



CDP Research Update -- October 27, 2016

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<https://content.govdelivery.com/accounts/USVHA/bulletins/16d7162>

PTSD Monthly Update: Who Gets PTSD and Why

National Center for PTSD (VA)
October 2016

You or your loved one can develop PTSD after going through, seeing or learning about an event involving actual or threatened death, such as combat, serious injury, natural disaster, or sexual violence. PTSD can happen to anyone. It is not a sign of weakness.

<http://ps.psychiatryonline.org/doi/abs/10.1176/appi.ps.201600069>

An RCT of Effects of Telephone Care Management on Treatment Adherence and Clinical Outcomes Among Veterans With PTSD.

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Psychiatric Services

Published online: October 17, 2016

<http://dx.doi.org/10.1176/appi.ps.201600069>

Objective:

This study assessed whether adding telephone care management to usual outpatient mental health care improved treatment attendance, medication compliance, and clinical outcomes of veterans with posttraumatic stress disorder (PTSD).

Methods:

In a multisite randomized controlled trial, 358 veterans were assigned to either usual outpatient mental health treatment (N=165) or usual care plus twice-a-month telephone care management (TCM) and support in the first three months of treatment (N=193). Treatment utilization and medication refills were determined from U.S. Department of Veterans Affairs administrative data. PTSD, depression, quality of life, aggressive behavior, and substance use were assessed with self-report questionnaires at intake, four months, and 12 months.

Results:

Telephone care managers reached 95% of TCM participants (N=182), completing an average 5.1 of 6.0 planned telephone calls. During the three-month intervention period, TCM participants completed 43% more mental health visits ($M \pm SD = 5.9 \pm 6.8$) than did those in usual care (4.1 ± 4.2) (incident rate ratio=1.36, $\chi^2=6.56$, df=1, $p<.01$). Treatment visits in the nine-month follow-up period and medication refills did not differ by condition. Only 9% of participants were scheduled to receive evidence-based psychotherapy. Slopes of improvement in PTSD, depression, alcohol misuse, drug problems, aggressive behavior, and quality of life did not differ by condition or treatment attendance.

Conclusions:

TCM improved PTSD patients' treatment attendance but not their outcomes. TCM can enhance treatment engagement, but outcomes depend on the effectiveness of the treatments that patients receive.

<https://www.ncbi.nlm.nih.gov/pubmed/25175387>

Health Commun. 2015;30(8):772-83. doi: 10.1080/10410236.2014.899659. Epub 2014 Aug 30.

Dilemmas families face in talking with returning U.S. military service members about seeking professional help for mental health issues.

Wilson SR, Gettings PE, Hall ED, Pastor RG.

Drawing on Goldsmith's (2004) normative theory, this article maps dilemmas family members experience when talking with returning service members (SMs) about seeking mental health care. Eighty family members of United States SMs who served in Iraq or Afghanistan read a scenario where their SM was displaying posttraumatic stress disorder (PTSD) or depression symptoms. Participants described goals they would pursue, barriers they might encounter, and advice they would give others in the situation. Four dilemmas of talking about mental health emerged: (a) getting you to recognize the problem without implying you're not normal, (b) convincing you to seek help without implying you're weak, (c) being persistent but patient, and (d) wanting you to open up without implying I can understand. Family members reported using four groups of strategies to manage these dilemmas. Directions for expanding the concept of dilemmas as "paradoxes" and for supporting military families as well as rethinking policy assumptions are discussed.

<http://link.springer.com/article/10.1007/s40675-016-0054-z>

The Relationship of Suicidal Thoughts and Behaviors to Sleep Disturbance: a Review of Recent Findings.

Pigeon, W.R., Titus, C.E. & Bishop, T.M. Curr

Current Sleep Medicine Reports
First Online: 20 October 2016
DOI: 10.1007/s40675-016-0054-z

Sleep disturbance has emerged as a significant factor in the development and course of psychopathology. Its cross-cutting nature, demonstrated impact on co-occurring disorders, and the presence of efficacious interventions to address it, make sleep a

desirable treatment target among individuals suffering from various mental and physical health disorders. In the past several years, researchers and clinicians alike have come to appreciate the role that sleep disturbance plays in the development and course of suicidal thought and behavior. The present review synthesizes the sleep and suicide literature published since 2012. A search of the PubMed and psycINFO databases yielded 41 articles that were appropriate for the present review. Consistent with prior reviews, sleep disturbance, insomnia, and nightmares were, overall, positively associated with suicidal thought and behavior. Future studies should seek to expand current lines of research in the sleep and suicide arena beyond global constructs and into investigations of mechanism.

<http://link.springer.com/article/10.1007/s40675-016-0055-y>

Cognitive Behavioural Therapy for Insomnia in Psychiatric Disorders.

Jansson-Fröhmark, M. & Norell-Clarke, A.

Current Sleep Medicine Reports

First Online: 20 October 2016

DOI: 10.1007/s40675-016-0055-y

Insomnia means difficulties in initiating or maintaining sleep and is commonly comorbid with psychiatric disorders. From being considered secondary to primary psychiatric disorders, comorbid insomnia is now considered an independent health issue that warrants treatment in its own right. Cognitive behavioural therapy for insomnia (CBT-I) is an evidence-based treatment for insomnia. The effects from CBT-I on comorbid psychiatric conditions have received increasing interest as insomnia comorbid with psychiatric disorders has been associated with more severe psychiatric symptomologies, and there are studies that indicate effects from CBT-I on both insomnia and psychiatric symptomology. During recent years, the literature on CBT-I for comorbid psychiatric groups has expanded and has advanced methodologically. This article reviews recent studies on the effects from CBT-I on sleep, daytime symptoms and function and psychiatric comorbidities for people with anxiety, depression, bipolar disorder, psychotic disorders and post-traumatic stress disorder. Future strategies for research are suggested.

<http://link.springer.com/article/10.1007/s11920-016-0740-z>

Identifying and Managing Malingering and Factitious Disorder in the Military.

Schnellbacher, S. & O'Mara, H.

Current Psychiatry Reports

First Online: 17 October 2016

DOI: 10.1007/s11920-016-0740-z

Malingering is the intentional fabrication of medical symptoms for the purpose of external gain. Along similar lines as malingering, factitious disorder is the intentional creation or exaggeration of symptoms, but without intent for a concrete benefit. The incidence of malingering and factitious disorder in the military is unclear, but likely under reported for a variety of reasons. One should be aware of potential red flags suggesting malingering or factitious disorder and consider further evaluation to look for these conditions. A deliberate and intentional management plan is ideal in these cases. Furthermore, a multi-disciplinary team approach, a non-judgmental environment, and the use of direct but dignity sparing techniques will likely be most “successful” when confronting the patient with malingering or factitious disorder.

<http://www.aapb-biofeedback.com/doi/abs/10.5298/1081-5937-44.3.08>

Clinical Use of Self-Compassion Within Mindfulness-Based Biofeedback in the Treatment of Veterans and Spouses: A Case Study.

Urszula Klich , PhD

Biofeedback

Fall 2016, Vol. 44, No. 3, pp. 138-144

doi: <http://dx.doi.org/10.5298/1081-5937-44.3.08>

Treatment of veterans necessitates the understanding of the cultural framework within which they operate. A clinical approach that is centered on teaching self-regulation while modeling self-compassion can assist veterans to assimilate into the civilian world. Compassion, recently emerging as a critical variable in the therapeutic benefit of mindfulness-based techniques, can be combined with biofeedback in order to maximize the advantageous psychological and physical changes that are seen with both. This article will present treatment considerations in a case in which compassion-based

strategies within mindfulness-based biofeedback treatment were used with a veteran and his spouse.

<http://onlinelibrary.wiley.com/doi/10.1002/cpp.2048/abstract>

Narrative Changes Predict a Decrease in Symptoms in CBT for Depression: An Exploratory Study.

Gonçalves, M. M., Silva, J. R., Mendes, I., Rosa, C., Ribeiro, A. P., Batista, J., Sousa, I., and Fernandes, C. F.

Clinical Psychology & Psychotherapy

First published: 20 October 2016

DOI: 10.1002/cpp.2048

Objective

Innovative moments (IMs) are new and more adjusted ways of thinking, acting, feeling and relating that emerge during psychotherapy. Previous research on IMs has provided sustainable evidence that IMs differentiate recovered from unchanged psychotherapy cases. However, studies with cognitive behavioural therapy (CBT) are so far absent. The present study tests whether IMs can be reliably identified in CBT and examines if IMs and symptoms' improvement are associated.

Methods

The following variables were assessed in each session from a sample of six cases of CBT for depression (a total of 111 sessions): (a) symptomatology outcomes (Outcome Questionnaire—OQ-10) and (b) IMs. Two hierarchical linear models were used: one to test whether IMs predicted a symptom decrease in the next session and a second one to test whether symptoms in one session predicted the emergence of IMs in the next session.

Results

Innovative moments were better predictors of symptom decrease than the reverse. A higher proportion of a specific type of IMs—reflection 2—in one session predicted a decrease in symptoms in the next session. Thus, when clients further elaborated this type of IM (in which clients describe positive contrasts or elaborate on changes processes), a reduction in symptoms was observed in the next session.

Discussion

A higher expression and elaboration of reflection 2 IMs appear to have a facilitative function in the reduction of depressive symptoms in this sample of CBT. Copyright © 2016 John Wiley & Sons, Ltd.

Key Practitioner Message

- Elaborating innovative moments (IMs) that are new ways of thinking, feeling, behaving and relating, in the therapeutic dialogue, may facilitate change.
- IMs that are more predictive of amelioration of symptoms in CBT are the ones focused on contrasts between former problematic patterns and new adjusted ones; and the ones in which the clients elaborate on processes of change.
- Therapists may integrate these kinds of questions (centred on contrasts and centred on what allowed change from the client's perspective), in the usual CBT techniques.
- When elaborating these IMs successfully, therapists may expect an improvement in symptoms in the next session of psychotherapy.

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<http://onlinelibrary.wiley.com/doi/10.1111/cpsp.12167/abstract>

Sexual Traumatic Event Exposure, Posttraumatic Stress Symptomatology, and Alcohol Misuse Among Women: A Critical Review of the Empirical Literature.

Kirsten J. Langdon, Amy Rubin, Deborah J. Brief, Justin L. Enggasser, Monica Roy, Marika Solhan, Eric Helmuth, David Rosenbloom and Terence M. Keane

Clinical Psychology: Science and Practice

First published: 24 October 2016

DOI: 10.1111/cpsp.12167

The current review summarizes and critically evaluates the existing literature to shed light on two key questions: (a) the impact of trauma exposure on alcohol use (and vice versa; the impact of alcohol use on risk for trauma exposure) in women, and (b) the nature of PTSD–alcohol misuse comorbidity in women. The secondary aim was to explore moderators or mechanisms of action. Findings suggest that sexual trauma may be especially relevant to alcohol misuse in women. Cross-sectional data generally support PTSD–alcohol misuse associations; however, findings from prospective studies

are mixed. Significantly less is known about moderators/mediators of these relations, with the majority of work focused on emotional and motivational processes. Limitations, future directions, and clinical implications are discussed.

<https://www.ncbi.nlm.nih.gov/pubmed/27775160>

Aggress Behav. 2016 Oct 24. doi: 10.1002/ab.21687. [Epub ahead of print]

Violent behavior among military reservists.

Kwan J, Jones M, Hull L, Wessely S, Fear N, MacManus D

Large numbers of British and American Reservists have been deployed to operations in Iraq and Afghanistan. Little is known about the impact of deployment and combat exposure on violent behavior in Reservists. The purpose of this study was to determine the prevalence of self-reported violent behavior among a representative sample of United Kingdom Reservists, the risk factors associated with violence and the impact of deployment and combat exposure on violence. This study used data from a large cohort study of randomly selected UK military personnel and included Reservists who were in service at the time of sampling ($n = 1710$). Data were collected by questionnaires that asked about socio-demographic and military characteristics, pre-enlistment antisocial behavior, deployment experiences, post-deployment mental health, and self-reported interpersonal violent behavior. The prevalence of violence among Reservists was 3.5%. Deployment was found to be a risk factor for violent behavior even after adjustment for confounders. The association with violence was similar for those deployed in either a combat role or non-combat role. Violence was also strongly associated with mental health risk factors (PTSD, common mental disorders, and alcohol misuse). This study demonstrated higher levels of self-reported post-deployment violence in UK Reservists who had served in either Iraq or Afghanistan. Deployment, irrespective of the role was associated with higher levels of violent behavior among Reservists. The results also emphasize the risk of violent behavior associated with post-deployment mental health problems. Aggr. Behav. 9999:1-8, 2016. © 2016 Wiley Periodicals, Inc.

<http://link.springer.com/article/10.1007/s10826-016-0580-9>

Psychometric Properties of the Parenting Sense of Competence Scale in Treatment-Seeking Post-9/11 Veterans.

Eric Bui, Rebecca J. Zakarian, Lauren M. Laifer, Julia C. Sager, Yang Chen, Shiri Cohen, Naomi M. Simon, Bonnie Ohye

Journal of Child and Family Studies

First Online: 18 October 2016

DOI: 10.1007/s10826-016-0580-9

Although evidence suggests deployment-related stress impacts parenting, few measures of parenting competency have been validated in returning post-9/11 veterans. As part of clinical care in a multidisciplinary clinic serving veterans and military families, 178 treatment-seeking OEF/OIF/OND veterans completed measures including the 16-item Parenting Sense of Competence Scale (PSOC), a widely-used measure of parental efficacy and satisfaction; the Family Assessment Device—general functioning subscale; and the depression, anxiety, and stress scale. Utilizing data from an IRB-approved de-identified data repository, we examined the psychometrics and factor structure of the PSOC. According to a proposed clinical cut-off, 10 % of our clinical sample of veterans exhibited low self-confidence in parenting. A confirmatory factor analysis of the 2-factor structure introducing correlated error terms between items 3 and 9, and between items 10 and 11, revealed to be a satisfactory fit to the data ($\chi^2/df=1.57$, RMSEA=0.056 [90 % CI 0.039–0.073]; CFI=0.928; TLI=0.914; SRMR=0.055). In addition, the PSOC exhibited good convergent validity with measures of parental distress ($r=-.22$, $p<0.01$ with anxiety symptoms, and $r=-.33$, $p<.001$ with depressive symptoms) and family functioning ($r=-.53$, $p<.0001$), very good temporal stability ($r=.81$, $p<.0001$), and excellent internal consistency ($\alpha=.85$). The PSOC exhibited satisfactory psychometric properties in treatment-seeking veterans and may be used by clinicians and researchers to assess parenting sense of competence, including satisfaction and sense of efficacy, in this population.

<http://online.liebertpub.com/doi/abs/10.1089/neu.2016.4693>

Traumatic brain injury and post-deployment binge drinking among male and female Army active duty service members returning from OEF/OIF.

Dr. Rachel Sayko Adams, Dr. John D. Corrigan, Ms. Beth A. Mohr, Dr. Thomas V. Williams, and Mary Jo Larson

Journal of Neurotrauma
October 2016, ahead of print
doi:10.1089/neu.2016.4693

This study examines whether the relationship between traumatic brain injury (TBI) and post-deployment binge drinking is independent of screening positive for mental health problems among male and female service members. Data are from the Substance Use and Psychological Injury Combat Study of Army members returning from deployment to Afghanistan or Iraq in fiscal years 2008-2011. The sample consists of 240,694 male and 26,406 female active duty members who completed initial and follow-up questionnaires. The initial questionnaire, completed at the end of deployment, included screens for TBI and mental health problems (posttraumatic stress disorder, depression, harmful thoughts). The dependent variable, frequent binge drinking (6+ drinks on one occasion, at least monthly), was assessed on the follow-up questionnaire on average 3-9 months post-deployment. Over 21% of males and 7% of females reported frequent binge drinking. Male members were more likely to screen positive for TBI compared to females (7.5% versus 4.4%). Females with both TBI and mental health positive screens had more than double the risk of frequent binge drinking compared to those without either problem (15.8% versus 6.6%), and males with both problems had almost double the risk compared to males with neither problem (33.6% versus 19.7%). In multivariable logistic regression models, having a TBI and a comorbid positive mental health screen was associated with increased odds of frequent binge drinking among both males and females AOR = 1.59, CI: 1.50-1.69, and AOR = 2.11, CI: 1.57-2.83, respectively), compared to those with neither condition. More research is needed on the interaction of gender and binge drinking, especially when TBI and mental health problems co-exist.

[http://www.journalofpsychiatricresearch.com/article/S0022-3956\(16\)30295-3/abstract](http://www.journalofpsychiatricresearch.com/article/S0022-3956(16)30295-3/abstract)

PTSD Symptoms and Suicidal Thoughts and Behaviors among Firefighters.

Joseph W. Boffa, Ian H. Stanley, Melanie A. Hom, Aaron M. Norr, Thomas E. Joiner,
Norman B. Schmidt

Journal of Psychiatric Research
Published online: October 20, 2016
DOI: <http://dx.doi.org/10.1016/j.jpsychires.2016.10.014>

Research into the causes and prevention of suicide has been deemed a national priority, with a recent focus on sectors of the workforce, such as firefighters, who experience occupational hazards that may confer risk for suicide. Elevated levels of posttraumatic stress symptoms (PTSS), which show robust relationships with both suicidal ideation (SI) and suicide attempts, are common among firefighters. However, no study to date has investigated the relationship between PTSS and suicidality among firefighters. The current study therefore aimed to identify the degree to which PTSS were related to a history of SI and prior attempts in a national sample of firefighters (N = 893). Results revealed that greater PTSS were associated with greater risk of reporting lifetime SI and prior attempts, after controlling for other known risk factors for suicidality. Exploratory models investigating the unique contributions of individual PTSS clusters to suicidality found that numbing and re-experiencing PTSS were significantly related to SI, but only re-experiencing was related to prior attempts. The theoretical and clinical implications of these relationships, particularly among firefighters, are discussed.

<http://www.sciencedirect.com/science/article/pii/S1755296616300461>

Physical activity counseling promotes physical and psychological resilience in older veterans with posttraumatic stress disorder.

Katherine S. Hall, Jeffrey Gregg, Hayden B. Bosworth, Jean C. Beckham, Katherine D. Hoerster, Richard Sloane, Miriam C. Morey

Mental Health and Physical Activity

Available online 19 October 2016

<http://dx.doi.org/10.1016/j.mhpa.2016.10.001>

Individuals with posttraumatic stress disorder (PTSD) have elevated rates of morbidity, and a sedentary lifestyle can cause and aggravate the physical health needs of adults with PTSD. The primary aim of this paper was to explore the impact of physical activity (PA) counseling (vs. usual care) on physical and psychological outcomes among individuals with PTSD. A secondary aim was to compare these arm effects between those with and without PTSD.

Methods

Older (>60 years) overweight veterans with impaired glucose tolerance were randomly assigned to an intervention or a usual care control arm. Of the 302 participants who underwent randomization, 67 (22%) had PTSD. Participants in the intervention arm

received one in-person activity counseling session followed by regular PA telephone counseling over 12 months. Physical and psychological outcomes were assessed at baseline, 3, and 12 months.

Results

Primary Aim (intervention vs. usual care among those with PTSD): PA increased on average from 80 min/week to 161 min/week among participants in the intervention arm ($p = 0.01$). Large, clinically meaningful improvements in 6-min walk test and psychological health were observed over the course of the intervention ($p < 0.01$). Secondary Aim (PTSD/No PTSD, intervention/usual care): participants with PTSD responded equally well to the intervention compared to participants without PTSD, though we observed significantly greater improvements in vitality and 6-min walk compared to participants without PTSD ($p < 0.05$).

Conclusions

Given the epidemic of comorbid psychological illness and lifestyle-related disease among persons with PTSD, our findings support development and implementation of targeted PA interventions in this high-risk population.

<http://www.sciencedirect.com/science/article/pii/S2352250X16301300>

Using Experimental Methodologies to Assess Posttraumatic Stress.

Tanja Jovanovic, Sheila A.M. Rauch, Alex O. Rothbaum, Barbara O. Rothbaum

Current Opinion in Psychology

Available online 19 October 2016

<http://dx.doi.org/10.1016/j.copsyc.2016.10.001>

The assessment of PTSD is hindered by the absence of an objective biological measure. There is no blood test or stress test or similar objective measurement that reliably indicates the presence or absence of PTSD. In this article we focus on experimental assessments of PTSD. The focus will be on psychobiological indices that have been shown to be dysregulated in PTSD sufferers and that are responsive to treatment for PTSD. This includes psychophysiological startle, cortisol, and related assessments that will be covered succinctly below. We will end this article with future directions in the experimental assessment of PTSD that include novel measures incorporated in the immediate aftermath of trauma to assess current impact and prediction of the development of PTSD.

<http://psycnet.apa.org/psycinfo/2016-49318-001/>

Suicide Risk Assessment: What Psychologists Should Know.

Sommers-Flanagan, John; Shaw, Sidney L.

Professional Psychology: Research and Practice

Oct 13 , 2016

<http://dx.doi.org/10.1037/pro0000106>

Recent increases in death by suicide in the United States have led to national calls for improvements in how suicide risk screening and assessments are conducted. As health care providers and leaders in mental health practice, psychologists should be immersed in cutting edge education and training in suicide assessment. In this article, we describe the limits of the traditional medical model approach and review modern developments in suicide risk assessment. Six important shifts in how contemporary psychologists formulate and approach suicide assessment are reviewed. These include: (a) acknowledgment that suicide risk factors are not especially helpful to psychologist-practitioners; (b) a movement away from medical model formulations and toward social constructionist and collaborative orientations; (c) progress in theoretical knowledge pertaining to suicidal individuals; (d) recognition that the clinical encounter and comprehensive suicide assessment interviews are essential to developing and maintaining a therapeutic relationship; (e) advancements in how clinicians question patients about suicide ideation; and (f) methods for monitoring suicide ideation over time. Psychologists who understand and apply these approaches to suicide risk assessment will be more capable of conducting competent suicide assessment and treatment and thereby contribute to national suicide prevention efforts. (PsycINFO Database Record (c) 2016 APA, all rights reserved)

<http://link.springer.com/article/10.1007/s40429-016-0128-5>

Cannabis Use and Psychiatric Disorders: Implications for Mental Health and Addiction Treatment.

Mariana P. Halah, Michelle P. Zochniak, Mera S. Barr, Tony P. George

Purpose

Cannabis is the most widely used illicit drug with high prevalence, especially in adolescent and psychiatric populations. Cannabis use disorder is associated with cognitive and psychosocial impairment, and the therapeutic potential of cannabis is unsupported by high-quality evidence. Importantly, cannabis use may lead to the development of psychiatric and substance use disorders and to poorer outcomes in the mentally ill. This article discusses the epidemiology and neurobiology of cannabis use and the assessment and treatment of cannabis use disorder, in mental health and addiction settings.

Findings

Evidence suggests that cannabis use has negative effects in patients with major psychiatric disorders. It is critical to better understand the endocannabinoid system and its links with mental illness.

Conclusions

Future studies should determine the potential impact of cannabis legalization on people at risk for, or with pre-existing psychiatric disorders and addictions, as well as the development of novel and more effective treatments for co-occurring cannabis use.

<http://psycnet.apa.org/psycinfo/2016-50689-001/>

Military Sexual Assault (MSA) Among Veterans in Southern California: Associations With Physical Health, Psychological Health, and Risk Behaviors.

Schuyler, Ashley C.; Kintzle, Sara; Lucas, Carrie L.; Moore, Hadass; Castro, Carl A.

Traumatology

Oct 20 , 2016

<http://dx.doi.org/10.1037/trm0000098>

This study describes the relationship between military sexual assault (MSA) and various health and behavioral outcomes among a community-based sample of male (n = 2,208) and female (n = 327) veterans. Logistic regression analyses were conducted to assess the relationship of MSA with physical health symptoms (PHQ-15), probable

posttraumatic stress disorder (PTSD; PCL) and depression (PHQ-9), risk-taking behaviors, and alcohol use (AUDIT-C) among men and women. Among the sample, 4.8% of male and 40.6% of female veterans reported experiencing MSA. Men who experienced MSA had approximately 4 times the odds of physical health symptoms, and probable PTSD and depression, compared with those without MSA ($p < .001$ for all). Male veterans also had significantly increased odds of taking unnecessary health risks ($p < .001$), risking a sexually transmitted disease (STD; $p = .005$), driving while intoxicated ($p = .022$), taking unnecessary life risks ($p < .001$), and using tobacco ($p = .012$) in the last year if they had experienced MSA. Women who experienced MSA had approximately double the odds of physical health symptoms ($p = .002$), 3 times the odds of depressive symptoms ($p < .001$), and almost 7 times the odds of probable PTSD ($p < .001$). Female veterans with MSA also had significantly greater odds of taking unnecessary health risks ($p = .003$), taking unnecessary life risks ($p = .001$), and using tobacco ($p = .003$) in the last year than those without MSA. These findings highlight the unique treatment needs of male and female victims of MSA, the potential long-term impact of MSA, and the need for timely assessment of MSA to help mitigate negative health outcomes among veterans. (PsycINFO Database Record (c) 2016 APA, all rights reserved)

<http://jiv.sagepub.com/content/early/2016/10/17/0886260516673628.abstract>

The Role of Depression in the Relationship Between Psychological and Physical Intimate Partner Violence.

Patrícia Barros-Gomes, Jonathan Kimmes, Erika Smith, Bryan Cafferky, Sandra Stith, Jared Durtschi, and Eric McCollum

Journal of Interpersonal Violence
Published online before print October 18, 2016
doi: 10.1177/0886260516673628

Physical and psychological intimate partner violence (IPV) are significant public health concerns often associated with negative consequences for individuals, families, and society. Because IPV occurs within an interpersonal relationship, it is important to better understand how each partner's depressive symptoms, marital satisfaction, and psychological and physical IPV are interlinked. The purpose of this study was to identify actor and partner effects in a dyadic data analysis association between marital satisfaction and depressive symptoms, its links to psychological IPV, and then to physical IPV. Guided by the social information processing model, this study has

implications for understanding the processes leading to various types of IPV in people seeking couples therapy. Using cross-sectional data from 126 heterosexual couples, we conducted an actor–partner interdependence model (APIM) to test actor and partner effects. Indirect actor and partner effects were also assessed. More depressive symptoms were associated with lower marital satisfaction. More depressive symptoms were generally linked with increased perpetration of psychological and physical IPV. Psychological IPV was associated with an individual's use of physical IPV. Effect sizes were moderate to large in magnitude. Four specific indirect effects were identified from depressive symptoms to psychological IPV to physical IPV. Depressive symptoms may be an important factor related to psychological and physical IPV for males and females. Implications include assessing for and treating depression in both partners, and discussing preferred ways of supporting each other that do not include psychological or physical IPV.

<http://link.springer.com/article/10.1007/s11920-016-0748-4>

Treating Posttraumatic Stress Disorder in Diverse Settings: Recent Advances and Challenges for the Future.

Dixon, L.E., Ahles, E. & Marques, L. Curr

Current Psychiatry Reports
First Online: 22 October 2016
DOI: 10.1007/s11920-016-0748-4

Racial and ethnic minorities are at high risk for developing posttraumatic stress disorder (PTSD) after experiencing a traumatic event and are less likely to receive evidence-based treatment for their symptoms. There is a growing body of literature showing that culturally appropriate interventions result in greater uptake, symptom reduction, and sustained treatment gains. This article review explores new findings in the cultural understanding of PTSD among racial and ethnic minorities. We first review recent advances in the understanding of PTSD symptomatology. Next, we provide overview of trials demonstrating efficacy and effectiveness of cognitive processing therapy (CPT), prolonged exposure (PE), and trauma-focused cognitive-behavioral therapy (TF-CBT) in diverse communities. Then, we discuss specific implementation strategies common across intervention trials used to increase feasibility, acceptability, adoption, and sustainability. Last, we discuss areas for future research and dissemination efforts.

<https://www.ncbi.nlm.nih.gov/pubmed/26520448>

Soc Psychiatry Psychiatr Epidemiol. 2016 Mar;51(3):421-9. doi: 10.1007/s00127-015-1135-x. Epub 2015 Oct 31

Latent dimensions of posttraumatic stress disorder and their relations with alcohol use disorder.

Biehn TL, Contractor AA3, Elhai JD, Tamburrino M, Fine TH, Cohen G, Shirley E, Chan PK, Liberzon I, Calabrese JR, Galea S

PURPOSE:

The objective of this study was to evaluate the relationship between factors of posttraumatic stress disorder (PTSD) and alcohol use disorder (AUD) using confirmatory factor analysis (CFA) in order to further our understanding of the substantial comorbidity between these two disorders.

METHODS:

CFA was used to examine which factors of PTSD's dysphoria model were most related to AUD in a military sample. Ohio National Guard soldiers with a history of overseas deployment participated in the survey ($n = 1215$). Participants completed the PTSD Checklist and a 12-item survey from the National Survey on Drug Use used to diagnosis AUD.

RESULTS:

The results of the CFA indicated that a combined model of PTSD's four factors and a single AUD factor fit the data very well. Correlations between PTSD's factors and a latent AUD factor ranged from correlation coefficients of 0.258-0.285, with PTSD's dysphoria factor demonstrating the strongest correlation. However, Wald tests of parameter constraints revealed that AUD was not more correlated with PTSD's dysphoria than other PTSD factors.

CONCLUSIONS:

All four factors of PTSD's dysphoria model demonstrate comparable correlations with AUD. The role of dysphoria to the construct of PTSD is discussed.

Links of Interest

Years later, Army follows up with soldiers from suicide risk survey

<https://www.armytimes.com/articles/years-later-army-follows-up-with-soldiers-from-suicide-risk-survey>

Patients with insomnia have altered activity in specific brain regions

<https://www.sciencedaily.com/releases/2016/10/161019162505.htm>

Treating Insomnia With CBT

<http://www.wdef.com/2016/10/20/treating-insomnia-with-cbt/>

6 Mobile Apps to Help You Fight Depression

[http://www.dcoe.mil/blog/16-10-](http://www.dcoe.mil/blog/16-10-19/6-Mobile-Apps-to-Help-You-Fight-Depression.aspx)

[19/6_Mobile_Apps_to_Help_You_Fight_Depression.aspx](http://www.dcoe.mil/blog/16-10-19/6-Mobile-Apps-to-Help-You-Fight-Depression.aspx)

Cohens Veterans Bioscience, Stanford partner to study PTSD biomarkers

<http://www.healio.com/psychiatry/ptsd/news/online/{82a5d752-d591-4923-99ed-1373ed349fa3}/cohens-veterans-bioscience-stanford-partner-to-study-ptsd-biomarkers>

Army outlines path to transition for transgender soldiers

<https://www.armytimes.com/articles/army-outlines-path-to-transition-for-transgender-soldiers>

Army veteran carries skeleton soldier as reminder

<https://www.armytimes.com/articles/army-veteran-carries-skeleton-soldier-as-reminder>

Generations of PTSD: Veterans cope in different ways

<http://www.militarytimes.com/articles/generations-of-ptsd-veterans-cope-in-different-ways>

Collaboration is the key to getting effective PTSD treatments to veterans

<http://www.militarytimes.com/articles/collaboration-is-the-key-to-getting-effective-ptsd-treatments-to-veterans>

Your cognitive behavioral therapy approach may need fine-tuning

<http://www.healio.com/psychiatry/practice-management/news/online/{0ed51f17-879a-4851-9f05-5d07c09af4de}/your-cognitive-behavioral-therapy-approach-may-need-fine-tuning>

'We Won!': Trans Girl Can Now Use Girls' Bathroom at Military School
<http://www.nbcnews.com/feature/nbc-out/we-won-trans-girl-can-now-use-girls-bathroom-military-n671196>

Pentagon issues transgender ID guidelines
<http://thehill.com/regulation/defense/302907-pentagon-issues-transgender-id-rules>

6 tricks for veterans transitioning from college to the workplace
<http://www.militarytimes.com/articles/6-tricks-for-veterans-transitioning-from-college-to-the-workplace>

All services miss MWR funding targets ... and DoD wants answers
<http://www.militarytimes.com/articles/dod-wants-answers-from-the-services-about-their-mwr-funding>

Dems demand anti-LGBT language be taken out of defense bill
<http://thehill.com/policy/defense/302665-dems-demand-anti-lgbt-language-be-taken-out-of-defense-bill>

Marines field new suicide awareness app
<https://www.marinecorpstimes.com/articles/marines-field-new-suicide-awareness-app>

Lawsuit: Airline tells veteran with PTSD, 'You're not flying with THAT!'
<http://www.sunherald.com/news/local/article110557127.html>

The heterogeneous nature of depression
<https://www.sciencedaily.com/releases/2016/10/161024131122.htm>

Resource of the Week: [Review of computerised cognitive behavioural therapies: Products and outcomes for people with mental health needs](#)

New, from the RAND Corporation:

Common mental health problems, such as depression, anxiety, and other disorders, affect many people and incur increasing costs to individuals, employers, and government. Several challenges have been identified in the provision of public services for people with common mental health problems.

A previous study by RAND Europe suggested that providing access to online mental health assessment and support and building on computerised cognitive behavioural therapy (cCBT) interventions could help reach out to the general population and, in particular, those less likely to seek help elsewhere. This study explores online platforms and mobile applications that offer cognitive behavioural therapy (CBT) for people with mental health needs.

Overall, this review shows that a variety of cCBT products exist which differ both in terms of the conditions products aim to address and the ways in which platforms are designed. The tools offer support through a varying number of modules (or lessons) clustered around specific issues that need to be addressed. The number of modules offered by the tools differs slightly by condition: platforms for anxiety disorders and insomnia are on average lengthier, with a median number of modules of 9 and 8 respectively, compared to those for depression in which the median is 6.5. The majority of tools use a linear structure and offer at least some additional guidance, although the intensity of this extra support is typically low.



Review of computerised cognitive behavioural therapies

Products and outcomes for people
with mental health needs

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