



## CDP Research Update -- May 25, 2017

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- Links of Interest
- Resource of the Week: Ending Discrimination Against People with Mental and Substance Use Disorders: The Evidence for Stigma Change (National Academies)

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<https://www.ncbi.nlm.nih.gov/pubmed/28493729>

Psychol Assess. 2017 May 11. doi: 10.1037/pas0000486. [Epub ahead of print]

**The Clinician-Administered PTSD Scale for DSM-5 (CAPS-5): Development and Initial Psychometric Evaluation in Military Veterans.**

Weathers FW, Bovin MJ, Lee DJ, Sloan DM, Schnurr PP, Kaloupek DG, Keane TM, Marx BP.

The Clinician-Administered PTSD Scale (CAPS) is an extensively validated and widely used structured diagnostic interview for posttraumatic stress disorder (PTSD). The CAPS was recently revised to correspond with PTSD criteria in the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5; American Psychiatric Association, 2013). This article describes the development of the CAPS for DSM-5 (CAPS-5) and presents the results of an initial psychometric evaluation of CAPS-5 scores in 2 samples of military veterans (Ns = 165 and 207). CAPS-5 diagnosis

demonstrated strong interrater reliability ( $\kappa = .78$  to  $1.00$ , depending on the scoring rule) and test-retest reliability ( $\kappa = .83$ ), as well as strong correspondence with a diagnosis based on the CAPS for DSM-IV (CAPS-IV;  $\kappa = .84$  when optimally calibrated). CAPS-5 total severity score demonstrated high internal consistency ( $\alpha = .88$ ) and interrater reliability ( $ICC = .91$ ) and good test-retest reliability ( $ICC = .78$ ). It also demonstrated good convergent validity with total severity score on the CAPS-IV ( $r = .83$ ) and PTSD Checklist for DSM-5 ( $r = .66$ ) and good discriminant validity with measures of anxiety, depression, somatization, functional impairment, psychopathy, and alcohol abuse ( $r_s = .02$  to  $.54$ ). Overall, these results indicate that the CAPS-5 is a psychometrically sound measure of DSM-5 PTSD diagnosis and symptom severity. Importantly, the CAPS-5 strongly corresponds with the CAPS-IV, which suggests that backward compatibility with the CAPS-IV was maintained and that the CAPS-5 provides continuity in evidence-based assessment of PTSD in the transition from DSM-IV to DSM-5 criteria. (PsycINFO Database Record (c) 2017 APA, all rights reserved).

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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://online.liebertpub.com/doi/abs/10.1089/jwh.2016.6080>

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

Sexton Minden B., Raggio Greer A., McSweeney Lauren B., Authier Caitlin C., and Rauch Sheila A.M.

Journal of Women's Health

May 2017, ahead of print

doi:10.1089/jwh.2016.6080

### 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://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/jclp.22485/full>

## **Professional Burnout, Early Maladaptive Schemas, and Physical Health in Clinical and Counselling Psychology Trainees.**

Kaeding, A., Sougleris, C., Reid, C., van Vreeswijk, M. F., Hayes, C., Dorrian, J. and Simpson, S.

Journal of Clinical Psychology

First published: 15 May 2017

DOI: 10.1002/jclp.22485

### Objective

Little is known about the personal factors that increase vulnerability to job-related stress and burnout among psychologists in training. This study was based on a large international sample and aimed to explore the role of early maladaptive schemas (EMS) in predicting vulnerability to burnout, as well as attendant effects on short-term physical health, in clinical and counseling postgraduate psychology trainees.

### Method

An online, quantitative, cross-sectional survey method design was used to collect self-report data that measured burnout, EMS, and physical health from 1,297 trainees.

### Results

Only the unrelenting standards (US) schema predicted high burnout among trainees. The most commonly endorsed physical health symptoms were back and neck pain and tiredness, and were more severe for those experiencing high burnout.

### Conclusion

The current study contributes to our understanding of the role of the US EMS in the evolution of burnout in trainees and has implications for the development of self-awareness training programs for this population.

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<http://www.sciencedirect.com/science/article/pii/S0747563217303308>

### **PTSD's relation with problematic smartphone use: Mediating role of impulsivity.**

Ateka A. Contractor, Nicole H. Weiss, Matthew T. Tull, Jon D. Elhai

Computers in Human Behavior  
Volume 75, October 2017, Pages 177-183  
<https://doi.org/10.1016/j.chb.2017.05.018>

Posttraumatic stress disorder (PTSD) frequently co-occurs with addictive behaviors. Recently, the addictive behavior of excessive smartphone use is being widely researched. Impulsivity commonly relates to PTSD severity and problematic smartphone use. However, unexamined is the mediating role of impulsivity facets (lack of premeditation, negative urgency, sensation seeking, and lack of perseverance) in the PTSD-problematic smartphone use relationship; this was the purpose of the current study. We used data collected from 346 participants recruited through Amazon's Mechanical Turk (MTurk) platform. PTSD severity, impulsivity facets, and problematic smartphone use were assessed using the PTSD Checklist for DSM-5 (PCL-5), the UPPS Impulsive Behavior Scale, and the Smartphone Addiction Scale-Short Version (SAS-SV), respectively. Negative urgency and lack of perseverance had significant positive correlations with both PTSD severity and problematic smartphone use. Results of mediation analyses indicated that negative urgency significantly mediated the relationship between PTSD severity and problematic smartphone use. Findings support the underlying role of negative urgency in the relation between PTSD severity and problematic smartphone use. Thus, treatments targeting negative urgency may potentially serve to reduce problematic smartphone use among individuals experiencing PTSD symptoms.

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<https://link.springer.com/article/10.1007/s10943-017-0407-z>

### **Moral Injury and Definitional Clarity: Betrayal, Spirituality and the Role of Chaplains.**

Hodgson, T.J. & Carey, L.B.

Journal of Religion and Health  
First Online: 19 May 2017  
DOI: 10.1007/s10943-017-0407-z

This article explores the developing definition of moral injury within the current key literature. Building on the previous literature regarding 'Moral Injury, Spiritual Care and the role of Chaplains' (Carey et al. in JORH 55(4):1218–1245, 2016b. doi:10.1007/s10943-016-0231-x), this article notes the complexity that has developed due to definitional variations regarding moral injury—particularly with respect to the concepts of 'betrayal' and 'spirituality'. Given the increasing recognition of moral injury and noting the relevance and importance of utilizing a bio-psycho-social-spiritual model, this article argues that betrayal and spirituality should be core components for understanding, defining and addressing moral injury. It also supports the role of chaplains being involved in the holistic care and rehabilitation of those affected by moral injury.

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<http://www.sciencedirect.com/science/article/pii/S0887618516303012>

### **Content specificity of attentional bias to threat in Post-Traumatic Stress Disorder.**

A. Zinchenko, M.M. Al-Amin, M.M. Alam, W. Mahmud, N. Kabir, H.M. Reza, T.H.J. Burne

Journal of Anxiety Disorders  
Available online 18 May 2017  
<https://doi.org/10.1016/j.janxdis.2017.05.006>

#### **Background**

Attentional bias to affective information and reduced cognitive control may maintain the symptoms of post-traumatic stress disorder (PTSD) and impair cognitive functioning. However, the role of content specificity of affective stimuli (e.g., trauma-related, emotional trauma-unrelated) in the observed attentional bias and cognitive control is less clear, as this has not been tested simultaneously before. Therefore, we examined the content-specificity of attentional bias to threat in PTSD.

#### **Methods**

PTSD participants (survivors of a multistory factory collapse, n = 30) and matched controls (n = 30) performed an Eriksen Flanker task. They identified the direction of a centrally presented target arrow, which was flanked by several task-irrelevant distractor



arrows pointed to the same (congruent) or opposite direction (incongruent). Additionally, participants were presented with a picture of a face (neutral, emotional) or building (neutral = normal, emotional = collapsed multistory factory) as a task-irrelevant background image.

## Results

We found that PTSD participants produced overall larger conflict effects and longer reaction times (RT) to emotional than to neutral stimuli relative to their healthy counterparts. Moreover, PTSD, but not healthy participants showed a stimulus specific dissociation in processing emotional stimuli: Emotional faces elicited longer RTs compared to neutral faces, while emotional buildings elicited faster responses, compared to neutral buildings.

## Conclusions

PTSD patients show a content-sensitive attentional bias to emotional information and impaired cognitive control.

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<https://www.cambridge.org/core/journals/psychological-medicine/article/psychological-autopsy-study-comparing-suicide-decedents-suicide-ideators-and-propensity-score-matched-controls-results-from-the-study-to-assess-risk-and-resilience-in-service-members-army-starrs/4354D7138FC7FBF37B2EB985BC85380C>

## **Psychological autopsy study comparing suicide decedents, suicide ideators, and propensity score matched controls: results from the study to assess risk and resilience in service members (Army STARRS).**

Nock, M., Dempsey, C., Aliaga, P., Brent, D., Heeringa, S., Kessler, R., . . . Benedek, D.

Psychological Medicine

Published online: 15 May 2017

DOI: <https://doi.org/10.1017/S0033291717001179>

The suicide rate has increased significantly among US Army soldiers over the past decade. Here we report the first results from a large psychological autopsy study using two control groups designed to reveal risk factors for suicide death among soldiers beyond known sociodemographic factors and the presence of suicide ideation.

Informants were next-of-kin and Army supervisors for: 135 suicide cases, 137 control soldiers propensity-score-matched on known sociodemographic risk factors for suicide and Army history variables, and 118 control soldiers who reported suicide ideation in the past year.

Results revealed that most (79.3%) soldiers who died by suicide have a prior mental disorder; mental disorders in the prior 30-days were especially strong risk factors for suicide death. Approximately half of suicide decedents tell someone that they are considering suicide. Virtually all of the risk factors identified in this study differed between suicide cases and propensity-score-matched controls, but did not significantly differ between suicide cases and suicide ideators. The most striking difference between suicides and ideators was the presence in the former of an internalizing disorder (especially depression) and multi-morbidity (i.e. 3+ disorders) in the past 30 days.

Most soldiers who die by suicide have identifiable mental disorders shortly before their death and tell others about their suicidal thinking, suggesting that there are opportunities for prevention and intervention. However, few risk factors distinguish between suicide ideators and decedents, pointing to an important direction for future research.

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<http://www.sciencedirect.com/science/article/pii/S00104440X17300962>

### **Exposure to suicide is associated with increased risk for suicidal thoughts and behaviors among National Guard military personnel.**

Craig J. Bryan, Julie Cerel, AnnaBelle O. Bryan

Comprehensive Psychiatry

Available online 18 May 2017

<https://doi.org/10.1016/j.comppsy.2017.05.006>

#### **Background**

Research suggests that individuals who know someone who died by suicide are at increased risk for posttraumatic stress disorder (PTSD), depression, and recent suicidal thoughts. Studies have not yet investigated the association of suicide exposure with suicide attempts, however, especially among high-risk subgroups of military personnel such as the National Guard.

## Procedures

An anonymous online survey was completed by 971 military personnel assigned to the National Guard in Utah and Idaho. Weighted analyses were conducted to ensure demographic matching to the full population. Univariate and multivariate logistic regression was used to test the association of suicide exposure with psychiatric condition, suicide ideation, and suicide attempts.

## Main Findings

65.4% of National Guard personnel reported knowing someone who had died by suicide. On average, participants knew 3.0 (SD = 2.0) suicide decedents. Total number of known suicide decedents was associated with significantly increased risk for PTSD (OR = 1.18,  $p = .008$ ), depression (OR = 1.19,  $p = .003$ ), and suicide ideation (OR = 2.48,  $p < .001$ ), but not suicide attempt (OR = 1.34,  $p = .472$ ). Perceived closeness to the suicide decedent was associated with significantly increased risk for PTSD (OR = 1.54,  $p < .001$ ), depression (OR = 1.36,  $p = .031$ ), suicide ideation (OR = 1.24,  $p = .039$ ), and suicide attempt (OR = 1.69,  $p = .026$ ). The majority of participants who experienced suicidal thoughts and attempts after the suicide exposure had a previous history of suicide ideation.

## Conclusions

Suicide exposure is common among National Guard personnel, and is associated with increased risk for PTSD, depression, and suicidal thoughts and behaviors. Risk is highest for those personnel who know multiple suicide decedents and were closer to the suicide decedent.

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<http://onlinelibrary.wiley.com/doi/10.1002/jts.22184/full>

## **Contribution of Perceived Cognitive Functioning to Quality of Life in Service Members and Veterans With Posttraumatic Stress Disorder.**

Silverberg, N. D., Wojtowicz, M., Bui, E., Wershba, R., Zafonte, R., Laifer, L. M., Simon, N. M. and Iverson, G. L.

Journal of Traumatic Stress

First published: 19 May 2017

DOI: 10.1002/jts.22184

Perceived cognitive impairment is a core clinical feature of posttraumatic stress disorder

(PTSD) and may be an important determinant of quality of life (QOL) in those who suffer from this disorder. Using a clinical data repository, we evaluated this hypothesis in a cross-sectional sample of U.S. military service members and veterans who served after September 11, 2001, and were seeking mental health treatment at a tertiary outpatient clinic. A consecutive series of 117 patients with a clinical diagnosis of PTSD completed a battery of questionnaires at intake, including the PTSD Checklist (Weathers, Litz, Herman, Huska, & Keane, 1993), a 4-item Cognitive Symptom subscale of the Neurobehavioral Symptom Inventory (Cicerone & Kalmar, 1995), the Depression Anxiety Stress Scale-21 (Lovibond & Lovibond, 1995), and the Quality of Life Enjoyment and Satisfaction Questionnaire (Endicott, Nee, Harrison, & Blumenthal, 1993). Cognitive symptom reporting was very high, even in the subgroup without a history of traumatic brain injury. In a regression analysis, cognitive symptom severity was independently associated with QOL ( $\beta = -.204$ ). This relationship was not explained by comorbid traumatic brain injury, but was restricted to patients with comorbid depression ( $\beta = -.278$  in the subgroup with an elevated Depression Anxiety Stress Scale-21 Depression subscale;  $n = 91$ ). In conclusion, perceived cognitive impairment was common in this PTSD sample and helped to explain impairments in QOL, especially in patients with comorbid depression.

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[http://journals.lww.com/headtraumarehab/Abstract/publishahead/Contributions\\_to\\_Executive\\_Dysfunction\\_in.99550.aspx](http://journals.lww.com/headtraumarehab/Abstract/publishahead/Contributions_to_Executive_Dysfunction_in.99550.aspx)

**Contributions to Executive Dysfunction in Operation Enduring Freedom/Operation Iraqi Freedom Veterans With Posttraumatic Stress Disorder and History of Mild Traumatic Brain Injury.**

Jurick, Sarah M. MS; Crocker, Laura D. PhD; Sanderson-Cimino, Mark BS; Keller, Amber V. BA; Trenova, Liljana S. MPH; Boyd, Briana L. PhD; Twamley, Elizabeth W. PhD; Rodgers, Carie S. PhD; Schiehser, Dawn M. PhD; Aupperle, Robin L. PhD; Jak, Amy J. PhD

Journal of Head Trauma Rehabilitation  
Post Author Corrections: May 17, 2017  
doi: 10.1097/HTR.0000000000000313

**Objective:**

Posttraumatic stress disorder (PTSD), history of mild traumatic brain injury (mTBI), and executive function (EF) difficulties are prevalent in Operation Enduring

Freedom/Operation Iraqi Freedom (OEF/OIF) Veterans. We evaluated the contributions of injury variables, lower-order cognitive component processes (processing speed/attention), and psychological symptoms to EF.

**Participants:**

OEF/OIF Veterans (N = 65) with PTSD and history of mTBI were administered neuropsychological tests of EF and self-report assessments of PTSD and depression.

**Results:**

Those impaired on one or more EF measures had higher PTSD and depression symptoms and lower processing speed/attention performance than those with intact performance on all EF measures. Across participants, poorer attention/processing speed performance and higher psychological symptoms were associated with worse performance on specific aspects of EF (eg, inhibition and switching) even after accounting for injury variables. Although direct relationships between EF and injury variables were equivocal, there was an interaction between measures of injury burden and processing speed/attention such that those with greater injury burden exhibited significant and positive relationships between processing speed/attention and inhibition/switching, whereas those with lower injury burden did not.

**Conclusion:**

Psychological symptoms as well as lower-order component processes of EF (attention and processing speed) contribute significantly to executive dysfunction in OEF/OIF Veterans with PTSD and history of mTBI. However, there may be equivocal relationships between injury variables and EF that warrant further study. Results provide groundwork for more fully understanding cognitive symptoms in OEF/OIF Veterans with PTSD and history of mTBI that can inform psychological and cognitive interventions in this population. Copyright (C) 2017 Wolters Kluwer Health, Inc. All rights reserved.

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<https://www.ncbi.nlm.nih.gov/pubmed/28273291>

JAMA Psychiatry. 2017 Apr 1;74(4):407-415. doi: 10.1001/jamapsychiatry.2016.3325

**An Integrated Neuroscience Perspective on Formulation and Treatment Planning for Posttraumatic Stress Disorder: An Educational Review.**

Ross DA, Arbuckle MR, Travis MJ, Dwyer JB, van Schalkwyk GI, Ressler KJ

## IMPORTANCE:

Posttraumatic stress disorder (PTSD) is a common psychiatric illness, increasingly in the public spotlight in the United States due its prevalence in the soldiers returning from combat in Iraq and Afghanistan. This educational review presents a contemporary approach for how to incorporate a modern neuroscience perspective into an integrative case formulation. The article is organized around key neuroscience "themes" most relevant for PTSD. Within each theme, the article highlights how seemingly diverse biological, psychological, and social perspectives all intersect with our current understanding of neuroscience.

## OBSERVATIONS:

Any contemporary neuroscience formulation of PTSD should include an understanding of fear conditioning, dysregulated circuits, memory reconsolidation, epigenetics, and genetic factors. Fear conditioning and other elements of basic learning theory offer a framework for understanding how traumatic events can lead to a range of behaviors associated with PTSD. A circuit dysregulation framework focuses more broadly on aberrant network connectivity, including between the prefrontal cortex and limbic structures. In the process of memory reconsolidation, it is now clear that every time a memory is reactivated it becomes momentarily labile-with implications for the genesis, maintenance, and treatment of PTSD. Epigenetic changes secondary to various experiences, especially early in life, can have long-term effects, including on the regulation of the hypothalamic-pituitary-adrenal axis, thereby affecting an individual's ability to regulate the stress response. Genetic factors are surprisingly relevant: PTSD has been shown to be highly heritable despite being definitionally linked to specific experiences. The relevance of each of these themes to current clinical practice and its potential to transform future care are discussed.

## CONCLUSIONS AND RELEVANCE:

Together, these perspectives contribute to an integrative, neuroscience-informed approach to case formulation and treatment planning. This may help to bridge the gap between the traditionally distinct viewpoints of clinicians and researchers.

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<http://tandfonline.com/doi/full/10.1080/15325024.2017.1284514>

## **Predictors of PTSD Improvement with Cognitive/Exposure Group Interventions in Operation Enduring Freedom/Operation Iraqi Freedom Female Veterans.**

Martha J. Falkenstein, Janet C'de Baca, Katherine Belon & Diane T. Castillo

Journal of Loss and Trauma  
Vol. 22 , Iss. 4, 2017  
<http://dx.doi.org/10.1080/15325024.2017.1284514>

Predictors of successful PTSD outcome have been examined through individually delivered treatments. We examined predictors using a group protocol with cognitive, exposure, and skills modules. Assessments included self-report and interview (CAPS, SCID-I/II) measures at baseline, post, and six months; treatment was a 16-week, three-member group for 32 OEF/OIF women Veterans. A regression analysis showed major depressive disorder and no baseline psychiatric medication predicted PTSD improvement. PTSD improvement predicted fewer outpatient medical visits at follow-up. The results supported past research and challenged other findings (e.g., sexual assault predicts less improvement). An additional unique contribution was examining predictors in a group treatment format.

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

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

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

Suicide and Life-Threatening Behavior

First published: 2 February 2017

DOI: 10.1111/sltb.12334

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

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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.cbo.gov/publication/52418>

### **Labor Force Experiences of Recent Veterans**

U.S. Congressional Budget Office  
May 16, 2017

From 2008 to 2015, male veterans ages 22 to 44 who left active-duty service after September 2001 had experiences in the labor market similar to those of civilian men, although the youngest veterans had somewhat higher unemployment rates.

See also: [Transitioning From the Military to the Civilian Workforce: The Role of Unemployment Compensation for Ex-Servicemembers](#)



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[https://academic.oup.com/sleep/issue/40/suppl\\_1](https://academic.oup.com/sleep/issue/40/suppl_1)

## **31st Anniversary Meeting of the Associated Professional Sleep Societies, LLC**

Sleep

Volume 40, Issue suppl\_1

28 April 2017

### A. Basic Sleep Science

I. Molecular Biology and Genetics

II. Development

III. Physiology

IV. Neural Circuits

V. Arousal and Behavior

VI. Learning, Memory, Cognition

VII. Aging and Neurodegeneration

### B. Clinical Sleep Science

I. Insomnia

II. Sleep-Related Breathing Disorders

III. Hypersomnia

IV. Circadian Rhythm Sleep-Wake Disorders

IX. Sleep and Psychiatric Disorders

V. RLS, Sleep-Related Movement Disorders and Parasomnias

VI. Normal Sleep, Sleep and Aging, Sleep and Gender

VII. Pediatrics

VIII. Sleep and Medical Disorders

X. Sleep and Neurologic Disorders

XI. Healthcare Delivery and Education

### C. Case Reports

Case Reports from Clinical Trainees

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Keyword Index

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## Links of Interest

Army pulls recruitment ad after learning it showed soldier convicted of rape

<https://www.armytimes.com/articles/army-pulls-recruitment-ad-after-learning-it-showed-soldier-convicted-of-rape>

Chelsea Manning posts photo of her new look as a woman

<https://www.armytimes.com/articles/chelsea-manning-posts-photo-of-her-new-look-as-a-woman>

Admiral claims that politics swayed verdict for SEAL convicted in sexual assault case

<https://www.navytimes.com/articles/admiral-claims-that-politics-swayed-verdict-for-seal-convicted-in-sexual-assault-case>

Pentagon displays art from recovering wounded warriors

<https://health.mil/News/Articles/2017/05/19/Pentagon-displays-art-from-recovering-wounded-warriors>

Women in the infantry: How the Army is growing its first female enlisted grunts

<https://www.armytimes.com/articles/women-in-the-infantry-how-the-army-is-growing-its-first-female-enlisted-grunts>

Cultural Competence in Mental Health Treatment: What do You Call a Military Patient?

<http://www.pdhealth.mil/news/blog/cultural-competence-mental-health-treatment-what-do-you-call-military-patient>

Navy Medicine East stresses pursuit of mental health a sign of strength

<https://www.dvidshub.net/news/234449/navy-medicine-east-stresses-pursuit-mental-health-sign-strength>

VA plans mental care for discharged vets, but at what cost?

<http://www.militarytimes.com/articles/va-plans-mental-care-for-discharged-vets-but-at-what-cost>

Experts Discuss How Brain Injury Affects Communication Skills

<http://www.dcoe.mil/blog/17-05-22/experts-discuss-how-brain-injury-affects-communication-skills>

'Fight or Flight' Response Greater in Combat Vets With PTSD: Study  
[https://medlineplus.gov/news/fullstory\\_165595.html](https://medlineplus.gov/news/fullstory_165595.html)

Preventing Veteran Suicide  
<https://www.rand.org/multimedia/video/2017/04/27/preventing-veteran-suicide.html>

Trying new marijuana products and edibles is associated with unexpected highs  
<https://www.sciencedaily.com/releases/2017/05/170515122222.htm>

Making people feel bad can be a strategy for helping them  
<https://www.sciencedaily.com/releases/2017/05/170524084341.htm>

Depression not as big a killer as previously thought  
<https://www.sciencedaily.com/releases/2017/05/170516091249.htm>

Sleep disorders affect men and women differently  
<https://www.sciencedaily.com/releases/2017/05/170523081838.htm>

Worsening outcomes in service members five years after mild blast-induced concussion  
<https://www.sciencedaily.com/releases/2017/05/170510140746.htm>

Deep sleep maintains the learning efficiency of the brain  
<https://www.sciencedaily.com/releases/2017/05/170523083345.htm>

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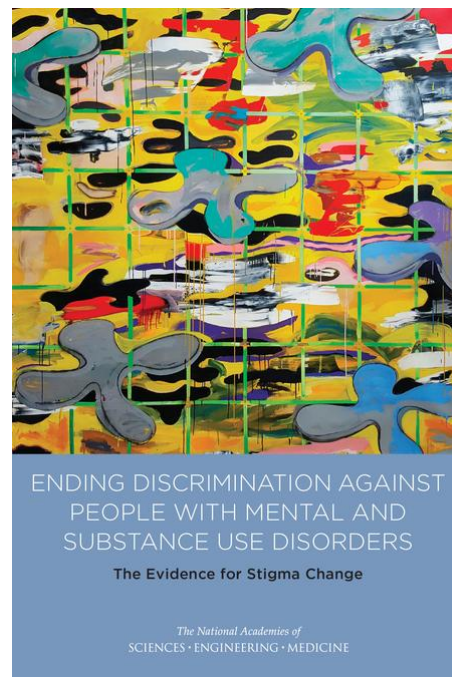
**Resource of the Week:** [Ending Discrimination Against People with Mental and Substance Use Disorders: The Evidence for Stigma Change](#) (National Academies)

Estimates indicate that as many as 1 in 4 Americans will experience a mental health problem or will misuse alcohol or drugs in their lifetimes. These disorders are among the most highly stigmatized health conditions in the United States, and they remain barriers to full participation in society in areas as basic as education, housing, and employment. Improving the lives of people with mental health and substance abuse disorders has been a priority in the United States for more than 50 years. The Community Mental Health Act of 1963 is considered a major turning point in America's efforts to improve behavioral healthcare. It ushered in an era of optimism and hope and laid the groundwork for the consumer movement and new models of recovery. The consumer movement

gave voice to people with mental and substance use disorders and brought their perspectives and experience into national discussions about mental health.

However over the same 50-year period, positive change in American public attitudes and beliefs about mental and substance use disorders has lagged behind these advances. Stigma is a complex social phenomenon based on a relationship between an attribute and a stereotype that assigns undesirable labels, qualities, and behaviors to a person with that attribute. Labeled individuals are then socially devalued, which leads to inequality and discrimination. This report contributes to national efforts to understand and change attitudes, beliefs and behaviors that can lead to stigma and discrimination. Changing stigma in a lasting way will require coordinated efforts, which are based on the best possible evidence, supported at the national level with multiyear funding, and planned and implemented by an effective coalition of representative stakeholders.

Ending Discrimination Against People with Mental and Substance Use Disorders: The Evidence for Stigma Change explores stigma and discrimination faced by individuals with mental or substance use disorders and recommends effective strategies for reducing stigma and encouraging people to seek treatment and other supportive services. It offers a set of conclusions and recommendations about successful stigma change strategies and the research needed to inform and evaluate these efforts in the United States.



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