



## CDP Research Update -- May 11, 2017

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- Caffeine consumption among active duty United States Air Force personnel.
- Links of Interest
- Resource of the Week: Managing Suicide Risk and Access to Firearms: Guidelines for Providers (DoD Deployment Health Clinical Center)-----

[https://www.ptsd.va.gov/professional/newsletters/ctu-online/ctu\\_v11n2.pdf](https://www.ptsd.va.gov/professional/newsletters/ctu-online/ctu_v11n2.pdf)

### **Clinician's Trauma Update Online (CTU-Online)**

National Center for PTSD

April 2017 Issue: Vol. 11(2)

CTU-Online includes brief updates on the latest clinically relevant research. Content on treatment and assessment is emphasized. Publications on other topics are included if the content has significant clinical implications.

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<http://jamanetwork.com/journals/jamapsychiatry/article-abstract/2623157>

### **Suicide Prevention in an Emergency Department Population: The ED-SAFE Study.**

Miller IW, Camargo CA, Arias SA, Sullivan AF, Allen MH, Goldstein AB, Manton AP, Espinola JA, Jones R, Hasegawa K, Boudreaux ED, for the ED-SAFE Investigators

JAMA Psychiatry

Published online April 29, 2017

doi:10.1001/jamapsychiatry.2017.0678

#### **Importance**

Suicide is a leading cause of deaths in the United States. Although the emergency department (ED) is an opportune setting for initiating suicide prevention efforts, ED-initiated suicide prevention interventions remain underdeveloped.

#### **Objective**

To determine whether an ED-initiated intervention reduces subsequent suicidal behavior.

#### **Design, Setting, and Participants**

This multicenter study of 8 EDs in the United States enrolled adults with a recent suicide attempt or ideation and was composed of 3 sequential phases: (1) a treatment as usual (TAU) phase from August 2010 to December 2011, (2) a universal screening (screening) phase from September 2011 to December 2012, and (3) a universal screening plus intervention (intervention) phase from July 2012 to November 2013.

#### **Interventions**

Screening consisted of universal suicide risk screening. The intervention phase consisted of universal screening plus an intervention, which included secondary suicide risk screening by the ED physician, discharge resources, and post-ED telephone calls focused on reducing suicide risk.

## Main Outcomes and Measures

The primary outcome was suicide attempts (nonfatal and fatal) over the 52-week follow-up period. The proportion and total number of attempts were analyzed.

## Results

A total of 1376 participants were recruited, including 769 females (55.9%) with a median (interquartile range) age of 37 (26-47) years. A total of 288 participants (20.9%) made at least 1 suicide attempt, and there were 548 total suicide attempts among participants. There were no significant differences in risk reduction between the TAU and screening phases (23% vs 22%, respectively). However, compared with the TAU phase, patients in the intervention phase showed a 5% absolute reduction in suicide attempt risk (23% vs 18%), with a relative risk reduction of 20%. Participants in the intervention phase had 30% fewer total suicide attempts than participants in the TAU phase. Negative binomial regression analysis indicated that the participants in the intervention phase had significantly fewer total suicide attempts than participants in the TAU phase (incidence rate ratio, 0.72; 95% CI, 0.52-1.00;  $P = .05$ ) but no differences between the TAU and screening phases (incidence rate ratio, 1.00; 95% CI, 0.71-1.41;  $P = .99$ ).

## Conclusions and Relevance

Among at-risk patients in the ED, a combination of brief interventions administered both during and after the ED visit decreased post-ED suicidal behavior.

See also: ED-SAFE—[Can Suicide Risk Screening and Brief Intervention Initiated in the Emergency Department Save Lives?](#) (editorial)

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<http://onlinelibrary.wiley.com/doi/10.1002/jts.22179/abstract>

## **The Association Between Peritraumatic Dissociation and PTSD Symptoms: The Mediating Role of Negative Beliefs About the Self.**

Thompson-Hollands, J., Jun, J. J. and Sloan, D. M

Journal of Traumatic Stress

Volume 30, Issue 2; April 2017; Pages 190–194

DOI: 10.1002/jts.22179

Peritraumatic dissociation, a term used to describe a complex array of reactions to trauma, including depersonalization, derealization, and emotional numbness, has been

associated with posttraumatic stress disorder (PTSD) symptoms across a number of studies. Cognitive theory suggests that interpretations of traumatic events and reactions underlie the persistence of PTSD. The present study examined the associations among peritraumatic dissociation, posttraumatic cognitions, and PTSD symptoms in a group of trauma-exposed adults ( $N = 169$ ). Results indicated that, after accounting for overall symptom severity and current dissociative tendencies, peritraumatic dissociation was significantly predictive of negative beliefs about the self ( $R^2 = .06$ ,  $p < .001$ ). Other categories of maladaptive posttraumatic cognitions did not show a similar relationship ( $R^2 = .01$  to  $.02$ , nonsignificant). Negative thoughts about the self partially mediated the association between peritraumatic dissociation and PTSD severity (completely standardized indirect effect =  $.25$ ). These findings lend support to cognitive theories of PTSD and point to an important area for clinical intervention.

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<https://link.springer.com/article/10.1007/s10591-017-9413-2>

### **An Exploratory Study of Marital and Quality of Life Ratings Among Male Spouses of Military Members.**

Kate P. Lufkin

Contemporary Family Therapy

First Online: 02 May 2017

DOI: 10.1007/s10591-017-9413-2

The purpose of this article is to present the current demographics and both marital and quality of life ratings of a small group of males who are married to current Active Duty service members. Males married to service members make up only 5% of the military spouse population, but numbering close to 100,000, the group is large enough to have specific and significant needs. Gender assumptions play a large role in the experience of male military spouses and should be considered when designing military family programs. Many research studies done on active duty spouses are either done on females specifically, or male responses are too few to be statistically significant. Respondents had been married for an average of 10 years, had been dating their spouses for an average of 2 years prior to marriage, and more than half of the respondents had no prior military history of their own. Results of this study showed that respondents generally had medium to high levels of both marital satisfaction and interpersonal dependency, high levels of life satisfaction, and low levels depressive symptoms including feeling down, depressed or hopeless. This data is likely not

representative of the larger male spouse population, as respondents had high levels of education and income, which could lead to fewer stressors. Although this data did not indicate a high level of distress among male military spouses, military family organizations should offer programs specifically aimed at including male spouses in order to increase family cohesion and reduce marital conflict which could result in improved mission readiness.

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<http://econtent.hogrefe.com/doi/abs/10.1027/0227-5910/a000460?journalCode=cri>

### **Expanding Suicide Crisis Services to Text and Chat: Responders' Perspectives of the Differences Between Communication Modalities.**

Zachary Predmore, Rajeev Ramchand, Lynsay Ayer, Virginia Kotzias, Charles Engel, Patricia Ebener, Janet E. Kemp, Elizabeth Karras, Gretchen L. Haas

Crisis

Published online May 3, 2017

DOI: <http://dx.doi.org/10.1027/0227-5910/a000460>

#### Background:

Crisis support services have historically been offered by phone-based suicide prevention hotlines, but are increasingly becoming available through alternative modalities, including Internet chat and text messaging.

#### Aims:

To better understand differences in the use of phone and chat/text services. Method: We conducted semistructured interviews with call responders at the Veterans Crisis Line who utilize multimodal methods to respond to veterans in crisis.

#### Results:

Responders indicated that veterans may access the chat/text service primarily for reasons that included a desire for anonymity and possible inability to use the phone. Responders were divided on whether callers and chatters presented with different issues or risk of suicide; however, they suggested that veterans frequently use chat/text to make their first contact with mental health services.

#### Limitations:

We spoke with call responders, not the veterans themselves. Additionally, as this is

qualitative research, applicability to other settings may be limited.

Conclusion:

While new platforms offer promise, participants also indicated that chat services can supplement phone lines, but not replace them.

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<https://www.ncbi.nlm.nih.gov/pubmed/28470977>

J Trauma Stress. 2017 May 4. doi: 10.1002/jts.22181. [Epub ahead of print]

**Longitudinal Measurement Invariance of Posttraumatic Stress Disorder in Deployed Marines.**

Contractor AA, Bolton E, Gallagher MW, Rhodes C, Nash WP, Litz B

The meaningful interpretation of longitudinal study findings requires temporal stability of the constructs assessed (i.e., measurement invariance). We sought to examine measurement invariance of the construct of posttraumatic stress disorder (PTSD) as based on the Diagnostic and Statistical Manual of Mental Disorders indexed by the PTSD Checklist (PCL) and the Clinician-Administered PTSD Scale (CAPS) in a sample of 834 Marines with significant combat experience. PTSD was assessed 1-month predeployment (T0), and again at 1-month (T1), 5-months (T2), and 8-months postdeployment (T3). We tested configural (pattern of item/parcel loadings), metric (item/parcel loadings on latent factors), and scalar (item/parcel-level severity) invariance and explored sources of measurement instability (partial invariance testing). The T0 best-fitting emotional numbing model factor structure informed the conceptualization of PTSD's latent factors and parcel formations. We found (1) scalar noninvariance for the construct of PTSD as measured by the PCL and the CAPS, and for PTSD symptom clusters as assessed by the CAPS; and (2) metric noninvariance for PTSD symptom clusters as measured by the PCL. Exploratory analyses revealed factor-loading and intercept differences from pre- to postdeployment for avoidance symptoms, numbing symptoms (mainly psychogenic amnesia and foreshortened future), and the item assessing startle, each of which reduced construct stability. Implications of these findings for longitudinal studies of PTSD are discussed. Copyright © 2017 International Society for Traumatic Stress Studies.

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<http://militarymedicine.amsus.org/doi/abs/10.7205/MILMED-D-17-00002>

## **Identifying Policy Implications and Future Research Directions Regarding Military Community Support and Child Psychosocial Adjustment.**

Allison M. Conforte; Patrick H. DeLeon; Charles C. Engel; Catherine Ling; Jennifer L. Bakalar; Marian Tanofsky-Kraff

Military Medicine

Volume 182 Issue 5, May 2017, pp. 1572-1580

DOI: <http://dx.doi.org/10.7205/MILMED-D-17-00002>

### **Introduction:**

As former U.S. Army Surgeon General Horoho points out, a large fraction of what determines the health and readiness of our military families does not occur during appointments with professionals, but rather within the “Lifespace—where health really happens....” Indeed, when children of military families experience psychosocial difficulties, such stress impacts the service members' personal well-being and ability to focus at work, impairing their capacity to attend to the mission. As such, the Department of Defense (DoD) has instituted a family readiness system to bolster resiliency within military families, including children, e.g., by linking families with support networks. Bolstering military family resiliency, including the prevention of and effective intervention for child psychosocial problems, is an important issue at all levels of the DoD. Service members, leaders, and policy makers have a vested interest in promoting mission readiness and a healthy force. Research can play an important role in shaping decision-making by consolidating what is currently known and not known about a particular expertise area. To date, there has been no consolidation of research regarding outcomes associated with military community support and the programs that currently exist to bolster child and family resiliency. Given the importance of military families to mission readiness, a review of the relevant research is warranted.

### **Methods:**

This commentary article reviews the literature on community support for military children, provides an overview of currently available resources, discusses concerns with the current provision of support services to military families, and offers recommendations for future research, policy, and implementation of military community support programs.

### **Conclusion:**

Although there is a dearth of research on available support programs, there appears to

be no lack of services available to military families. However, several steps could be taken to make these resources into a more supportive system. Family members must be able to identify what support services exist, distinguish which service is most suitable for their needs, and be able to readily access these services in a resource-conserving manner. Considerable overlap in support services seems to suggest limited coordination between organizations and service providers, particularly in regard to the government/civilian interface, which inherently lies outside of DoD control. This overlap suggests a redundancy, which may not be efficient economically or in regard to accessing support. There also may be some confusion over which support service is most suitable for the consumer's need. Although some overlap is useful, such as the provision of different services to different populations (e.g., having separate programs for the Army, Navy, Air Force, and Marine subcultures), limited organization and parsimonious provision of services makes it particularly difficult for spouses and family members to navigate resources. Initial attempts are being made to organize and consolidate resources in both the government and civilian sectors. However, it is clear that these initiatives have not completely solved problems related to resource access, redundancy, and lack of research-supported efficacy.

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<http://militarymedicine.amsus.org/doi/abs/10.7205/MILMED-D-16-00169>

### **Mediation and Moderation of the Relationship Between Combat Experiences and Post-Traumatic Stress Symptoms in Active Duty Military Personnel.**

Marshall Steele; Anne Germain; Justin S. Campbell

Military Medicine

Volume 182 Issue 5, May 2017, pp. E1632-e1639

DOI: <http://dx.doi.org/10.7205/MILMED-D-16-00169>

#### **Background:**

Post-traumatic stress disorder (PTSD) is a major health concern among the U.S. military population, affecting up to 12% to 24% of veterans returning from Iraq and Afghanistan. Sleep disturbances, neuroticism, and childhood trauma have all been associated with the development of PTSD in military populations, especially in relation to combat experiences. The effects of disrupted sleep and post-traumatic stress can affect the physical well-being of soldier and sailors in the field and impact them for years after deployment. This study aimed to evaluate the relationship between self-reported

measures of combat experiences, PTSD symptoms, sleep, neuroticism, and childhood adversity in an active duty military population.

**Methods:**

972 U.S. Navy Sailors serving in Afghanistan were given anonymous surveys that assess scales of combat stressors, PTSD symptoms, sleep problems, neuroticism, adverse child experiences (ACEs), and other covariates. Sleep disturbances were hypothesized as moderators, having an indirect effect on the relationship between combat experiences and PTSD symptoms. Neuroticism scores and ACEs were proposed as moderators of the combat–PTSD symptom relationship. Mediation and moderation models were developed and tested using logistic regressions.

**Findings:**

Increased number of combat experiences was found to be a significant predictor of PTSD, even when adjusting for all covariates ( $p < 0.05$ ). Consistent with partial mediation, nightmares had an indirect effect on the relationship between combat experiences and PTSD symptoms in the final model (path coefficient = 0.233, 95% confidence interval = 0.036, 0.483). Neuroticism was an independent predictor of PTSD symptoms ( $p < 0.001$ ), but the interaction of combat and neuroticism did not predict symptoms of PTSD. ACEs did not have a significant impact in the model as either an independent predictor or a moderating factor.

**Discussion:**

These results indicate that the presence of nightmares may partially explain how traumatic combat experiences lead to the development of PTSD. The study also reaffirms neuroticism as risk factor for developing PTSD symptoms. These findings highlight the importance of sleep hygiene and operational stress models in combat situations and may help stress control professionals address risk factors associated with PTSD symptoms.

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<http://militarymedicine.amsus.org/doi/abs/10.7205/MILMED-D-16-00105>

**Predictors of Help-Seeking Intentions in Operation Enduring Freedom and Operation Iraqi Freedom Veterans and Service Members.**

Carole Porcari; Ellen I. Koch; Sheila A. M. Rauch; Flora Hoodin; Grant Ellison; Lauren McSweeney

**Objectives:**

Despite significant numbers of Afghanistan and Iraqi veterans and service members who report symptoms of posttraumatic stress disorder, depression, anxiety, and substance abuse, the majority do not seek help for these problems. A better understanding of the help-seeking process might aid providers and administrators in outreach and provision of services for those who need them. Past research has shown several variables that influence an individual's help-seeking behavior: demographic variables, the nature and severity of a mental health problem, and psychological variables. The three goals of the study were to determine which variables predicted help-seeking intentions from various sources for a psychological problem, identify barriers to help seeking, and identify sources of help sought in the past year.

**Materials and Methods:**

All Operation Enduring Freedom and Operation Iraqi Freedom veterans and service members registered with a Midwestern VA Healthcare System between 2001 and 2007 received a letter requesting participation in an Internet-based survey. Participants completed nine questionnaires regarding their current physical and psychological health, social support, self-efficacy, public and self-stigma, and barriers to seeking help for a psychological problem. In addition, patterns of help seeking from informal (i.e., partner/spouse, family, friends) and formal (i.e., physician, psychiatrist, or psychologist, either from Veterans Affairs [VA] or the private sector) sources of help were examined.

**Results:**

Results from the linear regression model including all formal and informal sources of help indicated a significant model fit with attitudes toward psychotherapy, social support, and current mental health status as significant coefficients. Of note, attitudes toward psychotherapy were a significant coefficient in all help-seeking models; stigma was a significant coefficient with formal and VA sources, and social support was found to be a significant predictor with informal sources. Documentation of a mental health problem on one's record was found to be a significant barrier to help seeking and participants indicated they would most likely seek help in the next year from their partner/spouse, family, or friends versus formal VA or non-VA sources.

**Conclusions:**

This is one of the first studies to examine attitudes toward psychotherapy as contributing to help-seeking intentions of veterans and service members and results

provide strong support for inclusion of this variable in future studies in addition to social support and stigma. Limitations of the study are discussed as well as suggestions for future research. It is our hope that findings from this study may inform administrators and providers regarding assessment, outreach, and program development for our country's veterans and service members.

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<http://militarymedicine.amsus.org/doi/abs/10.7205/MILMED-D-16-00201>

## **Perceived Deterrence of Cigarette Use and Smoking Status Among Active Duty Military Personnel.**

Kathleene T. Ulanday; Diana D. Jeffery; Linda Nebeling; Shobha Srinivasan

Military Medicine

Volume 182 Issue 5, May 2017, pp. E1733-e1741

DOI: <http://dx.doi.org/10.7205/MILMED-D-16-00201>

### **Background:**

Tobacco use in the military adversely affects fitness, readiness and performance levels, and increases health care costs. In 2011, cigarette use in the military was higher than in the civilian population (24.0% vs. 21.2%). We examined the perceptions of active duty service members with respect to supervisory and military installation determent of cigarette smoking.

### **Methods:**

Using the Department of Defense's 2011 Health-Related Behaviors Survey (HRBS) of active duty military personnel ( $N = 39,877$ ) data, a multivariate logistic regression estimated the association of personnel's perception of leadership discouraging cigarette use with smoking status, controlling for covariates ( $n = 23,354$ ).

### **Results:**

Those who perceived their supervisor as "Somewhat" (adjusted odds ratio [AOR] 1.41, 95% confidence interval [CI] [1.29, 1.54]) or "Strongly" (AOR 1.22, 95% CI [1.09, 1.37]) discouraging of cigarette use had higher odds of smoking compared to those who perceived supervisors "Not at all" discouraging use. Odds of currently smoking increased with perceptions of increasing discouragement by installation, from "Somewhat" (AOR 1.64, 95% CI [1.49, 1.80]) to "Strongly discourages" cigarette use (AOR 1.71, 95% CI [1.50, 1.95]). As expected, the strongest correlate of current

smoking was having friends who smoke (AOR 13.62, 95% CI [11.53, 16.07]). Other significant covariates in the model focused on current smokers included high risk for alcohol problems, specifically hazardous drinking (AOR 2.57, 95% CI [2.25, 2.93]), harmful drinking (AOR 5.46, 95% CI [3.57, 8.35]), and possible alcohol dependence (AOR 1.43, 95% CI [1.07, 1.91]); being underweight (AOR 1.72, 95% CI [1.19, 2.53]); high anxiety (AOR 1.31, 95% CI [1.18, 1.46]); high anger (AOR 1.20, 95% CI [1.03, 1.39]); and high overall stress (AOR 1.17, 95% CI [1.07, 1.27]). Among the demographic covariates, higher rates of smoking were found in all levels of enlisted military rank, most notably among E1–E4 (AOR 7.22, 95% CI [5.64, 9.21]) and E4–E% (AOR 8.60, 95% CI [6.79, 10.91]); non-Air Force affiliation; longer length of combat experience; males; non-Hispanic whites; married personnel without a spouse present; job classifications in combat, administration, maintenance, or food service; and duty station in the continental United States. Additional analyses found that personnel with high overall stress were less likely to perceive their supervisor (odds ratio 0.67, 95% CI [0.62, 0.73]) and installation (odds ratio 0.69, 95% CI [0.63, 0.76]) as strongly discouraging smoking compared to those with low overall stress.

#### Conclusion:

Perceived influence of tobacco deterrence by military leadership is associated with smoking behaviors of active duty personnel. Paradoxically, those who perceived the strongest discouragement by military leadership had the highest rates of smoking. We hypothesize that current smokers may have a heightened awareness of antismoking messages and policies, and are more sensitive to threats that impinge upon freedom to smoke or aim to restrict a substance used for stress reduction. Results support military tobacco control efforts extending beyond individual-level approaches. A focus on multilevel influences of health behavior, emphasizing effective leadership, social and environmental changes, is needed to address military smoking behaviors.

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[https://www.scitechnol.com/peer-review/race-and-gender-disparities-in-sleepdisordered-breathing-z4qL.php?article\\_id=5566](https://www.scitechnol.com/peer-review/race-and-gender-disparities-in-sleepdisordered-breathing-z4qL.php?article_id=5566)

#### Race and Gender Disparities in Sleep-Disordered Breathing.

Clark KP, Ehlen JC and Paul KN

Journal of Sleep Disorders: Treatment and Care

Published: September 13, 2016

doi: 10.4172/2325-9639.1000185

Race has a substantial impact on several measures of SDB that are informative about risk, progression, diagnosis and treatment. While race is not a discrete biological variable (most of the subjects in the studies reviewed in this article self-identified their race), biology, particularly genetics, is a major contributor to racial identity. Therefore, understanding the origins of racial disparities as they relate to sleep breathing disorders may yield clues on more effective ways to prevent and treat them. When taken together, studies that examined SDB suggest that AAs have higher risks for SDB, increased risk for severe SDB, are more likely to have comorbid conditions and are less liable to adhere to treatment. These studies also provide evidence that gender differences in SDB in AA clinical populations are different from those in primarily white clinical populations. As the general population becomes more diverse, these trends need to be considered when designing diagnostic assessments and treatment regimens for patients. Moreover, descriptions of racial disparities become more relevant as the potential to discover genetic origins of SDB risk becomes more feasible. Therefore, increasing the numbers of AAs and other racial and ethnic demographics in studies of obstructive sleep apnea will go a long way toward reducing their negative impact on public health and society in general.

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<http://onlinelibrary.wiley.com/doi/10.1002/jts.22182/abstract>

### **Reckless Self-Destructive Behavior and PTSD in Veterans: The Mediating Role of New Adverse Events.**

Joanna D. Lusk, Naomi Sadeh, Erika J. Wolf, Mark W. Miller

Journal of Traumatic Stress

First published: April 2017

DOI: 10.1002/jts.22182

The addition of self-destructive and reckless behavior as a symptom of posttraumatic stress disorder (PTSD) in DSM-5 has stimulated renewed interest in understanding relationships between these behaviors and trauma-related psychopathology. This study examined the relationship between reckless and self-destructive behaviors (RSDB), intervening exposure to new adverse events, and later PTSD severity in a sample of trauma-exposed veterans. At baseline, participants were assessed for RSDB (past 5 years) and current PTSD severity ( $N = 222$ ). PTSD severity was then reassessed approximately 4 years later ( $N = 148$ ). Overall, RSDB were reported by 74.4% of the

sample, with 61.3% engaging in multiple forms of RSDB. The most commonly endorsed behaviors included alcohol/drug abuse (42.8%), driving while intoxicated (29.4%), gambling (24.7%), and aggression (23.1%). There was a positive correlation between RSDB and PTSD severity at both the baseline ( $r = .16$ ,  $p = .031$ ) and follow-up assessment ( $r = .24$ ,  $p = .005$ ). Path models indicated that exposure to new adverse events fully mediated the effect of Time 1 RSDB on PTSD symptoms at Time 2 (indirect association:  $\beta = .05$ ,  $p = .046$ ). Results suggest that RSDB are common among trauma-exposed veterans and may perpetuate PTSD symptoms by increasing exposure to new adverse events.

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<http://digitalcommons.usu.edu/cgi/viewcontent.cgi?article=6966&context=etd>

### **Effectiveness of Acceptance and Commitment Therapy as a Treatment for Posttraumatic Stress Disorder and Moral Injury**

Ellen J. Bluett

Utah State University

Dissertation, 2017

Posttraumatic stress disorder (PTSD) is a common condition among military personal and veterans. Despite strong empirical support for first line treatments for PTSD, many veterans do not complete or respond to treatment. Research suggests that experiential avoidance is a contributing factor to both treatment dropout and minimal treatment gains. Acceptance and commitment therapy (ACT) is an empirically supported cognitive behavioral intervention that aims to decrease experiential avoidance while increasing psychological flexibility. Research has shown ACT to be a promising intervention for the treatment of PTSD; however, its effectiveness in veterans with PTSD is limited.

Implementing an 8-week closed group design, this study examined the effectiveness of an ACT intervention for veterans with PTSD and subclinical PTSD who had previously completed a first line intervention for PTSD. Thirty-three veterans enrolled in the intervention, which focused on vitality (e.g., increasing valued living and decreasing experiential avoidance) rather than symptom reduction. Symptom and process of change measures including PTSD symptoms, valued living, and quality of life were measured at pretreatment, posttreatment, and again at 1-month follow-up. Results found that 64.7% of veterans showed a favorable response to treatment as measured by a 5-point change in PTSD symptoms. Additionally, outcomes of interest including PTSD symptoms, valued living, depression, wellbeing, and moral injury by

transgressions improved from pretreatment to posttreatment. Of note, a majority of treatment gains were not maintained at follow-up. Overall, results provide preliminary support for ACT as a second-line intervention for veteran PTSD. Empirical and clinical implications are discussed along with the potential limitations and future directions of this study.

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<http://search.proquest.com/openview/347b1e777a5297a1706e70da7801b1aa/>

## **The Battle at Home: The Impact of Combat Deployment on National Guard Spouses**

Laura DiChiara

Northeastern University  
Dissertation, 2017

A tour of duty can be long and arduous—and have serious effects on a veteran. Upon return from deployment to a combat zone, a veteran may have a myriad of psychological and/or physical concerns exacerbated by posttraumatic stress disorder (PTSD), bouts of insomnia, attention deficit, memory loss, and more, all making transition to normal daily life difficult. Such aftereffects, however, may not affect only the veteran—the family also carries this burden known as secondary traumatization (Dekel, Goldblatt, Keidar, Solomon, & Polliack, 2005; Figley, 1986). Many spouses, particularly, feel the strain of their partners' stress and have characterized deployment as “one of the most significant challenges of life in the military” (Karney & Crown, 2007). The challenges of deployment have impacted nearly 2.5 million military families since the start of the Afghanistan and Iraq Wars in 2001 (United States Department of Defense, 2015), and the impending rise of future military encounters may continue to inflate this number. Little attention, however, has been focused on spouses of deployed service members, especially those of the National Guard. The war-related experiences of veterans and their families can influence their functioning both as individuals and as a unit, and sensitive domestic matters may particularly have a bearing on the spouse. If we are to understand the human costs of war, we must undertake more research into the long-lasting effects of combat deployment on this vulnerable population. This phenomenological research study seeks to better understand the problem area of stress on National Guard spouses, doing so via interviews designed to engage such spouses in a discussion of their experiences. The research question is: How do National Guard spouses of a service member, who was deployed to Afghanistan or Iraq, perceive and

manage the reintegration period? The theoretical framework that supports this study is transition theory, and through it we seek to ascertain the degree to which this group of spouses can cope with combat deployment.

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<http://psycnet.apa.org/journals/mil/29/3/177/>

**Moderating effect of marital status on the association between combat exposure and post-deployment mental health in Canadian military personnel.**

Watkins, Kimberley; Lee, Jennifer E. C.; Zamorski, Mark A.

Military Psychology

Vol 29(3), May 2017, 177-188

<http://dx.doi.org/10.1037/mil0000153>

For military personnel, there are positive and negative aspects of marriage, which may contribute to mental health during times of high stress. The present study investigated the relationship of marital status with three mental health outcomes (general mental health, posttraumatic stress disorder [PTSD], depression) among 14,624 Canadian military personnel recently deployed in support of the mission in Afghanistan. Greater combat exposure was associated with poorer postdeployment mental health, but marital status was, on its own, only slightly associated with PTSD. Marital status significantly moderated the relationship between combat exposure and mental health: For both single and married participants, mental health declined as combat exposure increased, but this association was stronger for married members. This association could be due to the additional familial demands that married personnel may face upon their return from deployment or to the stresses associated with poor marital satisfaction. Overall, results suggest that the relationship between marital status and mental health after deployment is complex and may vary according to other factors. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

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<http://psycnet.apa.org/journals/mil/29/3/189/>

**Sleep disturbances among combat military veterans: A comparative study using subjective and objective sleep assessments.**

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

Military Psychology  
Vol 29(3), May 2017, 189-201  
<http://dx.doi.org/10.1037/mil0000161>

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. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

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<http://www.sciencedirect.com/science/article/pii/S0003999317303003>

**Mental Health Does Not Moderate Compensatory Cognitive Training Efficacy for Veterans with a History of Mild Traumatic Brain Injury.**

Kathleen F. Pagulayan, Maya O'Neil, Rhonda M. Williams, Aaron P. Turner, Shahrokh Golshan, Mai S. Roost, Benjamin Laman-Maharg, Marilyn Huckans, Daniel Storzbach, Elizabeth W. Twamley

### Objective

To examine the potential moderating effects of mental health symptoms on the efficacy of Compensatory Cognitive Training (CCT) for Operation Enduring Freedom (OEF)/Operation Iraqi Freedom (OIF)/Operation New Dawn (OND) Veterans with a history of mild traumatic brain injury (mTBI).

### Design

Secondary analysis of a randomized controlled trial of CCT. Posttraumatic stress disorder (PTSD), depression, and substance dependence symptom severity were examined as potential moderators of CCT efficacy for subjective cognitive complaints, use of cognitive strategies, and objective neurocognitive performance.

### Setting

Three Veterans Affairs Medical Centers.

### Participants

119 Veterans with history of mTBI; 50 participated in CCT and 69 received usual care (UC).

### Intervention

CCT is a 10-week group based (90 min/session) manualized cognitive rehabilitation intervention.

### Main Outcome Measures

Objective (neuropsychological functioning) and subjective (self-report) cognitive functioning as well as use of cognitive strategies.

### Results

Baseline mental health symptoms did not moderate CCT efficacy: Veterans who received CCT reported significantly greater improvement in cognitive difficulties and use of cognitive strategies compared to the UC group regardless of baseline mental health symptom severity. The CCT group also demonstrated significant improvements on neuropsychological measures of attention, learning, and executive functioning compared to the UC group, regardless of baseline mental health symptom severity.

## Conclusions

CCT is efficacious for improving objective cognitive functioning and compensatory strategy use for Veterans with a history of mTBI, regardless of the severity of comorbid psychiatric symptoms.

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<http://psycnet.apa.org/journals/mil/29/3/202/>

## **Soldier background and postinvestigative events associated with timing of suicide following deployment of U.S. Army National Guard soldiers.**

Griffith, James; Bryan, Craig J.

Military Psychology

Vol 29(3), May 2017, 202-215

<http://dx.doi.org/10.1037/mil0000163>

The present study examined the timing of suicide and its associated soldier background and postinvestigative events among deployed Army National Guard (ARNG) soldiers from calendar years 2007 through 2014. Suicide deaths were nearly equally distributed between soldiers who had been deployed and those who had not. Among those deployed, however, suicides occurred mostly 1 year or more after having returned from deployment. Soldier background and postsuicide investigative events were associated with the timing of suicide. Having more years of military service, more previous deployments, and being married were associated with in-theater suicides. Soldiers younger in age (17–24 years), single, nonprior service, and lower in rank, in addition to having parent-family conflicts, full-time employment problems, and military transition problems were associated with suicides that had occurred 1–120 days and 120–365 days since return from deployment. Soldiers aged (24–29 years), married, and higher in rank, along with more reported problems including past behavioral health conditions, postdeployment behavior health referrals, criminal behaviors, and military performance were associated with suicides that had occurred 1 year or more after return. Findings likely represent time periods of suicide vulnerability for identifiable groups of soldiers, based on soldier background and events surrounding the suicide. Practical and theoretical implications of the findings are discussed. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

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<http://psycnet.apa.org/journals/mil/29/3/216/>

**Emotion dysregulation in comorbid posttraumatic stress disorder and substance use disorders: A narrative review.**

Westphal, Maren; Aldao, Amelia; Jackson, Christie

Military Psychology  
Vol 29(3), May 2017, 216-233  
<http://dx.doi.org/10.1037/mil0000157>

Co-occurrence of substance use disorders (SUDs) and posttraumatic stress disorder (PTSD) is extremely common and is associated with elevated dropout and relapse rates. Given that PTSD/SUD co-occurrence rates among veterans have been found to be as high as 55–75%, it is important to identify mechanisms that may affect the interplay of both disorders. Emotion dysregulation (ED) presents a candidate mechanism that may underlie poor treatment response in co-occurring PTSD/SUD. This article proposes a transdiagnostic emotion regulation framework that considers ED conceptualized as a combination of low ability to tolerate emotional distress (low distress tolerance) and difficulties in the goal-directed use of emotion regulation strategies as a key risk factor in co-occurring PTSD/SUD. The authors review empirical findings from self-report and laboratory-based studies of ED in PTSD. They describe psychological explanations of the emotion-substance relationship and review studies documenting ED in SUDs and in co-occurring PTSD/SUD. The literature on ED in PTSD/SUD suggests that (a) patients with PTSD may resort to substances to cope with trauma-related symptoms due to ED, and (b) ED may maintain SUD symptoms and interfere with psychological treatment. Longitudinal studies on bidirectional relationships between ED and substance use in PTSD are needed, particularly research examining the course of ED in PTSD patients who use substances versus those who do not.  
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<http://psycnet.apa.org/journals/tep/11/2/69/>

**An assessment of training in and practice of culturally competent suicide assessment.**

Chu, Joyce P.; Poon, Gabrielle; Kwok, Kammy K.; Leino, Amy E.; Goldblum, Peter; Bongar, Bruce

Training and Education in Professional Psychology

Vol 11(2), May 2017, 69-77

<http://dx.doi.org/10.1037/tep0000147>

Recent scholars have criticized the extant training and practice of suicide-risk assessment (SRA) as insufficient in terms of cultural competence (CC), arguing that advancements are needed in assessment tools and guidelines for training and practice in detecting suicide risk with diverse clients. These criticisms, however, have been based largely on conjecture. Data regarding barriers to or the extent of culturally competent suicide-risk-assessment (CCSRA) training and practice have been nonexistent. Aims of the current study were to assess the degree of training and practice in CCSRA among a random nationwide sample of 161 licensed doctoral-level psychologists. Results indicated that participants reported a bare minimum amount of training, lower diversity in, and fewer types of CCSRA training compared with general CC or SRA training. Even though psychologists in the current sample believed a patient's cultural background moderately to very much impacts level of suicide risk, they reported that cultural factors are only slightly to moderately incorporated in SRA practices. In addition, participants reported low comfort in employing CCSRA into practice. A mixed-methods approach identified 4 predominant barriers to practice, listed in order of importance: insufficient training, lack of knowledge and awareness, lack of experience with cultural minority clients, and a lack of practice guidelines. Participants who graduated after 2002 reported receiving more training and being more comfortable with general CC, but not CCSRA practice. Results suggest that standardized guidelines and training are necessary to advance doctoral training and practice in CCSRA.

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<http://econtent.hogrefe.com/doi/abs/10.1027/0227-5910/a000460?journalCode=cri>

### **Expanding Suicide Crisis Services to Text and Chat: Responders' Perspectives of the Differences Between Communication Modalities.**

Zachary Predmore, Rajeev Ramchand, Lynsay Ayer, Virginia Kotzias, Charles Engel, Patricia Ebener, Janet E. Kemp, Elizabeth Karras, Gretchen L. Haas

Crisis

Published online May 3, 2017

DOI: <http://dx.doi.org/10.1027/0227-5910/a000460>

**Background:**

Crisis support services have historically been offered by phone-based suicide prevention hotlines, but are increasingly becoming available through alternative modalities, including Internet chat and text messaging. Aims: To better understand differences in the use of phone and chat/text services.

**Method:**

We conducted semistructured interviews with call responders at the Veterans Crisis Line who utilize multimodal methods to respond to veterans in crisis.

**Results:**

Responders indicated that veterans may access the chat/text service primarily for reasons that included a desire for anonymity and possible inability to use the phone. Responders were divided on whether callers and chatters presented with different issues or risk of suicide; however, they suggested that veterans frequently use chat/text to make their first contact with mental health services.

**Limitations:**

We spoke with call responders, not the veterans themselves. Additionally, as this is qualitative research, applicability to other settings may be limited. Conclusion: While new platforms offer promise, participants also indicated that chat services can supplement phone lines, but not replace them.

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<http://psycnet.apa.org/psycinfo/2017-19192-001/>

**Developing Alternative Training Delivery Methods to Improve Psychotherapy Implementation in the U.S. Department of Veterans Affairs.**

Smith, Tracey L.; Landes, Sara J.; Lester-Williams, Kristin; Day, Kristine T.; Batdorf, Wendy; Brown, Gregory K.; Trockel, Mickey; Smith, Brandy N.; Chard, Kathleen M.; Healy, Ellen T.; Weingardt, Kenneth R.

Training and Education in Professional Psychology

May 01 , 2017

<http://dx.doi.org/10.1037/tep0000156>

The Department of Veteran Affairs (VA) has been a recognized leader in evidence-based psychotherapy (EBP) training, with 15 different EBP training programs that

address posttraumatic stress disorder (PTSD), depression, chronic pain, insomnia, substance use, motivation for treatment, relationship distress, serious mental illness, and problem-solving skills. VA has a broad impact on the training of mental health professionals in the United States, training over 11,600 unique mental health staff in 1 or more of these EBPs since 2007. Original EBP training delivery methods relied on in-person workshops, followed by consultation with an EBP expert who provided feedback and ratings of audio-recorded sessions. Restrictions on federal government employee travel, in-person conferences, and budgets led to reductions in the number of mental health providers trained in EBPs during recent fiscal years. As a result, alternative training delivery methods were needed for training VA staff. This article describes the process used to select, develop, and pilot test alternative training delivery methods for EBPs. Surveys of key stakeholders and a literature review led us to retain consultation with review of audio-recorded sessions since evidence suggests this is critical to changing clinician behavior. All VA EBP training programs have begun pilot testing blended learning, regional training, or both, depending on local needs. Early results suggest that regional training (train the trainer method) was equivalent to, while blended learning methods showed mixed results relative to, the traditional training method. These alternative training methods may be more sustainable for training psychotherapists in large health care systems or across distances. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

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<http://www.tandfonline.com/doi/full/10.1080/16506073.2017.1304445>

### **Effect of treatments for depression on quality of life: a meta-analysis.**

Stefan G. Hofmann, Joshua Curtiss, Joseph K. Carpenter, and Shelley Kind

Cognitive Behaviour Therapy

Vol. 46, Iss. 4, 2017

<http://dx.doi.org/10.1080/16506073.2017.1304445>

Cognitive-behavioral therapy (CBT) and selective serotonin reuptake inhibitors (SSRIs) are the two first-line treatments for depression, but little is known about their effects on quality of life (QOL). A meta-analysis was conducted to examine changes in QOL in adults with major depressive disorder who received CBT (24 studies examining 1969 patients) or SSRI treatment (13 studies examining 4286 patients) for their depression. Moderate improvements in QOL from pre to post-treatment were observed in both CBT (Hedges'  $g = .63$ ) and SSRI (Hedges'  $g = .79$ ) treatments. The effect size remained

stable over the course of the follow-up period for CBT. No data were available to examine follow-ups in the SSRI group. QOL effect sizes decreased linearly with publication year, and greater improvements in depression were significantly associated with greater improvements in QOL for CBT, but not for SSRIs. CBT and SSRIs for depression were both associated with moderate improvements in QOL, but are possibly caused by different mechanisms.

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<http://www.tandfonline.com/doi/full/10.1080/16506073.2017.1286517>

### **Linking attentional control and PTSD symptom severity: the role of rumination.**

Rebecca C. Cox & Bunmi O. Olatunji

Cognitive Behaviour Therapy

Published online: 03 Mar 2017

Although deficits in attentional control have been linked to posttraumatic stress disorder (PTSD), the mechanism that may account for this association has not been fully elucidated. The present study examined rumination as a mediator of the relationship between attentional control and PTSD symptoms. Veterans with PTSD and trauma-exposed veterans without PTSD completed measures of attentional control, rumination, and PTSD symptom severity. As predicted, the findings showed that veterans with PTSD reported significantly lower levels of attentional control than veterans without PTSD. Veterans with PTSD also reported significantly higher levels of rumination than veterans without PTSD. Subsequent analysis of the total sample revealed that the relationship between attentional control and PTSD symptom severity was accounted for by excessive rumination. Attentional control may contribute to PTSD symptoms through excessive rumination. Attentional control and rumination may be important targets for PTSD interventions.

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<http://www.tandfonline.com/doi/full/10.1080/16506073.2016.1263971>

### **Cognitive behavioral therapy in practice: therapist perceptions of techniques, outcome measures, practitioner qualifications, and relation to research.**

Benjamin Bohman, Alberto Santi & Gerhard Andersson

Cognitive Behavioural Therapy  
Published online: 22 Dec 2016  
<http://dx.doi.org/10.1080/16506073.2016.1263971>

Cognitive behavioral therapy (CBT) has a strong evidence base for several psychiatric disorders, however, it may be argued that currently there is no overall agreement on what counts as 'CBT'. One reason is that CBT is commonly perceived as encompassing a broad range of treatments, from purely cognitive to purely behavioral, making it difficult to arrive at a clear definition. The purpose of the present study was to explore practicing therapists' perceptions of CBT. Three hundred fifty members of two multi-disciplinary interest groups for CBT in Sweden participated. Mean age was 46 years, 68% were females, 63% psychologists and mean number of years of professional experience was 12 years. Participants completed a web-based survey including items covering various aspects of CBT practice. Overall, therapist perceptions of the extent to which different treatment techniques and procedures were consistent with CBT were in line with current evidence-based CBT protocols and practice guidelines, as were therapists' application of the techniques and procedures in their own practice. A majority of participants (78%) agreed that quality of life or level of functioning were the most important outcome measures for evaluating treatment success. Eighty percent of therapists believed that training in CBT at a basic level was a requirement for practicing CBT. There was a medium size Spearman correlation of  $r_s=.46$  between the perceived importance of research to practice and the extent to which participants kept themselves updated on research. Implications for training, quality assurance, and the effectiveness of CBT in clinical practice are discussed.

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<http://www.sciencedirect.com/science/article/pii/S0278691517302284>

### **Caffeine consumption among active duty United States Air Force personnel.**

Joseph J. Knapik, Krista G. Austin, Susan M. McGraw, Guy D. Leahy, Harris R. Lieberman

Food and Chemical Toxicology  
Volume 105, July 2017, Pages 377–386  
<https://doi.org/10.1016/j.fct.2017.04.050>

Data from the National Health and Nutrition Examination Survey (NHANES) indicated that 89% of Americans regularly consumed caffeinated products, but these data did not include military personnel. This cross-sectional study examined caffeine consumption prevalence, amount of daily consumption, and factors associated with caffeine intake in active duty United States (US) Air Force personnel. Service members (N = 1787) stationed in the US and overseas completed a detailed questionnaire describing their intake of caffeine-containing products in addition to their demographic, lifestyle, and military characteristics. Overall, 84% reported consuming caffeinated products  $\geq 1$  time/week with caffeine consumers ingesting a mean  $\pm$  standard error of  $212 \pm 9$  mg/day ( $224 \pm 11$  mg/day for men,  $180 \pm 12$  mg/day for women). The most commonly consumed caffeinated products (% users) were sodas (56%), coffee (45%), teas (36%), and energy drinks (27%). Multivariate logistic regression modeling indicated that characteristics independently associated with caffeine consumption ( $\geq 1$  time/week) included older age, ethnicity other than black, tobacco use, less aerobic training, and less sleep; energy drink use was associated with male gender, younger age, tobacco use, and less sleep. Compared to NHANES data, the prevalence of caffeine consumption in Air Force personnel was similar but daily consumption (mg/day) was higher.

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## Links of Interest

Army chief: It's up to soldiers to help bridge the military-civilian divide

<https://www.armytimes.com/articles/army-chief-its-up-to-soldiers-to-help-bridge-the-military-civilian-divide>

Marine learns to seek help for his mental health, encourages other to do same

<https://health.mil/News/Articles/2017/05/04/Marine-learns-to-seek-help-for-his-mental-health-encourages-other-to-do-same>

These 6 Tools Can Help You Manage Your Mental Health

<http://dcoe.mil/blog/17-05-04/these-6-tools-can-help-you-manage-your-mental-health>

Essential Skills for Military Psychologists: 9 Tips for Communicating with Commands

<http://www.pdhealth.mil/news/blog/essential-skills-military-psychologists-9-tips-communicating-commands>

Female cadets testify about being sexually assaulted at their service academies  
<https://www.stripes.com/news/female-cadets-testify-about-being-sexually-assaulted-at-their-service-academies-1.466445>

Five Marines punished in connection with nude photo sharing scandal  
<https://www.marinecorpstimes.com/articles/five-marines-punished-in-connection-with-nude-photo-sharing-scandal>

Marines who share nude photos can be separated  
<https://www.marinecorpstimes.com/articles/marines-who-share-nude-photos-will-be-separated>

Unemployment for post-9/11 vets hits record low in April  
<http://www.militarytimes.com/articles/unemployment-for-post-9-11-vets-hits-record-low-in-april>

Psychological Health Center Highlights How Commanders Can Help Service Member Wellness  
<http://dcoe.mil/blog/17-05-09/psychological-health-center-highlights-how-commanders-can-help-service-member-wellness>

After Suicide Attempt, a Phone Call Could Save a Life  
[https://medlineplus.gov/news/fullstory\\_165321.html](https://medlineplus.gov/news/fullstory_165321.html)

Effectiveness of yoga in treating major depression evaluated  
<https://www.sciencedaily.com/releases/2017/05/170508130918.htm>

To improve chronic pain, get more sleep (coffee helps too)  
<https://www.sciencedaily.com/releases/2017/05/170508112447.htm>

Virtual reality for psychiatric treatment? Research shows promise for VR and other technologies in mental health care  
<https://www.sciencedaily.com/releases/2017/05/170508130912.htm>

PTSD, certain prescriptions for PTSD may raise risk for dementia  
<https://www.sciencedaily.com/releases/2017/05/170508184907.htm>

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## **Resource of the Week: Managing Suicide Risk and Access to Firearms: Guidelines for Providers (DoD Deployment Health Clinical Center)**

Suicide deaths by firearm are the most common method among active-duty personnel, accounting for approximately 68 percent of suicides in 2014, according to that year's Department of Defense Suicide Event Report (DoDSER) (link is external). Firearms are also the most consistently lethal method of attempting suicide. For these reasons, military mental health providers must be ready to address this issue.

Removal of firearms from at-risk patients has been demonstrated to reduce suicide attempts and likelihood of death by suicide in nearly every study conducted. Further, temporarily limiting access to firearms has not been linked to an increase in suicides by other methods; rather, the temporary removal of firearms may create the time and space for your patient to consider healthy alternatives and receive targeted intervention.



**DoD Deployment Health Clinical Center**  
Psychological Health Center of Excellence

If you have an emergency or are in crisis, please contact 24/7 the  
**Veterans Crisis Line**  
1-800-273-8255 **PRESS 1**

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### **Managing Suicide Risk and Access to Firearms: Guidelines for Providers**

By Navy Lt. (Dr.) Marcus Van Sickle, Deputy Chief of Adult Outpatient Behavioral Health, Fort Belvoir Community Hospital

May 1, 2017

*I have a patient who may be at risk for suicide and I know the patient owns a gun. What can I do?*

Firearms are the **most common method of suicide** among active-duty personnel. Approximately **68 percent** of suicides in 2014 were by personally owned firearms.

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