



## CDP Research Update -- November 10, 2016

### What's Here:

- Why might poor sleep quality lead to depression? A role for emotion regulation.
- Forensic implications of changes in DSM-5 criteria for responses to trauma and stress.
- Is the War Really Over? A 20-year Longitudinal Study on Trajectories of Suicidal Ideation and Posttraumatic Stress Symptoms Following Combat.
- A Prospective Study of Racial and Ethnic Variation in VA Psychotherapy Services for PTSD.
- TBI's Long-Term Follow-up — Slow Progress in Science and Recovery.
- Neurocognitive Function and Suicide in U.S. Army Soldiers.
- Cognitive fusion, experiential avoidance, and their interactive effect: Examining associations with thwarted belongingness and perceived burdensomeness.
- The labor supply of military wives in the US.
- The Effects of Military Change of Station Moves on Spousal Earnings (RAND)
- Suicide Attempt as a Risk Factor for Completed Suicide: Even More Lethal Than We Knew.
- Examining Pretreatment Differences between Veterans in Residential versus Outpatient Treatment for Alcohol Use Disorder and Comorbid Combat-Related PTSD.
- Self-Stigma and Veteran Culture.
- Contextualizing the Psychosocial Well-being of Military Members and Their Partners: The Importance of Community and Relationship Provisions.
- Opioids Out, Cannabis In - Negotiating the Unknowns in Patient Care for Chronic Pain.

- Reciprocal Relationships Between Stressors and Mental Health Problems in Military Veterans.
- Gender and Changes in Trauma Narrative Following CBT for PTSD.
- Mindfulness in PTSD Treatment.
- Insomnia and the risk of depression: a meta-analysis of prospective cohort studies.
- Links of Interest
- Resource of the Week: Spouses and Children of U.S. Military Personnel: Substance Use and Mental Health Profile from the 2015 National Survey on Drug Use and Health (SAMHSA)

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<http://www.tandfonline.com/doi/full/10.1080/02699931.2016.1247035>

### **Why might poor sleep quality lead to depression? A role for emotion regulation.**

Kimberly O'Leary, Lauren M. Bylsma & Jonathan Rottenberg

Cognition and Emotion

Published online: 03 Nov 2016

<http://dx.doi.org/10.1080/02699931.2016.1247035>

Disordered sleep is strongly linked to future depression, but the reasons for this link are not well understood. This study tested one possibility – that poorer sleep impairs emotion regulation (ER), which over time leads to increased depressive symptoms. Our sample contained individuals with a wide range of depression symptoms (current depression, N = 54, remitted depression, N = 36, and healthy control, N = 53), who were followed clinically over six months and reassessed for changes in depressive symptom levels. As predicted, maladaptive ER mediated both cross-sectional and prospective relationships between poor sleep quality and depression symptoms. In contrast, an alternative mediator, physical activity levels, did not mediate the link between sleep quality and depression symptoms. Maladaptive ER may help explain why sleep difficulties contribute to depression symptoms; implications for interventions are discussed.

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<http://www.sciencedirect.com/science/article/pii/S0160252716302254>

## **Forensic implications of changes in DSM-5 criteria for responses to trauma and stress.**

Madelyn Simring Milchman

International Journal of Law and Psychiatry

Available online 30 October 2016

<http://dx.doi.org/10.1016/j.ijlp.2016.10.004>

DSM-5 significantly changed the diagnostic criteria for Posttraumatic Stress Disorder (PTSD) relative to DSM-IV/DSM-IV-TR. These changes do not alter its basic approach to diagnosing mental disorders, which treats each disorder as a separate category. This article analyzes the strengths and weaknesses of the categorical approach, and reviews empirical evidence regarding the impact of changes within it on the ease or difficulty of receiving the PTSD diagnosis. It especially analyzes the impact of newly included symptoms that are meant to identify cases in which trauma exposure was associated with changes in more serious PTSD cases, known as Complex PTSD (C-PTSD). It proposes some effects that the changes could have on psychological injury claims. Many changes could support plaintiffs' claims while others could support defense claims. Some changes could support either. Overall, DSM-5 PTSD diagnosis is more responsive to individual differences in symptom presentations and appears able to diagnose some C-PTSD cases. The thesis throughout the article is that PTSD diagnostic accuracy could be improved further, especially for C-PTSD cases, by complementing its current exclusive reliance on behavioral symptoms that are characteristic of victims in general with assessment of the meaning that the symptoms have for individual victims. The article proposes some principles to guide interpretation of the individualized meaning of victims' symptoms, which help make the reasoning behind the interpretations explicit.

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<http://www.sciencedirect.com/science/article/pii/S0165178116302232>

## **Is the War Really Over? A 20-year Longitudinal Study on Trajectories of Suicidal Ideation and Posttraumatic Stress Symptoms Following Combat.**

Avigal Snir, Yossi Levi-Belz, Zahava Solomon

Psychiatry Research

Available online 1 November 2016

<http://dx.doi.org/10.1016/j.psychres.2016.10.065>

Combat stress reaction (CSR) has widespread long-term consequences, including profound psychopathology in the form of posttraumatic stress disorder (PTSD). Studies have established the link between combat, PTSD, and suicidality. However, little is known about the temporal course of suicidal ideation (SI) in general, specifically among war veterans. We aimed to trace the trajectories of SI in the aftermath of war and to explore the role of CSR and PTSD in SI trajectories. Israeli veterans with CSR (n=164) and a matched control group (NCSR, n=111) were assessed, using self-report measures at three points over the course of 20 years. Veterans with CSR reported significantly higher levels of SI, compared to the NCSR group at all measurement points. Among veterans with CSR, SI increased 2 years after the war and then decreased 20 years following the war. This pattern was particularly characteristic of veterans with chronic PTSD. The results indicate that CSR is a strong predictor of subsequent PTSD and suicidality. These findings highlight the importance of prevention and treatment efforts for these traumatized veterans, who are at risk for suicide even 20 years after the end of the war.

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<http://ps.psychiatryonline.org/doi/abs/10.1176/appi.ps.201600086>

### **A Prospective Study of Racial and Ethnic Variation in VA Psychotherapy Services for PTSD.**

Michele R. Spoont, Ph.D., Nina A. Sayer, Ph.D., Shannon M. Kehle-Forbes, Ph.D.,  
Laura A. Meis, Ph.D., David B. Nelson, Ph.D.

Psychiatric Services

Published online: November 01, 2016

<http://dx.doi.org/10.1176/appi.ps.201600086>

Objectives:

To determine whether there are racial or ethnic disparities in receipt of U.S. Department of Veterans Affairs (VA) psychotherapy services for veterans with posttraumatic stress disorder (PTSD), the authors examined the odds of receipt of any psychotherapy and of

individual psychotherapy among self-identified racial and ethnic groups for six months after individuals were diagnosed as having PTSD.

**Methods:**

Data were from a national prospective cohort study of 6,884 veterans with PTSD. Patients with no mental health care in the prior year were surveyed immediately following receipt of a PTSD diagnosis. VA databases were used to determine mental health service use. Analyses controlled for treatment need, access to services, and treatment beliefs.

**Results:**

Among veterans with PTSD initially seen in VA mental health treatment settings, Latino veterans were less likely than white veterans to receive any psychotherapy, after the analyses controlled for treatment need, access, and beliefs. Among those initially seen in mental health settings who received some psychotherapy services, Latinos, African Americans, and Asian/Pacific Islanders were less likely than white veterans to receive any individual therapy. These racial-ethnic differences in psychotherapy receipt were due to factors occurring between VA health care networks as well as factors occurring within networks. Drivers of disparities differed across racial and ethnic groups.

**Conclusions:**

Inequity in psychotherapy services for some veterans from racial and ethnic minority groups with PTSD were due to factors operating both within and between health care networks.

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<http://www.nejm.org/doi/full/10.1056/NEJMms1604272>

**TBI's Long-Term Follow-up — Slow Progress in Science and Recovery.**

Susan Okie, M.D.

New England Journal of Medicine

I was stunned at how easy it was for veterans to fall off the radar screen. By late 2006, more than 22,000 U.S. soldiers had been wounded in the war on terrorism. The Departments of Defense and Veterans Affairs were planning for a “seamless transition” for thousands of brain-injured veterans from military medicine to the VA or civilian health care, but there was no guarantee of any sort of transition.

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<http://onlinelibrary.wiley.com/doi/10.1111/sltb.12307/full>

## **Neurocognitive Function and Suicide in U.S. Army Soldiers.**

James A. Naifeh PhD, Matthew K. Nock PhD, Robert J. Ursano MD, Patti L. Vegella MS, Pablo A. Aliaga MS, Carol S. Fullerton PhD, Ronald C. Kessler PhD, Christina L. Wryter BA, Steven G. Heeringa PhD, Murray B. Stein MD, MPH, and on behalf of the Army STARRS Collaborators

Suicide and Life-Threatening Behavior

First published: 1 November 2016

DOI: 10.1111/sltb.12307

This prospective cohort study used administrative data from the Army Study to Assess Risk and Resilience in Servicemembers to examine associations between neurocognitive functioning and subsequent suicidal events among Regular Army enlisted soldiers during the years 2004–2009. Cases were all soldiers who completed the Army's Automated Neuropsychological Assessment Metrics (ANAM) computerized testing battery prior to documented suicide attempt ( $n = 607$ ), ideation ( $n = 955$ ), or death ( $n = 57$ ). Controls were an equal-probability sample of 9,893 person-months from other soldiers. Exploratory factor analysis of five ANAM tests identified a general neurocognitive factor that excluded the mathematic processing test (MTH). When examined separately in logistic regression analyses that controlled for sociodemographics and prior mental health diagnosis, both the general neurocognitive factor (logit  $[\beta] = -.197$  to  $-.521$ ;  $p < .01$ ) and MTH ( $\beta = -.024$  to  $-.064$ ;  $p < .05$ ) were associated with all outcomes. When both predictors were examined simultaneously, the general neurocognitive factor continued to be associated with all outcomes ( $\beta = -.164$  to  $-.417$ ;  $p < .05$ ) and MTH continued to be associated with suicide attempt ( $\beta = -.015$ ;  $p = .046$ ) and ideation ( $\beta = -.014$ ;  $p = .018$ ). These small but robust associations suggest that future research must continue to examine the extent to which objective neurocognitive tests may enhance understanding and prediction of suicide risk.

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<http://www.sciencedirect.com/science/article/pii/S221214471630062X>

**Cognitive fusion, experiential avoidance, and their interactive effect: Examining associations with thwarted belongingness and perceived burdensomeness.**

Jacqueline E. Hapenny, Thomas A. Fergus

Journal of Contextual Behavioral Science  
Available online 31 October 2016  
<http://dx.doi.org/10.1016/j.jcbs.2016.10.004>

Within the interpersonal theory of suicide (Joiner, 2005; Van Orden et al., 2010), the experience of thwarted belongingness (akin to, “I am alone”) and perceived burdensomeness (akin to, “I am a burden”) is considered necessary for suicidal desire. Researchers describe suicide as being the most extreme form of experiential avoidance. Yet, the relevancy of experiential avoidance and other central processes of acceptance and commitment therapy (ACT), such as cognitive fusion, to thwarted belongingness and perceived burdensomeness remain unexamined. This study examined the relevancy of experiential avoidance, cognitive fusion, and their interactive effect in relation to thwarted belongingness and perceived burdensomeness among United States community adults (N =352) recruited through the internet. As predicted, experiential avoidance and cognitive fusion interacted in relation to perceived burdensomeness. The pattern of the interaction indicated that experiential avoidance and cognitive fusion both shared a stronger association with perceived burdensomeness at high, relative to low, scores of the other ACT process. The interaction was unaccounted for by demographic variables, hopelessness, or depressive symptoms. Contrary to predictions, the interaction was not found in relation to thwarted belongingness. Results indicate that the aggregate effect of experiential avoidance and cognitive fusion may be relevant to perceived burdensomeness. Conceptual and therapeutic implications are discussed.

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<http://link.springer.com/article/10.1007/s11150-016-9352-y>

**The labor supply of military wives in the US.**

Breann Whitby, Janice Compton

Review of Economics of the Household

First Online: 31 October 2016

DOI: 10.1007/s11150-016-9352-y

Despite a slight increase in the labor force participation rate of women age 18–55 in the U.S. between 1990 and 2010, the labor force participation rate of military wives in this age cohort fell from 63 to 57 %. The goal of this paper is twofold: to document and analyze the labor force participation of military wives between 1990 and 2010, using the U.S. Census and American Community Survey data, and to compare the relationship between migration and labor force participation for military and non-military wives. We find that the primary suspects to explain the widening gap are the repeated migration for military wives, and the deepening of the recession.

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[http://www.rand.org/pubs/working\\_papers/WR1170.html](http://www.rand.org/pubs/working_papers/WR1170.html)

### **The Effects of Military Change of Station Moves on Spousal Earnings**

Jeremy Burke, Amalia Miller

RAND Corporation, 2016

DOI: 10.7249/WR1170

This report studies how changes in job location for active duty members of the US military affect the earnings of their civilian spouses. We investigate the causal impact of military moves on spousal earnings by creating a unique longitudinal database that tracks over 900,000 military spouses over the period 2001–2012, based on data from two administrative sources — military records on personnel and their dependents, and Social Security earnings records. We find that moves cause a substantial decline in spousal earnings in the year of the move, on the order of \$2,100, or 14% of average spousal earnings.

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<http://ajp.psychiatryonline.org/doi/10.1176/appi.ajp.2016.15070854>

### **Suicide Attempt as a Risk Factor for Completed Suicide: Even More Lethal Than We Knew.**

J. Michael Bostwick, M.D., Chaitanya Pabbati, M.D., Jennifer R. Geske, M.S., Alastair J. McKean, M.D.

The American Journal of Psychiatry

Published online: August 13, 2016

<http://dx.doi.org/10.1176/appi.ajp.2016.15070854>

#### Objective:

While suicide attempt history is considered to robustly predict completed suicide, previous studies have limited generalizability because of using convenience samples of specific methods/treatment settings, disregarding previous attempts, or overlooking first-attempt deaths. Eliminating these biases should more accurately estimate suicide prevalence in attempters.

#### Method:

This observational retrospective-prospective cohort study using the Rochester Epidemiology Project identified 1,490 (males, N=555; females, N=935) Olmsted County residents making index suicide attempts (first lifetime attempts reaching medical attention) between January 1, 1986, and December 31, 2007. The National Death Index identified suicides between enrollment and December 31, 2010 (follow-up 3–25 years). Medical records were queried for sex, age, method, and follow-up care for index attempt survivors. Coroner records yielded data on index attempt deaths.

#### Results:

During the study period, 81/1,490 enrollees (5.4%) died by suicide. Of the 81, 48 (59.3%) perished on index attempt; 27 of the surviving 33 index attempt survivors (81.8%) killed themselves within a year. Males were disproportionately represented: 62/81 (11.2% of men, 76.5% of suicides) compared with 19/81 (2.0% of women, 23.5% of suicides). Of dead index attempters, 72.9% used guns, yielding an odds ratio for gunshot death, compared with all other methods, of 140 (95% CI=60–325). When adjusted for covariates, survivors given follow-up psychiatric appointments had significantly lower likelihood of subsequent suicide (odds ratio=0.212, 95% CI=0.089–0.507).

#### Conclusions:

At 5.4%, completed suicide prevalence in this community cohort of suicide attempters was almost 59% higher than previously reported. An innovative aspect of this study explains the discrepancy: by including index attempt deaths—approximately 60% of total suicides—suicide prevalence more than doubled. We contend that counting both index and subsequent attempt deaths more accurately reflects prevalence. Our findings

support suicide attempt as an even more lethal risk factor for completed suicide than previously thought. Research should focus on identifying risk factors for populations vulnerable to making first attempts and target risk reduction in those groups.

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<http://www.tandfonline.com/doi/abs/10.1080/15504263.2016.1256516>

## **Examining Pretreatment Differences between Veterans in Residential versus Outpatient Treatment for Alcohol Use Disorder and Comorbid Combat-Related PTSD.**

Moira Haller, Peter J. Colvonen, Brittany C. Davis, Ryan S. Trim, Rebecca Bogner, John Sevcik, and Sonya B. Norman

Journal Of Dual Diagnosis

Accepted author version posted online: 03 Nov 2016

<http://dx.doi.org/10.1080/15504263.2016.1256516>

### Objective:

Veterans with alcohol use disorder (AUD) and co-occurring posttraumatic stress disorder (PTSD) have access to various residential and outpatient treatment programs through the VA Healthcare System. There is a need to better understand the characteristics and needs of veterans who engage in residential versus outpatient treatment in order to help inform veteran care and decisions about treatment services.

### Methods:

The present study examined whether veterans diagnosed with both AUD and combat-related PTSD who were enrolled in residential (N = 103) or outpatient treatment programs (N = 76) differed on pre-treatment psychiatric symptoms, substance use and associated problems/behaviors, or demographics. Veterans completed self-report measures (which referenced symptoms in the past 30 days or 2 weeks) within the first week of PTSD/AUD treatment.

### Results:

Veterans in residential treatment had slightly worse PTSD symptoms compared to outpatient veterans; the groups reported similar levels of depression symptoms. Residential veterans had higher frequency of drug use, were more confident in their ability to be abstinent, attended more self-help meetings, spent more time around risky people or places, were more satisfied with their progress toward recovery goals, were

more bothered by arguments with family/friends, and spent fewer days at work or school compared to outpatient veterans; the groups did not differ on drinking (frequency of use, binge drinking) or cravings. With respect to demographics, residential veterans were more likely to be married and non-Hispanic Caucasian (rather than minority races/ethnicities) compared to outpatient veterans.

#### Conclusions:

The finding that PTSD symptoms were more severe among veterans in residential substance use treatment highlights the importance of taking advantage of this crucial opportunity to engage veterans in evidence-based PTSD treatment. Consistent with other research, findings also indicated that individuals entering residential care have a higher level of impairment than those beginning outpatient care.

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<http://tcn.sagepub.com/content/early/2016/11/03/1043659616676319.abstract>

#### **Self-Stigma and Veteran Culture.**

Shari Harding, MSN, RN/NP, PMHNP-BC, CPRP

Journal of Transcultural Nursing

Published online before print November 3, 2016

doi: 10.1177/1043659616676319

Self-stigma is a salient concept in mental health care. Consequences of self-stigma include increased morbidity and decreased engagement with the health care system. Cultural factors may affect self-stigma and its consequences. This article utilizes the Giger and Davidhizar transcultural assessment model to explore veteran culture and self-stigma. Veterans have their own cultural values that can affect nursing care. Operation Iraqi Freedom and Operation Enduring Freedom veterans are seeking care in community settings more often than within the VA system; therefore, all nurses should be aware of the cultural needs of veterans including the impact of self-stigma.

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<http://onlinelibrary.wiley.com/doi/10.1002/ajcp.12097/full>

#### **Contextualizing the Psychosocial Well-being of Military Members and Their Partners: The Importance of Community and Relationship Provisions.**

Catherine Walker O'Neal, Jay A. Mancini, Alycia DeGraff

American Journal of Community Psychology

First published: 3 November 2016

DOI: 10.1002/ajcp.12097

Evidence of the impact of communities has been documented for a variety of individual and relational outcomes, including mental and physical health as well as the quality of romantic and parent–child relationships. The military represents a rather unique work context; in that, it is generally considered a lifestyle with a distinct culture and community. Yet, military families are also members of their broader, comprehensive community. Drawing from the social organizational theory of action and change (SOC) (Mancini & Bowen, 2013), and relationship provisions theory (Weiss, 1969) and utilizing a sample of 266 active duty military families, this study examined connectedness with the military community and the broader, comprehensive community. A dyadic model was evaluated whereby each partner's perspective of their comprehensive and military community was hypothesized to influence their own psychosocial well-being as well as their partner's psychosocial well-being. The role of relationship provisions (that is, having relationship needs met) as a mechanism linking community connections to psychosocial well-being was also examined. Overall, the findings supported the hypothesized model, particularly for intra-individual effects and military members. Findings emphasize the importance of considering what is gained from connections within a community rather than a focus solely on the connections themselves.

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<http://jamanetwork.com/journals/jama/article-abstract/2576617>

### **Opioids Out, Cannabis In - Negotiating the Unknowns in Patient Care for Chronic Pain.**

Esther K. Choo, MD, MPH; Sarah W. Feldstein Ewing, PhD; Travis I. Lovejoy, PhD, MPH

JAMA

2016;316(17):1763-1764

doi:10.1001/jama.2016.13677

With the current nationwide epidemic of opioid abuse, dependence, and fatalities, clinicians are being asked by federal agencies and professional societies to control their prescribing of narcotic medications for pain. Federal guidelines emphasize tapering, discontinuing, and limiting initiation of these drugs except in provision of end-of-life care. Reducing reliance on opioids, however, is a massive task. According to one estimate, more than 650 000 opioid prescriptions are dispensed each day in the United States.

Unless the nation develops an increased tolerance to chronic pain, reduction in opioid prescribing leaves a vacuum that will be filled with other therapies.

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<http://guilfordjournals.com/doi/abs/10.1521/jscp.2016.35.9.705>

### **Reciprocal Relationships Between Stressors and Mental Health Problems in Military Veterans.**

Emily A. Schmied, Gerald E. Larson, Robyn M. Highfill-McRoy, and Cynthia J. Thomsen

Journal of Social and Clinical Psychology

2016 35, 9, 705-721

doi: 10.1521/jscp.2016.35.9.705

Growing research recognizes the reciprocal relationship between stressful life events and psychiatric health, yet this topic has seldom been examined in military populations. This study examined the reciprocal relationships between psychological symptoms and stressful life events over time among veterans of Operations Iraqi Freedom and Enduring Freedom. Service members (N = 1,599) completed surveys when separating from service and approximately one year later. Surveys assessed demographic characteristics, impulsivity, combat exposure, noncombatrelated stressful life events, and symptoms of PTSD, depression, and substance abuse. Structural equation modeling showed that both depression and PTSD symptoms predicted future stressful life events; this relationship was fully mediated by substance abuse for depression, but not for PTSD symptoms. Consistent with some previous research, noncombat stressors showed stronger and more pervasive effects on mental health symptoms than did combat exposure. Impulsivity emerged as a shared vulnerability factor for depression, PTSD, substance use, and stressful experiences. Prior to and following separation, service members should receive interventions to improve their response to stressful life events, including coping skills and substance abuse prevention training.

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<http://www.tandfonline.com/doi/full/10.1080/10926771.2016.1231147>

### **Gender and Changes in Trauma Narrative Following CBT for PTSD.**

Alexandra Bisson Desrochers, Dominic Beaulieu-Prévost, Justine Desautels, Vera Békés, Geneviève Belleville, Stéphane Guay, and André March

Journal Of Aggression, Maltreatment & Trauma  
Vol. 25 , Iss. 9, 2016  
<http://dx.doi.org/10.1080/10926771.2016.1231147>

Our study explored whether the characteristics of pretreatment trauma narratives could be used as indicators of posttraumatic stress disorder (PTSD) symptom severity before treatment. We also studied whether pretreatment characteristics could predict treatment efficacy. Although several studies suggest that fragmentation, proportion of internal events, and length in trauma narratives are associated with PTSD symptomatology, there are contradictions in the findings. Given the differences in trauma response between men and women, we considered the potential influence of gender. Before beginning a cognitive-behavioral therapy treatment, 66 participants verbally recounted their traumatic event during a diagnostic interview. After treatment, 48 participants once again provided a trauma narrative. PTSD symptom severity was assessed using the Clinician-Administered PTSD Scale. Linear regression analyses revealed that none of the pretreatment characteristics predicted treatment efficacy. Furthermore, the length of the trauma narrative was the only pretreatment characteristic that correlated with pretreatment PTSD symptomatology. This suggests that more severe symptomatology is associated with shorter narratives. We only found a significant gender difference in narrative length, which was longer in women than in men. Our findings not only highlight the need for additional research on the link between trauma narratives and PTSD symptomatology, but also stress the necessity of considering gender in this field of research. This could allow for enhanced treatments to target gender-specific needs, thus leading to more individualized care for PTSD patients.

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<http://www.sciencedirect.com/science/article/pii/S2352250X16301609>

### **Mindfulness in PTSD Treatment.**

Ariel J. Lang

Current Opinion in Psychology

Available online 2 November 2016

<http://dx.doi.org/10.1016/j.copsyc.2016.10.005>

In recent years, the field has witnessed considerable enthusiasm for the ancient practice of mindfulness. The skills derived from this experience, including focused attention, nonjudgmental acceptance of internal experiences and reduced autonomic reactivity, may be helpful in counteracting pathological responses to trauma. Several types of interventions that incorporate principles of mindfulness have been examined for treatment of posttraumatic stress disorder (PTSD). This nascent literature is inconsistent and methodologically limited but does suggest that mindfulness is a potentially important tool for creating psychological change. The interventions described herein generally would not yet be considered first-line treatments for PTSD. Nonetheless, evidence is building, and mindfulness may provide an impetus for better understanding how to personalize psychological interventions and to evaluate their outcomes.

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<https://bmcp psychiatry.biomedcentral.com/articles/10.1186/s12888-016-1075-3>

### **Insomnia and the risk of depression: a meta-analysis of prospective cohort studies.**

Liqing Li, Chunmei Wu, Yong Gan, Xianguo Qu and Zuxun Lu

BMC Psychiatry

Published: 5 November 2016

DOI: 10.1186/s12888-016-1075-3

#### Background

Observational studies suggest that insomnia might be associated with an increased risk of depression with inconsistent results. This study aimed at conducting a meta-analysis of prospective cohort studies to evaluate the association between insomnia and the risk of depression.

#### Methods

Relevant cohort studies were comprehensively searched from the PubMed, Embase,

Web of Science, and China National Knowledge Infrastructure databases (up to October 2014) and from the reference lists of retrieved articles. A random-effects model was used to calculate the pooled risk estimates and 95 % confidence intervals (CIs). The I<sup>2</sup> statistic was used to assess the heterogeneity and potential sources of heterogeneity were assessed with meta-regression. The potential publication bias was explored by using funnel plots, Egger's test, and Duval and Tweedie trim-and-fill methods.

## Results

Thirty-four cohort studies involving 172,077 participants were included in this meta-analysis with an average follow-up period of 60.4 months (ranging from 3.5 to 408). Statistical analysis suggested a positive relationship between insomnia and depression, the pooled RR was 2.27 (95 % CI: 1.89–2.71), and a high heterogeneity was observed (I<sup>2</sup> = 92.6 %, P < 0.001). Visual inspection of the funnel plot revealed some asymmetry. The Egger's test identified evidence of substantial publication bias (P < 0.05), but correction for this bias using trim-and-fill method did not alter the combined risk estimates.

## Conclusions

This meta-analysis indicates that insomnia is significantly associated with an increased risk of depression, which has implications for the prevention of depression in non-depressed individuals with insomnia symptoms.

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## Links of Interest

Report: Military wives may be more likely to binge drink

<http://www.militarytimes.com/articles/report-military-wives-may-be-more-likely-to-binge-drink>

Report: military wives more likely to suffer mental illness, alcohol abuse

<http://www.sandiegouniontribune.com/military/sd-me-substance-mental-20161101-htmlstory.html>

Overweight, tattooed, stoned? The Pentagon may still want you

<http://www.latimes.com/nation/la-na-modern-military-20161103-story.html>

New court helps troubled veterans

[http://www.gloucestertimes.com/news/local\\_news/new-court-helps-troubled-veterans/article\\_36e54a36-44b3-5a6e-a599-abf27eb3f2cf.html](http://www.gloucestertimes.com/news/local_news/new-court-helps-troubled-veterans/article_36e54a36-44b3-5a6e-a599-abf27eb3f2cf.html)

Manage Your Screens for Sweeter Dreams

[http://www.dcoe.mil/blog/16-11-03/Manage\\_Your\\_Screens\\_for\\_Sweeter\\_Dreams.aspx](http://www.dcoe.mil/blog/16-11-03/Manage_Your_Screens_for_Sweeter_Dreams.aspx)

Blood pressure may open door to personalized medicine for PTSD

<https://www.sciencedaily.com/releases/2016/11/161103091008.htm>

Depression Symptoms Can Increase with Concussion

[http://www.dcoe.mil/blog/16-10-31/Depression\\_Symptoms\\_Can\\_Increase\\_with\\_Concussion.aspx](http://www.dcoe.mil/blog/16-10-31/Depression_Symptoms_Can_Increase_with_Concussion.aspx)

Veterans help veterans cope with PTSD through decorated Marine's New York-based nonprofit Headstrong Project

<http://www.nydailynews.com/new-york/veterans-veterans-cope-ptsd-headstrong-project-article-1.2858329>

Andy Brown's new book helped him deal the with impact on his life of a long-ago shooting at Fairchild Air Force Base

<http://www.spokesman.com/stories/2016/nov/06/andy-browns-new-book-helped-him-deal-the-with-imp/>

After a Suicide Attempt, the Risk of Another Try

<http://www.nytimes.com/2016/11/08/well/live/after-a-suicide-attempt-the-risk-of-another-try.html>

Navy: No Exceptions to Fitness Standards for Transgender Sailors

<http://www.military.com/daily-news/2016/11/07/navy-no-exceptions-fitness-standards-transgender-sailors.html>

Telephone-based intervention shows promise in combating alcohol abuse among soldiers

<https://www.sciencedaily.com/releases/2016/11/161108073525.htm>

NIMH Answers Questions About Suicide

<https://www.nimh.nih.gov/health/publications/nimh-answers-questions-about-suicide/index.shtml>

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**Resource of the Week: [Spouses and Children of U.S. Military Personnel: Substance Use and Mental Health Profile from the 2015 National Survey on Drug Use and Health](#) (SAMHSA)**

Background.

This study examines substance use and mental health issues among the spouses and children of U.S. military personnel. Hardships associated with military service may put the families of military personnel at an elevated risk for substance use or mental health issues. As part of a strategic initiative to support the well-being of military families, the Substance Abuse and Mental Health Services Administration (SAMHSA) added questions to the National Survey on Drug Use and Health (NSDUH) to respond to a gap in the availability of nationally representative data on substance use and mental health issues among spouses and children of military personnel. NSDUH is the primary source of statistical information on substance use, substance use disorders (SUDs), and mental health issues among people aged 12 or older in the civilian, noninstitutionalized population of the United States. In 2015, NSDUH became the only federal survey to collect information about substance use and mental health issues among military family members. NSDUH results provide critical information on military family members' need for substance use and mental health services and whether they obtained these services.

Methods.

To assess the validity of the data, NSDUH estimates for the populations of spouses and children of U.S. military personnel were compared with Department of Defense population reports from military personnel files. NSDUH respondents could report that their spouse or a parent was currently serving in the U.S. military. This report focuses on female spouses aged 18 to 49 of military personnel (or "military wives") and children aged 12 to 17 of military personnel. The report presents estimates for substance use and mental health issues from the 2015 NSDUH for these military family members. Statistically significant differences are noted for differences in substance use and mental health estimates between military wives and all married women aged 18 to 49 and between children of military personnel and all adolescents aged 12 to 17.

Results.

Among the estimated 910,000 military wives aged 18 to 49 in 2015, 12.8 percent used illicit drugs in the past year, 5.1 percent used marijuana in the past year,

16.2 percent smoked cigarettes in the past 30 days, 67.8 percent drank any alcohol in the past 30 days, 31.5 percent engaged in binge drinking in the past 30 days, and 0.9 percent received substance use treatment in the past year. When compared with all married women aged 18 to 49, military wives aged 18 to 49 were less likely to use marijuana (5.1 vs. 8.0 percent), were more likely to use alcohol in the past 30 days (67.8 vs. 53.8 percent), and were more likely to engage in binge drinking in the past 30 days (31.5 vs. 22.7 percent). However, the disproportionately higher representation of young adults aged 18 to 25 among military wives could contribute to higher estimates of alcohol use among military wives if young adults are more likely than adults aged 26 or older to use alcohol.

In the past year, an estimated 29.1 percent of military wives aged 18 to 49 had any mental illness (AMI), 11.8 percent had at least one major depressive episode (MDE), 6.5 percent had an MDE with severe impairment, and 22.6 percent received mental health services (including any combination of counseling, treatment, and the use of prescribed medication for a mental or emotional condition). In general, estimates for mental health and mental health service use were similar for military wives and all married women aged 18 to 49. However, military wives aged 18 to 49 were more likely than all married women in this age group to have AMI in the past year (29.1 vs. 19.7 percent).

Among the estimated 524,000 military children aged 12 to 17 in 2015, 19.6 percent used illicit drugs in the past year, 10.7 percent used marijuana in the past year, 3.2 percent smoked cigarettes in the past 30 days, 9.3 percent used any alcohol in the past 30 days, 4.6 percent engaged in binge drinking during the past 30 days, and 0.8 percent received substance use treatment in the past year. There were no statistically significant differences between military children and all children aged 12 to 17 for any of these estimates related to substance use and substance use treatment.

In the past year, an estimated 16.7 percent of military children aged 12 to 17 had at least one MDE, 12.3 percent had an MDE with severe impairment, 17.8 percent received mental health services in specialty settings (including inpatient and outpatient), 14.5 percent received mental health services in nonspecialty education settings, and 5.2 percent received mental health services in nonspecialty general medical settings. There were no statistically significant differences in estimates for having an MDE and for mental health service use in the past year between military children and all children aged 12 to 17.

## Conclusions.

The NSDUH estimates in this report provide an important first look at substance use and mental health issues among military family members and also their access to substance use treatment and mental health services. In the future, combining multiple years of NSDUH data will allow these issues to be examined in greater detail by expanding the range of possible analyses and improving the precision of estimates for making statistical comparisons.



## Spouses and Children of U.S. Military Personnel: Substance Use and Mental Health Profile from the 2015 National Survey on Drug Use and Health

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### Abstract

**Background.** This study examines substance use and mental health issues among the spouses and children of U.S. military personnel. Hardships associated with military service may put the families of military personnel at an elevated risk for substance use or mental health issues. As part of a strategic initiative to support the well-being of military families, the Substance Abuse and Mental Health Services Administration (SAMHSA) added questions to the National Survey on Drug Use and Health (NSDUH) to respond to a gap in the availability of nationally representative data on substance use and mental health issues among spouses and children of military personnel. NSDUH is the primary source of statistical information on substance use, substance use disorders (SUDs), and mental health issues among people aged 12 or older in the civilian, noninstitutionalized population of the United States. In 2015, NSDUH became the only federal survey to collect information about substance use and mental health issues among military family members. NSDUH results provide critical information on military family members' need for substance use and mental health services and whether they obtained these services.

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