



## CDP Research Update -- May 18, 2017

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- Practical Issues in Delivery of Clinician-to-Patient Telemental Health in an Academic Medical Center.
- Couples Coping Through Deployment: Findings From a Sample of National Guard Families.
- The Efficacy of Trauma Management Therapy: A Controlled Pilot Investigation of a Three-Week Intensive Outpatient Program for Combat-Related PTSD.

- A Comparative Analysis of VHA, Non-VHA, and Overall Outpatient Treatment Use Intensity Among Older U.S. Veterans Denied or Awarded VA Service-Connected Disability Compensation.
- Links of Interest
- Resource of the Week: National Military Appreciation Month discount update: Sears, theme parks, airport parking and more

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<http://www.gao.gov/products/GAO-17-260>

**DOD HEALTH: Actions Needed to Ensure Post-Traumatic Stress Disorder and Traumatic Brain Injury Are Considered in Misconduct Separations.**

GAO-17-260

Published: May 16, 2017. Publicly Released: May 16, 2017

PTSD and traumatic brain injury can affect the behavior of servicemembers in the Armed forces and may lead to separations for misconduct. We examined misconduct separations and found that servicemembers diagnosed with PTSD, TBI, or certain other conditions can receive an "other than honorable" discharge—making them potentially ineligible for VA health benefits.

However, not all of the military services have consistent policies in place to address the impact of these disorders on misconduct separations. We recommended that DOD direct the military services to address inconsistencies in their separation policies.

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[http://www.fasebj.org/content/31/1\\_Supplement/612.4.short](http://www.fasebj.org/content/31/1_Supplement/612.4.short)

**Factors that differentiate Traumatic Brain Injury (TBI) patients from Post-Traumatic Stress Disorder (PTSD) patients among Operation Enduring Freedom/Operation Iraqi Freedom (OEF/OIF) veterans.**

Stacy-Ann Miller, Aarti Gautam, Nabarun Chakraborty, Bintu Sowe, Allison Hoke, Ruoting Yang, Rasha Hammamieh, and Marti Jett

Traumatic Brain Injury (TBI) has become the “signature wound” of Operation Enduring Freedom/Operation Iraqi Freedom (OEF/OIF). Due to the increased use of improvised explosive devices by the insurgent forces and the unavoidable facial exposure of our combat troops, even when wearing protective gear, estimates suggest that as many as 20 % to 30 % of returning soldiers may eventually exhibit symptoms of TBI. Post-Traumatic Stress Disorder (PTSD), as defined by the American Psychiatric Association, is a serious behavioral health disorder, and it has been estimated that 17.1 % of soldiers returning from Iraq, and 11.2 % of those returning from Afghanistan, have experienced major depression, generalized anxiety, and/or PTSD. As a part of the present effort, investigators within the Integrative Systems Biology Program (ISB), at US Army Center for Environmental Health Research (USACEHR), are working with collaborators from the Dwight D. Eisenhower Army Medical Center (DDEAMC) to screen for potential biomarkers associated with neuronal injury. In this pilot study, blood samples were collected at DDEAMC from patients diagnosed with PTSD, TBI, or both, and shared with USACEHR for multi-omics analysis for identification of candidate genes/proteins distinguishing between TBI and PTSD. The candidate gene/protein approach is viewed as only a first step toward identifying molecular mechanisms that are likely to be involved in the physiologic consequences of TBI/PTSD. Gene expression, DNA methylation, and targeted proteomics analysis have been completed with these samples. Functional pathway predictions indicate possible overlaps of networks enriched by differentially expressed genes and methylated genes. The advancements realized through the current findings need to be validated using larger sample sizes, and it will be important to include a gender/age/ethnicity-matched control. The results of this research will be leveraged in multiple ways to improve the health and treatment of returning soldiers diagnosed with TBI/PTSD.

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<https://www.ncbi.nlm.nih.gov/pubmed/28472528>

Sleep. 2017 May 4. doi: 10.1093/sleep/zsx075. [Epub ahead of print]

**Internet and In-Person Cognitive Behavioral Therapy for Insomnia in Military Personnel: A Randomized Clinical Trial.**

Taylor DJ, Peterson AL, Pruiksmas KE, Young-McCaughan S, Nicholson K, Mintz J; STRONG STAR Consortium.

#### STUDY OBJECTIVES:

Compare in-person and unguided Internet-delivered cognitive behavioral therapy for insomnia (CBTi) with a minimal contact control condition in military personnel.

#### METHODS:

A 3-arm parallel randomized clinical trial of 100 active duty US Army personnel at Fort Hood, Texas. Internet and in-person CBTi were comparable, except for the delivery format. The control condition consisted of phone call assessments.

#### RESULTS:

Internet and in-person CBTi both performed significantly better than control condition on diary-assessed sleep efficiency ( $d = 0.89$  and  $0.53$ , respectively), sleep onset latency ( $d = -0.68$  and  $-0.53$ ), number of awakenings ( $d = -0.42$  and  $-0.54$ ), wake time after sleep onset ( $d = -0.88$  and  $-0.50$ ), Insomnia Severity Index ( $d = -0.98$  and  $-0.51$ ), and Dysfunctional Beliefs & Attitudes About Sleep Scale ( $d = -1.12$  and  $-0.54$ ). In-person treatment was better than Internet treatment on self-reported sleep quality ( $d = 0.80$ ) & dysfunctional beliefs and attitudes about sleep ( $d = -0.58$ ). There were no differences on self-reported daytime sleepiness or actigraphy-assessed sleep parameters (except total sleep time;  $d = -0.55$  to  $-0.60$ ). There were technical difficulties with Internet treatment which prevented tailored sleep restriction upward titration for some participants.

#### CONCLUSIONS:

Despite the unique, sleep-disrupting occupational demands of military personnel, in-person and Internet CBTi are efficacious treatments for this population. The effect sizes for in-person were consistently better than Internet and were similar to those found in civilians. Dissemination of CBTi should be considered for maximum individual and population benefits, possibly in a stepped-care model.

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<https://link.springer.com/article/10.1007/s40675-017-0065-4>

#### **Digital Cognitive Behavioral Therapy for Insomnia: a State-of-the-Science Review.**

Annemarie I. Luik Simon D. Kyle Colin A. Espie

Current Sleep Medicine Reports

June 2017, Volume 3, Issue 2, pp 48–56

doi:10.1007/s40675-017-0065-4

## Purpose of Review

Over the past decade, digital solutions have been developed to support the dissemination of Cognitive Behavioral Therapy (CBT). In this paper, we review the evidence for and implications of digital CBT (dCBT) for insomnia.

## Recent Findings

We propose three categories of dCBT, which differ in the amount of clinician time needed, level of automatization, costs, and scalability: dCBT as support, guided dCBT, and fully automated dCBT. Consistent evidence has been published on the effectiveness of dCBT to address insomnia disorder, in a variety of populations, with effects extending into well-being. Important gaps in the literature are identified around moderators and mediators of dCBT, cost-effectiveness, and the implementation of dCBT.

## Summary

The evidence base for dCBT is rapidly developing and already suggests that dCBT for insomnia is effective. However, further science and digital innovation is required to realize the full potential of dCBT and address important clinical questions.

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<http://online.liebertpub.com/doi/abs/10.1089/neu.2016.4910>

## **Three Year Trends in VHA Utilization and Costs Following Traumatic Brain Injury Screening among Veterans with Mild Traumatic Brain Injury.**

Dr. Brent Taylor, Ms. Emily Hagel Campbell, Mr. Sean Nugent, Mr. Douglas Bidelspach, Dr. Shannon Kehle-Forbes, Dr. Joel Scholten, Dr. Kevin Stroupe, and Dr. Nina Sayer

Journal of Neurotrauma

May 2017, ahead of print

doi:10.1089/neu.2016.4910

Examination of trends in Veterans Health Administration (VHA) healthcare utilization and costs among veterans with mild Traumatic Brain Injury (TBI) is needed to inform policy, resource allocation and treatment planning. The objective of this study was to assess the patterns of VHA healthcare utilization and costs in the three years following TBI screening among veterans with mild TBI compared with veterans without TBI.

A retrospective cohort study of veterans who underwent TBI screening in fiscal year 2010 was conducted. We used VHA healthcare utilization and associated costs by categories of care to compare veterans diagnosed with mild TBI (n=7,318) to those who screened negative (n=75,294) and those who screened positive but had TBI ruled out (n=3,324).

Utilization and costs were greatest in year one, dropped in year two and then leveled off. Mild TBI diagnosis was associated with high rates of utilization. Each year, healthcare costs in those with mild TBI were 2 to 3 times higher than in those who screened negative and 20 to 25% higher than in those who screened positive but had TBI ruled out. A significant proportion of healthcare use and costs for veterans with mild TBI were associated with mental health service utilization.

The relatively high rate of VHA utilization and costs associated with mild TBI over time demonstrates the importance of long-term planning to meet these veterans' needs. Identifying and engaging patients with mTBI in effective mental health treatments should be considered a critical component of treatment planning.

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<http://psycnet.apa.org/journals/ser/14/2/203/>

**One-year incidence and predictors of homelessness among 300,000 U.S. Veterans seen in specialty mental health care.**

Tsai, Jack; Hoff, Rani A.; Harpaz-Rotem, Ilan

Psychological Services

Vol 14(2), May 2017, 203-207

<http://dx.doi.org/10.1037/ser0000083>

The Department of Veterans Affairs (VA) is committed to preventing and ending homelessness among U.S. veterans, but there have been few estimates of the incidence of veteran homelessness and prospective studies to identify predictors of homelessness. This study examines the 1-year incidence of homelessness among veterans seen in VA specialty mental health clinics and identified sociodemographic and clinical predictors of homelessness. Using a retrospective cohort study design, data were extracted from the VA medical records of 306,351 veterans referred to anxiety and posttraumatic stress disorder clinics across 130 VA facilities from 2008–2012 and followed for 1 year after referral. Homeless incidence was defined as new use of any VA

homeless services or a documented International Classification of Diseases (9th rev.) V60.0 (lack of housing) code during the year. Of the total sample, 5.6% (7.8% for women and 5.4% for men) experienced homelessness within 1 year after referral to VA specialty mental health care. Veterans who were unmarried or diagnosed with a drug use disorder were more than twice as likely to become homeless; those who were Black or had annual incomes less than \$25,000 were more than one and a half times as likely to become homeless. Together, these findings suggest a notable and important percentage of veterans seen in VA specialty mental health clinics newly experience homelessness annually. Monitoring early signs of housing vulnerability and preventing homelessness in this vulnerable but treatment-engaged population may be important in the VA's efforts to end veteran homelessness. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

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<http://psycnet.apa.org/journals/ser/14/2/174/>

**A national evaluation of homeless and nonhomeless veterans' experiences with primary care.**

Jones, Audrey L.; Hausmann, Leslie R. M.; Haas, Gretchen L.; Mor, Maria K.; Cashy, John P.; Schaefer Jr., James H.; Gordon, Adam J.

Psychological Services

Vol 14(2), May 2017, 174-183

<http://dx.doi.org/10.1037/ser0000116>

Persons who are homeless, particularly those with mental health and/or substance use disorders (MHSUDs), often do not access or receive continuous primary care services. In addition, negative experiences with primary care might contribute to homeless persons' avoidance and early termination of MHSUD treatment. The patient-centered medical home (PCMH) model aims to address care fragmentation and improve patient experiences. How homeless persons with MHSUDs experience care within PCMHs is unknown. This study compared the primary care experiences of homeless and nonhomeless veterans with MHSUDs receiving care in the Veterans Health Administration's medical home environment, called Patient Aligned Care Teams. The sample included VHA outpatients who responded to the national 2013 PCMH-Survey of Health Care Experiences of Patients (PCMH-SHEP) and had a past-year MSHUD diagnosis. Veterans with evidence of homelessness (henceforth "homeless") were identified through VHA administrative records. PCMH-SHEP survey respondents



included 67,666 veterans with MHSUDs (9.2% homeless). Compared with their nonhomeless counterparts, homeless veterans were younger, more likely to be non-Hispanic Black and nonmarried, had less education, and were more likely to live in urban areas. Homeless veterans had elevated rates of most MHSUDs assessed, indicating significant co-occurrence. After controlling for these differences, homeless veterans reported more negative and fewer positive experiences with communication; more negative provider ratings; and more negative experiences with comprehensiveness, care coordination, medication decision-making, and self-management support than nonhomeless veterans. Homeless persons with MHSUDs may need specific services that mitigate negative care experiences and encourage their continuation in longitudinal primary care services. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

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<http://psycnet.apa.org/journals/ser/14/2/229/>

### **Pathways into homelessness among post-9/11-era veterans.**

Metraux, Stephen; Cusack, Meagan; Byrne, Thomas H.; Hunt-Johnson, Nora; True, Gala

Psychological Services

Vol 14(2), May 2017, 229-237

<http://dx.doi.org/10.1037/ser0000136>

Despite the scale of veteran homelessness and government–community initiatives to end homelessness among veterans, few studies have featured individual veteran accounts of experiencing homelessness. Here we track veterans’ trajectories from military service to homelessness through qualitative, semistructured interviews with 17 post-9/11-era veterans. Our objective was to examine how veterans become homeless—including the role of military and postmilitary experiences—and how they negotiate and attempt to resolve episodes of homelessness. We identify and report results in 5 key thematic areas: transitioning from military service to civilian life, relationships and employment, mental and behavioral health, lifetime poverty and adverse events, and use of veteran-specific services. We found that veterans predominantly see their homelessness as rooted in nonmilitary, situational factors such as unemployment and the breakup of relationships, despite very tangible ties between homelessness and combat sequelae that manifest themselves in clinical diagnoses such as posttraumatic stress disorder. Furthermore, although assistance provided by

the U.S. Department of Veterans Affairs (VA) and community-based organizations offer a powerful means for getting veterans rehoused, veterans also recount numerous difficulties in accessing and obtaining VA services and assistance. Based on this, we offer specific recommendations for more systematic and efficient measures to help engage veterans with VA services that can prevent or attenuate their homelessness. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

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<https://link.springer.com/article/10.1007/s12160-017-9911-3>

## **Observed Relationship Behaviors and Sleep in Military Veterans and Their Partners.**

Jennifer Fillo, Stephanie Brooks Holliday, Amy DeSantis, Anne Germain, Daniel J. Buysse, Karen A. Matthews, Wendy M. Troxel

Annals of Behavioral Medicine  
First Online: 09 May 2017  
DOI: 10.1007/s12160-017-9911-3

### Background

Emerging research has begun to examine associations between relationship functioning and sleep. However, these studies have largely relied on self-reported evaluations of relationships and/or of sleep, which may be vulnerable to bias.

### Purpose

The purpose of the study was to examine associations between relationship functioning and sleep in military couples. This is the first research to examine associations between observed relationship behaviors and subjective and polysomnographically measured sleep in a sample at-risk for both sleep and relationship problems.

### Methods

The sample included 35 military veterans and their spouses/partners. Marital functioning was coded from a videotaped conflict interaction. Analyses focused on behavioral codes of hostility and relationship-enhancing attributions. Sleep was assessed via self-report and in-home polysomnography.

### Results

Greater hostility was associated with poorer sleep efficiency for oneself ( $b = -0.195$ ,  $p =$

.013). In contrast, greater relationship-enhancing attributions were associated with higher percentages of stage N3 sleep ( $b = 0.239$ ,  $p = .028$ ). Partners' hostility was also positively associated with higher percentages of stage N3 sleep ( $b = 0.272$ ,  $p = .010$ ). Neither hostility nor relationship-enhancing attributions was associated with self-reported sleep quality, percentage of REM sleep, or total sleep time.

### Conclusions

Both partners' positive and negative behaviors during conflict interactions were related to sleep quality. These findings highlight the role that effective communication and conflict resolution skills may play in shaping not only the marital health of veterans and their spouses but also the physical health of both partners as well. Understanding the links between relationship functioning and sleep may be important targets of intervention in the aftermath of war.

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<http://tandfonline.com/doi/full/10.1080/16506073.2017.1312511>

### **Therapeutic response to Cognitive Processing Therapy in White and Black female veterans with military sexual trauma-related PTSD.**

Ryan P. Holliday, Nicholas D. Holder, Meredith L. C. Williamson & Alina Surís

Cognitive Behaviour Therapy

Published online: 09 May 2017

<http://dx.doi.org/10.1080/16506073.2017.1312511>

Cognitive Processing Therapy (CPT) is an evidence-based treatment (EBT) for posttraumatic stress disorder (PTSD) which has been validated for female veterans with military-related PTSD. Existing trials have enrolled predominantly White veterans with some studies documenting higher rates of early termination from EBTs among Black females when compared to White females. Data from a previously published randomized clinical trial were used to evaluate the effectiveness of CPT for Black female veterans with military sexual trauma (MST)-related PTSD. Reductions in PTSD symptom severity, number of sessions attended, and early termination rates were compared between Black ( $n = 20$ ) and White ( $n = 16$ ) female veterans. A hierarchical linear modeling approach was used, with PTSD symptom severity over the course of treatment and follow-up entered as a level-1 variable and race (Black or White) entered as a level-2 predictor. Piecewise growth curves analyses revealed that both Black and White female veterans experienced significant reductions in PTSD symptom severity

over the course of treatment and gains were maintained up to 6 months post-treatment. Race was not found to be a significant predictor of change in the slope of PTSD symptom severity over the course of CPT treatment. Additionally, number of sessions attended and rates of early termination did not significantly differ based on race. Results suggest that CPT was a well-tolerated and effective psychotherapeutic treatment for this sample regardless of racial self-identification.

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

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

Rebecca C. Cox and 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://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 Behaviour 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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<https://www.ncbi.nlm.nih.gov/pubmed/26959962>

J Pers Disord. 2017 Apr;31(2):145-155. doi: 10.1521/pedi\_2016\_30\_241. Epub 2016 Mar 9

**Personality Disorder Symptoms and Suicidality: Low Desire and High Plans for Suicide in Military Inpatients and Outpatients.**

Chu C, Buchman-Schmitt JM, Joiner TE, Rudd MD

This study characterizes the personality disorder (PD) symptoms of patients who endorse a perplexing combination of low desire and high plans for suicide. Five PD

(antisocial, narcissistic, borderline, dependent, avoidant) symptoms were examined at the junction of two suicide risk factors: (a) suicidal desire/ideation and (b) resolved plans/preparations. Participants (N = 250) were recruited from U.S. Army Medical Center affiliated sites, including two outpatient clinics, an inpatient facility, and an emergency room. Self-report measures of PD and suicide symptoms were administered. The interaction of desire and plans was entered into multiple regression equations predicting PD symptoms. Patients endorsing low desire and high plans for suicide reported significantly more antisocial and narcissistic symptoms and fewer borderline, avoidant, and dependent PD symptoms. These findings support the existence of patients who endorse suicide plans in the absence of strong suicidal desire and suggest that they display antisocial and narcissistic personality characteristics. Future directions and clinical implications are discussed.

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<https://www.ncbi.nlm.nih.gov/pubmed/28493727>

Psychol Trauma. 2017 May 11. doi: 10.1037/tra0000276. [Epub ahead of print]

### **Military Sexual Trauma Is Associated With Eating Disorders, While Combat Exposure Is Not.**

Breland JY, Donalson R, Li Y, Hebenstreit CL, Goldstein LA, Maguen S.

#### **OBJECTIVE:**

There are strong associations among trauma and eating disorders. However, while trauma and eating disorders are more common among veterans than other populations, there is little information on how military-specific stressors affect eating disorder risk. This study's objective was to determine whether military sexual trauma and combat exposure were independent predictors of eating disorders among women veterans, a high-risk group.

#### **METHOD:**

Participants were women age 18-70, using VA medical center services, without psychotic disorders or suicidal ideation (N = 407). We estimated a cross-sectional logistic regression model to predict eating disorders (anorexia, bulimia, binge eating disorder) as a function of military sexual trauma and combat exposure, adjusting for demographic variables.

## RESULTS:

Sixty-six percent of participants reported military sexual trauma, 32% reported combat exposure, and 15% met eating disorder criteria. Mean age was 49 years (SD = 13); 40% were veterans of color. Women reporting military sexual trauma had twice the odds of an eating disorder compared to women who did not (odds ratio [OR]: 2.03; 95% CI [1.03-3.98]). Combat exposure was not associated with eating disorders. Asian race (OR: 3.36; 95% CI [1.26-8.97]) and age (OR: 1.03; 95% CI [1.01-1.06]) were associated with eating disorders.

## CONCLUSIONS:

The high rates of military sexual trauma and eating disorders highlight a need for continued work. Results suggest that it may be useful to focus on women reporting military sexual trauma when implementing eating disorder screening and treatment programs. Given associations among trauma, eating disorders, obesity, and mortality, such efforts could greatly improve veteran health. (PsycINFO Database Record (c) 2017 APA, all rights reserved).

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<https://www.ncbi.nlm.nih.gov/pubmed/28490190>

Can J Psychiatry. 2017 Jan 1:706743717699174. doi: 10.1177/0706743717699174. [Epub ahead of print]

## **Deployment-Related Traumatic Events and Suicidal Behaviours in a Nationally Representative Sample of Canadian Armed Forces Personnel.**

Sareen J, Afifi T, Taillieu T, Cheung K, Turner S, Stein MB, Zamorski MA

## OBJECTIVE:

Worldwide, there has been substantial controversy with respect to whether military deployment is a risk factor for suicidal behaviour. The present study examined the relationship between lifetime exposure to deployment and deployment-related traumatic events (DRTEs) and past-year suicidal ideation (SI), suicidal plans (SP), and suicidal attempts (SA).

## METHOD:

Data were analysed from the 2013 Canadian Forces Mental Health Survey (8161 respondents; response rate, 79.8%; aged 18-60 years). A total of 12 individual items assessed exposure to DRTEs (e.g., combat, witnessing human atrocities, feeling

responsible for the death of Canadian or ally personnel, knowing someone who was injured or killed). We examined each individual DRTE type as well as the number of types of DRTEs in relation to suicidal behaviour.

#### RESULTS:

Lifetime deployment was not significantly associated with suicidal behaviour. In models adjusted for sociodemographic variables, most of the individual DRTE items and the DRTE count variable were significantly associated with suicidal behaviours (adjusted odds ratio ranged between 1.10 and 5.32). When further adjusting for child abuse exposure, these associations were minimally attenuated, and some became nonsignificant. In models adjusting for mental disorders and child abuse, most DRTEs and number of types of DRTEs became nonsignificant in relation to SI, SP, and SA.

#### CONCLUSIONS:

Active military personnel exposed to increasing number of DRTEs are at increased risk for SI, SP, and SA. However, most of the association between DRTEs and suicidal behaviour is accounted for by child abuse exposure and mental disorders.

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<https://www.ncbi.nlm.nih.gov/pubmed/28488917>

J Womens Health (Larchmt). 2017 May 10. doi: 10.1089/jwh.2016.6080. [Epub ahead of print]

### **Contrasting Gender and Combat Versus Military Sexual Traumas: Psychiatric Symptom Severity and Morbidities in Treatment-Seeking Veterans.**

Sexton MB, Raggio GA, McSweeney LB, Authier CC, Rauch SAM

#### BACKGROUND:

Military sexual trauma (MST) and military combat trauma (MCT) are significant risk factors for posttraumatic stress disorder (PTSD). However, no studies have directly contrasted the clinical profiles of Veterans between military-related traumas. Moreover, a notable gender difference in the likelihood of trauma exposure limits our ability to disentangle gender and trauma type.

#### MATERIALS AND METHODS:

To address these gaps, we aimed at (1) contrasting psychiatric complaints in Veterans with MST versus MCT exposure and (2) investigating gender differences in Veterans



with MST histories. Treatment-seeking Veterans (N = 563) completed semi-structured diagnostic interviews and self-report assessments of PTSD, depressive, and dissociative symptoms.

#### RESULTS:

Psychiatric complaints and morbidity were notable after all military-associated traumas, although those seeking care for MST-related events demonstrated more severe PTSD, depressive, and dissociative symptoms and were more likely to meet criteria for non-PTSD anxiety and psychotic disorders. In contrast, few gender-related differences were noted between male and female Veterans with histories of MST.

#### CONCLUSIONS:

The experience of MST may reduce typically observed gender-related buffering effects for certain conditions.

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<http://onlinelibrary.wiley.com/doi/10.1002/jts.22183/abstract>

### **Trauma-Related Pain, Reexperiencing Symptoms, and Treatment of Posttraumatic Stress Disorder: A Longitudinal Study of Veterans.**

Gregory Bartoszek, Susan M. Hannan, Janina Kamm, Barbara Pamp, Kelly P. Maieritsch

Journal of Traumatic Stress  
First published: 12 May 2017  
DOI: 10.1002/jts.22183

Research has demonstrated a strong positive association between posttraumatic stress disorder (PTSD) symptoms and physical pain. However, few studies have explored the impact of pain problems on the symptoms and treatment of PTSD, and results remain inconsistent. This longitudinal study examined whether trauma-related and trauma-unrelated pain differentially and uniquely predicted reexperiencing symptoms. We also examined whether levels of reexperiencing symptoms mediated the relationship between pain intensity and posttreatment symptoms of avoidance, numbing, and hyperarousal (ANH). Analyses were conducted using archival data from 99 treatment-seeking veterans who reported the etiology and intensity of their pain and severity of PTSD symptoms pre- and posttreatment. Among veterans with trauma-related pain, pain intensity (a) uniquely corresponded to greater posttreatment reexperiencing

symptoms ( $b = 1.09$ ), and (b) was indirectly predictive of ANH symptoms via the reexperiencing symptoms ( $b = 1.93$ ). However, veterans with trauma-unrelated pain evidenced no associations between pain intensity and reexperiencing ( $b = 0.04$ ) or ANH symptoms ( $b = 0.06$ ). We thus found that trauma-related pain was indirectly related to poor PTSD treatment outcomes via reexperiencing symptoms. These findings offer additional insight into factors that may influence PTSD treatment outcomes for pain-suffering trauma survivors.

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[http://journals.lww.com/hrpjournal/Abstract/2017/05000/Internet\\_Based\\_Cognitive\\_Behavioral\\_Therapy\\_for.4.aspx](http://journals.lww.com/hrpjournal/Abstract/2017/05000/Internet_Based_Cognitive_Behavioral_Therapy_for.4.aspx)

### **Internet-Based Cognitive-Behavioral Therapy for Depression: Current Progress and Future Directions.**

Webb, Christian A. PhD; Rosso, Isabelle M. PhD; Rauch, Scott L. MD

Harvard Review of Psychiatry

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The World Health Organization estimates that during a given 12-month period, approximately 34 million people suffering from major depressive disorder go untreated in Europe and the Americas alone. Barriers to treatment include geographic distance, lack of mental health insurance, prohibitive cost of treatment, long wait-lists, and perceived stigma. Over the past two decades, Internet-based cognitive-behavioral therapy (iCBT) programs have proliferated. A growing body of research supports the efficacy of iCBT for depression and other psychiatric conditions, and these programs may help address barriers that hinder access to effective treatment. The present review describes common iCBT programs along with the evidence base supporting their efficacy in reducing symptoms of depression, reviews research on moderators of treatment response, and provides suggestions for future directions in research and care.

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<http://onlinelibrary.wiley.com/doi/10.1111/cpsp.12197/abstract>

## **Adoption of Technology-Enhanced Treatments: Conceptual and Practical Considerations.**

Margaret T. Anton, Deborah J. Jones

Clinical Psychology Science and Practice

First published: 9 May 2017

DOI: 10.1111/cpsp.12197

As the efficacy of technology-enhanced mental health service delivery models (i.e., supportive or adjunctive technological tools) is examined, we must inform and guide clinician decision making regarding acceptance and, in turn, uptake. Accordingly, this review aimed to move beyond traditional discussions of geographic barriers by integrating, reconciling, and extending literatures on dissemination and implementation, as well as technology uptake, in order to anticipate and address organizational and clinician barriers to adoption of technology enhancements. Specifically, a five-stage model is proposed to address organizational readiness for and clinician acceptance of technology enhancements to evidence-based treatments, as well as the relevance of current adoption strategies for technology-enhanced services. Our aim was to provide a guiding framework for future research and practice.

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<http://www.tandfonline.com/doi/full/10.1080/21635781.2017.1316803>

## **Marital Status and Marital Quality Differences in the Postdeployment Mental and Physical Health of Service Members.**

Lyndon A. Riviere, Julie C. Merrill & Kristina Clarke-Walper

Military Behavioral Health

Published online: 13 Apr 2017

<http://dx.doi.org/10.1080/21635781.2017.1316803>

Married individuals have been shown to have a health advantage over individuals in other marital status groups, especially among those in high quality marriages. However, it is largely unknown whether this health advantage also pertains to military personnel, whose relationships are often characterized by frequent and long separations and who

receive unique economic and health benefits. The present study uses cross-sectional survey data from 2,475 U.S. soldiers and compares married soldiers with high marital quality to soldiers with low marital quality, never married soldiers, and previously married soldiers, using 6 indicators of mental and physical health (depression, anxiety, and posttraumatic stress disorder, self-rated health, past-month medical visits, and somatic symptoms). Results indicate that married soldiers with low marital quality and previously married soldiers have poorer health than do married soldiers with high marital quality. No differences were observed between the never-married and the high-marital-quality groups. These results suggest that the health advantage of married military personnel is contextualized by marital quality but that never married military personnel may be protected from the health disadvantage that is generally found in civilian populations.

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<http://www.tandfonline.com/doi/full/10.1080/21635781.2017.1316805>

### **The Development and Evaluation of a Peer-Driven Engagement Intervention to Reach Older Veterans with Depression.**

Miruna Petrescu-Prahova, Lesley Steinman, Anna Dronen, Sluggo Rigor & Mark Snowden

Military Behavioral Health

Published online: 12 Apr 2017

<http://dx.doi.org/10.1080/21635781.2017.1316805>

The authors developed and evaluated a peer-driven engagement intervention to reach older veterans, veteran spouses, and widowed veteran-spouses with an evidence-based depression management program called the Program to Encourage Active, Rewarding Lives (PEARLS). The authors interviewed key informants in veteran service organizations to design the intervention and trained former PEARLS veterans/spouses/widowed veteran-spouses as peer educators (“champions”). The authors interviewed champions to identify facilitators and barriers to implementing the intervention. Facilitators included enjoying and finding honor in their role and using personal experiences to describe PEARLS. Barriers included competing priorities, difficulty addressing barriers raised by peers, and complicated materials. Findings can inform future efforts to engage older veterans in depression treatment.

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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 , BS; Anne Germain , PhD; Justin S. Campbell, PhD

Military Medicine

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

<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://www.sciencedirect.com/science/article/pii/S1077722917300482>

**Activating Veterans Toward Sources of Reward: A Pilot Report on Development, Feasibility, and Clinical Outcomes of a 12-Week Behavioral Activation Group Treatment.**

Rachel Hershenberg, Rachel Vickers Smith, Jason T. Goodson, Michael E. Thase

Cognitive and Behavioral Practice

Available online 9 May 2017

<https://doi.org/10.1016/j.cbpra.2017.04.001>

This pilot study evaluates a 12-week group Behavioral Activation protocol adapted to meet the needs of a Veteran population seeking treatment in an outpatient mental health clinic at a Veteran Affairs Medical Center. In a detailed Method we describe the treatment structure. Acceptability and feasibility are addressed by providing data on referral sources, treatment retention, attendance, and patient satisfaction. Initial clinical outcomes are presented, focusing on symptom reduction, improved quality of life, and changes in the hypothesized mechanism of treatment: improving motivated behavior to pursue rewards (decisional anhedonia). Finally, feedback from individual exit interviews is presented. We conclude with implementation tips and challenges in the service of continuing to improve our evidence-based interventions in Veteran Affairs facilities.

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<http://onlinelibrary.wiley.com/doi/10.1002/da.22628/full>

## **Predictors of PTSD 40 years after combat: Findings from the National Vietnam Veterans longitudinal study.**

Steenkamp MM, Schlenger WE, Corry N, et al.

Depression and Anxiety

First published: 10 May 2017

DOI: 10.1002/da.22628

### **Background**

Few studies have longitudinally examined predictors of posttraumatic stress disorder (PTSD) in a nationally representative sample of US veterans. We examined predictors of warzone-related PTSD over a 25-year span using data from the National Vietnam Veterans Longitudinal Study (NVVLS).

### **Methods**

The NVVLS is a follow-up study of Vietnam theater veterans (N = 699) previously assessed in the National Vietnam Veterans Readjustment Study (NVVRS), a large national-probability study conducted in the late 1980s. We examined the ability of 22 premilitary, warzone, and postmilitary variables to predict current warzone-related PTSD symptom severity and PTSD symptom change in male theater veterans participating in the NVVLS. Data included a self-report Health Questionnaire survey and a computer-assisted telephone Health Interview Survey. Primary outcomes were self-reported PTSD symptoms assessed by the PTSD Checklist for DSM-5 (PCL 5) and Mississippi PTSD Scale (M-PTSD).

### **Results**

Predictors of current PTSD symptoms most robust in hierarchical multivariable models were African-American race, lower education level, negative homecoming reception, lower current social support, and greater past-year stress. PTSD symptoms remained largely stable over time, and symptom exacerbation was predicted by African-American race, lower education level, younger age at entry into Vietnam, greater combat exposure, lower current social support, and greater past-year stressors.

### **Conclusions**

Findings confirm the robustness of a select set of risk factors for warzone-related PTSD, establishing that these factors can predict PTSD symptom severity and symptom change up to 40 years postdeployment.

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[http://journals.lww.com/hrpjournal/Abstract/2017/05000/Practical\\_Issues\\_in\\_Delivery\\_of\\_6.aspx](http://journals.lww.com/hrpjournal/Abstract/2017/05000/Practical_Issues_in_Delivery_of_6.aspx)

## **Practical Issues in Delivery of Clinician-to-Patient Telemental Health in an Academic Medical Center.**

Abrams, Jessica BA; Sossong, Sarah MPH, FACHE; Schwamm, Lee H. MD; Barsanti, Lauren MPH; Carter, Michael MBA; Kling, Naomi MA; Kotarski, Meghan MBA; Leddy, Jaclyn MBA; Meller, Benjamin BS; Simoni, Marcy MPH; Sullivan, Michael; Wozniak, Janet MD

Harvard Review of Psychiatry

May/June 2017 - Volume 25 - Issue 3 - p 135–145

doi: 10.1097/HRP.000000000000142

### Background:

In the age of online communication, psychiatric care can now be provided via videoconferencing technologies. While virtual visits as a part of telepsychiatry and telemental health provide a highly efficient and beneficial modality of care, the implementation of virtual visits requires attention to quality and safety issues. As practitioners continue to utilize this technology, issues of clinician licensing, treatment outcomes of virtual visits versus in-person visits, and cost offset require ongoing study.

### Methods:

This review provides an overview of the topics of technology, legal and regulatory issues, clinical issues, and cost savings as they relate to practicing psychiatry and psychology via virtual visits in an academic medical center. We review the telepsychiatry/telemental health effectiveness literature from 2013 to the present. Our literature searches used the following terms: telemental health effective, telepsychiatry effective, telepsychiatry efficacy, and telemental health efficacy. These searches produced 58 articles, reduced to 16 when including only articles that address effectiveness of clinician-to-patient services.

### Results:

The technological, legal, and regulatory issues vary from state to state and over time. The emerging research addressing diverse populations and disorders provides strong



evidence for the effectiveness of telepsychiatry. Cost savings are difficult to precisely determine and depend on the scope of the cost and benefit measured.

Conclusion:

Establishing a telepsychiatry program requires a comprehensive approach with up-to-date legal and technological considerations.

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<http://onlinelibrary.wiley.com/doi/10.1002/jclp.22487/full>

### **Couples Coping Through Deployment: Findings From a Sample of National Guard Families.**

Blow, A. J., Bowles, R. P., Farero, A., Subramaniam, S., Lappan, S., Nichols, E., Gorman, L., Kees, M. and Guty, D.

Journal of Clinical Psychology

First published: 11 May 2017

DOI: 10.1002/jclp.22487

#### Objective

Military families face numerous changes and stresses as they negotiate deployments and other life transitions. How they cope with these events is an important part of their overall well-being and resilience. This longitudinal study on coping in a sample of National Guard couples examined the association between the predeployment coping (active vs. avoidant) of each in the relationship, and their own and their significant others' mental health (anxiety, depression, posttraumatic stress disorder [PTSD]) and family well-being (dyadic adjustment and parenting stress) postdeployment.

#### Method

A total of 238 matched couples completed the predeployment survey, 143 matched couples completed the post, with 122 matched couples completing both pre- and postdeployment surveys.

#### Results

While active coping was not significantly associated with any outcomes, predeployment avoidant coping in both soldiers and significant others was associated with increased anxiety, PTSD, and depression post deployment (actor effects). Additionally, soldier avoidant coping predeployment was associated with increased parenting stress for

soldiers, while significant other avoidant coping predeployment was associated with increased relationship distress for significant others (actor effects). Finally, significant other avoidant coping predeployment was associated with higher parenting distress for soldiers postdeployment (partner effect).

#### Conclusion

Findings suggest that interventions are needed to combat avoidant coping (behavioral disengagement, denial, substance abuse) predeployment because this way of coping is strongly related to negative outcomes. In addition, those who work clinically with these families should work to reduce avoidant coping strategies and any familial dynamics exacerbated by this way of coping.

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<http://www.sciencedirect.com/science/article/pii/S0887618517300038>

### **The Efficacy of Trauma Management Therapy: A Controlled Pilot Investigation of a Three-Week Intensive Outpatient Program for Combat-Related PTSD.**

Deborah C. Beidel, B. Christopher Frueh, Sandra M. Neer, Carl W. Lejuez

Journal of Anxiety Disorders

Available online 11 May 2017

<https://doi.org/10.1016/j.janxdis.2017.05.001>

Despite the 8–18.5% of returning Operation Iraqi Freedom (OIF), Operation Enduring Freedom (OEF) and Operation New Dawn (OND) veterans who are suffering from posttraumatic stress disorder (PTSD), few receive empirically supported treatments. Among those that do, the dropout rate is high and more than 50% retain their diagnosis after treatment. This study evaluated the efficacy of Trauma Management Therapy (TMT), delivered in a 3-week intensive outpatient (IOP) format. TMT combines virtual-reality augmented individual exposure therapy with a group intervention to address social isolation, anger, and depression. One hundred twelve (112) OIF/OEF/OND veterans and active duty personnel participated. Assessment included measures of PTSD, sleep, depression, anger, guilt, and social isolation, administered at post-treatment, 3-month, and 6-month follow-up. The effect size for TMT delivered in an IOP format was 2.06, with 65.9% no longer meeting diagnostic criteria for PTSD. There were similar positive effects in other domains and treatment gains were maintained at 6-month follow-up. The results are discussed regarding the need for efficacious, multi-

component interventions that can be delivered safely and rapidly, and the potential of this approach towards that end.

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<https://link.springer.com/article/10.1007/s10615-017-0626-5>

**A Comparative Analysis of VHA, Non-VHA, and Overall Outpatient Treatment Use Intensity Among Older U.S. Veterans Denied or Awarded VA Service-Connected Disability Compensation.**

Fried, D.A., Holland, B.K., Passannante, M. et al.

Clinical Social Work Journal

First Online: 11 May 2017

DOI: 10.1007/s10615-017-0626-5

Poorer health is often associated with greater healthcare use among the general population. In contrast, while many veterans denied VA disability compensation ("denied applicants") are as impaired as those awarded VA disability compensation ("awarded applicants"), studies suggest that these veterans may nevertheless utilize less VHA healthcare. Whether they concurrently utilize less non-VHA, and overall healthcare, however, remains a critical, unresolved issue. The 2001 National Survey of Veterans was used to examine VHA, non-VHA, and overall outpatient healthcare treatment use intensity during the previous 12 months among veterans denied or awarded VA disability compensation. Results: Denied applicants were significantly more likely than those awarded to have not used any VHA outpatient healthcare during the previous 12 months (OR=2.45, 95% CI: 1.24, 4.81). Moreover, while not statistically significant, point estimates consistently suggested that denied may have concurrently used more non-VHA, and overall outpatient healthcare than awarded. It appears veterans denied VA disability compensation are forgoing VHA outpatient healthcare services, perhaps in favor of non-VHA outpatient healthcare services. While this result may be consistent with the intent of VA service-connected disability policy, further analysis is necessary to confirm adequate access to healthcare for denied veterans.

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## Links of Interest

GAO: Thousands discharged for military misconduct had mental health diagnosis  
<http://thehill.com/policy/defense/333667-watchdog-report-thousands-discharged-for-misconduct-had-mental-health>

Research shows insomnia and sleep apnea rates are on the rise in the military  
<http://www.militarytimes.com/articles/research-shows-insomnia-and-sleep-apnea-rates-are-on-the-rise-in-the-military>

How to Walk Away from Tobacco  
<http://dcoe.mil/blog/17-05-11/how-walk-away-tobacco>

New study offers hope in targeting focusing, emotional control problems in vets with PTSD  
<http://www.militarytimes.com/articles/new-study-offers-hope-in-targeting-treatment-for-focusing-emotional-control-problems-in-vets-with-ptsd>

Suicide rate for commandos continues to decline  
<http://www.tampabay.com/news/military/macdill/altman-column-suicide-rate-for-commandos-continues-to-decline/2323420>

Female Service Members and Their Mental Health  
<http://www.pdhealth.mil/news/blog/female-service-members-and-their-mental-health>

New recruiting ad: Marines want women with 'fighting spirit'  
<https://www.marinecorpstimes.com/articles/new-recruiting-ad-marines-want-women-with-fighting-spirit>

Pain, pain, go away: Improving care and safety when managing pain  
<https://health.mil/News/Articles/2017/05/15/Pain-pain-go-away-improving-care-and-safety-when-managing-pain>

Insomnia and sleep apnea rates are high and rising in the U.S. military  
<http://kdal610.com/news/articles/2017/may/15/insomnia-and-sleep-apnea-rates-are-high-and-rising-in-the-us-military/>

A caregiver's quiet resilience  
<https://health.mil/News/Articles/2017/05/16/A-caregivers-quiet-resilience>

VA warns that scammers are trying to take advantage of Choice Program users  
<http://www.militarytimes.com/articles/va-warns-veterans-that-scammers-are-trying-to-take-advantage-of-choice-program-users>

Female Service Members and Their Mental Health  
<http://www.pdhealth.mil/news/blog/female-service-members-and-their-mental-health>

Jim Mattis faces a difficult decision on the military's transgender policy  
<http://www.militarytimes.com/articles/mattis-military-transgender-policy>  
Commentary: Suffering veterans are not 'broken'  
<http://www.militarytimes.com/articles/commentary-suffering-veterans-are-not-broken>

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**Resource of the Week: [National Military Appreciation Month discount update: Sears, theme parks, airport parking and more](#)**

May is National Military Appreciation Month, and that means businesses are rolling out and/or promoting a number of discounts and freebies.

Military Times is maintaining a running list of good deals, and we'll be adding to it all month long.



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