



CDP Research Update -- December 15, 2016

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<http://content.govdelivery.com/accounts/USVHA/bulletins/1783044>

Holidays and PTSD: PTSD Monthly Update, December 2016

National Center for PTSD (VA)

The holiday season is often difficult for people with PTSD, but there are healthy ways to cope and manage stress.

<http://onlinelibrary.wiley.com/doi/10.1002/jts.22139/abstract>

Influence of Sleep Disturbance on Global Functioning After Posttraumatic Stress Disorder Treatment.

Brownlow, J. A., McLean, C. P., Gehrman, P. R., Harb, G. C., Ross, R. J. and Foa, E. B.

Journal of Traumatic Stress

Volume 29, Issue 6; December 2016; Pages 515–521

DOI: 10.1002/jts.22139

Chronic insomnia and recurrent nightmares are prominent features of posttraumatic stress disorder (PTSD). Evidence from adult research indicates that these sleep disturbances do not respond as well to cognitive-behavioral therapies for PTSD and are associated with poorer functional outcomes. This study examined the effect of prolonged exposure therapy for adolescents versus client-centered therapy on posttraumatic sleep disturbance, and the extent to which sleep symptoms impacted global functioning among adolescents with sexual abuse-related PTSD. Participants included 61 adolescent girls seeking treatment at a rape crisis center. The Child PTSD Symptom Scale-Interview (Foa, Johnson, Feeny, & Treadwell, 2001) was used to assess PTSD diagnosis and severity of symptoms, including insomnia and nightmares. The Children's Global Assessment Scale (Shaffer et al., 1983) was used to assess global functioning. There were significant main effects of time and treatment on insomnia symptoms. Additionally, there was a main effect of time on nightmares. Results also showed that insomnia and nightmares significantly predicted poorer global functioning posttreatment ($R^2 = .21$). Despite significant improvements in posttraumatic

sleep disturbance, there were still clinically significant insomnia symptoms after treatment, suggesting that additional interventions may be warranted to address residual sleep disturbance in PTSD.

<http://jamanetwork.com/journals/jamapsychiatry/article-abstract/2569298>

Behavioral Health Workforce and Private Sector Solutions to Addressing Veterans' Access to Care Issues.

Martsof GR, Tomoaia-Cotisel A, Tanielian T

JAMA Psychiatry
2016;73(12):1213-1214
doi:10.1001/jamapsychiatry.2016.2456

Behavioral health conditions pose a significant burden on the health and well-being of American veterans. Service-related behavioral health conditions, such as posttraumatic stress disorder, are especially prevalent and cause significant disability. In recent months, new concerns have been raised about whether the Veterans Health Administration can adequately address the challenges in meeting the need for veterans' care, especially in behavioral health.¹ Concern in policy circles is running high about systemic issues within the Department of Veterans Affairs (VA) system that may limit veterans' access to behavioral health care.

<http://www.sciencedirect.com/science/article/pii/S0165178116312045>

Nonsuicidal self-injury and interpersonal violence in U.S. veterans seeking help for posttraumatic stress disorder.

Patrick S. Calhoun, Elizabeth E. Van Voorhees, Eric B. Elbogen, Eric A. Dedert, Carolina P. Clancy, Lauren P. Hair, Michael Hertzberg, Jean C. Beckham, Nathan A. Kimbrel

Psychiatry Research
Volume 247, January 2017, Pages 250–256
<http://dx.doi.org/10.1016/j.psychres.2016.11.032>

Nonsuicidal self-injury (NSSI) has been defined as deliberately damaging one's body tissue without conscious suicidal intent. NSSI is a robust predictor of suicidal ideation and attempts in adults. While NSSI has been associated with other-directed violence in adolescent populations, the link between NSSI and interpersonal violence in adults is less clear. The current study examined the cross-sectional relationship between NSSI and past-year interpersonal violence among 729 help-seeking veterans with posttraumatic stress disorder (PTSD). Veterans who reported a recent history of engaging in cutting, hitting, or burning themselves were significantly more likely to report making violent threats and engaging in violent acts, including the use of a knife or gun, in the past year than veterans without NSSI. NSSI was uniquely associated with interpersonal violence after controlling for a variety of dispositional, historical, contextual, and clinical risk factors for violence, including age, race, socio-economic status, marital status, employment status, combat exposure, alcohol misuse, depression, PTSD symptom severity, and reported difficulty controlling violence. These findings suggest that clinicians working with veterans with PTSD should review NSSI history when conducting a risk assessment of violence.

<http://online.liebertpub.com/doi/abs/10.1089/tmj.2016.0013>

Nationwide Interdisciplinary E-Consultation on Transgender Care in the Veterans Health Administration.

Shipherd Jillian C., Kauth Michael R., and Matza Alexis

Telemedicine and e-Health

December 2016, 22(12): 1008-1012

doi:10.1089/tmj.2016.0013

Background:

Veteran's Health Administration (VHA) requires the provision of quality transgender care for the relatively large number of transgender veterans using VHA services.

Introduction: The Office of Patient Care Services has taken a multimethod approach to improving provider knowledge and skill for transgender veteran care. However, unique patient-specific questions can arise. Thus, VHA implemented a 3-year feasibility program to determine if nationwide interdisciplinary e-consultation can offer veteran-specific consultation to providers who treat transgender veterans in VHA.

Materials and Methods:

Launch of this program is described along with use to date, types of questions submitted by providers, and length of time to complete a response in the veteran's electronic medical record.

Results:

In 17 months, the program responded to 303 e-consults, with consultation provided on the care of 230 unique veterans. Nationwide coverage was achieved 1 year after the launch of the program. Common consult questions have been about medications, including hormones (n = 125); primary care concerns (n = 97); mental health evaluations (n = 63); and psychotherapy (n = 18). Consistent with the interdisciplinary model, multiple disciplines typically responded to each consult (x = 2.27). Average time to completion of a consult was 5.9 calendar days (range = 2.4–7.7 days).

Discussion:

VHA has established a nationwide interdisciplinary e-consultation program. Additional outreach about the program will be needed if funding is continued. Conclusions: E-consultation on transgender health within VHA is feasible and complements the suite of trainings offered within VHA. Other healthcare organizations may benefit from a similar program.

<http://online.liebertpub.com/doi/abs/10.1089/tmj.2016.0032>

Feasibility of Group Cognitive-Behavioral Treatment of Insomnia Delivered by Clinical Video Telehealth.

Gehrman Philip, Shah Mauli T., Miles Ashley, Kuna Samuel, and Godleski Linda

Telemedicine and e-Health

December 2016, 22(12): 1041-1046

doi:10.1089/tmj.2016.0032

Background:

Clinical video telehealth provides a means for increasing access to psychotherapy. Insomnia is prevalent, is associated with a number of negative sequelae, and can be effectively managed with cognitive behavioral treatment of insomnia (CBT-I). Telehealth technologies can provide a means for increasing access to CBT-I.

Materials and Methods:

The Tele-Insomnia program is a Veterans Health Administration (VHA) initiative in which CBT-I is delivered in a group format by telehealth. Veterans received six weekly sessions of group CBT-I, completing the Insomnia Severity Index (ISI) and daily sleep diaries throughout treatment. Paired-samples t-tests were used to examine differences in each measure from the first to the last session of treatment.

Results:

There were statistically and clinically significant improvements in the ISI and all sleep diary variables with the exception of total sleep time. Video quality was excellent, and there were few connectivity problems.

Conclusions:

Clinical video telehealth technology can be used to deliver group CBT-I in a manner that produces clinically significant improvement. This model is scalable and has been used to develop a national clinical telehealth program.

<http://ajp.psychiatryonline.org/doi/abs/10.1176/appi.ajp.2015.15101297?journalCode=ajp>

Postdeployment PTSD and Addictive Combat Attachment Behaviors in U.S. Military Service Members.

Marjorie S. Campbell, Ph.D., Margaret Ryan, M.D., Daniel Wright, Ph.D., Maria D. Devore, M.S., Charles W. Hoge, M.D.

The American Journal of Psychiatry

Volume 173, Issue 12, December 01, 2016, pp. 1171-1176

<http://dx.doi.org/10.1176/appi.ajp.2015.15101297>

In this case series, the authors describe the phenomenon of “combat attachment” as a pattern of habitually engaging in combat-related experiences for considerable amounts of time, accompanied by feelings of excitement or euphoria and physiological hyperarousal, with impairment in social or occupational functioning.

<https://www.cambridge.org/core/journals/psychological-medicine/article/div-classtitlepsychological-interventions-to-reduce-suicidality-in-high-risk-patients-with-major-depression-a-randomized-controlled-trialdiv/CB92305F73D7B9AFE0B6B22E24688A37>

Psychological interventions to reduce suicidality in high-risk patients with major depression: a randomized controlled trial.

Celano, C.M., Beale, E.E., Mastromauro, C.A., Stewart, J.G., Millstein, R.A., Auerbach, R.P., Bedoya, C.A. and Huffman, J.C.

Psychological Medicine

Published online: 23 November 2016

doi: 10.1017/S0033291716002798

Positive psychological constructs have been associated with reduced suicidal ideation, and interventions to cultivate positive feelings have the potential to reduce suicide risk. This study compares the efficacy of a 6-week, telephone-based positive psychology (PP) intervention against a cognition-focused (CF) control intervention among patients recently hospitalized for depression and suicidal ideation or behavior.

A total of 65 adults with a current major depressive episode reporting suicidal ideation or a recent suicide attempt were enrolled from participating in-patient psychiatric units. Prior to discharge, participants were randomized to the PP (n = 32) or CF (n = 33) intervention. In both interventions, participants received a treatment manual, performed weekly PP (e.g. gratitude letter) or CF (e.g. recalling daily events) exercises, and completed weekly one-on-one telephone sessions over 6 weeks. Between-group differences in hopelessness (primary outcome), depression, suicidality and positive psychological constructs at 6 and 12 weeks were tested using mixed-effects models accounting for intensity of post-hospitalization psychiatric treatment. Compared with PP, the CF intervention was associated with significantly greater improvements in hopelessness at 6 weeks ($\beta = -3.15$, 95% confidence interval -6.18 to -0.12 , effect size = -0.84 , $p = 0.04$), but not 12 weeks. Similarly, the CF intervention led to greater improvements in depression, suicidal ideation, optimism and gratitude at 6 and 12 weeks.

Contrary to our hypothesis, the CF intervention was superior to PP in improving hopelessness, other suicide risk factors and positive psychological constructs during a key post-discharge period among suicidal patients with depression. Further study of this CF intervention is warranted in populations at high suicide risk.

<http://onlinelibrary.wiley.com/doi/10.1111/sltb.12314/full>

Mindfulness Moderates the Association Between Perceived Burdensomeness and Suicide Ideation in Adults With Elevated Depressive Symptoms.

Victor Buitron MS, Ryan M. Hill PhD, Jeremy W. Pettit PhD

Suicide and Life-Threatening Behavior

First published: 24 November 2016

DOI: 10.1111/sltb.12314

A conceptual model in which the associations between perceived burdensomeness and suicide ideation, and between thwarted belongingness and suicide ideation, are moderated by mindfulness was examined. Participants were 218 undergraduates (mean age = 20.81) with moderate-to-severe depressive symptoms. Mindfulness significantly moderated the association between perceived burdensomeness and suicide ideation; participants with thoughts of burdensomeness experienced lower levels of suicide ideation if they were high, as opposed to low, in mindfulness. Mindfulness did not significantly moderate the association between thwarted belongingness and suicide ideation. Implications for intervention and elaboration of the interpersonal psychological theory of suicide are discussed.

<http://jramc.bmj.com/content/early/2016/12/01/jramc-2016-000679.abstract>

Informal caregiving and intimate relationships: the experiences of spouses of UK military personnel.

Gursimran Thandi, S Oram, A Verey, N Greenberg, N T Fear

Journal of the Royal Army Medical Corps

Published Online First 1 December 2016

doi:10.1136/jramc-2016-000679

Aim

Currently, there is no research available on the experiences of spouses providing

informal care to wounded, injured or sick (WIS) UK military personnel. The aim of this study was to fill this gap by investigating the relationship experiences of non-military partners caring for WIS UK military personnel.

Methods

Spouses of WIS military personnel (n=25) completed telephone interviews with the research team. The data were transcribed and analysed using thematic analysis. The transcripts were cross-coded and checked for inter-rater reliability.

Results

Six major themes were identified: (1) communication between couples, (2) adverse family environment, (3) reintegration, (4) intimacy, (5) financial uncertainty and (6) transition from partner to caregiver.

Conclusions

Partners caring for injured/ill military personnel appear to be at risk of experiencing personal distress caused by impaired relationship functioning, which may lead to diminished physical and mental well-being. Partners of WIS military personnel experience significant levels of distress and burden associated with caregiving in the form of arguments with the military partner, problems in reintegration and a lack of physical and emotional intimacy.

<http://jmvfh.utpjournals.press/doi/abs/10.3138/jmvfh.3753>

The impact of military life on the well-being of children in single-parent military families.

Alla Skomorovsky, Deborah Norris, Amanda Bullock, and Kimberly Smith Evans

Journal of Military, Veteran and Family Health

2016 2:2, 29-36

DOI: <http://dx.doi.org/10.3138/jmvfh.3753>

Introduction:

The military lifestyle presents unique challenges to children from military families, such as frequent family separations due to operational deployments and training. There is little evidence on how children in single-parent military families adjust to the demands of

military life. The current study examined the impact of military life on the well-being and quality of child–parent relationships in single-parent Canadian Armed Forces families.

Methods:

Focus groups were conducted with 65 single parents from several locations in Canada. Parents were asked about their satisfaction with the quality of the child–parent relationship, their child's well-being, and the phases of deployment presenting the most challenges to their child.

Results:

Most parents reported that their children were doing well; however, deployment was identified as a major stressor that took a toll on children's well-being. Moreover, for some families, deployment reduced the quality of the child–parent relationship.

Discussion:

The findings are discussed by comparing the similarities and differences in child well-being and the child–parent relationship within single-parent military families to those within single-parent civilian families and dual-parent military families.

<https://www.ncbi.nlm.nih.gov/pubmed/27893267>

Psychol Trauma. 2016 Nov 28. [Epub ahead of print]

Identity Adjustment Among Afghanistan and Iraq War Veterans With Reintegration Difficulty.

Orazem RJ, Frazier PA, Schnurr PP, Oleson HE, Carlson KF, Litz BT, Sayer NA.

Objective:

To examine perceptions of identity adjustment in a diverse, national sample of U.S. veterans of the wars in Afghanistan and Iraq.

Method:

The authors conducted a planned thematic analysis of text written by Afghanistan and Iraq war veterans when they were asked to describe their reintegration difficulties as part of a randomized controlled trial (RCT) of online expressive writing (Sayer et al., 2015). Participants were 100 randomly selected veterans from the larger study (42 women and 58 men, 60 active duty and 38 reserves or National Guard).

Results:

Nearly 2/3s of participants wrote about their identity adjustment. The 5 interrelated areas of identity adjustment difficulty were (a) feeling like one does not belong in civilian society, (b) missing the military's culture and structured lifestyle, (c) holding negative views of civilian society, (d) feeling left behind compared to civilian counterparts due to military service, and (e) having difficulty finding meaning in the civilian world. The authors did not observe differences by gender. However, those deployed from active duty were particularly likely to feel as if they did not belong in civilian society and that they had not acquired needed skills, whereas those deployed from the reserves or National Guard experienced difficulty in reestablishing former civilian identities.

Conclusions:

Identity adjustment is a critical yet understudied aspect of veteran reintegration into community life following combat deployment. (PsycINFO Database Record (c) 2016 APA, all rights reserved).

<http://www.tandfonline.com/doi/full/10.1080/21635781.2016.1257963>

Violent Childhood Experiences and Intimate Partner Violence Among Married U.S. Soldiers Who Deployed to Iraq.

Kristina Clarke-Walper, Lyndon Riviere, Joshua Wilk, and Phillip Quartana

Military Behavioral Health

Published online: 09 Nov 2016

<http://dx.doi.org/10.1080/21635781.2016.1257963>

The association between intimate partner violence perpetration and violent adverse childhood experiences has not been established among Active Duty soldiers who have served in the Afghanistan and Iraq wars. In this study, 691 Active Duty soldiers were surveyed anonymously 6 months after they returned from Iraq. Results show that 9.8% of soldiers ($n = 67$) perpetrated intimate partner violence in the past year and that experiencing childhood physical abuse and sexual abuse were independently associated with intimate partner violence after adjusting for other risk factors. The findings of this study may help fill gaps in the understanding of this association and can help better identify soldiers at risk for perpetrating intimate partner violence.

<http://www.tandfonline.com/doi/full/10.1080/21635781.2016.1257964>

Leadership Perspectives of Stigma-Related Barriers to Mental Health Care in the Military.

Janette A. Hamilton, Jennifer A. Coleman, and William J. Davis

Military Behavioral Health

Published online: 09 Nov 2016

<http://dx.doi.org/10.1080/21635781.2016.1257964>

The authors explored military officers' beliefs about stigma-related barriers to seeking mental health treatment. Participants (N = 190) included officers from the 4 major branches of service between the ranks of O-3 and O-6. Paired-sample t tests showed participants' own beliefs about stigma-related barriers to mental health were more negative than their perceptions of peers' beliefs. Scaled scores on personal beliefs about stigma-related barriers to seeking treatment were associated with willingness to seek help, while perceptions of peers' beliefs were not. Implications on help seeking and stigma related to mental health are explored, as well as limitations and steps for future research.

<http://www.tandfonline.com/doi/full/10.1080/21635781.2016.1257965>

Depression as a Predictor of Pain and Physical Role Limitation in Military Personnel.

Amanda B. Mahon-Snyder, Erika M. Roberge, AnnaBelle O. Bryan, Chad E. Morrow, James Stephenson, Jeremy Haskell, and Craig J. Bryan

Published online: 08 Nov 2016

<http://dx.doi.org/10.1080/21635781.2016.1257965>

Military personnel frequently report various physical and psychological complaints including somatic symptoms, bodily pain, depression, posttraumatic stress disorder, and physical role limitation. This study aimed to identify how psychological symptoms, somatic complaints, and physical role limitations are associated with each other in a

sample of 207 male Air Force pararescue personnel and combat rescue officers. Results of a moderated mediation model indicated that the interaction of depression and somatic symptoms was associated with significantly more severe pain, which was, in turn, associated with greater physical role limitations. Pathways from posttraumatic stress disorder and the depression-by-somatic symptoms interaction to physical role limitation were both fully mediated by bodily pain. These findings (a) highlight the importance of assessing physical and psychological symptoms when individuals report impaired physical role limitation and (b) help to clarify the complex interplay of emotional and physical health conditions among elite military personnel.

<http://onlinelibrary.wiley.com/doi/10.1111/sltb.12316/full>

Medically Documented Suicide Ideation Among U.S. Army Soldiers.

Ursano, R. J., Kessler, R. C., Stein, M. B., Naifeh, J. A., Nock, M. K., Aliaga, P. A., Fullerton, C. S., Wynn, G. H., Ng, T. H. H., Dinh, H. M., Sampson, N. A., Kao, T.-C., Schoenbaum, M., McCarroll, J. E., Cox, K. L., Heeringa, S. G. and on behalf of the Army STARRS collaborators

Suicide & Life-Threatening Behavior

First published: 29 November 2016

DOI: 10.1111/sltb.12316

We used administrative data to examine predictors of medically documented suicide ideation (SI) among Regular Army soldiers from 2006 through 2009 (N = 10,466 ideators, 124,959 control person-months). Enlisted ideators (97.8% of all cases) were more likely than controls to be female, younger, older when entering service, less educated, never or previously deployed, and have a recent mental health diagnosis. Officer ideators were more likely than controls to be female, younger, younger when entering service, never married, and have a recent mental health diagnosis. Risk among enlisted soldiers peaked in the second month of service and declined steadily, whereas risk among officers remained relatively stable over time. Risk of SI is highest among enlisted soldiers early in Army service, females, and those with a recent mental health diagnosis.

<http://jamanetwork.com/journals/jamapsychiatry/article-abstract/2589161>

Effect of a Web-Based Cognitive Behavior Therapy for Insomnia Intervention With 1-Year Follow-up: A Randomized Clinical Trial.

JAMA Psychiatry

Published online November 30, 2016

doi:10.1001/jamapsychiatry.2016.3249

Importance

Although cognitive behavior therapy for insomnia (CBT-I) has been established as the first-line recommendation for the millions of adults with chronic insomnia, there is a paucity of trained clinicians to deliver this much needed treatment. Internet-delivered CBT-I has shown promise as a method to overcome this obstacle; however, the long-term effectiveness has not been proven in a representative sample with chronic insomnia.

Objective

To evaluate a web-based, automated CBT-I intervention to improve insomnia in the short term (9 weeks) and long term (1 year).

Design, Setting, and Participants

A randomized clinical trial comparing the internet CBT-I with internet patient education at baseline, 9 weeks, 6 months, and 1 year. Altogether, 303 adults with chronic insomnia self-referred to participate, of whom 151 (49.8%) reported at least 1 medical or psychiatric comorbidity.

Interventions

The internet CBT-I (Sleep Healthy Using the Internet [SHUTi]) was a 6-week fully automated, interactive, and tailored web-based program that incorporated the primary tenets of face-to-face CBT-I. The online patient education program provided nontailored and fixed online information about insomnia.

Main Outcomes and Measures

The primary sleep outcomes were self-reported online ratings of insomnia severity (Insomnia Severity Index) and online sleep diary–derived values for sleep-onset latency and wake after sleep onset, collected prospectively for 10 days at each assessment period. The secondary sleep outcomes included sleep efficiency, number of awakenings, sleep quality, and total sleep time.

Results

Among 303 participants, the mean (SD) age was 43.28 (11.59) years, and 71.9% (218 of 303) were female. Of these, 151 were randomized to the SHUTi group and 152 to the online patient education group. Results of the 3 primary sleep outcomes showed that the overall group \times time interaction was significant for all variables, favoring the SHUTi group (Insomnia Severity Index [F3,1063 = 20.65, $P < .001$], sleep-onset latency [F3,1042 = 6.01, $P < .001$], and wake after sleep onset [F3,1042 = 12.68, $P < .001$]). Within-group effect sizes demonstrated improvements from baseline to postassessment for the SHUTi participants (range, Cohen $d = 0.79$ [95% CI, 0.55-1.04] to $d = 1.90$ [95% CI, 1.62-2.18]). Treatment effects were maintained at the 1-year follow-up (SHUTi Insomnia Severity Index $d = 2.32$ [95% CI, 2.01-2.63], sleep-onset latency $d = 1.41$ [95% CI, 1.15-1.68], and wake after sleep onset $d = 0.95$ [95% CI, 0.70-1.21]), with 56.6% (69 of 122) achieving remission status and 69.7% (85 of 122) deemed treatment responders at 1 year based on Insomnia Severity Index data. All secondary sleep outcomes, except total sleep time, also showed significant overall group \times time interactions, favoring the SHUTi group.

Conclusions and Relevance

Given its efficacy and availability, internet-delivered CBT-I may have a key role in the dissemination of effective behavioral treatments for insomnia.

Trial Registration clinicaltrials.gov Identifier: NCT01438697

<http://www.sciencedirect.com/science/article/pii/S0005789416301150>

Compassion-Based Therapy for Trauma-Related Shame and Posttraumatic Stress: Initial Evaluation Using a Multiple Baseline Design.

Teresa M. Au, Shannon Sauer-Zavala, Matthew W. King, Nicola Petrocchi, David H. Barlow, Brett T. Litz

Behavior Therapy

Available online 29 November 2016

<http://dx.doi.org/10.1016/j.beth.2016.11.012>

Accumulating research suggests that shame can strongly contribute to the development and maintenance of posttraumatic stress disorder (PTSD). Interventions that promote self-compassion have shown promise for reducing shame related to various clinical

problems, but this approach has not been systematically evaluated for traumatized individuals. The aim of this study was to develop a brief compassion-based therapy and assess its efficacy for reducing trauma-related shame and PTSD symptoms. Using a multiple baseline experimental design, the intervention was evaluated in a community sample of trauma-exposed adults (N = 10) with elevated trauma-related shame and PTSD symptoms. Participants completed weekly assessments during a 2-, 4-, or 6-week baseline phase and a 6-week treatment phase, and at 2- and 4-weeks after the intervention. By the end of treatment, 9 of 10 participants demonstrated reliable decreases in PTSD symptom severity, while 8 of 10 participants showed reliable reductions in shame. These improvements were maintained at 2- and 4-week follow-up. The intervention was also associated with improvements in self-compassion and self-blame. Participants reported high levels of satisfaction with the intervention. Results suggest that the intervention may be useful as either a stand-alone treatment or as a supplement to other treatments.

<http://www.sciencedirect.com/science/article/pii/S2352250X16301956>

Focusing on Trauma-Focused Psychotherapy for Posttraumatic Stress Disorder.

Paula P. Schnurr

Current Opinion in Psychology

Available online 23 November 2016

<http://dx.doi.org/10.1016/j.copsy.2016.11.005>

Trauma-focused psychotherapy for posttraumatic stress disorder (PTSD) includes a range of theoretical approaches, but primarily is based on cognitive-behavioral theory. Eye Movement Desensitization and Reprocessing is another type of trauma-focused psychotherapy. Although there is some evidence to support present-centered and interpersonal approaches, trauma-focused psychotherapies have the most empirical support and are the most effective for treating PTSD and related problems.

<http://www.sciencedirect.com/science/article/pii/S2352250X16301944>

Reward functioning in posttraumatic stress and substance use disorders.

Anka A Vujanovic, Margaret C Wardle, Lia J Smith, Erin C Berenz

Current Opinion in Psychology

Volume 14, April 2017, Pages 49–55

<http://dx.doi.org/10.1016/j.copsyc.2016.11.004>

Posttraumatic stress disorder (PTSD) and substance use disorders (SUD) are complex psychiatric conditions that commonly co-occur. Research on PTSD–SUD comorbidity has increasingly focused upon better understanding biopsychosocial factors that may contribute to their co-occurring etiology, maintenance, and treatment. Anhedonia, defined as a lack of pleasure from or interest in rewards, stems from deficits in reward functioning and is associated with specific neurocircuitries. Few studies have investigated the role of reward functioning in PTSD–SUD. The overarching aims of this review are to: define the major facets of reward functioning, summarize the research on reward functioning-PTSD and reward functioning-SUD, review the literature on associations between reward functioning and PTSD–SUD comorbidity, and discuss clinical implications and future directions.

<http://onlinelibrary.wiley.com/doi/10.1111/sltb.12313/abstract>

Concerns of Older Veteran Callers to the Veterans Crisis Line.

Rasmussen, K. A., King, D. A., Gould, M. S., Cross, W., Tang, W., Kaukeinen, K., Tu, X. and Knox, K. L.

Suicide and Life-Threatening Behavior

First published: November 2016

DOI: 10.1111/sltb.12313

When the Veterans Crisis Line (VCL) was implemented, it was uncertain if veterans, and particularly older male veterans, would utilize the service. We examined VCL use by a growing group of veterans at increased risk for suicide: those aged 60 and older. Real-time clinical data were gathered from a weekly random sampling of calls. Approximately 25% of calls were from veterans aged 60 or older; over 80% reported benefit from the call. Several significant differences in presenting concerns between older and younger callers were found. Targeted outreach to encourage older veterans to use the VCL is suggested.

<http://www.sciencedirect.com/science/article/pii/S0022395616307749>

Co-occurring aggression and suicide attempt among veterans entering residential treatment for PTSD: The role of PTSD symptom clusters and alcohol misuse.

Journal of Psychiatric Research
Volume 87, April 2017, Pages 8–14
<http://dx.doi.org/10.1016/j.jpsychires.2016.12.009>

Aggression and suicidality are two serious public health concerns among U.S. veterans that can co-occur and share many overlapping risk factors. The current study aims to elucidate the contribution of posttraumatic stress disorder (PTSD) symptom clusters defined by a five-factor model and alcohol misuse in predicting aggression and suicide attempts among veterans entering residential treatment for PTSD. Participants were 2570 U.S. veterans across 35 Veterans Health Administration sites. Multinomial logistic regression models were used to identify correlates of aggression only (n = 1471; 57.2%), suicide attempts only (n = 41; 1.6%), co-occurring aggression and suicide attempts (n = 202; 7.9%), and neither behavior (n = 856; 33.3%) over the past four months. When compared to veterans endorsing neither behavior, greater PTSD re-experiencing symptoms were related to suicide attempts (odds ratio [OR] = 1.58, 95% confidence interval [CI] = 1.09–2.30), aggression (OR = 1.13, 95% CI = 1.02–1.26), and co-occurring aggression and suicide (OR = 1.38, 95% CI = 1.13–1.68), and higher PTSD dysphoric arousal symptoms and alcohol misuse symptoms were related to aggression (OR = 1.54, 95% CI = 1.38–1.71; OR = 1.30, 95% CI = 1.18–1.44, respectively) and co-occurring aggression and suicide (OR = 1.66, 95% CI = 1.35–2.04; OR = 1.50, 95% CI = 1.28–1.75, respectively). Our findings suggest that assessment of PTSD symptom clusters and alcohol misuse can potentially help to identify veterans who endorse suicide attempts, aggression, or both concurrently. These results have important implications for risk assessment and treatment planning with U.S. veterans seeking care for PTSD.

<http://www.forces.gc.ca/en/about-reports-pubs-health/report-on-suicide-mortality-caf-2016.page>

2016 Report on Suicide Mortality in the Canadian Armed Forces (1995 to 2015)

Authors:

Elizabeth Rolland-Harris, MSc, PhD

Elizabeth Cyr, MSW, RSW

Mark A. Zamorski, MD, MHSA

Reviewed by:

Colonel S.F. Malcolm, Director, Directorate of Force Health Protection

Colonel A.M.T. Downes, Director, Directorate of Mental Health

Surgeon General Document Number (SGR-2016-005)

November 2016

This report describes crude suicide rates from 1995 to 2015, comparisons between the Canadian population and the CAF using Standardized Mortality Ratios (SMRs), and suicide rates by deployment history using SMRs and direct standardization. It also examines variation in suicide rate by command and, using data from the Medical Professional Technical Suicide Reviews (MPTSR), looks at the prevalence of other suicide risk factors in suicides which occurred in 2015.

Between 1995 and 2015, there were no statistically significant increases in the overall suicide rates. The number of Regular Force males that died by suicide was not statistically higher than that expected based on Canadian male suicide rates. While the suicide rate among males with a history of deployment was not significantly higher than in comparable civilians, rate ratios indicated that there was a trend for those with a history of deployment to be at an increased risk of suicide compared to those who have never been deployed; however, the difference was not statistically significant. These rate ratios also highlighted that, since 2006 and up to and including 2015, being part of the Army command significantly increases the risk of suicide, relative to those who are part of the other commands.

The most recent findings suggest a trend towards an elevated suicide rate ratio (1.48, CI: 0.98, 2.22) in the past decade in those Regular Force males with a history of deployment relative to those Regular Force males without a history of deployment. However, this finding fell just short of statistical significance. Regular Force males under Army command were at significantly increased risk of suicide relative to Regular Force males under non-Army commands (age-adjusted suicide rate ratio = 2.49, CI: 1.81, 3.42), with a trend towards a widening gap between the rates in Army and non-Army command Regular Force males over the past five years. Regular Force males under Army command in the combat arms trades had statistically significantly higher suicide

rates (31.65/100,000, CI: 24.51, 40.66) than non-combat arms Regular Force males (16.52/100,000, CI: 13.48, 20.22).

Results from the 2015 MPTSRs is in support of a multifactorial causal pathway (this includes biological, psychological, interpersonal, and socio-economic factors) to suicide rather than a direct link between single risk factors (e.g. Post-Traumatic Stress Disorder (PTSD) or deployment) and suicide.

<http://www.sciencedirect.com/science/article/pii/S2352250X16302147>

Anger and Aggression in PTSD.

Casey T Taft, Suzannah K Creech, Christopher M Murphy

Current Opinion in Psychology

Available online 1 December 2016

<http://dx.doi.org/10.1016/j.copsyc.2016.11.008>

Trauma and posttraumatic stress disorder have massive negative consequences; associated anger and aggression are particularly damaging. This overview focuses on these relationships and their potential mechanisms, and offers treatment considerations. Research and theory suggests that trauma impacts anger and aggression through social information processing mechanisms, and an aggression model incorporating impelling, instigating, and disinhibiting factors helps us understand who is at risk under specific circumstances. The association between PTSD and anger and aggression appears stronger for men than women, perhaps reflecting differences in internalizing versus externalizing responses to trauma. Some research indicates that intervention for those with PTSD and anger/aggression problems is effective, and recent studies indicate the benefits of trauma-informed violence prevention for trauma-exposed populations more broadly.

<http://onlinelibrary.wiley.com/doi/10.1002/jclp.22414/full>

Resilience and Traumatic Brain Injury Among Iraq/Afghanistan War Veterans: Differential Patterns of Adjustment and Quality of Life.

Elliott, T. R., Hsiao, Y.-Y., Kimbrel, N. A., Meyer, E., DeBeer, B. B., Gulliver, S. B., Kwok, O.-M. and Morissette, S. B.

Journal of Clinical Psychology

First published: 6 December 2016

DOI: 10.1002/jclp.22414

Objective

We examined the degree to which a resilient personality prototype predicted adjustment among war Veterans with and without a traumatic brain injury (TBI) while covarying the level of combat exposure.

Method

A total of 127 war Veterans (107 men, 20 women; average age = 37 years) participated. Personality prototypes were derived from the Multidimensional Personality Questionnaire (Patrick, Curtain, & Tellegen, 2002). Measures were administered at baseline, and a subset was administered at 4- and 8-month follow-ups.

Results

Veterans with resilient personalities reported less sleep disturbance, more health-promoting behaviors, psychological flexibility, and emotional distress tolerance than Veterans with undercontrolled or overcontrolled prototypes. Path models revealed that resilience significantly predicted posttraumatic stress disorder (PTSD), depression, quality of life, and social support over time. TBI had unique and consistent effects only on PTSD.

Conclusion

Personality characteristics influence distress and quality of life among war Veterans with and without TBI. Implications for assessment, interventions, and research are discussed.

<http://journals.sagepub.com/doi/abs/10.1177/0272431616678990>

Improving Child Peer Adjustment in Military Families Through Parent Training: The Mediational Role of Parental Locus of Control.

Timothy F. Piehler, Kadie Ausherbauer, Abigail Gewirtz, Kate Gliske

The Journal of Early Adolescence
First Published December 7, 2016
DOI 10.1177/0272431616678990

The present study investigated the mechanisms through which a parenting intervention for military families fosters positive peer adjustment in children. A sample of 336 families with a history of parental deployment enrolled in a randomized controlled trial of the After Deployment Adaptive Parenting Tools (ADAPT) preventive intervention. ADAPT is a 14-week preventive intervention designed to strengthen parenting in military families. The intervention was associated with improvements in mother's and father's parental locus of control (i.e., a more internal locus of control) at a 6-month follow-up assessment while controlling for baseline levels. Mothers' parental locus of control was positively associated with improvements in children's peer adjustment 12 months following the intervention while controlling for baseline peer adjustment. A significant indirect effect revealed that participation in ADAPT resulted in improved 12-month peer adjustment by improving mothers' parental locus of control. Implications for supporting youth resilience to stressors associated with deployment are discussed.

<http://link.springer.com/article/10.1007/s10597-016-0071-x>

Veteran Status, Sociodemographic Characteristics, and Healthcare Factors Associated with Visiting a Mental Health Professional.

Frenk, S.M., Sautter, J.M., Woodring, J.V., Kramarow, E.A.

Community Mental Health Journal
First Online: 07 December 2016
DOI: 10.1007/s10597-016-0071-x

Using data from a nationally representative study of the community-dwelling U.S. population, we estimated the percentage of male veterans who visited a mental health professional in the past year, compared it to an estimate from non-veteran males, and examined factors associated with visiting a mental health professional. We found that 10.5% of male veterans visited a mental health professional in the past year, compared to only 5.6% of male non-veterans. In the regression models, veteran status, sociodemographic factors, and healthcare utilization were independently associated with visiting a mental health professional. These findings demonstrate the importance of using nationally representative data to assess the mental healthcare needs of veterans.

<http://onlinelibrary.wiley.com/doi/10.1002/cpp.1985/abstract>

Posttraumatic Growth in Populations with Posttraumatic Stress Disorder—A Systematic Review on Growth-Related Psychological Constructs and Biological Variables.

Christine F. Schubert, Ulrike Schmidt, Rita Rosner

Clinical Psychology & Psychotherapy

First published: 30 October 2015

DOI: 10.1002/cpp.1985

Posttraumatic growth (PTG) and Posttraumatic Stress Disorder (PTSD) are possible consequences of trauma. PTG is supposed to emerge from cognitive processes and can have functional and dysfunctional aspects. This systematic review aims to identify and evaluate publications assessing PTG in adults diagnosed with PTSD in order to analyse the relationship between both constructs, how PTG is related to specific psychological variables and if there are biological variables linked to PTG. This extended review evaluates the quality of measures applied and is the first to study PTG only in populations meeting full PTSD criteria. In addition, the relationship between PTG and other relevant constructs, such as openness, optimism and social support, is explored. Our systematic literature search identified 140 studies of which 19 fulfilled our inclusion criteria; most of them used the Post-Traumatic Growth Inventory. Results indicate that trauma survivors with PTSD exhibit more PTG than those without PTSD and that PTG can be intensified during the therapeutic process whereat it is unclear whether PTG is a desirable outcome of PTSD therapy. Positive correlations between PTG and PTSD are reported. For diagnosed populations, we could not find strong evidence of a quadratic relationship between PTG and PTSD, although some studies support this hypothesis. Findings regarding the association of PTG with psychological variables are heterogeneous. Only one study focused on PTG as well as on biological variables (salivary cortisol) but did not discuss possible links between these two so far unconnected research fields in PTSD. Copyright © 2015 John Wiley & Sons, Ltd.

Links of Interest

Sad ending for Iraq War vet who shed light on PTSD

<http://www.cbsnews.com/news/luis-carlos-montalvan-sad-ending-for-iraq-war-vet-who-shed-light-on-ptsd/>

Survey: High operational tempo still affecting military families

<http://www.militarytimes.com/articles/survey-high-operational-tempo-still-affecting-military-families>

Report: Phoenix VA let suicidal patients walk out

<http://www.militarytimes.com/articles/report-phoenix-va-let-suicidal-patients-walk-out>

Navy's Top Doc Revamping Military Medicine

<http://www.military.com/daily-news/2016/12/12/navy-top-doc-revamping-military-medicine.html>

An Infantry Master Sgt On Why Leaders Need To Embrace Gender Integration

<http://taskandpurpose.com/military-better-women-combat-jobs-says-infantry-master-sgt/>

Resource of the Week: [Blue Star Families 2016 Military Family Lifestyle Survey](#)

- According to the 2016 respondents, 43% would recommend service to their child.
- According to the 2016 respondents, 72 percent feel the current optempo exerts an unacceptable amount of stress.
- In 2016, 78 percent of the service members that responded have transferred or plan to transfer their Post 9/11 GI Bill benefits.
- Our 2016 survey results indicated that, of military spouse respondents, 79 percent felt that their military spouse status had a negative impact on their ability to pursue a career.



8,390
RESPONDENTS
INCLUDING
MILITARY SPOUSES
SERVICE MEMBERS
& VETERANS

MILITARY FAMILIES ARE ASSETS TO NATIONAL DEFENSE AND LOCAL COMMUNITIES. THEY ARE CENTRAL TO THE HEALTH AND CAPABILITY OF THE ALL-VOLUNTEER FORCE AND ARE GOOD NEIGHBORS ACTIVELY ENGAGED IN MAKING THEIR CIVILIAN COMMUNITIES GREAT PLACES TO LIVE.

BLUE STAR FAMILIES ANNUAL MILITARY FAMILY LIFESTYLE SURVEY PROVIDES A COMPREHENSIVE UNDERSTANDING OF WHAT IT MEANS TO SERVE AS A MILITARY FAMILY AND IS A BLUEPRINT FOR STRENGTHENING AMERICA BY SUPPORTING MILITARY FAMILIES.



Funding for the 2016 Military Family Lifestyle Survey provided through the generosity of our presenting sponsor USAA and from the Lockheed Martin Corporation, UnitedHealthcare Military and Veterans, Fisher House Foundation, Facebook, and the USO.



2016 MILITARY FAMILY LIFESTYLE SURVEY

TOP 5 ISSUES

RANKED AS MOST CONCERNING

> MILITARY PAY, CHANGES TO RETIREMENT BENEFITS, AND MILITARY SPOUSE EMPLOYMENT ARE THE TOP CONCERNS
> QUALITY OF LIFE AND WELLNESS CONCERNS ARE INCREASING RELATIVE TO FINANCIAL CONCERNS. THREE OF THE TOP 5 ISSUES FOR MILITARY FAMILIES ARE RELATED TO QUALITY OF LIFE: IMPACT OF DEPLOYMENTS ON CHILDREN; FAMILY STABILITY; AND OPERATIONAL TEMPO

Category	Issue	Percentage
MILITARY SPOUSES	Military pay/benefits	59%
	Spouse employment	38%
	Change in retirement/benefits	38%
	Impact of deployments on kids	37%
	Family stability/quality of life	32%
SERVICE MEMBERS	Military pay/benefits	61%
	Change in retirement/benefits	41%
	Family stability/quality of life	35%
	Impact of deployments on kids	32%
	Optempo/deployments/training	32%
VETERANS	Military pay/benefits	56%
	Change in retirement/benefits	42%
	Number of member/veteran suicides	38%
	PTSD/combat stress/TBI	38%
	Employment for veterans	33%

TOP 5 REASONS FOR JOINING

Active Duty & Veteran Respondents

- 60% Desire to Serve
- 46% Education Benefits
- 39% Defend your Country
- 37% New Experiences/Travel
- 35% Future Retirement Benefits

RECOMMENDING SERVICE

- 66% to young person
- 43% to one's own children

EDUCATION BENEFITS

- 56% of millennials ranked education benefits as top reason for joining

LIFESTYLE

- 77% are satisfied with the military lifestyle

OPTEMPO

- 72% feel the current optempo exerts an unacceptable level of stress for a healthy work/family life

- 42% have experienced more than 6 months of family separation in the last 18 months

SATISFIED WITH ACCESS TO & TIMELINESS OF CARE

- 81% Tricare Standard
- 54% Tricare Prime with MTF Provider

RETENTION

COMPENSATION

- 79% do not believe military compensation is keeping up with civilian compensation

POST-9/11 GI BILL BENEFITS

- 78% transferred or plan to transfer to spouse or child
- 26% removing BAH support for dependents will impact amount of time in service

BENEFIT UNCERTAINTY

- 63% retirement benefits are top reason for continuing service
- 19% say budget cuts or benefits changes make them more likely to leave service

Shirl Kennedy
Research Editor
Center for Deployment Psychology
www.deploymentpsych.org
skennedy@deploymentpsych.org
240-535-3901