



## CDP Research Update -- February 16, 2017

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- Resource of the Week: National Center for Veterans Analysis and Statistics

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<http://www.mdpi.com/2076-0760/6/1/13/htm>

**Promoting Military Cultural Competence among Civilian Care Providers: Learning through Program Development.**

Randall Nedegaard and Jana Zwilling

Social Sciences

2017, 6(1), 13;

doi:10.3390/socsci6010013

Military veterans and their families belong to a unique subculture. Several studies have identified the need for helping professionals to attain military cultural competence in order to practice more effectively. In order to address this need, a Midwestern state created a military culture certificate program (MCCP). The process of developing this program is described. Eighty-two participants of the MCCP completed a pretest survey assessing their knowledge, awareness, and self-confidence in working with this population. The majority of the participants had experience working with this population already, and their survey scores indicated moderate knowledge and moderate to high levels of overall self-efficacy. Pre-test scores indicated ten areas (six in knowledge and four in self-efficacy) that may deserve increased focus for programs and trainings on military culture. While the MCCP appeared to be generally effective, findings suggest that convenient adjunctive methods of obtaining information to enhance military cultural competence would also be helpful.

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<http://www.sciencedirect.com/science/article/pii/S1087079217300266>

**The effectiveness of behavioural and cognitive behavioural therapies for insomnia on depressive and fatigue symptoms: a systematic review and network meta-analysis.**

Andrea Ballesio, Maria Raisa Jessica V. Aquino, Bernd Feige, Anna F. Johann, Simon D. Kyle, Kai Spiegelhalder, Caterina Lombardo, Gerta Rücker, Dieter Riemann, Chiara Baglioni

Sleep Medicine Reviews

Available online 7 February 2017

<http://dx.doi.org/10.1016/j.smr.2017.01.006>

This review aimed to assess the impact of behavioural therapy for insomnia administered alone (BT-I) or in combination with cognitive techniques (cognitive-behavioural therapy for insomnia, CBT-I) on depressive and fatigue symptoms using network meta-analysis. PubMed, Scopus and Web of Science were searched from 1986 to May 2015. Studies were included if they incorporated sleep restriction, a core technique of BT-I treatment, and an adult insomnia sample, a control group and a standardised measure of depressive and/or fatigue symptoms. Face-to-face, group, self-help and internet therapies were all considered. Forty-seven studies were included in the meta-analysis. Eleven classes of treatment or control conditions were identified in

the network. Cohen's  $d$  at 95% confidence interval (CI) was calculated to assess the effect sizes of each treatment class as compared with placebo. Results showed significant effects for individual face-to-face CBT-I on depressive ( $d = 0.34$ , 95% CI: 0.06 - 0.63) but not on fatigue symptoms, with high heterogeneity between studies. The source of heterogeneity was not identified even after including sex, age, comorbidity and risk of bias in sensitivity analyses. Findings highlight the need to reduce variability between study methodologies and suggest potential effects of individual face-to-face CBT-I on daytime symptoms.

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<http://onlinelibrary.wiley.com/doi/10.1002/jts.22160/abstract?campaign=woletoc>

### **The Course and Correlates of Combat-Related PTSD in Australian Vietnam Veterans in the Three Decades After the War.**

Brian I. O'Toole, Stanley V. Catts

Journal of Traumatic Stress

First published: 19 January 2017

DOI: 10.1002/jts.22160

Australian male Vietnam veterans ( $N = 388$ ) were assessed 22 and 36 years after their return to Australia using standardized diagnostic interviews, with added data from Army records and self-report questionnaires. Among veterans who ever had posttraumatic stress disorder (PTSD), 50.3% had a current diagnosis at the second assessment; of those who had a current diagnosis at Wave 1, 46.9% were also current at Wave 2. Late onset occurred for 19.0% of veterans, of whom 60.8% were current at Wave 2. Multivariate analysis compared veterans with no history of PTSD ( $n = 231$ ) with veterans who had ever had PTSD ( $n = 157$ ) to assess risk factors for PTSD incidence; and veterans with a history, but not current PTSD ( $n = 78$ ) with veterans who had current PTSD at the second assessment ( $n = 79$ ) to assess risk factors for failure to remit. Incidence was associated with lower education, shorter Army training predeployment, higher combat, excess drinking, and help-seeking after return to Australia. Prevalence was associated with having a father who saw combat in World War II, being injured in battle, having a lower intelligence test score, experiencing higher combat, and having a diagnosis of phobia at the first assessment. Only combat was common to incidence and prevalence.

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<http://onlinelibrary.wiley.com/doi/10.1002/jts.22162/abstract>

**Persistent Serious Mental Illness Among Former Applicants for VA PTSD Disability Benefits and Long-Term Outcomes: Symptoms, Functioning, and Employment.**

Murdoch, M., Spont, M. R., Kehle-Forbes, S. M., Harwood, E. M., Sayer, N. A., Clothier, B. A. and Bangerter, A. K.

Journal of Traumatic Stress

Volume 30, Issue 1, pages 36–44, February 2017

DOI: 10.1002/jts.22162

Millions of U.S. veterans have returned from military service with posttraumatic stress disorder (PTSD), for which a substantial number receive U.S. Department of Veterans Affairs (VA) disability benefits. Although PTSD is treatable, comorbid serious mental illness (defined here as schizophrenia, schizoaffective disorder, and bipolar spectrum disorders) could complicate these veterans' recovery. Using VA administrative data, we examined the burden of persistent serious mental illness in a nationally representative cohort of 1,067 men and 1,513 women who applied for VA PTSD disability benefits between 1994 and 1998 and served during or after the Vietnam conflict. Self-reported outcomes were restricted to the 713 men and 1,015 women who returned surveys at each of 3 collection points. More than 10.0% of men and 20.0% of women had persistent serious mental illness; of these, more than 80.0% also had persistent PTSD. On repeated measures modeling, those with persistent serious mental illness consistently reported more severe PTSD symptoms and poorer functioning in comparison to other participants ( $p < .001$ ); their employment rate did not exceed 21.0%. Interactions between persistent serious mental illness and PTSD were significant only for employment ( $p = .002$ ). Persistent serious mental illness in this population was almost 2 to 19 times higher than in the general U.S. population. The implications of these findings are discussed.

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<http://onlinelibrary.wiley.com/doi/10.1002/jts.22156/abstract>

**Predictors of PTSD Symptom Change Among Outpatients in the U.S. Department of Veterans Affairs Health Care System.**

Sripada, R. K., Pfeiffer, P. N., Rampton, J., Ganoczy, D., Rauch, S. A. M., Polusny, M. A. and Bohnert, K. M. (2017)

Journal of Traumatic Stress

Volume 30, Issue 1, pages 45–53, February 2017

DOI: 10.1002/jts.22156

Although the U.S. Department of Veterans Affairs (VA) has prioritized care for posttraumatic stress disorder (PTSD), many patients with PTSD remain symptomatic. Patterns of PTSD symptom change are not well understood. Thus, the current study was designed to categorize and investigate potential predictors of symptom trajectories in patients with PTSD. The sample comprised 2,237 VA patients who were diagnosed with PTSD in 2013 and completed at least 4 PTSD Checklist (PCL) assessments over 12 weeks. Latent trajectory analysis was used to identify latent classes of patients based on PCL scores. Based on model fit indices, 3 trajectories were identified. Compared to patients in the mild-improving trajectory (21.9%), those in the severe-stable trajectory (34.3%) were more likely to be male, relative risk ratio (RRR) = 1.48, 95% CI [1.08, 2.02]; non-White, RRR = 1.77, 95% CI [1.33, 2.35]; Hispanic, RRR = 2.07, 95% CI [1.40, 3.04]; and have comorbid depression, RRR = 1.58, 95% CI [1.25, 1.99]. Compared to patients in the moderate-improving trajectory (43.8%), those in the severe-stable trajectory were more likely to have sleep disorders, RRR = 1.25, 95% CI [1.01, 1.55]. Our findings suggest that male veterans, minority veterans, and veterans with certain comorbid conditions may be less likely to achieve improved PTSD symptoms. Targeted efforts are needed to improve outcomes for PTSD patients on nonremitting trajectories and to improve the consistency of PTSD assessment across the VA health care system.

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<http://onlinelibrary.wiley.com/wol1/doi/10.1002/jts.22153/abstract>

### **Maintenance and Reach of Exposure Psychotherapy for Posttraumatic Stress Disorder 18 Months After Training.**

Rosen, C. S., Eftekhari, A., Crowley, J. J., Smith, B. N., Kuhn, E., Trent, L., Martin, N., Tran, T. and Ruzek, J. I.

Journal of Traumatic Stress

Volume 30, Issue 1, pages 63–70, February 2017

DOI: 10.1002/jts.22153

This study examined aspects of clinicians' work environment that facilitated sustained use of prolonged exposure (PE) therapy. Surveys were completed by 566 U.S. Department of Veterans Affairs clinicians 6 and 18 months after intensive training in PE. The number of patients treated with PE at 18 months (reach) was modeled as a function of clinician demographics, clinician beliefs about PE, and work context factors. There were 342 clinicians (60.4%) who used PE at 6 and 18 months after training, 58 (10.2%) who used PE at 18 but not 6 months, 95 (16.7%) who used PE at 6 but not 18 months, and 71 (12.5%) who never adopted PE. Median reach was 12% of clinicians' appointments with patients with posttraumatic stress disorder. Reach was predicted by flow of interested patients (incident response ratio [IRR] = 1.21 to 1.51), PE's perceived effectiveness (IRR = 1.04 to 1.31), working in a PTSD specialty clinic (IRR = 1.06 to 1.26), seeing more patients weekly (IRR = 1.04 to 1.25), and seeing fewer patients in groups (IRR = 0.83 to 0.99). Most clinicians trained in PE sustained use of the treatment, but on a limited basis. Strategies to increase reach of PE should address organizational barriers and patient engagement.

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[http://www.smrj-journal.com/article/S1087-0792\(17\)30026-6/abstract](http://www.smrj-journal.com/article/S1087-0792(17)30026-6/abstract)

**The effectiveness of behavioural and cognitive behavioural therapies for insomnia on depressive and fatigue symptoms: a systematic review and network meta-analysis.**

Andrea Balleio, Maria Raisa Jessica V. Aquino, Bernd Feige, Anna F. Johann, Simon D. Kyle, Kai Spiegelhalder, Caterina Lombardo, Gerta Rücker, Dieter Riemann, Chiara Baglioni

Sleep Medicine Reviews

Published online: February 7, 2017

DOI: <http://dx.doi.org/10.1016/j.smrj.2017.01.006>

This review aimed to assess the impact of behavioural therapy for insomnia administered alone (BT-I) or in combination with cognitive techniques (cognitive-behavioural therapy for insomnia, CBT-I) on depressive and fatigue symptoms using network meta-analysis. PubMed, Scopus and Web of Science were searched from 1986 to May 2015. Studies were included if they incorporated sleep restriction, a core technique of BT-I treatment, and an adult insomnia sample, a control group and a

standardised measure of depressive and/or fatigue symptoms. Face-to-face, group, self-help and internet therapies were all considered. Forty-seven studies were included in the meta-analysis. Eleven classes of treatment or control conditions were identified in the network. Cohen's  $d$  at 95% confidence interval (CI) was calculated to assess the effect sizes of each treatment class as compared with placebo. Results showed significant effects for individual face-to-face CBT-I on depressive ( $d = 0.34$ , 95% CI: 0.06 - 0.63) but not on fatigue symptoms, with high heterogeneity between studies. The source of heterogeneity was not identified even after including sex, age, comorbidity and risk of bias in sensitivity analyses. Findings highlight the need to reduce variability between study methodologies and suggest potential effects of individual face-to-face CBT-I on daytime symptoms.

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[http://www.smrj-journal.com/article/S1087-0792\(17\)30034-5/fulltext](http://www.smrj-journal.com/article/S1087-0792(17)30034-5/fulltext)

### **Cognitive and behavioral therapies in the treatment of insomnia: a meta-analysis.**

Annemieke van Straten, Tanja van der Zweerde, Annet Kleiboer, Pim Cuijpers, Charles M. Morin, Jaap Lancee

Sleep Medicine Reviews

Published online: February 8, 2017

DOI: <http://dx.doi.org/10.1016/j.smrj.2017.02.001>

Insomnia is a major public health problem considering its high prevalence, impact on daily life, co-morbidity with other disorders and societal costs. Cognitive behavioral treatment for insomnia (CBTI) is currently considered to be the preferred treatment. However, no meta-analysis exists of all studies using at least one component of CBTI for insomnia, which also uses modern techniques to pool data and to analyze subgroups of patients. We included 87 randomized controlled trials, comparing 118 treatments (3724 patients) to non-treated controls (2579 patients). Overall, the interventions had significant effects on: insomnia severity index (ISI;  $g = 0.98$ ), sleep efficiency (SE;  $g = 0.71$ ), Pittsburgh sleep quality index (PSQI;  $g = 0.65$ ), wake after sleep onset (WASO;  $g = 0.63$ ) and sleep onset latency (SOL;  $g = 0.57$ ), number of awakenings (NWAK;  $g = 0.29$ ) and sleep quality (SQ;  $g = 0.40$ ). The smallest effect was on total sleep time (TST;  $g = 0.16$ ). Face-to-face treatments of at least 4 sessions seem to be more effective than self-help interventions or face-to-face interventions with fewer sessions. Otherwise the results seem to be quite robust (similar for patients with or without comorbid disease, younger or older patients, using or not using sleep

medication). We conclude that CBTI, either its components or the full package, is effective in the treatment of insomnia.

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[http://www.smrjournal.com/article/S1087-0792\(16\)30054-5/fulltext](http://www.smrjournal.com/article/S1087-0792(16)30054-5/fulltext)

## **Evidence for the efficacy of melatonin in the treatment of primary adult sleep disorders.**

F. Auld, E.L. Maschauer, I. Morrison, D.J. Skene, R.L. Riha

Sleep Medicine Reviews

Published online: July 20, 2016

DOI: <http://dx.doi.org/10.1016/j.smr.2016.06.005>

Melatonin is a physiological hormone involved in sleep timing and is currently used exogenously in the treatment of primary and secondary sleep disorders with empirical evidence of efficacy, but very little evidence from randomised, controlled studies. The aim of this meta-analysis was to assess the evidence base for the therapeutic effects of exogenous melatonin in treating primary sleep disorders.

An electronic literature review search of MEDLINE (1950-present) EMBASE (1980-present), PsycINFO (1987- present), and SCOPUS (1990- present), along with a hand-searching of key journals was performed in July 2013 and then again in May 2015. This identified all studies that compared the effect of exogenous melatonin and placebo in patients with primary insomnia, delayed sleep phase syndrome, Non 24-hour sleep wake syndrome in people who are blind, and REM-Behaviour Disorder. Meta-analyses were performed to determine the effect of magnitude in studies of melatonin in improving sleep.

A total of 5030 studies were identified; of these citations, 13 were included for review based on the inclusion criteria of being: double or single-blind, randomised and controlled. Results from the meta-analyses showed the most convincing evidence for exogenous melatonin use was in reducing sleep onset latency in primary insomnia ( $p=0.002$ ), delayed sleep phase syndrome ( $p<0.0001$ ), and regulating the sleep-wake patterns in blind patients compared with placebo.

These findings highlight the potential importance of melatonin in treating certain first degree sleep disorders. The development of large-scale, randomised, controlled trials is

recommended to provide further evidence for therapeutic use of melatonin in a variety of sleep difficulties.

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<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.

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<http://psycnet.apa.org/journals/adb/31/1/46/>

**Impulsive personality traits and alcohol use: Does sleeping help with thinking?**

Miller, Mary Beth; DiBello, Angelo M.; Lust, Sarah A.; Meisel, Matthew K.; Carey, Kate B.

Psychology of Addictive Behaviors  
Vol 31(1), Feb 2017, 46-53  
<http://dx.doi.org/10.1037/adb0000241>

Both impulsivity and sleep disturbance have been associated with heavy alcohol use among young adults; yet studies to date have not examined their interactive effects. The current study aimed to determine if adequate sleep moderates the association between impulsive personality traits and alcohol use among young adults. College students (N = 568) who had been mandated to alcohol treatment following violation of campus alcohol policy provided information regarding alcohol use and related consequences, impulsive personality traits (measured using the UPPS Impulsive Behavior Scale), and perception of sleep adequacy as part of a larger intervention trial. Higher urgency, lower premeditation, and higher sensation-seeking predicted greater levels of alcohol consumption, while higher urgency predicted more alcohol-related consequences. As hypothesized, there was a significant interaction between premeditation and sleep adequacy in the prediction of drinks per week; in contrast to hypotheses, however, premeditation was associated with drinking only among those reporting adequate (rather than inadequate) sleep. Specifically, the tendency to premeditate was associated with less drinking among those who reported adequate sleep and was not associated with drinking among those reporting inadequate sleep. Sensation-seeking and urgency are associated with greater alcohol involvement among young adults, regardless of sleep adequacy. Conversely, the ability to plan ahead and anticipate the consequences of one's behaviors (premeditation) is only protective against heavy drinking among individuals receiving adequate sleep. With replication, these findings may inform alcohol prevention and intervention efforts. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

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<http://www.tandfonline.com/doi/full/10.1080/02699931.2017.1285753>

**Cognitive reactivity as outcome and working mechanism of mindfulness-based cognitive therapy for recurrently depressed patients in remission.**

M. B. Cladder-Micus, J. van Aalderen, A. R. T. Donders, J. Spijker, J. N. Vrijsen, and A. E. M. Speckens

Cognition And Emotion

Published online: 07 Feb 2017

<http://dx.doi.org/10.1080/02699931.2017.1285753>

Major depressive disorder is a prevalent condition with high relapse rates. There is evidence that cognitive reactivity is an important vulnerability factor for the recurrence of depression. Mindfulness-based interventions are designed to reduce relapse rates, with cognitive reactivity as one of the proposed working mechanisms. In a randomised controlled trial we compared the effect of mindfulness-based cognitive therapy (MBCT) with treatment-as-usual (TAU) on cognitive reactivity in recurrently depressed patients (N = 115). Depressive symptoms, cognitive reactivity, and mindfulness skills were assessed pre and post treatment. Patients in the MBCT group reported a significantly greater reduction in cognitive reactivity than those in the TAU group ( $d = .51$ ). The reduction of cognitive reactivity appeared to mediate the association between MBCT/TAU and decrease of depressive symptoms, using pre and post scores. The current study provides evidence that MBCT reduces cognitive reactivity and preliminary evidence that cognitive reactivity is a working mechanism of MBCT.

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<http://www.sciencedirect.com/science/article/pii/S0165032716317876>

### **Evidence of the dissociative PTSD subtype: A systematic literature review of latent class and profile analytic studies of PTSD.**

Maj Hansen, Jana Ross, Cherie Armour

Journal of Affective Disorders

Volume 213, 15 April 2017, Pages 59–69

<http://dx.doi.org/10.1016/j.jad.2017.02.004>

#### **Background**

The dissociative PTSD (D-PTSD) subtype was first introduced into the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) in 2013. Prior to this, studies using latent profile analysis (LPA) or latent class analysis (LCA), began to provide support for the D-PTSD construct and associated risk factors. This research is important, because dissociative symptoms in the context of PTSD may potentially interfere with treatment course or outcome. The aims of the present study were twofold: to systematically review the LCA and LPA studies investigating support for the D-PTSD

construct; and to review the associated research on the risk factors or covariates of D-PTSD in the identified studies.

#### Method

Six databases (PubMed, Web of Science, Scopus, PILOTS, PsychInfo, and Embase) were systematically searched for relevant papers.

#### Results

Eleven studies were included in the present review. The majority of the studies were supportive of the D-PTSD subtype; primarily characterized by depersonalization and derealization. Several covariates of the D-PTSD subtype have been investigated with mixed results.

#### Limitations

Many limitations relate to the state of the current literature, including a small number of studies, the use of self-report measurements of PTSD, and heterogeneity across the samples in investigated covariates.

#### Conclusion

The results were overall supportive of the D-PTSD construct. Future research on D-PTSD and associated risk factors is needed to shed light on the possibilities of facilitating preventive actions, screening, and implications on treatment effects.

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<http://onlinelibrary.wiley.com/doi/10.1002/jclp.22445/full>

### **Psychotherapy Utilization and Retention in a National Sample of Veterans With PTSD.**

Doran, J. M., Pietrzak, R. H., Hoff, R. and Harpaz-Rotem, I.

Journal of Clinical Psychology

First published: 10 February 2017

DOI: 10.1002/jclp.22445

#### Objective

This study examines the demographic, diagnostic, and military variables associated with psychotherapy utilization and retention in a national Veteran sample.

## Method

A large administrative VA dataset (142,620 Veterans) was utilized. Logistic regression was used to determine predictors of psychotherapy utilization and retention.

## Results

Female gender was associated with increased psychotherapy utilization and retention. Geriatric age was associated with less retention in individual psychotherapy. Being a racial minority was associated with decreased utilization, but increased retention in group therapy. The majority of comorbid diagnoses were associated with longer retention in treatment. Depression was associated with decreased utilization but longer treatment duration. Dimensional symptom assessment demonstrated relationships with the dependent variables. Avoidance symptoms did not emerge as a barrier to treatment.

## Conclusion

Differences in psychotherapy utilization and retention emerged across demographic, diagnostic and military variables, suggesting that these variables should inform outreach and treatment retention efforts for Veterans with PTSD.

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<http://www.emeraldinsight.com/doi/abs/10.1108/JPMH-08-2016-0035>

## **Use and correlates of VHA tobacco cessation counseling services by veterans with post-traumatic stress disorder.**

Kelly, Megan, Wang, Shihwe, Rosenheck, Robert

Journal of Public Mental Health  
2017 16:1

## Purpose

Veterans with posttraumatic stress disorder (PTSD) have high lifetime rates of smoking and often have substantial difficulty quitting. However, relatively little research has focused on the use of VHA intensive tobacco cessation counseling services by veterans with PTSD and the characteristics of veterans with PTSD who do and do not use these services.

## Design/methodology/approach

The present study is an analysis of national VHA administrative data fiscal year 2012

that identified utilization rates of VHA intensive tobacco cessation counseling among veterans with diagnoses of both PTSD and tobacco use disorder (TUD) (N=144,990) and the correlates of tobacco cessation counseling use.

#### Findings

Altogether, 7,921 veterans with PTSD diagnosed with TUD used VHA tobacco cessation services (5.5%). Veterans with PTSD who used tobacco cessation counseling services were more likely to have been homeless, to have a comorbid drug use disorder, and had used other VHA services more frequently than their counterparts who did not access tobacco cessation counseling. The use of outpatient mental health and substance use services was the strongest correlate of tobacco cessation counseling use by veterans in this sample. Notably, veterans with PTSD, TUD, and HIV were more likely to engage in tobacco cessation services.

#### Originality/value

This study demonstrates that future efforts should focus on increasing provider and veteran awareness of and accessibility to VHA intensive tobacco cessation counseling for veterans with PTSD.

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<http://onlinelibrary.wiley.com/doi/10.1002/jclp.22462/full>

### **Perceived Burdensomeness, Thwarted Belongingness, and Fearlessness about Death: Associations With Suicidal Ideation among Female Veterans Exposed to Military Sexual Trauma.**

Monteith, L. L., Bahraini, N. H. and Menefee, D. S.

Journal of Clinical Psychology

First published: 10 February 2017

DOI: 10.1002/jclp.22462

#### Objective

Military sexual trauma (MST) is prevalent among female Veterans and is associated with increased risk for suicidal self-directed violence. Yet research examining processes which contribute to suicidal ideation and attempts among MST survivors has been sparse, focusing primarily on psychiatric symptoms or diagnoses, rather than employing a theory-driven approach. The interpersonal-psychological theory (Joiner, 2005) is a leading theory of suicide that may be particularly relevant for understanding suicidal

ideation among female Veterans who have experienced MST. We examined whether constructs derived from the interpersonal-psychological theory of suicide (perceived burdensomeness, thwarted belongingness, and fearlessness about death; Joiner, 2005) were associated with suicidal ideation among female Veterans who had experienced MST, when adjusting for known risk factors for suicide.

#### Method

Ninety-two female Veterans with a history of MST completed the Interpersonal Needs Questionnaire, Acquired Capability for Suicide Scale - Fearlessness about Death Scale, and Beck Scale for Suicide Ideation.

#### Results

Perceived burdensomeness, thwarted belongingness, and fearlessness about death were each associated with suicidal ideation in the past week, adjusting for prior suicide attempts, current depressive symptoms, and current symptoms of posttraumatic stress disorder. When including all three interpersonal-psychological constructs in the model, only perceived burdensomeness and fearlessness about death were significantly associated with suicidal ideation.

#### Conclusion

These findings provide knowledge regarding interpersonal processes that may contribute to suicidal ideation among this high-risk, yet understudied, population. These results also underscore the importance of assessing for interpersonal-psychological constructs—particularly perceived burdensomeness and fearlessness about death—when working with female Veterans who have experienced MST.

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<http://link.springer.com/article/10.1007/s13142-017-0465-5>

### **Barriers, facilitators, and benefits of implementation of dialectical behavior therapy in routine care: results from a national program evaluation survey in the Veterans Health Administration.**

Sara J. Landes, Allison L. Rodriguez, Brandy N. Smith, Monica M. Matthieu, Lindsay R. Trent, Janet Kemp, Caitlin Thompson

Translational Behavioral Medicine

First Online: 06 February 2017

DOI: 10.1007/s13142-017-0465-5

National implementation of evidence-based psychotherapies (EBPs) in the Veterans Health Administration (VHA) provides important lessons on the barriers and facilitators to implementation in a large healthcare system. Little is known about barriers and facilitators to the implementation of a complex EBP for emotional and behavioral dysregulation—dialectical behavioral therapy (DBT). The purpose of this study was to understand VHA clinicians' experiences with barriers, facilitators, and benefits from implementing DBT into routine care. This national program evaluation survey measured site characteristics of VHA sites (N = 59) that had implemented DBT. DBT was most often implemented in general mental health outpatient clinics. While 42% of sites offered all four modes of DBT, skills group was the most frequently implemented mode. Fifty-nine percent of sites offered phone coaching in any form, yet only 11% of those offered it all the time. Providers were often provided little to no time to support implementation of DBT. Barriers that were difficult to overcome were related to phone coaching outside of business hours. Facilitators to implementation included staff interest and expertise. Perceived benefits included increased hope and functioning for clients, greater self-efficacy and compassion for providers, and ability to treat unique symptoms for clinics. There was considerable variability in the capacity to address implementation barriers among sites implementing DBT in VHA routine care. Mental health policy makers should note the barriers and facilitators reported here, with specific attention to phone coaching barriers.

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<http://www.sciencedirect.com/science/article/pii/S0749379717300090>

### **Intimate Partner Violence Screening in the Veterans Health Administration: Demographic and Military Service Characteristics.**

Melissa E. Dichter, Terri N. Haywood, Anneliese E. Butler, Scarlett L. Bellamy, Katherine M. Iverson

American Journal of Preventive Medicine  
Available online 10 February 2017  
<http://dx.doi.org/10.1016/j.amepre.2017.01.003>

#### Introduction

Intimate partner violence (IPV) includes psychological, physical, or sexual aggression by a current or former intimate partner and is associated with a wide range of health and social impacts, especially for women. Women veterans may be at increased risk for

experiencing IPV, and some Veterans Health Administration (VHA) facilities have initiated routine screening of female patients for past-year IPV. This study presents the first examination of clinical IPV screening responses recorded from female VHA patients across 13 facilities nationwide, and identifies associations with patient demographic and military service characteristics.

#### Methods

Electronic medical record data were extracted for a cohort of 8,885 female VHA patients who completed screening for experience of past-year IPV during a clinic visit between April 2014 and April 2016. Analyses, conducted in 2016, examined the overall proportion of patients screening positive for IPV, as well as associations by demographic and military service characteristics.

#### Results

Overall, 8.7% of patients screened positive for past-year IPV. Odds of screening positive for IPV were higher among women who were younger (aged <35 years); married; served in the most recent conflict era; experienced sexual assault or harassment during military service; or had not served in the military (non-veterans).

#### Conclusions

Study findings indicate a significant proportion of female VHA patients disclosing past-year IPV during clinical screening, and identify characteristics associated with increased vulnerability. Implications for future research and program implementation include addressing high-risk subpopulations and further investigating the impact of screening and follow-up care.

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<http://www.sciencedirect.com/science/article/pii/S0306460317300734>

### **An examination of alcohol risk profiles and co-occurring mental health symptoms among OEF/OIF veterans.**

Jennifer M. Cadigan, Alicia K. Klanecky, Matthew P. Martens

Addictive Behaviors

Available online 9 February 2017

<http://dx.doi.org/10.1016/j.addbeh.2017.02.009>

## Introduction

Compared to the general population, veterans of the wars in Afghanistan and Iraq (OEF/OIF) are more likely to engage in hazardous alcohol use and meet criteria for mental health disorders including Posttraumatic Stress Disorder (PTSD) and Major Depressive Disorder. Less is known how distinct profiles of alcohol use behavior relate to mental health symptoms.

## Method

The current study examined the extent that indicators of alcohol use (i.e., drinks per week, peak blood alcohol concentration, and alcohol-related problems) are categorized into different alcohol risk profiles utilizing a person-centered approach. We also examined how mental health symptoms (i.e., PTSD, depression, and anxiety-related symptoms) were associated with the alcohol risk profiles. Participants were 252 Veterans who reported consuming alcohol within the past month.

## Results

Latent profile analysis indicated a four-class solution yielded the best-fitting model, and profiles were named based on their respective levels and patterns of alcohol use. Mental health symptoms were significantly different among the four profiles. Profiles of veterans who endorsed more alcohol-related problems (i.e., the “Severe alcohol behavior” and “Steady drinkers with functional impairment”) also reported comorbid clinical symptoms of PTSD, depression, and anxiety. The “Binge drinkers with no functional impairment” and “Mild alcohol behavior” profiles reported the lowest levels of mental health symptoms.

## Discussion

Findings highlight the unique relationship between distinct alcohol risk profiles and mental health outcomes. Targeted interventions and treatment options based on unique alcohol risk profiles may be helpful in tailoring prevention and intervention efforts in detecting co-occurring mental health symptoms among OEF/OIF veterans.

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<https://insights.ovid.com/military-psychology/mips/9000/00/000/sleep-disturbances-among-combat-military-veterans/99921/00001440>

## **Sleep Disturbances Among Combat Military Veterans.**

Jeremy W. Stout; Deborah C. Beidel; Candice A. Alfano; Franklin Mesa; Benjamin Trachik; Sandra M. Neer

The sleep characteristics of 37 military veterans and active-duty service members (17 with PTSD and 20 without PTSD) of recent wars were analyzed to determine if combat deployment, with its associated sleep restriction, may be an alternative explanation for the sleep complaints found among combat veterans with PTSD (as determined by PTSD Checklist Military Version scores). Over a 1-week period, sleep data were collected using sleep actigraphy and self-report. Across the entire sample, subjective and objective assessment methods of sleep were strongly correlated, although there were some notable within-group differences. Specifically, although sleep duration between groups did not differ based on actigraphy, veterans without PTSD reported sleeping 1 h and 11 min ( $p = .002$ ) longer than did veterans with PTSD. In an effort to determine why individuals without PTSD might be overreporting sleep, we found that symptoms of emotional arousal (anger, anxiety, and nightmares) were significantly correlated with self-reported sleep duration, suggesting a pattern of higher autonomic arousal found in veterans with PTSD. Thus, although sleeping for 6 h, the higher levels of emotional arousal reported by veterans with PTSD may mean that they do not perceive their sleep as restful. Further research is necessary to determine if the sleep architecture of veterans with PTSD is actually different from that of combat veterans without PTSD and if such differences are actually amenable to standard behavioral treatments for this disorder.

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### **Links of Interest**

Watching the news with PTSD

<http://www.democratandchronicle.com/story/opinion/guest-column/2017/02/10/watching-news-ptsd/97765224/>

What We're Fighting For: Our acts of moral courage defend America as surely as any act of violence

<https://www.nytimes.com/2017/02/10/opinion/sunday/what-were-fighting-for.html>

Veterans making solo treks across country for PTSD awareness

<https://www.stripes.com/news/us/veterans-making-solo-treks-across-country-for-ptsd-awareness-1.454042>

Researchers discover how the brain turns chronic stress into pathological anxiety  
<https://www.sciencedaily.com/releases/2017/02/170213131201.htm>

How depression can muddle thinking  
<https://www.sciencedaily.com/releases/2017/02/170215101447.htm>

Melatonin content of supplements varies widely, study finds  
<https://www.sciencedaily.com/releases/2017/02/170214162728.htm>

Gene that helps form trauma-related memories may also help prevent PTSD  
<https://www.sciencedaily.com/releases/2017/02/170213131224.htm>

DoD reviewing relocation rules; family advocates raise concerns over system's flexibility  
<http://www.militarytimes.com/articles/dod-reviewing-relocation-rules-family-advocates-raise-concerns-over-systems-flexibility>

A Pattern of Malfeasance: The Department of Defense's Treatment of Special Needs Military Kids  
<http://www.huffingtonpost.com/entry/a-pattern-of-malfeasance-the-department-of-defenses-us-58a4575be4b0cd37efcfee9>

Study Underway on Marijuana Treatment for PTSD in Veterans  
<http://www.nbcsandiego.com/news/local/Study-Underway-on-Marijuana-Treatment-for-PTSD-in-Veterans-413914213.html>

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**Resource of the Week: [National Center for Veterans Analysis and Statistics](#)**

We develop statistical analyses and reports on a broad range of topics, operate VA's data and statistics Web portal to disseminate Veteran data and statistics, and develop estimates and projections on Veteran populations.

For the latest reports, scroll down to the "What's New!" box at the bottom of the page.

The screenshot shows the U.S. Department of Veterans Affairs website. At the top left is the VA logo. The header includes the text "U.S. Department of Veterans Affairs" and a search bar. A navigation menu contains links for Health, Benefits, Burials & Memorials, About VA, Resources, and Media Room. Below this is a secondary menu with Locations and Contact Us. The main content area features a dropdown menu for "I AM A..." with options like "For Veterans", "For Family Members & Spouses", etc. The central focus is the "National Center for Veterans Analysis and Statistics" page, which includes a video player showing a bar chart with data points (125.58, 125.00, 130.48, 129.90, 125.40, 111.75, 75.30, 100.30, 95.45, 80.05). To the right of the video is a "Quick Facts" section with the text: "A simple and interesting graphical statistics on a variety of topics related to Veterans. Learn more >". Below the video are three tabs: "Quick Facts", "Who We Are and What We Do", and "Contact Us". A grid of resource icons includes "Veteran Population", "Reports", "State Summaries", "Maps", "Expenditures", "Utilization", "Surveys", and "Pocket Cards". On the right side, there is a "RESOURCES" section with links to "Additional Sources of Data About Veterans", "Frequently Asked Questions", and "Glossary". Below that is a "CONTACT VA" section with the text: "For more information on reports, surveys, or statistics regarding the Veteran population, please e-mail us vancvas@va.gov." At the bottom left of the page is a "What's New!" section with a paragraph: "located on the Quickfacts page under the General Interest category. This quick facts summarizes the Veteran new hires into the Federal government by disabled and by 30 percent and higher disabled groups for 2008 to 2015. It shows the Veteran new hires by agency for 2015 and it also shows the Veterans by occupation for 2015. February 15, 2017".

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