



CDP Research Update -- December 22, 2016

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<http://www.ingentaconnect.com/content/springer/jcogp/2016/00000030/00000003/art00006>

A Case Study of Cognitive Processing Therapy for a Military Medic With Posttraumatic Stress Disorder.

Wiley, Rachel E.

Journal of Cognitive Psychotherapy
 Volume 30, Number 3, 2016, pp. 203-220(18)
 DOI: <https://doi.org/10.1891/0889-8391.30.3.203>

Cognitive processing therapy (CPT) is an effective treatment for posttraumatic stress disorder (PTSD) in the active duty and veteran population. This case study provides a thorough example of the use of this therapeutic modality with an active duty military service member who was exposed to several traumatic events. Over the course of 13 sessions, “Master Sergeant Smith,” a middle-aged, White male, made significant progress on his treatment plan goals and reductions in PTSD symptoms. This case study describes the theoretical and research basis for treatment and course of

treatment and illustrates the use of CPT in an outpatient setting while describing important areas of focus and how to overcome clinical challenges.

<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

Volume 23, Issue 6

November/December 2016; Pages 469–486

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.

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

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, Curtin, & 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://www.tandfonline.com/doi/abs/10.1080/15299732.2016.1267683>

A Longitudinal Examination of Peritraumatic Emotional Responses and Their Association with Posttraumatic Stress Disorder and Major Depressive Disorder among Veterans.

Eden Engel-Rebitzer, Michelle J. Bovin, Shimrit K. Black, Raymond C. Rosen, Terence M. Keane, and Brian P. Marx

Journal Of Trauma & Dissociation

Accepted author version posted online: 05 Dec 2016

<http://dx.doi.org/10.1080/15299732.2016.1267683>

Research has revealed a significant association between several peritraumatic emotional responses and posttraumatic stress disorder (PTSD). Preliminary research has also linked peritraumatic emotional responses with a diagnosis of major depressive disorder (MDD). The majority of this research has been cross-sectional, thereby making it difficult to determine the extent to which the various peritraumatic emotional responses may increase risk for, or serve as a premorbid marker of, PTSD and MDD. This study examined the longitudinal role of peritraumatic emotional responses on the subsequent development of PTSD and MDD in a sample of United States military veterans. Whereas a number of peritraumatic emotional responses were concurrently associated with PTSD, only peritraumatic numbness maintained the association with these diagnoses longitudinally. For MDD, peritraumatic numbness was the only emotional response related to the diagnosis both concurrently and longitudinally. Study findings are a preliminary proof of concept that peritraumatic numbness may serve as a premorbid marker for the development of PTSD and MDD following a traumatic event. Implications of these findings for the diagnosis, assessment, and treatment of both PTSD and MDD are discussed.

<http://onlinelibrary.wiley.com/doi/10.1002/da.22582/full>

Repeated trauma exposure does not impair distress reduction during imaginal exposure for posttraumatic stress disorder.

Jerud AB, Farach FJ, Bedard-Gilligan M, Smith H, Zoellner LA, Feeny NC

Depression and Anxiety

First published: November 2016

DOI: 10.1002/da.22582

Background

Based on experimental research on threat extinction, individuals exposed to repeated traumatic events may have impaired outcome in exposure therapy compared to those who have experienced a single trauma (Lang & McTeague, 2011). This study examined whether repeated trauma exposure predicts smaller changes in self-reported distress during imaginal exposure and worse outcomes for patients with posttraumatic stress disorder (PTSD).

Methods

Adults (N = 116) with chronic PTSD received up to 10 sessions of prolonged exposure (PE) therapy. Trauma exposure was assessed via interview and number of traumatic events were summed for each participant. To examine reductions in distress during treatment, mean and peak values of distress during imaginal exposure were calculated for the first imaginal session (initial distress activation) and subsequent sessions (between-session change in distress). Change in PTSD symptoms from pre- to posttreatment and follow-up provided an additional index of outcome.

Results

In-session distress during imaginal exposure decreased over the course of treatment. PTSD symptoms also decreased over treatment, with gains being maintained through follow-up. Repeated trauma exposure was not significantly correlated with initial distress activation. Additionally, linear mixed-model analyses showed no significant association between repeated trauma exposure and between-session change in distress or PTSD symptoms.

Conclusions

Contrary to recent speculation, repeated trauma exposure did not predict less change in self-reported distress during imaginal exposure or worse PTSD outcomes. The bench-to-bedside linkage of threat extinction to exposure therapy is discussed, noting strengths and weaknesses. Patients with repeated trauma exposure show reductions in distress with exposure treatment and benefit from PE as much as patients with single-exposure trauma histories.

http://www.scitechnol.com/peer-review/implementing-cognitive-behavioral-therapy-for-insomnia-the-patient-perspective-orAU.php?article_id=5311

Implementing Cognitive Behavioral Therapy for Insomnia- The Patient Perspective.

Crawford MR, Kyle SD, Bartlett DJ, Grunstein RR, Espie CA

Journal of Sleep Disorders

5:4

doi: 10.4172/2325-9639.1000180

Objective:

Despite strong evidence for the efficacy of cognitive behavioral therapy for insomnia (CBT-I), patient experience of therapy implementation remains unexplored. This study sought to deliver a comprehensive account from the patient perspective and provide a unique insight into treatment adherence.

Methods:

Semi-structured interviews were conducted with individuals with insomnia (n = 11, female = 8), who had completed a cognitive behavioral therapy program.

Results:

Using thematic analysis, three themes emerged depicting the experience of implementing CBT-I components: 'making sense of CBT-I', 'ongoing evaluation of components' and 'obstacles to implementation'. Each theme was associated with three subthemes that provided a more nuanced and interpretative account of how individuals implement cognitive behavioral strategies.

Conclusions:

Implementing cognitive behavioral strategies is far from simple and adherence to these components is a dynamic process. Future research avenues are discussed that might further advance our understanding of adherence to this treatment.

<http://onlinelibrary.wiley.com/doi/10.1111/sltb.12318/full>

Under Reporting of Suicide Ideation in US Army Population Screening: An Ongoing Challenge.

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Suicide and Life-Threatening Behavior

First published: 15 December 2016

DOI: 10.1111/sltb.12318

Previous research in US Army Soldiers shows rates of mental health concerns as two to four times higher on anonymous surveys than on postdeployment health assessments. In this study, Soldiers presenting for health reassessment completed two questionnaires on suicide risk factors: one linked to the health assessment and one anonymous. About 5.1% of respondents reported suicide ideation on the anonymous questionnaire, 3.0% on the linked questionnaire, and 0.9% on the health reassessment. About 56.4% who reported suicide ideation anonymously told nobody of their thoughts. Current screening procedures identify only one in seven Soldiers experiencing suicide ideation and highlight the need for alternative risk-detection strategies.

http://www.ingentaconnect.com/content/springer/vav/pre-prints/content-vv2016-sep_a4_holland_001-018

(Missing) Knowledge About Sexual Assault Resources: Undermining Military Mental Health.

Kathryn J. Holland; Verónica Caridad Rabelo; Lilia M. Cortina

Violence and Victims

Appeared or available online: December 2, 2016

DOI: <https://doi.org/10.1891/0886-6708.VV-D-15-00042>

In 2005, the Department of Defense reformed military sexual assault (MSA) prevention and response efforts. However, research suggests that some Service members may not be informed of MSA resources. We examined how lacking such knowledge may undermine psychological well-being (i.e., symptoms of depression and posttraumatic stress) among MSA survivors as well as Service members who feel unsafe from MSA. The data were collected by the DoD in 2010 and sampled active duty Service women and men. Experiencing MSA, feeling unsafe from MSA, and lacking knowledge of MSA

resources predicted greater psychiatric symptoms. Service members who felt unsafe from MSA reported greater psychiatric symptoms as a function of lacking knowledge of MSA resources. Findings suggest that education about sexual assault resources may be critical for the protection of mental health—among survivors and nonvictims alike.

<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.

Laura E. Watkins, Lauren M. Sippel, Robert H. Pietrzak, Rani Hoff, Ilan Harpaz-Rotem

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://psycnet.apa.org/journals/pro/47/6/418/>

**Pain catastrophizing, perceived pain disability, and pain descriptors in veterans:
The association with neuropsychological performance.**

Legarreta, Margaret; Bueler, Elliott; DiMuzio, Jennifer M.; McGlade, Erin; Yurgelun-Todd, Deborah

Professional Psychology: Research and Practice

Vol 47(6), Dec 2016, 418-426

<http://dx.doi.org/10.1037/pro0000104>

This study examined neuropsychological performance in relation to specific aspects of pain. Pain catastrophizing, pain disability, and sensory, affective, and evaluative descriptors of pain were examined in relation to neuropsychological test performance to understand the relationship between chronic pain and altered cognitive function. Diagnostic interviews, symptoms measures, and neuropsychological testing were completed with veteran participants to examine pain conditions and objective neuropsychological performance. Participants completed the Structured Clinical Interview for DSM–IV–TR, clinician-rated symptom measures (Hamilton Depression and Hamilton Anxiety rating scales), and a neuropsychological battery (Controlled Oral Word Association test, Stroop, Trail Making Test, Ruff 2 & 7, and California Verbal Learning Test, 2nd edition). Pain was measured with the McGill Pain Questionnaire, the Pain Disability Index, and the Pain Catastrophizing Scale. Findings revealed that learning and memory were associated with both pain catastrophizing and perceived pain disability, but not affective or evaluative descriptions of pain. Executive function and attention were not related to any of the pain characteristics examined in this study. Of important note, neuropsychological performance was not related to mental health functioning in this veteran sample. These findings suggest that separate from anxiety and depression, learning and memory specifically are influenced by pain-specific catastrophizing as well as pain-specific perceived disability. Understanding the cognitive mechanism associated with chronic pain and neuropsychological performance may result in new treatment targets. (PsycINFO Database Record (c) 2016 APA, all rights reserved)

<http://www.sciencedirect.com/science/article/pii/S0145213416302587>

Under-ascertainment from healthcare settings of child abuse events among children of soldiers by the U.S. Army Family Advocacy Program.

Joanne N. Wood, Heather M. Griffis, Christine M. Taylor, Douglas Strane, Gerlinde C. Harb, Lanyu Mi, Lihai Song, Kevin G. Lynch, David M. Rubin

Child Abuse & Neglect

Available online 10 December 2016

<http://dx.doi.org/10.1016/j.chiabu.2016.11.007>

In cases of maltreatment involving children of U.S. Army service members, the U.S. Army Family Advocacy Program (FAP) is responsible for providing services to families and ensuring child safety. The percentage of cases of maltreatment that are known to FAP, however, is uncertain. Thus, the objective of this retrospective study was to estimate the percentage of U.S. Army dependent children with child maltreatment as diagnosed by a military or civilian medical provider who had a substantiated report with FAP from 2004 to 2007. Medical claims data were used to identify 0–17 year old child dependents of soldiers who received a medical diagnosis of child maltreatment. Linkage rates of maltreatment medical diagnoses with corresponding substantiated FAP reports were calculated. Bivariate and multivariable analyses examined the association of child, maltreatment episode, and soldier characteristics with linkage to substantiated FAP reports. Across 5945 medically diagnosed maltreatment episodes, 20.3% had a substantiated FAP report. Adjusting for covariates, the predicted probability of linkage to a substantiated FAP report was higher for physical abuse than for sexual abuse, 25.8%, 95% CI (23.4, 28.3) versus 14.5%, 95% CI (11.2, 17.9). Episodes in which early care was provided at civilian treatment facilities were less likely to have a FAP report than those treated at military facilities, 9.8%, 95% CI (7.3, 12.2) versus 23.6%, 95% CI (20.8, 26.4). The observed low rates of linkage of medically diagnosed child maltreatment to substantiated FAP reports may signal the need for further regulation of FAP reporting requirements, particularly for children treated at civilian facilities.

<https://www.ncbi.nlm.nih.gov/pubmed/27929311>

Psychol Trauma. 2016 Dec 8. [Epub ahead of print]

Different types of combat experiences and associated symptoms in oef and oif national guard and reserve veterans.

Shea MT, Presseau C, Finley SL, Reddy MK, Spofford C.

OBJECTIVE:

It is well established that exposure to combat is a risk factor for posttraumatic stress disorder (PTSD). The experiences of military personnel serving in combat zones vary widely however, leading to increased attention to the impact of different types of combat trauma. The present study examined the relationships among 3 conceptually based categories of combat exposure with 4 PTSD symptom clusters (reexperiencing, avoidance, numbing, and hyperarousal) and symptoms of guilt, depression, and anxiety.

METHOD:

Participants were 206 National Guard and Reserve members who had recently returned from deployment to Iraq or Afghanistan.

RESULTS:

As hypothesized, findings from a multivariate multiple linear regression analysis showed that exposure to personal life threat predicted symptoms of hyperarousal, and exposure to death or severe injury of others predicted symptoms of depression. Hypotheses that personal life threat would predict anxiety symptoms, exposure to death or injury of others would predict numbing, and having killed would predict guilt were not supported.

CONCLUSIONS:

The relative degree of exposure to life threat and death/loss events in a war-zone may impact the development of different types of symptoms. These findings highlight the importance of considering different types of trauma exposure in future research.

(PsycINFO Database Record

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<http://onlinelibrary.wiley.com/doi/10.1111/sltb.12317/full>

Posttraumatic Stress Disorder Symptom Clusters and the Interpersonal Theory of Suicide in a Large Military Sample.

Pennings, S. M., Finn, J., Houtsma, C., Green, B. A. and Anestis, M. D.

Suicide and Life-Threatening Behavior

First published: 16 December 2016

DOI: 10.1111/sltb.12317

Prior studies examining posttraumatic stress disorder (PTSD) symptom clusters and the components of the interpersonal theory of suicide (ITS) have yielded mixed results, likely stemming in part from the use of divergent samples and measurement techniques. This study aimed to expand on these findings by utilizing a large military sample, gold standard ITS measures, and multiple PTSD factor structures. Utilizing a sample of 935 military personnel, hierarchical multiple regression analyses were used to test the association between PTSD symptom clusters and the ITS variables. Additionally, we tested for indirect effects of PTSD symptom clusters on suicidal ideation through thwarted belongingness, conditional on levels of perceived burdensomeness. Results indicated that numbing symptoms are positively associated with both perceived burdensomeness and thwarted belongingness and hyperarousal symptoms (dysphoric arousal in the 5-factor model) are positively associated with thwarted belongingness. Results also indicated that hyperarousal symptoms (anxious arousal in the 5-factor model) were positively associated with fearlessness about death. The positive association between PTSD symptom clusters and suicidal ideation was inconsistent and modest, with mixed support for the ITS model. Overall, these results provide further clarity regarding the association between specific PTSD symptom clusters and suicide risk factors.

<http://www.mdpi.com/2077-0383/5/12/117>

Treatment of Post-Traumatic Stress Disorder Nightmares at a Veterans Affairs Medical Center.

Detweiler, M.B.; Pagadala, B.; Candelario, J.; Boyle, J.S.; Detweiler, J.G.; Lutgens

Journal of Clinical Medicine

2016, 5(12), 117

doi:10.3390/jcm5120117

The effectiveness of medications for PTSD in general has been well studied, but the effectiveness of medications prescribed specifically for post-traumatic stress disorder (PTSD) nightmares is less well known. This retrospective chart review examined the efficacy of various medications used in actual treatment of PTSD nightmares at one

Veteran Affairs Hospital. Records at the Salem, VA Veterans Affairs Medical Center (VAMC) were examined from 2009 to 2013 to check for the efficacy of actual treatments used in comparison with treatments suggested in three main review articles. The final sample consisted of 327 patients and 478 separate medication trials involving 21 individual medications plus 13 different medication combinations. The three most frequently utilized medications were prazosin (107 trials), risperidone (81 trials), and quetiapine (72 trials). Five medications had 20 or more trials with successful results (partial to full nightmare cessation) in >50% of trials: risperidone (77%, 1.0–6.0 mg), clonidine (63%, 0.1–2.0 mg), quetiapine (50%, 12.5–800.0 mg), mirtazapine (50%; 7.5–30.0 mg), and terazosin (64%, 50.0–300.0 mg). Notably, olanzapine (2.5–10.0) was successful (full remission) in all five prescription trials in five separate patients. Based on the clinical results, the use of risperidone, clonidine, terazosin, and olanzapine warrants additional investigation in clinically controlled trials as medications prescribed specifically for PTSD nightmares.

<http://onlinelibrary.wiley.com/doi/10.1002/jclp.22426/full>

Relative Impact of Risk Factors, Thwarted Belongingness, and Perceived Burdensomeness on Suicidal Ideation in Veteran Service Members.

O'Connor, S. S., Carney, E., Jennings, K. W., Johnson, L. L., Gutierrez, P. M. and Jobes, D. A.

Journal of Clinical Psychology

First published: 16 December 2016

DOI: 10.1002/jclp.22426

Objective

We tested the associations between individualized risk factors, empirically validated constructs specific to suicide risk (i.e., thwarted belongingness and perceived burdensomeness, and two methods for conceptualizing suicidal ideation based on Suicide Index Score (SIS) and overall severity score of the Beck Scale for Suicide Ideation [BSS]).

Method

The current study included a sample of 134 suicidal Veterans who were recruited from an inpatient psychiatry unit of a Veterans Affairs Medical Center. Participants completed the BSS, Interpersonal Needs Questionnaire, Outcome Questionnaire-45.2, Alcohol

Use Disorder Identification Test, Drug Abuse Screening Test, and abbreviated versions of the Posttraumatic Stress Disorder Checklist-Military version (PCL-M) and Insomnia Severity Index. We used ordinary least squares regression with bootstrapping to conduct analyses due to the skewed distributions observed in the suicidal ideation outcomes.

Results

Thwarted belongingness was the only statistically significant correlate of the SIS, indicating a stronger desire to be dead than alive as Veterans perceived themselves as being increasingly disconnected and isolated from others ($B = 0.36$, standard error [SE] = 0.01, $p = 0.005$). In contrast, greater overall severity scores on the BSS were associated with higher ratings on the PCL-M ($B = 0.21$, SE = 0.07, $p = 0.02$) and for thwarted belongingness ($B = 0.27$, SE = 0.09, $p = 0.04$). Problematic alcohol use was significantly associated with lower overall severity scores ($B = -.27$, SE = 1.17, $p < 0.001$).

Conclusion

Findings may inform clinical strategies for conceptualizing and targeting factors associated with suicidal risk.

<http://www.sciencedirect.com/science/article/pii/S1047279716305415>

Coincident Alcohol Dependence and Depression Increases Risk of Suicidal Ideation among Army National Guard Soldiers.

Gregory H. Cohen, David Fink, Laura Sampson, Marijo Tamburrino, Israel Liberzon, Joseph R. Calabrese, Sandro Galea

Annals of Epidemiology

Available online 14 December 2016

<http://dx.doi.org/10.1016/j.annepidem.2016.12.004>

Purpose

Suicide rates among military service members have risen dramatically, while drivers remain poorly understood. We examined the relationship between coincident alcohol dependence and depression in shaping risk of suicidal ideation among National Guard forces.

Methods

We performed a longitudinal analysis using a randomly selected, population-based sample of Ohio Army National Guard soldiers. Telephone-based surveys of 1582 soldiers who participated in both wave 1 (2008-2009) and wave 2 (2009- 2010) were analyzed.

Results

Odds ratios (ORs) for suicidal ideation among those with vs. without alcohol dependence were similar among non-depressed [OR=3.85 (95% Confidence Intervals(CI) = 1.18-12.52)] and depressed individuals [OR = 3.13 (95% CI = 0.88-11.14)]; multiplicative interaction was not observed. In contrast, the risk differences (RD) among those with vs. without alcohol dependence diverged for those without depression [RD = 0.04 (95% CI = 0.02-0.07)] compared to those with depression [RD 0.11(95% CI=0.06-0.18)]; strong evidence of additive interaction was observed.

Conclusions

We found that alcohol dependence and depression interact statistically in shaping risk for incident suicidal ideation among Army National Guard service members. A high-risk prevention approach including population-based screening for suicidality among patients with alcohol dependence, depression, and particularly those with both conditions is warranted in military populations.

Links of Interest

Army: Number of sexual misconduct allegations against senior leaders increases
<https://www.armytimes.com/articles/army-says-some-sexual-misconduct-trends-are-increasing>

Advocates: Fairness for Veterans Act is only 1 step in fight against 'bad paper' discharges
<http://www.stripes.com/advocates-fairness-for-veterans-act-is-only-1-step-in-fight-against-bad-paper-discharges-1.444640>

Marine Corps withheld suicide investigation results that suggested drug use among Marines
<https://www.washingtonpost.com/news/checkpoint/wp/2016/12/19/marine-corps-withheld-suicide-investigation-results-that-suggested-drug-use-among-marines/>

New Veterans Crisis Line expansion nearly doubles suicide prevention staff
<http://www.militarytimes.com/articles/veterans-crisis-line-atlanta-opening>

Why Insomniacs Should Consider Therapy Without A Therapist
<http://www.forbes.com/sites/toddessig/2016/12/21/why-insomniacs-should-consider-therapy-without-a-therapist/>

Veterans Face Uphill Fight Getting College Credit for Military Training
<http://time.com/4608543/veterans-college-credit-military-training-gi-bill/>

Resource of the Week: [National Resource Directory](#)

The National Resource Directory (NRD) is a resource website that connects wounded warriors, Service Members, Veterans, their families, and caregivers to programs and services that support them.

It provides access to services and resources at the national, state and local levels to support recovery, rehabilitation and community reintegration. Visitors can find information on a variety of topics that supply an abundance of vetted resources.



National Resource Directory

An Online Partnership for Wounded, Ill and Injured Service Members, Veterans, Their Families and Those Who Support Them

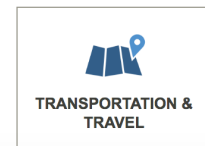
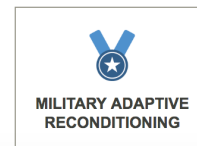
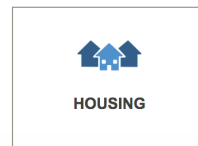
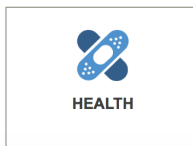
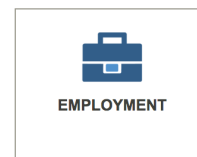
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SEARCH ▶

FIND INFORMATION BY CATEGORY



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