



CDP Research Update -- September 29, 2016

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<http://www.sciencedirect.com/science/article/pii/S0005789416300764>

Web-delivered CBT reduces heavy drinking in OEF-OIF veterans in primary care with symptomatic substance use and PTSD.

Michelle C. Acosta, Kyle Possemato, Stephen A. Maisto, Lisa A. Marsch, Kimberly Barrie, Larry Lantinga, Chunki Fong, Haiyi Xie, Michael Grabinski, Andrew Rosenblum

Behavior Therapy

Available online 20 September 2016

<http://dx.doi.org/10.1016/j.beth.2016.09.001>

Veterans from conflicts such as the wars in Iraq and Afghanistan commonly return with behavioral health problems, including Post-Traumatic Stress Disorder (PTSD) and hazardous or harmful substance use. Unfortunately, many veterans experience significant barriers to receiving evidence-based treatment, including poor treatment motivation, concerns about stigma, and lack of access to appropriate care. To address this need, the current study developed and evaluated a web-based self-management intervention based on cognitive behavioral therapy (CBT), targeting PTSD symptoms and hazardous substance use in a group of symptomatic combat veterans enrolled in VA primary care. Veterans with PTSD/subthreshold PTSD and hazardous substance use were randomized to primary care treatment as usual (TAU; n = 81) or to TAU plus a web-based CBT intervention called Thinking Forward (n = 81). Thinking Forward consisted of 24 sections (approximately 20 minutes each), accessible over 12 weeks. Participants completed baseline and 4-, 8-, 12-, 16- and 24-week follow-up assessments. Three primary outcomes of PTSD, alcohol and other drug use, and quality of life were examined. Significant treatment effects were found for heavy drinking, but not for PTSD or quality of life. The effect of the intervention on heavy drinking was mediated by intervening increases in coping, social support, self-efficacy, and hope for the future. These results demonstrate the promise of a web-based, self-management intervention for difficult-to-engage OEF/OIF veterans with behavioral health and substance use concerns.

<http://www.tandfonline.com/doi/full/10.1080/10926771.2016.1219801>

Exploring Correlates of Alcohol-Specific Social Reactions in Alcohol-Involved Sexual Assaults.

Katherine Lorenz & Sarah E. Ullman

Journal of Aggression, Maltreatment & Trauma

Published online: 13 Sep 2016

<http://dx.doi.org/10.1080/10926771.2016.1219801>

This exploratory study examined demographic, assault, and disclosure factors as predictors of survivors' decisions to disclose preassault alcohol use and social reactions

to their preassault alcohol use. Of survivors drinking prior to assault, those with more education and greater alcohol impairment or resistance during assault were more likely to disclose preassault drinking. Of women disclosing preassault drinking, those with more education and more violent assaults received more negative social reactions specific to their preassault drinking. Such negative reactions were more common for those telling parents, police, or medical professionals. Women with less education received more positive and negative social reactions specific to their preassault drinking. Disclosing preassault drinking in greater detail was related to positive social reactions specific to preassault drinking and greater alcohol impairment during assault was associated with both positive and negative social reactions specific to preassault drinking. Implications for research and intervention are provided for survivors disclosing alcohol-related sexual assaults.

<http://onlinelibrary.wiley.com/doi/10.1002/jts.22129/abstract>

Posttraumatic Stress Disorder Symptoms, Intimate Partner Violence, and Relationship Functioning: A Meta-Analytic Review.

Erica L. Birkley, Christopher I. Eckhardt, Rita E. Dykstra

Journal of Traumatic Stress

Version of Record online: 19 SEP 2016

doi: 10.1002/jts.22129

This meta-analysis was the first study of which we are aware to investigate the association between Diagnostic and Statistical Manual of Mental Disorders (4th ed., text rev.; DSM-IV-TR; American Psychiatric Association, 2000) PTSD symptom clusters and parent, child, family, and marital/partner functioning problems (e.g., intimate partner violence [IPV] and intimacy). Of the 23 studies that met inclusion criteria, the sample was predominantly male (83.8%), Caucasian (65.0%), and from the military (98.9%). The average age was 43.65 years old (SD = 6.27); the average sample size was 397.4 (SD = 416.9; total N = 9,935). PTSD symptom clusters were assessed primarily by self-report (87.0%), with 8.7% using a rating by a clinician. We used fixed analysis following Fisher's r to z transformation and an unbiased weighing and summing of effect sizes within samples and across studies. We found a small association between hyperarousal and IPV ($z = .20$). We also found two moderate associations for the emotional numbing and avoidance symptom clusters: (a) with parent, child, and family functioning ($z = .32$, $z = .28$, respectively); and (b) with intimacy problems ($z = .35$, $z = .42$, respectively). We

found two large associations for emotional numbing: marital and parent problems ($z = .47$) and parent, child, and family functioning problems ($z = .32$, respectively). Our findings suggested that treatments aim to lessen the effect on those who have close relationships with the individual with PTSD.

<http://www.ncbi.nlm.nih.gov/pubmed/26278226>

Psychiatr Serv. 2015 Dec 1;66(12):1312-7. doi: 10.1176/appi.ps.201400400. Epub 2015 Aug 17

Using the WHODAS 2.0 to Assess Functioning Among Veterans Seeking Compensation for Posttraumatic Stress Disorder.

Marx BP, Wolf EJ, Cornette MM, Schnurr PP, Rosen MI, Friedman MJ, Keane TM, Speroff T

OBJECTIVE:

One of the major changes in DSM-5 was removal of the Global Assessment of Functioning (GAF). To determine whether the World Health Organization Disability Assessment Schedule 2.0 (WHODAS 2.0) is a suitable replacement for the GAF, this study compared how well the WHODAS 2.0 and the GAF measured functional impairment and other phenomena related to posttraumatic stress disorder (PTSD) among veterans applying for financial compensation (service connection) for PTSD.

METHODS:

Clinicians evaluating veteran claimants administered the Clinician Administered PTSD Scale (CAPS) and the WHODAS 2.0 to 177 veterans during their evaluations. Veterans also completed the Inventory of Psychosocial Functioning (IPF), a self-report measure of functional impairment, and received a GAF rating from the examiner. Actual benefit determinations and ratings were obtained.

RESULTS:

Confirmatory factor analyses demonstrated that the WHODAS 2.0 and the IPF were stronger indicators of a latent variable reflecting functioning compared with the GAF. In receiver operating characteristic curve analyses, the WHODAS 2.0, IPF, and GAF all displayed similar ability to identify veterans with PTSD-related impairment assessed by the CAPS. Compared with the GAF, the WHODAS 2.0 and IPF were less strongly related to PTSD symptom severity and disability ratings by the U.S. Department of

Veterans Affairs, but these variables are typically influenced by GAF scores.

CONCLUSIONS:

The WHODAS 2.0 and IPF are acceptable replacements for the GAF and can be used to assess functional impairment among veterans seeking compensation for PTSD.

PMID: 26278226 DOI: 10.1176/appi.ps.201400400

<http://jiv.sagepub.com/content/early/2016/09/20/0886260516669166.abstract>

Women Veterans' Experiences of Intimate Partner Violence and Non-Partner Sexual Assault in the Context of Military Service: Implications for Supporting Women's Health and Well-Being.

Melissa E. Dichter, Clara Wagner, and Gala True

Journal of Interpersonal Violence

Published online before print September 20, 2016

doi: 10.1177/0886260516669166

Women who have served in the military in the United States experience high rates of intimate partner violence (IPV) and non-partner sexual assault (SA). The military setting presents challenges and opportunities not experienced in other employment contexts that may compound the negative impacts of IPV/SA on women's lives. The purpose of this study was to explore the intersection of women's experiences of IPV/SA and military service through analysis of women veterans' narrative accounts. We conducted in-depth face-to-face qualitative interviews with 25 women veterans receiving primary care at a U.S. Veterans Affairs Medical Center. We draw upon Adler and Castro's (2013) Military Occupational Mental Health Model to frame our understanding of the impact of IPV/SA as a stressor in the military cultural context and to inform efforts to prevent, and support women service members who have experienced, these forms of violence. Our findings highlight the impact of IPV/SA on women's military careers, including options for entering and leaving military service, job performance, and opportunities for advancement. Women's narratives also reveal ways in which the military context constrains their options for responding to and coping with experiences of IPV/SA. These findings have implications for prevention of, and response to, intimate partner or sexual violence experienced by women serving in the military and underscore the need for both military and civilian communities to recognize and address the

negative impact of such violence on women service members before, during, and after military service.

<http://onlinelibrary.wiley.com/wol1/doi/10.1002/jts.22129/abstract>

Posttraumatic Stress Disorder Symptoms, Intimate Partner Violence, and Relationship Functioning: A Meta-Analytic Review.

Birkley, E. L., Eckhardt, C. I. and E. Dykstra, R.

Journal of Traumatic Stress

Version of Record online: 19 SEP 2016

DOI: 10.1002/jts.22129

This meta-analysis was the first study of which we are aware to investigate the association between Diagnostic and Statistical Manual of Mental Disorders (4th ed., text rev.; DSM-IV-TR; American Psychiatric Association, 2000) PTSD symptom clusters and parent, child, family, and marital/partner functioning problems (e.g., intimate partner violence [IPV] and intimacy). Of the 23 studies that met inclusion criteria, the sample was predominantly male (83.8%), Caucasian (65.0%), and from the military (98.9%). The average age was 43.65 years old (SD = 6.27); the average sample size was 397.4 (SD = 416.9; total N = 9,935). PTSD symptom clusters were assessed primarily by self-report (87.0%), with 8.7% using a rating by a clinician. We used fixed analysis following Fisher's r to z transformation and an unbiased weighing and summing of effect sizes within samples and across studies. We found a small association between hyperarousal and IPV ($z = .20$). We also found two moderate associations for the emotional numbing and avoidance symptom clusters: (a) with parent, child, and family functioning ($z = .32$, $z = .28$, respectively); and (b) with intimacy problems ($z = .35$, $z = .42$, respectively). We found two large associations for emotional numbing: marital and parent problems ($z = .47$) and parent, child, and family functioning problems ($z = .32$, respectively). Our findings suggested that treatments aim to lessen the effect on those who have close relationships with the individual with PTSD.

<http://link.springer.com/article/10.1007/s10826-016-0538-y>

Suicide Exposure and Posttraumatic Stress Disorder: Is Marriage a Protective Factor for Veterans?

David A. Weisenhorn, Laura M. Frey, Judy van de Venne, Julie Cerel

Journal of Child and Family Studies

First online: 20 September 2016

DOI 10.1007/s10826-016-0538-y

Alarming numbers of military veterans end their lives each day which has a profound effect on the military population. This study examines a sample (N = 434) of suicide-exposed (i.e., personally knowing someone who has died by suicide) veterans to determine whether the proportion of individuals who report high impact from suicide exposure and those who have clinically-significant posttraumatic stress disorder symptoms is related to marital status. Using Hill's (Social Casework 49: 139–150, 1958) ABC-X model for conceptualizing the relationships between variables, mean scores for posttraumatic stress disorder were significantly different between groups, and the odds of a married veteran reporting high-impact suicide exposure were 2.19 times lower than the odds of a single veteran reporting high-impact. Likewise, the odds of a veteran with high-impact suicide exposure having clinically-significant posttraumatic stress disorder symptoms were 10.04 times higher than veterans with low-impact suicide exposure. Findings indicate that veterans who are married are less likely to be highly-affected by another individual's suicide. Thus, marriage is a protective factor for suicide-exposed veterans.

<http://ajot.aota.org/article.aspx?articleid=2554091>

Experiences of Veterans Transitioning to Postsecondary Education.

Brian T. Gregg; Dana M. Howell; Anne Shordike

American Journal of Occupational Therapy

September 2016, Vol. 70

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An increasing number of U.S. military veterans are entering postsecondary education with problems attributed to deployed military service. The primary objective of this research was to describe the lived experiences of student veterans transitioning from active military service to postsecondary education. Phenomenological interviews were performed with 13 student veterans who had transitioned from military deployment to postsecondary education. An overall essential meaning of “emerging in college culture” was manifested from three themes, supported by rich textural and structural descriptions of student veterans’ experiences: (1) repurposing military experiences for life as a student veteran, (2) reconstructing civilian identity, and (3) navigating postsecondary context and interactions. These findings highlight implications that may facilitate occupational therapists’ efforts in supporting the needs of student veterans.

<http://www.sciencedirect.com/science/article/pii/S0193953X1630051X>

Mental Illness and Firearms: Legal Context and Clinical Approaches.

Debra A. Pinals, MD, Lisa Anacker, MD

Psychiatric Clinics of North America
Available online 17 September 2016
<http://dx.doi.org/10.1016/j.psc.2016.07.013>

KEY POINTS

- Despite media stories to the contrary, persons with mental illness account for only a small percentage of persons who commit acts of violence, and an even smaller percentage of persons who commit gun violence toward others, although the risk of individuals with mental illness using firearms for suicide is a significant concern.
- Gun laws and gun registries can provide delays in firearms access and prohibitions to access, but do not eliminate all risk or all access related to firearms, and thus clinicians should be mindful of more individualized risk assessments.
- Sound risk assessment and risk management practices for individual patients in treatment contexts can be helpful in thwarting untoward negative consequences involving suicide or violence.

<http://pol.sagepub.com/content/early/2016/09/20/0263395716661342.abstract>

Governance by scandal? Eradicating sexual assault in the US military.

Thomas Crosbie and Jensen Sass

Politics

First published on September 20, 2016

doi:10.1177/0263395716661342

This article examines the relationship between scandal and democracy through the case of sexual assault within the US military. Scandal is routinely seen as hostile to democracy. It signals either the corruption of prominent institutions or the decline of ethical journalism. But scandal may have a positive dimension in forcing tainted institutions to correct their course. To explore this thesis, we examine how the US military responded to news reports of sexual assault over a period of nearly four decades. During the first three decades of this period, news reports of sexual assault were widespread but largely ignored by military leaders. During the last decade, however, the fact that sexual assault was endemic but largely ignored by the armed forces triggered a scandal, one senior military figures were forced to address. In light of this case, the article concludes that scandal can function as a mechanism of democratic governance, where it compels social and ethical norms to be properly enforced.

<http://www.sciencedirect.com/science/article/pii/S0165032716308515>

Reconsidering the definition of Major Depression based on Collaborative Psychiatric Epidemiology Surveys.

Tom Rosenström, Markus Jokela

Journal of Affective Disorders

Available online 20 September 2016

<http://dx.doi.org/10.1016/j.jad.2016.09.014>

Background

Diagnostic definitions for depressive disorders remain a debated topic, despite their

central role in clinical practice and research. We use both recent evidence and nationally representative data to derive an empirically-based modification of DSM-IV/–5 Major Depressive Disorder (MDD).

Method

A modified MDD diagnosis was derived by analyzing data from Collaborative Psychiatric Epidemiology Surveys, a multistage probability sample of adults ($n = 20\,013$; age ≥ 18 years) in coterminous USA, Alaska and Hawaii. The old and the newly suggested MDD definitions were compared for their associated disability (WHO Disability Assessment Schedule and number of disability days in past month), suicide attempt, and other covariates.

Results

Our data-driven definition for major depression was “lack of interest to all or most things” plus four other symptoms from the set {weight gain, weight loss, insomnia, psychomotor retardation, fatigue, feelings of worthlessness, diminished ability to think/concentrate, suicidal ideation/attempt}. The new definition captured all the disability implied by MDD and excluded cases that showed no greater disability than the general population nor increased risk of suicide attempts. The lifetime prevalence of the new diagnosis was 14.7% (95% CI = 14–15.4%) of the population, slightly less than for the old definition (16.4%; CI = 15.4–17.3%).

Limitations

Only conservative modifications of MDD could be studied, because of restrictions in the symptom data.

Conclusions

With only small adjusting, the new definition for major depression may be more clinically relevant than the old one, and could serve as a conservative replacement for the old definition.

<http://www.sciencedirect.com/science/article/pii/S0005789416300788>

Cognitive Behavioral Therapy for Depression using Mind Over Mood: CBT Skill Use and Differential Symptom Alleviation.

Lance L. Hawley, Christine A. Padesky, Steven D. Hollon, Enza Mancuso, Judith M. Lapsa, Karen Brozina, Zindel V. Segal

Behavior Therapy

Available online 23 September 2016

<http://dx.doi.org/10.1016/j.beth.2016.09.003>

Cognitive behavioral therapy (CBT) for depression is highly effective. An essential element of this therapy involves acquiring and utilizing CBT skills; however, it is unclear whether the type of CBT skill used is associated with differential symptom alleviation. Outpatients (N = 356) diagnosed with a primary mood disorder received 14 two-hour group sessions of CBT for depression, using the Mind Over Mood protocol. In each session, patients completed the Beck Depression Inventory and reported on their use of CBT skills: behavioral activation (BA), cognitive restructuring (CR), and core belief (CB) strategies. Bivariate latent difference score (LDS) longitudinal analyses were used to examine patterns of differential skill use and subsequent symptom change, and multi-group LDS analyses were used to determine whether longitudinal associations differed as a function of initial depression severity. Higher levels of BA use were associated with a greater subsequent decrease in depressive symptoms for patients with mild to moderate initial depression symptoms relative to those with severe symptoms. Higher levels of CR use were associated with a greater subsequent decrease in depressive symptoms, whereas higher levels of CB use were followed by a subsequent increase in depressive symptoms, regardless of initial severity. Results indicated that the type of CBT skill used is associated with differential patterns of subsequent symptom change. BA use was associated with differential subsequent change as a function of initial severity (patients with less severe depression symptoms demonstrated greater symptom improvement), whereas CR use was associated with symptom alleviation and CB use with an increase in subsequent symptoms regardless of initial severity.

<http://aje.sagepub.com/content/early/2016/08/23/1098214016664584>

Evaluation Capacity Building in the Context of Military Psychological Health Utilizing Preskill and Boyle's Multidisciplinary Model.

Lara Hilton and Salvatore Libretto

American Journal of Evaluation

First published on August 23, 2016

doi:10.1177/1098214016664584

The need for evaluation capacity building (ECB) in military psychological health is apparent in light of the proliferation of newly developed, yet untested programs coupled with the lack of internal evaluation expertise. This study addresses these deficiencies by utilizing Preskill and Boyle's multidisciplinary ECB model within a post-traumatic stress disorder treatment program. This model outlines a theoretical framework, offers practical strategies, and emphasizes both context and culture, which are paramount in military health-care settings. This study found that the model provides a highly applicable ECB framework that includes ways to identify ECB objectives, tailor activities, and understand outcomes. While there was high utilization of ECB activities by program staff, there was misaligned evaluative thinking, which ultimately truncated sustainable evaluation practice. Based on this research, evaluators can better understand how to provide an ECB intervention in a complex cultural and political environment and assess its effectiveness.

<http://www.sciencedirect.com/science/article/pii/S0022395616304125>

Prospective prediction of first lifetime suicide attempts in a multi-site study of substance users.

Zoë M. Trout, Evelyn M. Hernandez, Evan M. Kleiman, Richard T. Liu

Journal of Psychiatric Research

Available online 21 September 2016

<http://dx.doi.org/10.1016/j.jpsychires.2016.09.020>

Although considerable empirical work has been devoted to identifying risk factors for suicide attempts, most longitudinal research has studied recurrent attempts rather than first lifetime attempts. The present study sought to examine prospective predictors of first lifetime suicide attempts among adults receiving treatment for substance use. Data were drawn from the National Treatment Improvement Evaluation Study, a study of addiction treatment programs. Data were collected at treatment intake, treatment exit, and one year post-treatment. Patients (n = 3518) with no lifetime history of suicide attempts at treatment intake were followed at treatment exit and one year post-treatment, when they reported on the occurrence of suicide attempts since the prior assessment. Prospective suicidal behavior was assessed using logistic regression in relation to sociodemographic variables, health-related work impairment, history of psychiatric treatment utilization, history of suicidal ideation, history of depressive symptoms, substance use, and childhood abuse, assessed at intake. Health-related

work impairment, history of suicidal ideation, and childhood physical abuse significantly predicted first lifetime attempts in a multivariate analysis. Suicidal ideation, health-related functional impairments, and childhood physical abuse may be particularly important in assessing risk for first lifetime suicide attempts. Findings suggest that future clinical work and research would benefit from considering these factors when identifying individuals at heightened risk of making a first suicide attempt.

[http://journals.lww.com/practicalpsychiatry/Abstract/2016/09000/Constant Observation of Suicidal Patients The.4.aspx](http://journals.lww.com/practicalpsychiatry/Abstract/2016/09000/Constant_Observation_of_Suicidal_Patients_The.4.aspx)

Constant Observation of Suicidal Patients: The Intervention We Love to Hate.

Russ, Mark J., MD

Journal of Psychiatric Practice:
September 2016 - Volume 22 - Issue 5 - p 382–388
doi: 10.1097/PRA.000000000000175

Constant observation (CO) of psychiatric inpatients at risk for suicidal behavior has been criticized in the literature because of the absence of demonstrable effectiveness, associated costs, staff and patient acceptance, and related issues. Our inability to demonstrate effectiveness, however, is an ethical conundrum that cannot readily be solved. Frequent and often vociferous references in the literature to the absence of an evidence base for this intervention carries the risk that CO may be underutilized in particular clinical circumstances with untoward results. A case is made for shifting focus from the lack of evidence supporting CO to agreement on an observation protocol that achieves the desired goal of maximizing patient safety. A sample protocol is presented.

[http://journals.lww.com/practicalpsychiatry/Abstract/2016/09000/Factors Associated With High Frequency of Suicidal.5.aspx](http://journals.lww.com/practicalpsychiatry/Abstract/2016/09000/Factors_Associated_With_High_Frequency_of_Suicidal.5.aspx)

Factors Associated With High Frequency of Suicidal Ideation in Medically Ill Veterans.

Wendell, Joel PHD; Ratcliff, Chelsea G. MA, PHD; Price, Elizabeth MA, PHD; Petersen, Nancy J. PHD; Dinapoli, Elizabeth A. PHD; Cully, Jeffrey A. PHD

Journal of Psychiatric Practice:
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doi: 10.1097/PRA.000000000000174

Suicide is a leading cause of death, and rates are especially high among medically ill, older individuals. Health-related psychosocial correlates of suicidal ideation (SI) may be particularly important for medically ill older adults as they may clarify who may benefit from interventions to reduce SI. This study examined whether demographic, physical health, and/or health-related psychosocial factors were associated with high frequency of SI in older, medically ill Veterans experiencing elevated anxiety or depression. This cross-sectional study included 302 Veterans with (1) a cardiopulmonary condition and functional impairment and (2) elevated symptoms of depression and/or anxiety. Participants were classified as having either no, low, or high SI, based on self-reported ideation, from the Patient Health Questionnaire-9. SI was reported in 26.8% of the full sample and high SI was reported by 12.6% of participants. Logistic regression analyses predicting high versus no SI found the odds of high SI increased 4.7 times (95% confidence interval, 2.6–8.3) for each 1-unit increase in maladaptive coping and 4.1 times (95% confidence interval, 1.2–14.3) for each 1-unit increase in physical health severity/functional limitations. Older, medically ill Veterans with comorbid depression and/or anxiety frequently reported SI and were at greater risk of experiencing a high frequency of SI if they engaged in maladaptive coping strategies and/or had high levels of functional impairment. Effective interventions to reduce SI for this population should focus on reducing maladaptive coping and minimizing negative behavioral, cognitive, and emotional reactions to functional limitations.

<http://journals.plos.org/plosone/article?id=10.1371/journal.pone.0162688>

The Stigma of Suicide Survivorship and Related Consequences—A Systematic Review.

Franz Hanschmidt, Franziska Lehnig, Steffi G. Riedel-Heller, Anette Kersting

PLOS ONE

Published: September 22, 2016

<http://dx.doi.org/10.1371/journal.pone.0162688>

Background

considerable proportion of the population experiences major life disruptions after losing a loved one to suicide. Social stigma attached to suicide survivors adds to complications occurring in the course of suicide bereavement. Despite its known risks, stigma related to suicide survivors has been sparsely investigated.

Methods

We conducted a systematic literature search in PubMed, Web of Science, PsycInfo and PsyArticles, of studies indexed up through August 2015. Articles were eligible for inclusion if they addressed experiences of stigma in suicide survivors, compared them to other bereavement populations, or investigated stigmatizing attitudes within the public. The search was restricted to English-language studies.

Results

25 records matched inclusion criteria. Study designs were heterogeneous, making comparisons difficult. Results demonstrated that suicide survivors experience stigma in the form of shame, blame, and avoidance. Suicide survivors showed higher levels of stigma than natural death survivors. Stigma was linked to concealment of the death, social withdrawal, reduced psychological and somatic functioning, and grief difficulties. Only one study investigated stigmatizing attitudes towards suicide survivors among the general population.

Limitations

Internal and external validity of the studies was restricted by a lack of valid measures and selection bias.

Conclusions

More methodologically sound research is needed to understand the impact of stigma on suicide survivors' grief trajectories and to separate it from other grief aspects. Clinicians and grief-counselors as well as the public should be educated about the persistent stigma experienced by suicide survivors.

<http://www.sciencedirect.com/science/article/pii/S0887618516302742>

Distance-delivered Interventions for PTSD: A Systematic Review and Meta-Analysis.

Janine V. Olthuis, Lori Wozney, Gordon J.G. Asmundson, Heidi Cramm, Patricia Lingley-Pottie, Patrick J. McGrath

Journal of Anxiety Disorders

Available online 22 September 2016

<http://dx.doi.org/10.1016/j.janxdis.2016.09.010>

This systematic review and meta-analysis evaluated the efficacy of distance-delivered, guided approaches to treatment (e.g., delivered via telephone, Internet, mail, videoconferencing) for clinical and subclinical posttraumatic stress disorder (PTSD). A comprehensive search yielded 19 randomized controlled trials (1,491 participants) to be included. Meta-analyses revealed that distance-delivered interventions led to significant within-group improvements in PTSD symptoms at post-treatment ($g = 0.81$, 95% CI 0.65 to 0.97) and 3-6 month follow-up ($g = 0.78$, 95% CI 0.59 to 0.97). Within-group depression and quality of life outcomes showed similar results, with medium post-treatment and follow-up effects. Compared to a waiting list, distance delivery (specifically, Internet treatments) led to superior PTSD outcomes ($g = 0.68$, 95% CI 0.51 to 0.86). Compared to face-to-face interventions, distance delivery (specifically, videoconferencing treatments) did not result in significantly different PTSD outcomes at post-treatment ($g = -0.05$, 95% CI -0.31 to 0.20) but led to inferior outcomes at 3-6 month follow-up ($g = -0.25$, 95% CI -0.44 to -0.07). Distance delivery of PTSD treatment is promising, but research is needed to determine its optimal use.

<http://link.springer.com/article/10.1186/s12888-016-1038-8>

Prevalence of PTSD and other mental disorders in UK service personnel by time since end of deployment: a meta-analysis.

Roberto J. Rona, Howard Burdett, Samantha Bull, Margaret Jones, Norman Jones, Neil Greenberg, Simon Wessely, Nicola T. Fear

BMC Psychiatry

First Online: 22 September 2016

DOI: 10.1186/s12888-016-1038-8

Background

US studies have shown an increase of posttraumatic stress disorder (PTSD) and

depression, but not alcohol misuse related to time of assessment since returning from deployment. We assessed if similar trends occur in the UK Armed Forces.

Methods

We selected UK studies based on our data base of King's Centre for Military Health Research publications from 2006 until January 2016 with at least one of the following measures: PTSD checklist-civilian version (PCL-C), the General Health Questionnaire (GHQ-12) and the Alcohol Use Disorders Identification Test (AUDIT). The studies included personnel assessed for these outcomes after their most recent deployment. A search in Medline, Psych-Info & Embase confirmed no relevant publication was missed.

Results

Twenty one thousand, seven hundred and forty-six deployed personnel from nine studies contributed to the meta-analyses by time since end of deployment in the PTSD analysis. The number of studies for period of time varied from two to four studies. The trend by time-category of questionnaire completion since returning from deployment were for PTSD $\beta = 0.0021$ (95 % CI -0.00046 to 0.0049 , $p = 0.12$), for psychological distress $\beta = 0.0123$ (95 % CI 0.005 to 0.019 , $p = 0.002$) and for alcohol misuse $\beta = 0.0013$ (-0.0079 to 0.0105 , $p = 0.77$).

Conclusions

There was no evidence that the prevalence of PTSD and alcohol misuse changed according to time since the end of deployment over a three-year period, but there was evidence for an association with increasing psychological distress.

<http://www.sciencedirect.com/science/article/pii/S0165032716301793>

Expressive Flexibility in Combat Veterans with Posttraumatic Stress Disorder and Depression.

Rebecca Rodin, George A. Bonanno, Nadia Rahman, Nicole A. Kouri, Richard A. Bryant, Charles R. Marmar, Adam D. Brown

Journal of Affective Disorders

Available online 23 September 2016

<http://dx.doi.org/10.1016/j.jad.2016.09.027>

Background

A growing body of evidence suggests that the ability to flexibly express and suppress emotions (“expressive flexibility”) supports successful adaptation to trauma and loss. However, studies have yet to examine whether individuals that meet criteria for posttraumatic stress disorder (PTSD) or depression exhibit alterations in expressive flexibility. The present study aims to test whether lower levels of expressive flexibility are associated with PTSD and depression in combat-exposed veterans.

Methods

Fifty-nine combat veterans with and without PTSD completed self-report measures assessing symptoms of depression, PTSD, and combat exposure. Participants also completed an expressive flexibility task in which they were asked to either enhance or suppress their expressions of emotion while viewing affective images on a computer screen. Expressive flexibility was assessed by both expressive enhancement ability and expressive suppression ability.

Results

Repeated measures ANOVA's showed that both PTSD and depression were associated with lower levels of emotional enhancement ability. In addition, a series of linear regressions demonstrated that lower levels of emotional enhancement ability were associated with greater symptom severity of PTSD and depression. The ability to suppress emotional responses did not differ among individuals with and without PTSD or depression.

Limitations

of the study include a cross-sectional design, precluding causality; the lack of a non-trauma exposed group and predominantly male participants limit the generalizability to other populations.

Conclusions

Alterations in expressive flexibility is a previously unrecognized affective mechanism associated with PTSD and depression. Clinical strategies aimed at enhancing emotional expression may aid in the treatment of these disorders.

<http://www.sciencedirect.com/science/article/pii/S1064748116302482>

Older Age Associated with Mental Health Resiliency in Sexual Minority US Veterans.

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The American Journal of Geriatric Psychiatry

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<http://dx.doi.org/10.1016/j.jagp.2016.09.006>

Objectives.

Objectives were to: (a) identify the mental health needs of older and younger sexual minority and heterosexual US veterans and (b) examine whether sexual minority status confers vulnerability or resiliency in older adulthood. Support and trauma exposure were examined as potential mechanisms for age by sexual orientation differences.

Method.

Participants were a nationally representative sample of 3,095 US veterans (ages 21 to 96 years). Measures included demographics, military characteristics, sexual orientation (lesbian, gay, or bisexual; LGB), social support, trauma, and mental health indicators (lifetime and present depression and posttraumatic stress disorder (PTSD); lifetime anxiety and suicidal ideation).

Results.

Younger LGB veterans were most likely to report lifetime depression and/or PTSD and current depression compared to older LGB and younger and older heterosexual veterans. Older LGB veterans had low levels of mental health problems, but they reported the smallest social support networks.

Conclusion.

Older and younger LGB veterans have different mental health challenges. Younger LGB veterans are more vulnerable to mental health problems than their older LGB peers. Older LGB veterans are resilient, but they may be at greater risk of social isolation than their younger LGB peers.

Cigarette Smoking Status and Receipt of an Opioid Prescription Among Veterans of Recent Wars.

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Objective.

Cigarette smokers seeking treatment for chronic pain have higher rates of opioid use than nonsmokers. This study aims to examine whether veterans of Operations Enduring Freedom/Iraqi Freedom/New Dawn (OEF/OIF/OND) who smoke are more likely to receive an opioid prescription than nonsmokers, adjusting for current pain intensity.

Design.

Cross-sectional analysis of a cohort study of OEF/OIF/OND veterans who had at least one visit to a Veterans Health Administration primary care clinic between 2001 and 2012.

Methods.

Smoking status was defined as current, former, and never. Current pain intensity (+/- 30 days of smoking status), based on the 0–10 numeric rating scale, was categorized as no pain/mild (0–3) and moderate/severe (4–10). Opioid receipt was defined as at least one prescription filled +/- 30 days of smoking status.

Results.

We identified 406,954 OEF/OIF/OND veterans: The mean age was 30 years, 12.5% were women (n = 50,988), 66.3% reported no pain or mild pain intensity, 33.7% reported moderate or severe pain intensity, 37.2% were current smokers, and 16% were former smokers. Overall, 33,960 (8.3%) veterans received one or more opioid prescription. Current smoking (odds ratio [OR] = 1.56, 95% confidence interval [CI] = 1.52–1.61) and former smoking (OR = 1.27, 95% CI = 1.22–1.32) were associated with a higher likelihood of receipt of an opioid prescription compared with never smoking, after controlling for other covariates.

Conclusions.

We found an association between smoking status and receipt of an opioid prescription. The effect was stronger for current smokers than former smokers, highlighting the need to determine whether smoking cessation is associated with a reduction in opioid use among veterans.

<http://fampra.oxfordjournals.org/content/early/2016/09/21/fampra.cmw096.abstract>

US Air Force Behavioral Health Optimization Program: team members' satisfaction and barriers to care.

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Family Practice

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doi:10.1093/fampra/cmw096

Background.

Research has shown significant contribution of integrated behavioural health care; however, less is known about the perceptions of primary care providers towards behavioural health professionals.

Objective.

The current study examined barriers to care and satisfaction with integrated behavioural health care from the perspective of primary care team members.

Design.

This study utilized archival data from 42 treatment facilities as part of ongoing program evaluation of the Air Force Medical Service's Behavioral Health Optimization Program.

Setting.

This study was conducted in a large managed health care organization for active duty military and their families, with specific clinic settings that varied considerably in regards to geographic location, population diversity and size of patient empanelment.

Study participants.

De-identified archival data on 534 primary care team members were examined.

Results.

Team members at larger facilities rated access and acuity concerns as greater barriers than those from smaller facilities ($t(533) = 2.57, P < 0.05$). Primary Care Managers (PCMs) not only identified more barriers to integrated care ($\beta = -0.07, P < 0.01$) but also found services more helpful to the primary care team ($t(362.52) = 1.97, P = 0.05$). Barriers to care negatively impacted perceived helpfulness of integrated care services for patients ($\beta = -0.12, P < 0.01$) and team members, particularly among non-PCMs ($\beta = -0.11, P < 0.01$).

Conclusions.

Findings highlight the potential benefits of targeted training that differs in facilities of larger empanelment and is mindful of team members' individual roles in a Patient Centered Medical Home. In particular, although generally few barriers were perceived, given the impact these barriers have on perception of care, efforts should be made to decrease perceived barriers to integrated behavioural health care among non-PCM team members.

Links of Interest

Behavioral activation therapy effectively treats depression, study finds

<http://www.health.harvard.edu/mind-and-mood/behavioral-activation-therapy-effectively-treats-depression-study-finds>

Sleep disorders are treatable, and new guidelines may direct care

<http://www.baltimoresun.com/bs-hs-ask-the-expert-insomnia-20160701-story.html>

Police Officers Learn How to Respond to Calls of Distraught Veterans

<http://www.twcnews.com/tx/austin/news/2016/09/22/police-officers-learn-how-to-respond-to-calls-of-distraught-veterans-.html>

For those with the often solitary task of caring for disabled vets, help is on the way

<http://www.militarytimes.com/articles/for-those-with-the-often-solitary-task-of-caring-for-disabled-vets-help-is-on-the-way>

Dialectical Behavioral Therapy: Could It Work for Pain Management?

<http://www.empr.com/aapmanagement-2016/dialectical-behavioral-therapy-could-it-work-for-pain-management/article/524782/>

Yale study: Cognitive behavioral therapy program proves effective in treating alcohol use disorders

<https://medicine.yale.edu/psychiatry/newsandevents/archive/article.aspx?id=13475>

More than one-third of calls to VA suicide hotline are left unanswered, official says

<http://www.pbs.org/newshour/rundown/official-one-third-calls-va-suicide-hotline-roll/>

Simple, Less Expensive Psychotherapy Effective for Depression

<http://jama.jamanetwork.com/article.aspx?articleid=2556121>

Celebrities, political leaders raise awareness for military caregivers

<https://www.marinecorpstimes.com/articles/hidden-heroes-kickoff>

Unplug, Soldier! Too Much Online Time is Hurting the Army

<http://www.defenseone.com/ideas/2016/09/unplug-soldier-too-much-online-time-hurting-army/>

Healing After Suicide

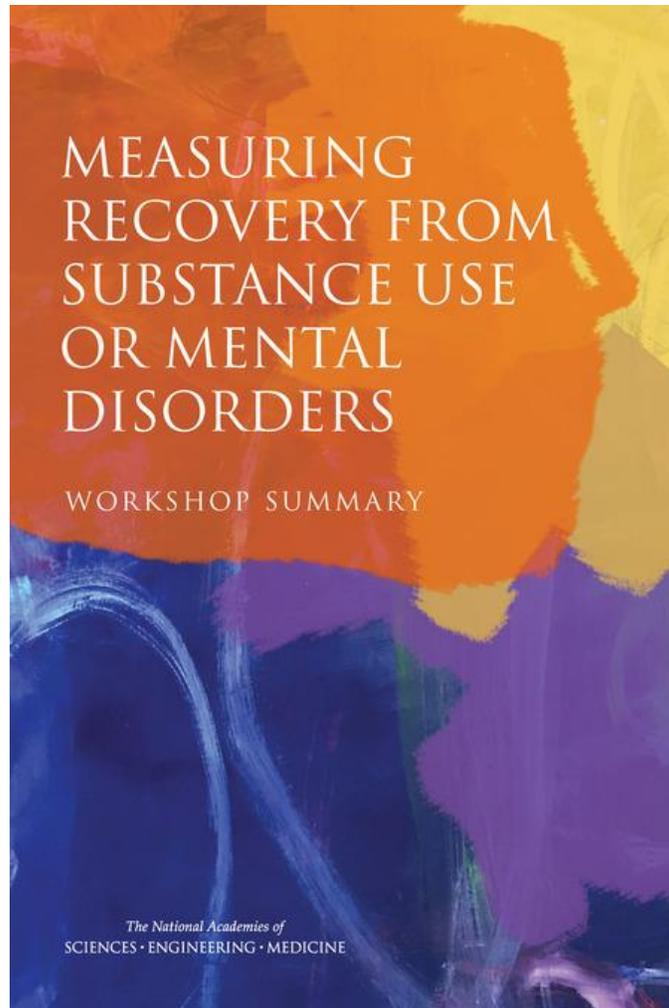
<http://navymedicine.navylive.dodlive.mil/archives/11332>

Best for Vets: Places to Live 2016 — new rankings of 125 cities

<http://www.militarytimes.com/story/veterans/best-for-vets/2016/08/12/best-vets-places-live-2016-new-rankings-125-cities/88486490/>

Resource of the Week -- [Measuring Recovery from Substance Use or Mental Disorders: Workshop Summary](#)

In February 2016, the National Academies of Sciences, Engineering, and Medicine held a workshop to explore options for expanding the Substance Abuse and Mental Health Services Administration's (SAMHSA) behavioral health data collections to include measures of recovery from substance use and mental disorder. Participants discussed options for collecting data and producing estimates of recovery from substance use and mental disorders, including available measures and associated possible data collection mechanisms. This publication summarizes the presentations and discussions from the workshop.



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