .007$ ). Rural WVs were more likely to have a VA RSOC (16.4% versus 10.6%;  $P = .009$ ) and use VA health care (21.7% versus 12.9%;  $P < .001$ ), and had fewer non-VA health care visits compared with urban WVs (mean 4.2 versus 5.9;  $P = .021$ ). They had similar overall numbers of health care visits (mean 5.8 versus 7.1;  $P = .11$ ). Access barriers were affordability for rural WVs and work release time for urban WVs. Rural WVs additionally reported that transportation was a major factor affecting health care decisions.

#### Conclusions

Our findings demonstrate VA's crucial role in addressing disparities in health and health care access for rural WVs. As VA continues to strive to optimally meet the needs of all WVs, innovative care models need to account for their high health care needs and persistent barriers to care.

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<http://www.ncbi.nlm.nih.gov/pubmed/27015395>

J Nerv Ment Dis. 2016 Apr;204(4):317-20. doi: 10.1097/NMD.0000000000000476

#### **Perceived Social Support in Multi-era Veterans With Posttraumatic Stress Disorder.**

Sripada RK1, Lamp KE, Defever M, Venners M, Rauch SA

Low social support is associated with greater prevalence and severity of posttraumatic stress disorder (PTSD). However, the factors that explain the association between social support and

PTSD are not well understood. In the current study, 741 VA patients who presented to a PTSD clinic between 2005 and 2013 completed assessments of symptom severity and social support. Analysis of variance and linear regression tested the associations between social support, sociodemographic characteristics, and PTSD symptom severity. In adjusted analyses, social support was robustly associated with PTSD severity ( $\beta = -0.30$ ,  $p < 0.001$ ). After stratification by combat era, this association remained significant for all era veterans except veterans of the post-Vietnam/Desert Storm era. Other sociodemographic characteristics did not affect the association between social support and PTSD. Our findings suggest that the detrimental effects of poor social support pervade across sociodemographic groups and that efforts to improve social support in veterans with PTSD are needed.

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<http://www.ncbi.nlm.nih.gov/pubmed/24714209>

Soc Cogn Affect Neurosci. 2016 Jan;11(1):182-90. doi: 10.1093/scan/nsu042. Epub 2014 Apr 8

### **Mindfulness-based training attenuates insula response to an aversive interoceptive challenge.**

Haase L, Thom NJ, Shukla A, Davenport PW, Simmons AN, Stanley EA, Paulus MP, Johnson DC

Neuroimaging studies of mindfulness training (MT) modulate anterior cingulate cortex (ACC) and insula among other brain regions, which are important for attentional control, emotional regulation and interoception. Inspiratory breathing load (IBL) is an experimental approach to examine how an individual responds to an aversive stimulus. Military personnel are at increased risk for cognitive, emotional and physiological compromise as a consequence of prolonged exposure to stressful environments and, therefore, may benefit from MT. This study investigated whether MT modulates neural processing of interoceptive distress in infantry marines scheduled to undergo pre-deployment training and deployment to Afghanistan. Marines were divided into two groups: individuals who received training as usual (control) and individuals who received an additional 20-h mindfulness-based mind fitness training (MMFT). All subjects completed an IBL task during functional magnetic resonance imaging at baseline and post-MMFT training. Marines who underwent MMFT relative to controls demonstrated a significant attenuation of right anterior insula and ACC during the experience of loaded breathing. These results support the hypothesis that MT changes brain activation such that individuals process more effectively an aversive interoceptive stimulus. Thus, MT may serve as a training technique to modulate the brain's response to negative interoceptive stimuli, which may help to improve resilience. © The Author (2014). Published by Oxford University Press.

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<http://archpsyc.jamanetwork.com/article.aspx?articleID=2529152>

## **Association Between Religious Service Attendance and Lower Suicide Rates Among US Women.**

Tyler J. VanderWeele, PhD; Shanshan Li, ScD; Alexander C. Tsai, MD; Ichiro Kawachi, PhD

JAMA Psychiatry  
2016;73(8):845-851  
doi:10.1001/jamapsychiatry.2016.1243

### Importance

Previous studies have linked suicide risk with religious participation, but the majority have used ecologic, cross-sectional, or case-control data.

### Objective

To examine the longitudinal association between religious service attendance and suicide and the joint associations of suicide with service attendance and religious affiliation.

### Design, Setting, and Participants

We evaluated associations between religious service attendance and suicide from 1996 through June 2010 in a large, long-term prospective cohort, the Nurses' Health Study, in an analysis that included 89 708 women. Religious service attendance was self-reported in 1992 and 1996. Data analysis was conducted from 1996 through 2010.

### Main Outcomes and Measures

Cox proportional hazards regression models were used to examine the association between religious service attendance and suicide, adjusting for demographic covariates, lifestyle factors, medical history, depressive symptoms, and social integration measures. We performed sensitivity analyses to examine the influence of unmeasured confounding.

### Results

Among 89 708 women aged 30 to 55 years who participated in the Nurses' Health Study, attendance at religious services once per week or more was associated with an approximately 5-fold lower rate of suicide compared with never attending religious services (hazard ratio, 0.16; 95% CI, 0.06-0.46). Service attendance once or more per week vs less frequent attendance was associated with a hazard ratio of 0.05 (95% CI, 0.006-0.48) for Catholics but only 0.34 (95% CI, 0.10-1.10) for Protestants ( $P = .05$  for heterogeneity). Results were robust in sensitivity analysis and to exclusions of persons who were previously depressed or had a history of cancer or cardiovascular disease. There was evidence that social integration, depressive symptoms, and alcohol consumption partially mediated the association among those occasionally attending services, but not for those attending frequently.

## Conclusions and Relevance

In this cohort of US women, frequent religious service attendance was associated with a significantly lower rate of suicide.

See also: [Association of Religious Involvement and Suicide](#). (editorial)

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## Links of Interest

Why do antidepressants take so long to work?

<https://www.sciencedaily.com/releases/2016/07/160728125256.htm>

She found relief for PTSD with a different kind of therapy. But does it work?

[https://www.washingtonpost.com/national/health-science/she-found-relief-for-ptsd-with-a-different-kind-of-therapy-but-does-it-work/2016/08/01/97e7df60-1aca-11e6-8c7b-6931e66333e7\\_story.html](https://www.washingtonpost.com/national/health-science/she-found-relief-for-ptsd-with-a-different-kind-of-therapy-but-does-it-work/2016/08/01/97e7df60-1aca-11e6-8c7b-6931e66333e7_story.html)

Local Researchers Hope to Improve PTSD Treatments

<http://www.kcentv.com/news/local/local-researchers-receive-funding-for-ptsd-studies/285602149>

Here's how to find your 'tribe' once you leave the military

<http://www.wearethemighty.com/articles/heres-how-to-find-your-tribe-once-you-leave-the-military>

Scientists Spot 15 Regions of Human DNA Linked to Depression

[https://medlineplus.gov/news/fullstory\\_160189.html](https://medlineplus.gov/news/fullstory_160189.html)

Combat exposure may jeopardize the behavioral health of women in the military

<https://www.sciencedaily.com/releases/2016/08/160802130109.htm>

'Sandman's' role in sleep control discovered

<https://www.sciencedaily.com/releases/2016/08/160803140140.htm>

Preventing dependency when patients first receive opioids: Say no to refills

<https://www.sciencedaily.com/releases/2016/08/160803103743.htm>

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**Resource of the Week -- [The U.S. Military's Force Structure: A Primer](#) (Congressional Budget Office)**

The U.S. military's capabilities and budget are determined primarily by its forces. This report describes each type of major combat unit's structure, function, strengths and limitations, past usage, size, and cost.

 **Congressional Budget Office**  
Nonpartisan Analysis for the U.S. Congress

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**The U.S. Military's Force Structure: A Primer**

July 29, 2016 | Report

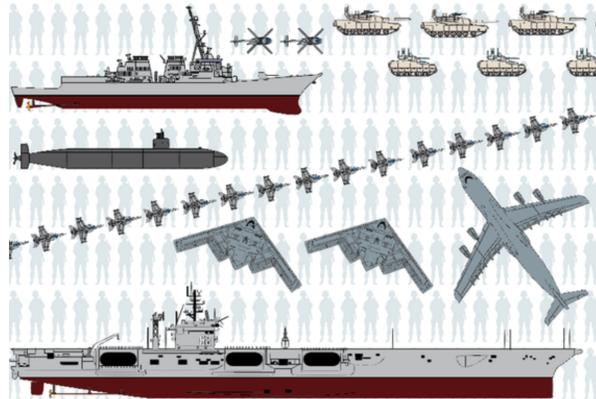
The U.S. military's capabilities and budget are determined primarily by its forces. This report describes each type of major combat unit's structure, function, strengths and limitations, past usage, size, and cost.



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