



CDP Research Update -- February 9, 2017

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- Resource of the Week - Meditation for Posttraumatic Stress Disorder
A Systematic Review

<http://psycnet.apa.org/journals/ccp/85/2/160>

For better or worse: An individual patient data meta-analysis of deterioration among participants receiving Internet-based cognitive behavior therapy.

Rozental, Alexander; Magnusson, Kristoffer; Boettcher, Johanna; Andersson, Gerhard; Carlbring, Per

Journal of Consulting and Clinical Psychology
Vol 85(2), Feb 2017, 160-177
<http://dx.doi.org/10.1037/ccp0000158>

Objective:

Psychological treatments can relieve mental distress and improve well-being, and the dissemination of evidence-based methods can help patients gain access to the right type of aid. Meanwhile, Internet-based cognitive-behavioral therapy (ICBT) has shown promising results for many psychiatric disorders. However, research on the potential for negative effects of psychological treatments has been lacking.

Method:

An individual patient data meta-analysis of 29 clinical trials of ICBT (N = 2,866) was performed using the Reliable Change Index for each primary outcome measures to distinguish deterioration rates among patients in treatment and control conditions. Statistical analyses of predictors were conducted using generalized linear mixed models. Missing data was handled by multiple imputation.

Results:

Deterioration rates were 122 (5.8%) in treatment and 130 (17.4%) in control conditions. Relative to receiving treatment, patients in a control condition had higher odds of deteriorating, odds ratios (ORs) = 3.10, 95% confidence interval (CI) [2.21, 4.34]. Clinical severity at pretreatment was related to lower odds, OR = 0.62, 95% CI [0.50, 0.77], and OR = 0.51, 95% CI [0.51, 0.80], for treatment and control conditions. In terms of sociodemographic variables, being in a relationship, OR = 0.58, 95% CI [0.35, 0.95], having at least a university degree, OR = 0.54, 95% CI [0.33, 0.88], and being older, OR = 0.78, 95% CI, [0.62, 0.98], were also associated with lower odds of deterioration, but only for patients assigned to a treatment condition.

Conclusion:

Deterioration among patients receiving ICBT or being in a control condition can occur and should be monitored by researchers to reverse and prevent a negative treatment trend. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

<http://psycnet.apa.org/journals/ccp/85/2/99>

Randomized trial of motivational interviewing plus feedback for soldiers with untreated alcohol abuse.

Walker, Denise D.; Walton, Thomas O.; Neighbors, Clayton; Kaysen, Debra; Mbilinyi, Lyungai; Darnell, Jolee; Rodriguez, Lindsey; Roffman, Roger A.

Journal of Consulting and Clinical Psychology

Vol 85(2), Feb 2017, 99-110

<http://dx.doi.org/10.1037/ccp0000148>

Objective:

Alcohol use disorders (AUDs) are prevalent in the military and are a major public health concern. Although efficacious AUD interventions exist, few service members seek treatment. Army-specific barriers to AUD treatment include treatment being recorded on health records, command being notified of participation, and perceptions that seeking treatment would interfere with promotion or retention in the military. This study evaluated a telephone delivered motivational interviewing plus feedback (MIF) intervention designed to attract self-referral and reduce substance use from active-duty military with untreated AUD.

Method:

A randomized controlled trial enrolled 242 Army personnel who met criteria for AUD according to the Diagnostic and Statistical Manual of Mental Disorders (4th ed.) and who were not engaged in AUD treatment. Participants were screened and assessed at baseline, 1-week, and 3- and 6-month follow-ups. Participants were randomly assigned to receive 1 session of MIF or psychoeducation (control). All participation occurred over the telephone. Primary outcomes included number of drinks per week, substance use disorder (SUD) diagnosis and consequences, and treatment-seeking behavior.

Results:

Generalized linear models were used to test group differences in drinking behaviors and substance use problems. Results indicated that all participants significantly reduced their drinking over time. MIF participants reported significantly fewer drinks per week than did control participants. Similarly, alcohol dependence diagnosis was marginally lower among MIF participants than control participants at the 6-month assessment. SUD treatment seeking significantly increased for both conditions.

Conclusions:

This novel adaptation of MIF shows promise for decreasing drinking and alcohol dependence among this high-risk sample of non-treatment-seeking soldiers and may complement existing AUD services already provided by the Army. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

<http://www.sciencedirect.com/science/article/pii/S1087079217300199>

Trauma associated sleep disorder: a parasomnia induced by trauma.

Vincent Mysliwiec, Matthew S. Brock, Jennifer L. Creamer, Brian O'Reilly, Anne Germaine, Bernard Roth

Sleep Medicine Reviews

Available online 30 January 2017

<http://dx.doi.org/10.1016/j.smr.2017.01.004>

Nightmares and disruptive nocturnal behaviors that develop after traumatic experiences have long been recognized as having different clinical characteristics that overlap with other established parasomnia diagnoses. The inciting experience is typically in the setting of extreme traumatic stress coupled with periods of sleep disruption and/or deprivation. The limited number of laboratory documented cases and symptomatic overlap with REM sleep behavior disorder (RBD) and posttraumatic stress disorder (PTSD) have contributed to difficulties in identifying what is a unique parasomnia. Trauma associated sleep disorder (TSD) incorporates the inciting traumatic experience and clinical features of trauma related nightmares and disruptive nocturnal behaviors as a novel parasomnia. The aims of this theoretical review are to (1) summarize the known cases and clinical findings supporting TSD, (2) differentiate TSD from clinical disorders with which it has overlapping features, (3) propose criteria for the diagnosis of TSD, and (4) present a hypothetical neurobiological model for the pathophysiology of TSD. Hyperarousal, as opposed to neurodegenerative changes in RBD, is a component of TSD that likely contributes to overriding atonia during REM sleep and the comorbid diagnosis of insomnia. Lastly, a way forward to further establish TSD as an accepted sleep disorder is proposed.

http://journals.lww.com/jonmd/Abstract/2017/02000/The_Impact_of_Trauma_Type_or_Number_of_Traumatic.3.aspx

The Impact of Trauma Type or Number of Traumatic Events on PTSD Diagnosis and Symptom Severity in Treatment Seeking Veterans.

Jakob, Jeanne M.D. PhD; Lamp, Kristen PhD; Rauch, Sheila A.M. PhD; Smith, Erin R. PhD; Buchholz, Katherine R. PhD

Journal of Nervous & Mental Disease:
February 2017 - Volume 205 - Issue 2 - p 83–86
doi: 10.1097/NMD.0000000000000581

Trauma history and increased exposure to combat and sexual trauma may account for heightened rates of PTSD among military populations. This study assessed trauma type and exposure history, diagnostic impressions, and PTSD severity in a large clinical dataset (n = 2463) of veterans presenting for PTSD evaluation at a Midwestern VA Medical Center between the years 2006 and 2013. The degree of lifetime trauma exposure was pronounced, with approximately 76% of the sample reporting exposure to at least four traumatic events. Higher numbers of lifetime trauma and higher levels of combat exposure were associated with more severe PTSD symptoms. Sexual trauma and combat trauma were more predictive of PTSD than other trauma types. Sexual trauma was associated with more severe PTSD than combat and other trauma.

<http://www.sciencedirect.com/science/article/pii/S2405452616300404>

Interprofessional education to foster communication and resilience among health professional students.

Jane Anthony Peterson, Margaret Brommelsiek

Journal of Interprofessional Education & Practice
Volume 7, June 2017, Pages 1-3
<http://dx.doi.org/10.1016/j.xjep.2017.01.001>

An 8-week interprofessional education (IPE) immersion classroom experience was developed to prepare advanced practice nursing, pharmacy, social work and clinical psychology students for delivering care as interprofessional clinical practice (IPCP)

teams at a Veterans Administration primary care clinic. The course was designed to assist students in building resilience for negotiating challenges in the healthcare environment, to transition from autonomous novices to interprofessional practitioners, and to fortify knowledge and attitudes around veteran healthcare. Using case studies and standardized patients, student teams learned to negotiate challenging patient and interprofessional conflicts that can arise around moral dilemmas, cultural differences, and the hierarchy within the healthcare system. Students learned to anticipate and manage challenging situations through increased problem-solving skills, effective coping strategies, and improved confidence in managing negative emotions.

<http://psycnet.apa.org/journals/ser/14/1/23/>

VA eScreening program: Technology to improve care for post-9/11 veterans.

Pittman, James O. E.; Floto, Elizabeth; Lindamer, Laurie; Baker, Dewleen G.; Lohr, James B.; Afari, Niloofar

Psychological Services

Vol 14(1), Feb 2017, 23-33

<http://dx.doi.org/10.1037/ser0000125>

Special Section: Informatics and Business Operations in Mental Health

The Veterans Health Administration (VHA) provides health care services to a growing number of veterans. There is ample support for the use of technology-based self-screening to support health care delivery. We developed the VA eScreening program for veterans to directly provide self-report mental and physical health information through a veteran-facing portal that communicates with the electronic medical records system. A total of 1,372 newly enrolling veterans in 2 cohorts participated in a study to assess veteran satisfaction, determine accessibility and clinical processes, measure screening differences, and examine connection to care between eScreening and paper screening. Veterans who completed eScreening were slightly more satisfied with screening than those who completed paper screening. Accessibility, rate of screening completion, and clinical processes were significantly better with eScreening than paper screening. Except for higher alcohol use in the paper-based cohort, veterans who completed paper and eScreening were similar in the rates of positive health screens. Connection to VA services, rate and speed of vesting in the health care system, and time to document required suicide risk assessments were better with the VA eScreening program than paper screening. The VA eScreening program is a unique and promising

tool that may leverage limited resources to improve screening and care for veterans.
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<http://psycnet.apa.org/journals/ser/14/1/34/>

Development and applications of the Veterans Health Administration's Stratification Tool for Opioid Risk Mitigation (STORM) to improve opioid safety and prevent overdose and suicide.

Oliva, Elizabeth M.; Bowe, Thomas; Tavakoli, Sara; Martins, Susana; Lewis, Eleanor T.; Paik, Meenah; Wiechers, Ilse; Henderson, Patricia; Harvey, Michael; Avoundjian, Tigran; Medhanie, Amanuel; Trafton, Jodie A.

Psychological Services

Vol 14(1), Feb 2017, 34-49

<http://dx.doi.org/10.1037/ser0000099>

Special Section: Informatics and Business Operations in Mental Health

Concerns about opioid-related adverse events, including overdose, prompted the Veterans Health Administration (VHA) to launch an Opioid Safety Initiative and Overdose Education and Naloxone Distribution program. To mitigate risks associated with opioid prescribing, a holistic approach that takes into consideration both risk factors (e.g., dose, substance use disorders) and risk mitigation interventions (e.g., urine drug screening, psychosocial treatment) is needed. This article describes the Stratification Tool for Opioid Risk Mitigation (STORM), a tool developed in VHA that reflects this holistic approach and facilitates patient identification and monitoring. STORM prioritizes patients for review and intervention according to their modeled risk for overdose/suicide-related events and displays risk factors and risk mitigation interventions obtained from VHA electronic medical record (EMR)-data extracts. Patients' estimated risk is based on a predictive risk model developed using fiscal year 2010 (FY2010: 10/1/2009–9/30/2010) EMR-data extracts and mortality data among 1,135,601 VHA patients prescribed opioid analgesics to predict risk for an overdose/suicide-related event in FY2011 (2.1% experienced an event). Cross-validation was used to validate the model, with receiver operating characteristic curves for the training and test data sets performing well (>.80 area under the curve). The predictive risk model distinguished patients based on risk for overdose/suicide-related adverse events, allowing for identification of high-risk patients and enrichment of target populations of patients with greater safety concerns for proactive monitoring and application of risk mitigation

interventions. Results suggest that clinical informatics can leverage EMR-extracted data to identify patients at-risk for overdose/suicide-related events and provide clinicians with actionable information to mitigate risk. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

<http://onlinelibrary.wiley.com/doi/10.1002/jts.22164/full>

Domestic Civil Support Missions Can Aggravate Negative Mental Health Outcomes Among National Guardsmen: The Moderating Role of Economic Difficulties.

Russell, D. W., Kazman, J. B., Benedek, D. M., Ursano, R. J. and Russell, C. A

JOURNAL OF TRAUMATIC STRESS

First published: 31 January 2017

doi:10.1002/jts.22164

Little research has addressed potentially negative health outcomes associated with domestic civil-oriented operations, but has focused instead on traditional military operations (e.g., combat). This study, conducted following a United States Defense Support to Civilian Authorities mission undertaken by National Guard forces (N = 330), showed that responding to such missions was linked to more negative mental health outcomes, including posttraumatic stress disorder ($\beta = 0.23$) and depression ($\beta = 0.23$), but only among those who reported difficulty meeting their basic socioeconomic needs and not among those who did not have difficulty meeting their basic needs. The study offers suggestions for identifying individuals who may be especially vulnerable to stressors.

<http://ajp.psychiatryonline.org/doi/abs/10.1176/appi.ajp.2016.16050523>

Morbidity and Mortality Associated With Medications Used in the Treatment of Depression: An Analysis of Cases Reported to U.S. Poison Control Centers, 2000–2014.

J. Craig Nelson, M.D., Daniel A. Spyker, Ph.D., M.D.

Objective:

The authors sought to determine the relative morbidity and mortality associated with drugs used to treat depression and to examine specific clinical effects associated with serious outcomes.

Method:

The National Poison Data System, which receives exposure reports from regional poison centers serving the United States, Puerto Rico, and the District of Columbia, was queried for single drug exposures in individuals 12 years and older during the period 2000–2014. Medications included were antidepressants, atypical antipsychotics, anticonvulsants, lithium, and other medications used in the treatment of depression. The main outcomes were the morbidity index (the number of serious outcomes per 1,000 exposures) and the mortality index (the number of fatal outcomes per 10,000 exposures).

Results:

During this 15-year period, there were 962,222 single substance exposures to the 48 medications studied. Serious outcomes rose 2.26-fold and in linear fashion over the 15 years. While tricyclic and monoamine oxidase inhibitor medications were associated with high morbidity and mortality, several newer agents also appeared hazardous. Lithium, quetiapine, olanzapine, bupropion, and carbamazepine were associated with high morbidity indices. Lithium, venlafaxine, bupropion, quetiapine, olanzapine, ziprasidone, valproic acid, carbamazepine, and citalopram were associated with higher mortality indices.

Conclusions:

Serious outcomes after overdose or nonintentional exposures to medications used to treat depression have risen dramatically over the past 15 years. The present data suggest that the morbidity and mortality risks vary substantially among these medications. These differences become important when selecting treatments for patients with depression, especially those at increased risk for suicide.

<http://www.sciencedirect.com/science/article/pii/S0022395617301255>

Prospective post-traumatic stress disorder symptom trajectories in active duty and separated military personnel.

Ben Porter, George A. Bonanno, Melissa A. Frasco, Erin K. Dursa, Edward J. Boyko

Journal of Psychiatric Research

Available online 30 January 2017

<http://dx.doi.org/10.1016/j.jpsychires.2017.01.016>

Post-traumatic stress disorder (PTSD) is a serious mental illness that affects current and former military service members at a disproportionately higher rate than the civilian population. Prior studies have shown that PTSD symptoms follow multiple trajectories in civilians and military personnel. The current study examines whether the trajectories of PTSD symptoms of veterans separated from the military are similar to continuously serving military personnel. The Millennium Cohort Study is a population-based study of military service members that commenced in 2001 with follow-up assessments occurring approximately every 3 years thereafter. PTSD symptoms were assessed at each time point using the PTSD Checklist. Latent growth mixture modeling was used to compare PTSD symptom trajectories between personnel who separated (veterans; $n = 5292$) and personnel who remained in military service (active duty; $n = 16,788$). Four distinct classes (resilient, delayed-onset, improving, and elevated-recovering) described PTSD symptoms trajectories in both veterans and active duty personnel. Trajectory shapes were qualitatively similar between active duty and veterans. However, within the resilient, improving, and elevated recovering classes, the shapes were statistically different. Although the low-symptom class was the most common in both groups (veterans: 82%; active duty: 87%), veterans were more likely to be classified in the other three classes (in all cases, $p < 0.01$). The shape of each trajectory was highly similar between the two groups despite differences in military and civilian life.

<http://onlinelibrary.wiley.com/doi/10.1002/da.22592/full>

Depression care among depressed adults with and without comorbid substance use disorders in the United States.

Han B, Olfson M, and Mojtabai R.

Depression and Anxiety

First published: January 2017

DOI: 10.1002/da.22592

Objective

We compared the prevalence of receiving depression care between adults with past-year major depressive episodes (depressed) and substance use disorders (SUD) in the United States and their depressed counterparts without SUD.

Method

Data were from 25,500 adults who participated in the 2008–2014 National Surveys on Drug Use and Health. Descriptive analyses and logistic regression models were applied.

Results

During 2008–2014, approximately 55.4% of depressed U.S. adults with SUD received past-year depression care, while 60.1% of depressed adults without SUD received such care. Overall, co-occurring SUD was associated with an 8% decreased likelihood of receiving past-year depression care (risk ratio (RR) = 0.92, 95% CI = 0.89–0.96). For depressed adults with severe functional impairment, co-occurring SUD was associated with a 9% decreased likelihood of receiving past-year depression care (RR = 0.91, 95% CI = 0.87–0.95). For depressed men, co-occurring SUD was associated with a 13% decreased likelihood of receiving past-year depression care (RR = 0.87, 95% CI = 0.81–0.94). The following depressed adults were at increased risk of not receiving depression care: those without functional impairment, without suicidal ideation, and without physical comorbidities, aged 18–29, male, racial/ethnic minorities, having less than high school education, uninsured, and never married.

Conclusions

Among depressed adults in the United States, comorbid SUD modestly but significantly decreases the likelihood of receiving past-year depression care. Depressed young adults, men, racial/ethnic minorities, less educated individuals, uninsured adults, and never married adults are also at increased risk for not receiving depression care. Outreach efforts are needed to broaden access to depression care for these underserved adults.

<http://ps.psychiatryonline.org/doi/abs/10.1176/appi.ps.201600192>

Increased Treatment Complexity for Major Depressive Disorder for Inpatients With Comorbid Personality Disorder.

Hauke F. Wiegand, M.D., Ph.D., and Frank Godemann, M.D.

Psychiatric Services

Published online: February 01, 2017

Objective:

The study examined inpatient treatment for major depressive disorder (MDD) when it is complicated by comorbid personality disorder.

Methods:

In this descriptive analysis of a large data sample from 2013 (German VIPP data set) of 58,913 cases from 75 hospitals, three groups were compared: patients with MDD, patients with MDD and a comorbid personality disorder, and patients with a main diagnosis of personality disorder.

Results:

Compared with MDD patients, those with comorbid personality disorder had higher rates of recurrent depression and nearly twice as many readmissions within one year, despite longer mean length of stay. Records of patients with comorbidities more often indicated accounting codes for “complex diagnostic procedures,” “crisis intervention,” and “constant observation.” Patients with comorbid disorders differed from patients with a main diagnosis of personality disorder in treatment indicator characteristics and distribution of personality disorder diagnoses.

Conclusions:

Personality disorder comorbidity made MDD treatment more complex, and recurrence of MDD episodes and hospital readmission occurred more often than if patients had a sole MDD diagnosis.

<http://psycnet.apa.org/journals/pro/48/1/38/>

The current status of prescribing psychologists: Practice patterns and medical professional evaluations.

Linda, Wendy P.; McGrath, Robert E.

Professional Psychology: Research and Practice

Vol 48(1), Feb 2017, 38-45

<http://dx.doi.org/10.1037/pro0000118>

Despite ongoing controversy surrounding prescriptive authority for psychologists, few studies have been conducted on the practices or acceptance of prescribing psychologists. The current study had three aims. The first was to evaluate how prescribing psychologists are perceived by themselves and by their colleagues in various medical professions. The second aim was to understand the practice patterns of prescribing psychologists, while the last was to explore factors associated with perceptions of prescribing psychologists among medical professionals. Thirty prescribing psychologists and 24 of their medical colleagues completed surveys evaluating perceptions and practices of prescribing psychologists. Results demonstrated that prescribing psychologists were overwhelmingly perceived positively by their medical colleagues across various domains. Basic elements of the practice of the prescribing psychologist are described. Conclusions, limitations, and suggestions for further research are discussed. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

<http://www.sciencedirect.com/science/article/pii/S1389945717300345>

The effect of continuous positive airway pressure on post-traumatic stress disorder symptoms in veterans with post-traumatic stress disorder and obstructive sleep apnea: a prospective study.

Ali A. El-Solh, Leah Vermont, Gregory G. Homish, Thomas Kufel

Sleep Medicine

Available online 3 February 2017

<http://dx.doi.org/10.1016/j.sleep.2016.12.025>

Objectives

Previous retrospective studies have shown that continuous positive airway pressure (CPAP) exerts salutary effect on post-traumatic stress disorder (PTSD) symptoms and

nightmare distress. The relative magnitude of therapeutic benefits from CPAP and the strength of associations between duration of CPAP use and PTSD symptomatology are unknown.

Methods

A prospective cohort design involving 47 combat veterans with PTSD and documented obstructive sleep apnea (OSA) by overnight polysomnography. Epworth Sleepiness Scale (ESS) score, PTSD checklist-Military (PCL-M), Nightmare Distress Questionnaire (NDQ) and Nightmare Frequency Questionnaire (NFQ) were administered at baseline and 3 months after CPAP therapy. Objective adherence was assessed at the 3-month follow-up.

Results

Twenty-two veterans with mild-to-moderate PTSD (PCL-M score 17–59) and 18 with severe-to-very-severe PTSD (PCL-M score 60–85) completed the study. There was a dose-dependent response of PCL-M to duration of CPAP usage ($r = 0.45$; $p=0.003$). Veterans with severe-to-very-severe PTSD had a larger improvement in PTSD symptoms ($d=0.65$; $p=0.004$) compared with those with mild-to-moderate PTSD ($d=0.47$; $p=0.04$). CPAP usage was the only significant predictor of overall subjective improvement in PTSD symptoms (OR 10.5; $p=0.01$). Significant changes in NDQ and NFQ scores following 3 months of treatment were observed in veterans adherent to CPAP, but the correlations with duration of CPAP use were not statistically significant ($r = 0.24$; $p=0.13$ and $r = 0.13$; $p=0.4$, respectively).

Conclusions

Improvement of PTSD symptoms in veterans with OSA was more pronounced with prolonged use of CPAP. Adherence to treatment was linked to abatement in nightmare distress and frequency. Future investigation of multimodal treatment, including behavioral intervention combined with CPAP, is warranted.

<http://online.liebertpub.com/doi/abs/10.1089/tmj.2016.0188>

A Nationally Scaled Telebehavioral Health Program for Chronic Pain: Characteristics, Goals, and Psychological Outcomes.

Mochari-Greenberger Heidi, Peters Aimee, Vue Lee, and Pande Reena L.

Background:

Millions of U.S. adults suffer from chronic pain with a high prevalence of comorbid mental health issues. Telehealth-delivered behavioral therapy for chronic pain has been evaluated in the research setting. The purpose of this study was 1) to describe a nationally scaled, standardized, telebehavioral therapy program for patients with chronic pain and behavioral comorbidities, and 2) evaluate characteristics, goals, and psychosocial outcomes among program participants.

Materials and Methods:

This was mixed-methods retrospective cohort analysis among consecutive program graduates (mean age 53y; 24% male). The 8-week program was delivered by a licensed therapist and a behavior coach through telephone/secure video and tailored to each participant's behavioral health needs and goals. Participant chief complaints, behavioral goals, and mood triggers were abstracted by deidentified clinical record review using structured qualitative research methods. Depression, anxiety, and stress symptom data were collected at baseline and program graduation using the validated Depression Anxiety Stress Scales 21.

Results:

Back pain (42%) and hip/leg/knee pain (28%) comprised the most common chief complaints. Pain management (44%) and weight loss (43%) were the most frequently cited goals. At baseline, approximately half of participants had elevated depression (59%), anxiety (54%), and/or stress (48%) scores. Triggers for depressed, anxious, or stressed mood included severe pain (47%), health concerns (46%), and interpersonal relationship challenges (45%). At graduation, significant improvement in median depression (-54%), anxiety (-50%), and stress (-33%) symptom scores was observed among those with non-normal baseline values ($p < 0.001$); degree of improvement did not vary by participant age or sex.

Conclusions:

Participants in a nationally scaled telebehavioral health program for chronic pain experienced significant improvement in depression, anxiety, and stress symptoms and shared several complaints, goals, and mood triggers.

<http://onlinelibrary.wiley.com/doi/10.1111/ajad.12504/full>

Electronic cigarettes and mental illness: Reviewing the evidence for help and harm among those with psychiatric and substance use disorders.

Hefner, K., Valentine, G. and Sofuoglu, M.

The American Journal on Addictions

First published: 2 February 2017

DOI: 10.1111/ajad.12504

Background and Objectives

Adults with mental illness (MI) use combustible tobacco at increased rates and have greater difficulty quitting smoking. Given the increasing popularity of electronic cigarettes (e-cigarettes), their use by those with MI has important health implications. While preliminary evidence suggests potential benefits of e-cigarette use for those with MI, well-controlled, systematic research examining appeal, correlates, and consequences of e-cigarette use in this vulnerable population is lacking. This review evaluated current knowledge of e-cigarette use and potential for help and/or harm among adults with MI.

Methods

The search strategy resulted in $k = 88$ reports, of which $k = 9$ were deemed relevant.

Results

E-cigarette use is prevalent among those with MI, as is concurrent use of e-cigarettes and combustibles. E-cigarettes appeal to those with MI as a viable alternative to combustible tobacco, and their use does not appear to exacerbate nicotine addiction or psychiatric symptoms. However, the long-term impact of e-cigarette use on combustible tobacco use and other health indices is largely unknown.

Discussion and Conclusions

Rigorous research and improved knowledge regarding risks and benefits of e-cigarette use within this vulnerable population are needed to inform whether special consideration is warranted towards those with MI in developing tobacco control policies and health communications. Recommendations for future e-cigarette research include improved assessment of the following: 1) psychodiagnostic variability, 2) flavor preferences, 3) the longitudinal impact on combustible tobacco use, and 4) impact of tobacco product communications.

Scientific Significance

As with combustible cigarettes, individuals with MI may display unique e-cigarette use patterns from that of the general population.

<http://onlinelibrary.wiley.com/doi/10.1111/sltb.12334/full>

Connecting Veterans at Risk for Suicide to Care Through the HOME Program.

Matarazzo, B. B., Farro, S. A., Billera, M., Forster, J. E., Kemp, J. E. and Brenner, L. A.

Suicide and Life-Threatening Behavior

First published: 2 February 2017

DOI: 10.1111/sltb.12334

The Home-Based Mental Health Evaluation (HOME) program, which engages veterans in care following psychiatric hospitalization, was evaluated. Thirty-four veterans who participated in the HOME program were compared to 34 veterans from a matched archival control group on treatment engagement and implementation outcomes. Veterans who participated in the HOME program were significantly more likely to engage in care, engaged in care more quickly, and attended significantly more individual mental health appointments. Veterans reported high levels of satisfaction. Results suggest that the HOME program is effective at engaging veterans in care during the high-risk period of time following psychiatric hospitalization.

<http://www.sciencedirect.com/science/article/pii/S1556407X16301059>

The Cost of Insomnia and the Benefit of Increased Access to Evidence-Based Treatment: Cognitive Behavioral Therapy for Insomnia.

Sarah A. Reynolds, Matthew R. Ebben

Sleep Medicine Clinics

Volume 12, Issue 1, March 2017, Pages 39–46

<http://dx.doi.org/10.1016/j.jsmc.2016.10.011>

KEY POINTS

- Insomnia is a costly condition associated with direct and indirect costs estimated at more than \$150 billion in the US annually.
- Most insomnia-related expenses are indirect costs. Given that insomnia is inexpensive to treat, increased access to treatment has the potential to generate substantial cost savings.
- Behavioral treatments for insomnia are favorable because they address the underlying problem and do not have many of the health risks associated with sedative-hypnotic use.
- CBT-I is a nonpharmacologic intervention that safely and cost-effectively treats insomnia.
- In the interest of minimizing cost and the lack of CBT-I providers, self-administered, group, and stepped care delivery of this intervention have been developed.

<http://onlinelibrary.wiley.com/doi/10.1111/sltb.12328/full>

Hopelessness Predicts Suicide Ideation But Not Attempts: A 10-Year Longitudinal Study.

Qiu, T., Klonsky, E. D. and Klein, D. N.

Suicide and Life-Threatening Behavior

First published: 2 February 2017

DOI: 10.1111/sltb.12328

Hopelessness is one of the most commonly cited risk factors for suicidal behaviors. However, several retrospective studies suggest that hopelessness, while strongly correlated with suicide ideation, does not distinguish attempters from ideators without attempts. This study is the first to utilize a prospective design to disambiguate the relationship of hopelessness to ideation versus attempts. Participants were 142 depressed patients followed up over 10 years. Hopelessness and suicidality (ideation and attempts) were assessed using validated questionnaires and structured interviews. Both retrospective and prospective analyses revealed that hopelessness was higher among those reporting any suicidality (ideation or attempts) compared with nonsuicidal individuals. However, hopelessness failed to meaningfully distinguish attempters from ideators in both retrospective and prospective analyses. Taken together with results

from previous studies, our findings suggest hopelessness is best conceptualized as a risk factor for suicide ideation but not progression from ideation to attempts.

<http://journals.sagepub.com/doi/abs/10.1177/0095327X16687068>

Gender and Deployment Effects on Pro-Organizational Behaviors of U.S. Soldiers.

Todd Woodruff, Ryan Kelty

Armed Forces & Society

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This study examines whether gender moderates the relationships between deployment and both organizational identification and pro-organizational behaviors. The broader context motivating this study is the U.S. military's 2016 rescission of the ground combat exclusion, accomplishing full gender integration in the armed forces. Structural equation modeling is used to test for gender moderation effects. Results reveal deployment frequency, but not current deployment, has small effects on several pro-organizational behaviors. Results also show that gender does not moderate the effects of deployment frequency on soldiers' perceptions of the organization or economic or social satisfaction. Gender does moderate the effects of deployment frequency on soldiers' identification with the army. Additionally, while gender was not found to moderate the relationship between combat deployments and overall pro-organizational behaviors among soldiers, it does moderate the effect of deployments on one pro-organizational item: sacrificing behavior. Implications are discussed with an eye toward full gender inclusion in the U.S. military.

<http://www.sciencedirect.com/science/article/pii/S027273581530204X>

A systematic review of help-seeking and mental health service utilization among military service members.

Melanie A. Hom, Ian H. Stanley, Matthew E. Schneider, Thomas E. Joiner Jr.

Clinical Psychology Review
Available online 4 February 2017
<http://dx.doi.org/10.1016/j.cpr.2017.01.008>

Research has demonstrated that military service members are at elevated risk for a range of psychiatric problems, and mental health services use is a conduit to symptom reduction and remission. Nonetheless, there is a notable underutilization of mental health services in this population. This systematic review aimed to identify and critically examine: (1) rates of service use; (2) barriers and facilitators to care; and (3) programs and interventions to enhance willingness to seek care and help-seeking behaviors among current military personnel (e.g., active duty, National Guard, Reserve). Overall, 111 peer-reviewed articles were identified for inclusion. Across studies, the rate of past-year service use among service members with mental health problems during the same time frame was 29.3% based on weighted averages. Studies identified common barriers to care (e.g., concerns regarding stigma, career impact) and facilitators to care (e.g., positive treatment attitudes, family/friend support, military leadership support) among this population. Although programs (e.g., screening, gatekeeper training) have been developed to reduce these barriers, leverage facilitators, and encourage service use, further research is needed to empirically test the effectiveness of these interventions in increasing rates of service utilization. Critical areas for further research on treatment engagement among this high-risk population are discussed.

<http://onlinelibrary.wiley.com/doi/10.1111/jsr.12498/abstract>

Objective measures of sleep duration and continuity in major depressive disorder with comorbid hypersomnolence: a primary investigation with contiguous systematic review and meta-analysis.

Plante, D. T., Cook, J. D. and Goldstein, M. R.

Journal of Sleep Research
First published: January 2017
DOI: 10.1111/jsr.12498

Hypersomnolence plays an important role in the presentation, treatment and course of mood disorders. However, there has been relatively little research that examines objective measures of sleep duration and continuity in patients with depression and hypersomnolence, despite the use of these factors in sleep medicine nosological

systems. This study compared total sleep time and efficiency measured by naturalistic actigraphic recordings followed by ad libitum polysomnography (PSG; without prescribed wake time) in 22 patients with major depressive disorder and co-occurring hypersomnolence against age- and sex-matched healthy sleeper controls. The major depressive disorder and co-occurring hypersomnolence group demonstrated significantly longer sleep duration compared with healthy sleeper controls quantified by sleep diaries, actigraphy and ad libitum PSG. No between-group differences in sleep efficiency (SE), latency to sleep or wake after sleep onset were observed when assessed using objective measures. To further contextualize these findings within the broader scientific literature, a systematic review was performed to identify other comparable investigations. A meta-analysis of pooled data demonstrated patients with mood disorders and co-occurring hypersomnolence have significantly greater sleep duration and similar SE compared with healthy controls when assessed using ad libitum PSG. These results suggest current sleep medicine nosology that distinguishes hypersomnia associated with psychiatric disorders primarily as a construct characterized by low SE and increased time in bed may not be accurate. Future studies that establish the biological bases hypersomnolence in mood disorders, as well as clarify the accuracy of nosological thresholds to define excessive sleep duration, are needed to refine the diagnosis and treatment of these disorders.

Links of Interest

From fast friends to the 'Daddy Board,' how one Army wife tackles her husband's deployment

<http://www.militarytimes.com/articles/from-fast-friends-to-the-daddy-board-how-one-army-wife-tackles-her-husbands-deployment>

How Often do People Lose Security Clearances Because of Mental Health Reasons?

<http://www.pdhealth.mil/news/blog/how-often-do-people-lose-security-clearances-because-mental-health-reasons>

You Can Practice Mindfulness Meditation - Every Day

http://www.dcoe.mil/blog/17-02-07/You_Can_Practice_Mindfulness_Meditation_-_Every_Day.aspx

Clinical trial using marijuana to treat PTSD in veterans gets underway

<https://www.armytimes.com/articles/clinical-trial-using-marijuana-to-treat-ptsd-in-veterans-gets-underway>

E-cigarettes safer than smoking says long-term study

<https://www.sciencedaily.com/releases/2017/02/170207104358.htm>

Rewards treat alcohol abuse in those with mental illness

<https://www.sciencedaily.com/releases/2017/02/170207092743.htm>

Nicotine creates a chronic drug memory in the brain

<https://www.sciencedaily.com/releases/2017/02/170202085656.htm>

Volunteering eases veterans' transition to civilian life

<https://www.sciencedaily.com/releases/2017/02/170202141318.htm>

Antidepressants Induce Resilience and Reverse Susceptibility

<https://www.sciencedaily.com/releases/2017/02/170202085855.htm>

Sleep research high-resolution images show how the brain resets during sleep

<https://www.sciencedaily.com/releases/2017/02/170202141913.htm>

Resource of the Week - [Meditation for Posttraumatic Stress Disorder A Systematic Review](#)

RAND researchers conducted a systematic review and meta-analysis that synthesized evidence from randomized controlled trials of meditation interventions to provide estimates of their efficacy and safety in treating adults diagnosed with posttraumatic stress disorder (PTSD).

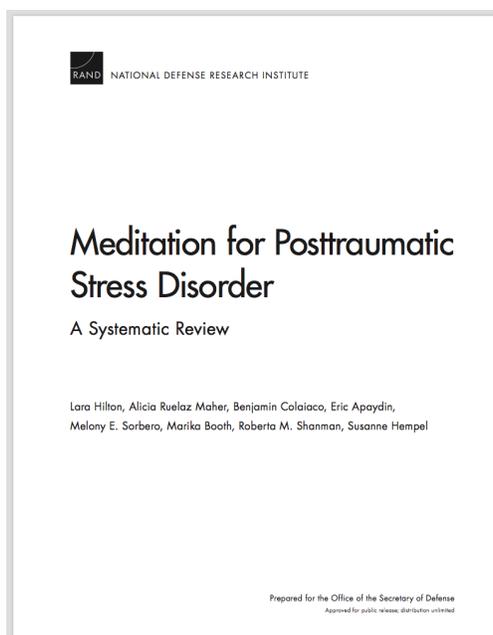
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Key Findings

Meditation Is Associated with Improved PTSD and Depression Symptoms, but the Evidence Is Limited

- Ten randomized controlled trials (RCTs) on meditation interventions for PTSD met inclusion criteria. Intervention approach, intensity, and study quality varied considerably. Six RCTs focused exclusively on patients exposed to combat-associated trauma.

- Meditation interventions — including mindfulness-based stress therapy, yoga, and mantram repetition program offered as adjunctive therapy — reduced PTSD symptoms statistically significantly compared with all comparators across all sources of trauma; the quality of evidence was rated as low.
- Adjunctive meditation interventions were also efficacious in reducing depression symptoms; the quality of evidence was rated as moderate.
- Effects were positive but not statistically significantly different for quality of life or anxiety symptoms, and no study addressed functional status. Only five RCTs assessed safety. None of these five studies identified any adverse events as a result of meditation interventions.
- No head-to-head trials compared different meditation approaches, and indirect comparisons did not systematically favor one type of meditation over another. Treatment effect estimates did not vary systematically by comparator. It was not possible to determine the differential effect of offering meditation as adjunctive or monotherapy, and meta-regressions did not identify a systematic effect of the intervention intensity or trauma type.



See also from RAND - [Mindfulness Meditation for the Treatment of Tobacco Use A Systematic Review](#)

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