



CDP Research Update -- June 22, 2017

What's Here:

- Anchored Personalization in Managing Goal Conflict between Professional Groups: The Case of U.S. Army Mental Health Care.
- Parenting Behaviors and PTSD Symptoms Predict Child Psychosocial Problems and Parenting Satisfaction in a Sample of U.S. Veterans and Service Members.
- Student Veteran Occupational Transitions in Postsecondary Education: A Grounded Theory.
- Religious Coping and Mental Health Outcomes: The Mediating Roles of Event Centrality, Negative Affect, and Social Support for Military Veterans.
- Improving Support for America's Hidden Heroes: A Research Blueprint.
- An intensive outpatient treatment program for combat-related PTSD: Trauma Management Therapy.
- The loss of a fellow service member: Complicated grief in post-9/11 service members and veterans with combat-related posttraumatic stress disorder.
- Safety and acceptability of transcranial direct current stimulation for the acute treatment of major depressive episodes: Analysis of individual patient data.
- Caffeine Use in Military Personnel With PTSD: Prevalence and Impact on Sleep.
- Psychiatric disorders moderate the relationship between insomnia and cognitive problems in military soldiers.
- Is cognitive behavioural therapy effective in reducing suicidal ideation and behaviour when delivered face-to-face or via e-health? A systematic review and meta-analysis.
- Predictors of PTSD Improvement with Cognitive/Exposure Group Interventions in Operation Enduring Freedom/Operation Iraqi Freedom Female Veterans.

- Prevalence and Correlates of Sleep Apnea Among US Male Veterans, 2005–2014.
- Lack of sleep and the development of leader-follower relationships over time.
- Suicide Risk Assessment and Prevention: A Systematic Review Focusing on Veterans.
- Efficacy of imagery rescripting and imaginal exposure for nightmares: A randomized wait-list controlled trial.
- Pain with traumatic brain injury and psychological disorders.
- Cognitive-behavioral versus psychodynamic therapy for major depression: Secondary outcomes of a randomized clinical trial.
- Occupational Stressors, Burnout, and Predictors of Suicide Ideation Among U.S. Air Force Remote Warriors.
- Predictors of Well-being in the Lives of Student Service Members and Veterans.
- A model for mHealth skills training for clinicians: meeting the future now.
- Links of Interest
- Resource of the Week: DoD Launches Online Learning Program to Help Military Survivors of Sexual Assault

<http://journals.sagepub.com/doi/abs/10.1177/0001839217714024>

Anchored Personalization in Managing Goal Conflict between Professional Groups: The Case of U.S. Army Mental Health Care.

Julia DiBenigno

Administrative Science Quarterly

First Published June 16, 2017

DOI 10.1177/0001839217714024

Organizational life is rife with conflict between groups that pursue different goals, particularly when groups have strong commitments to professional identities developed outside the organization. I use data from a 30-month comparative ethnographic field study of four U.S. Army combat brigades to examine conflict between commanders who

had a goal of fielding a mission-ready force and mental health providers who had a goal of providing rehabilitative mental health care to soldiers. All commanders and providers faced goal and identity conflict and had access to similar integrative mechanisms. Yet only those associated with two brigades addressed these conflicts in ways that accomplished the army's superordinate goal of having both mission-ready and mentally healthy soldiers. Both successful brigades used what I call "anchored personalization" practices, which included developing personalized relations across groups, anchoring members in their home group identity, and co-constructing integrative solutions to conflict. These practices were supported by an organizational structure in which professionals were assigned to work with specific members of the other group, while remaining embedded within their home group. In contrast, an organizational structure promoting only anchoring in one's home group identity led to failure when each group pursued its own goals at the expense of the other group's goals. A structure promoting only personalization across groups without anchoring in one's home group identity led to failure from cooptation by the dominant group. This study contributes to our understanding of how groups with strong professional identities can work together in service of their organization's superordinate goals when traditional mechanisms fail.

<http://www.tandfonline.com/doi/full/10.1080/21635781.2017.1333062>

Parenting Behaviors and PTSD Symptoms Predict Child Psychosocial Problems and Parenting Satisfaction in a Sample of U.S. Veterans and Service Members.

Suzannah K. Creech, April Trotman, Gillian Michaelson, Justin K. Benzer, and Laurel A. Copeland

Military Behavioral Health

Published online: 23 May 2017

<http://dx.doi.org/10.1080/21635781.2017.1333062>

With the relatively recent emphasis on providing family-centered care at the Veterans Health Administration (VHA), there is growing interest in understanding how mental health disorders such as posttraumatic stress disorder (PTSD) may impact and be impacted by parent-child functioning in veteran families. However, basic and intervention research on the impact of PTSD and parenting behaviors on parent-child functioning among recent veterans is lacking. Utilizing the responses of 111 veterans with children ages 3–18 to a Web-based survey, the current study used hierarchical linear regression to examine whether it is PTSD symptoms, parenting behaviors, or both

that best explain two components of parent-child functioning: parenting satisfaction and parent-reported child psychosocial problems. Results indicated that parenting behaviors uniquely and significantly explained variance in parenting satisfaction and child psychosocial problems above and beyond the contributions of PTSD symptoms and demographics. PTSD symptoms explained greater variance in child psychosocial problems and less variance in parenting satisfaction relative to positive parenting behaviors. In light of interest in scaling up parenting resources for veterans, results indicate that offering resources to improve positive parenting and address the influence of PTSD on parent-child functioning throughout several levels of the VHA spectrum of care may be advantageous.

<http://www.tandfonline.com/doi/full/10.1080/21635781.2017.1333063>

Student Veteran Occupational Transitions in Postsecondary Education: A Grounded Theory.

Brian T. Gregg, Anne Shordike, Dana M. Howell, Patrick H. Kitzman, and Michael K. Iwama

Military Behavioral Health

Published online: 23 May 2017

<http://dx.doi.org/10.1080/21635781.2017.1333063>

This constructivist grounded theoretical study investigated the individual and collective constructions of veteran transitioning experiences in relation to culture and context. Twelve veterans were theoretically sampled and developed Kawa (river) metaphorical drawings of their transition experiences. An emergent theory from Kawa drawings explained student veteran life flow by two major theoretical concepts: seeking understanding and gaining stability to shape life flow in transition from military to student culture. Both theoretical processes enhanced veterans' transition to postsecondary education and promoted harmony within perceived life flow over time. Pragmatic solutions for enhancing resilience in student veteran populations when transitioning are discussed.

<http://www.tandfonline.com/doi/full/10.1080/21635781.2017.1333060>

Religious Coping and Mental Health Outcomes: The Mediating Roles of Event Centrality, Negative Affect, and Social Support for Military Veterans.

Adriel Boals and Steven Lancaster

Military Behavioral Health

Published online: 22 May 2017

<http://dx.doi.org/10.1080/21635781.2017.1333060>

While commonly studied in the civilian population, few studies have examined mediators between religious functioning and psychological outcomes in military veterans. This article examines social support, event centrality, and negative affect as potential mediators between positive and negative religious functioning and mental health outcomes in a sample of 90 veterans. Event centrality and negative affect fully mediated the relationship between religious strain and posttraumatic stress disorder symptoms. Further, social support fully mediated the relationship between religious comfort and positive outcomes. The results suggest important mediators exist in the relationships between positive and negative forms of religious functioning and mental health in military veterans.

https://www.rand.org/pubs/research_reports/RR1873.html

Improving Support for America's Hidden Heroes: A Research Blueprint

Terri Tanielian, Kathryn E. Bouskill, Rajeev Ramchand, Esther M. Friedman, Thomas E. Trail, Angela Clague

RAND Corporation, 2017

The United States is home to more than 21 million veterans, many of whom deployed to support combat operations around the globe during their military service and sustained service-related conditions or disabilities. Supporting these wounded, ill, and injured warriors once home are millions of informal caregivers — individuals who provide unpaid support with activities that enable the service member or veteran to live in a noninstitutionalized setting. In this report, researchers describe elements of a research blueprint to inform future efforts to improve support for military and veteran caregivers.

To construct this blueprint, researchers inventoried currently available research on caregiving for disabled adults and children and gathered stakeholder input by conducting a survey and facilitating an online panel. The report highlights the need for more studies that examine how military and veteran caregiver needs evolve over time, how programs are working, and how caregiving affects specific subgroups. The resulting blueprint should serve as a guide for the caregiver support community to use in prioritizing and facilitating future research.

<http://guilfordjournals.com/doi/abs/10.1521/bumc.2017.81.2.107>

An intensive outpatient treatment program for combat-related PTSD: Trauma Management Therapy.

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

Bulletin of the Menninger Clinic

Vol. 81, No. 2, pp. 107-122

<https://doi.org/10.1521/bumc.2017.81.2.107>

An estimated 18.5% of veterans returning from Operation Iraqi Freedom, Operation Enduring Freedom, and Operation New Dawn are suffering from posttraumatic stress or posttraumatic stress disorder (PTSD). The number of veterans and service duty personnel requesting VA health care services is increasing, and the VA's ability to handle requests is dwindling. Thus, both the content of interventions and the format by which these services are delivered need to be reconceptualized. The authors present a multicomponent intervention program known as Trauma Management Therapy (TMT), a comprehensive, empirically supported treatment that can be delivered in an intensive, 3-week outpatient format. TMT combines individual exposure therapy with group social and emotional rehabilitation skills training to address specific aspects of the combat-related PTSD syndrome. The authors present the format of this novel intensive outpatient program, describe the components, and address implementation factors such as treatment compliance, dropout rates, and administrative considerations.

<http://onlinelibrary.wiley.com/doi/10.1002/jnr.24094/full>

The loss of a fellow service member: Complicated grief in post-9/11 service members and veterans with combat-related posttraumatic stress disorder.

Naomi M. Simon, Emily B. O'Day, Samantha N. Hellberg, Susanne S. Hoepfner, Meredith E. Charney, Donald J. Robinaugh, Eric Bui, Elizabeth M. Goetter, Amanda W. Baker, Andrew H. Rogers, Mireya Nadal-Vicens, Margaret R. Venners, Hyungjin M. Kim, Sheila A.M. Rauch

Journal of Neuroscience Research

First published: 13 June 2017

DOI: 10.1002/jnr.24094

Bereavement is a potent and highly prevalent stressor among service members and veterans. However, the psychological consequences of bereavement, including complicated grief (CG), have been minimally examined. Loss was assessed in 204 post-9/11, when service members and veterans with combat-related posttraumatic stress disorder (PTSD) took part in a multicenter treatment study. Those who reported the loss of an important person completed the inventory of complicated grief (ICG; $n = 160$). Over three quarters (79.41%) of the sample reported an important lifetime loss, with close to half (47.06%) reporting the loss of a fellow service member (FSM). The prevalence of CG was 24.75% overall, and nearly one third (31.25%) among the bereaved. CG was more prevalent among veterans who lost a fellow service member (FSM) (41.05%, $n = 39$) compared to those bereaved who did not (16.92%, $n = 11$; OR = 3.41, 95% CI: 1.59, 7.36). CG was associated with significantly greater PTSD severity, functional impairment, trauma-related guilt, and lifetime suicide attempts. Complicated grief was prevalent and associated with adverse psychosocial outcomes in veterans and service members with combat-related PTSD. Clinicians working with this population should inquire about bereavement, including loss of a FSM, and screen for CG. Additional research examining CG in this population is needed.

<http://www.sciencedirect.com/science/article/pii/S0165032717304937>

Safety and acceptability of transcranial direct current stimulation for the acute treatment of major depressive episodes: Analysis of individual patient data.

Adriano H. Moffa, André R. Brunoni, Felipe Fregni, Ulrich Palm, Frank Padberg, Daniel M. Blumberger, Zafiris J. Daskalakis, Djamilia Bennabi, Emmanuel Haffen, Angelo Alonzo, Colleen K. Loo

Journal of Affective Disorders
Volume 221, 15 October 2017, Pages 1–5
<https://doi.org/10.1016/j.jad.2017.06.021>

Background

Transcranial direct current stimulation (tDCS) is a non-invasive brain stimulation modality that has been increasingly used for major depressive disorder (MDD) treatment. Although studies in healthy volunteers showed that the technique is well-tolerated, tDCS safety/acceptability have not been sufficiently explored in pts with MDD.

Methods

We collected individual patient data from 6 randomized clinical trials that had been previously identified in a systematic review and meta-analysis. Primary outcomes were safety (rate of adverse events) and acceptability (rate of dropouts). Secondary outcomes were clinical, demographic and treatment predictors of the primary outcomes.

Results

Dropout rates between active (8.8%) and sham (12%) groups were not significantly different (OR= 0.7, p=0.38). Adverse event rates between active (73.5%) and sham (68.3%) groups were not significantly different (OR= 1.4, p= 0.23). Higher current densities were associated with lower adverse event rates.

Limitations

Dropout reasons were not systematically reported and adverse events were not collected using questionnaires standardized across studies.

Conclusions

Active tDCS is as acceptable and safe as sham tDCS, as found in randomized clinical trials of MDD.

<http://www.tandfonline.com/doi/abs/10.1080/15402002.2017.1326920>

Caffeine Use in Military Personnel With PTSD: Prevalence and Impact on Sleep.

Carmen P. McLean, Laurie Zandberg, John D. Roache, Hayley Fitzgerald, Kristi E. Pruiksma, Daniel J. Taylor, Katherine A. Dondanville, Brett T. Litz, Jim Mintz, Stacey Young-McCaughan, Jeffrey S. Yarvis, Alan L. Peterson, Edna B. Foa, and STRONG STAR consortium

Behavioral Sleep Medicine

Published online: 13 Jun 2017

<http://dx.doi.org/10.1080/15402002.2017.1326920>

Background:

Caffeine use is highly prevalent among active duty military personnel and can be beneficial to performance in the short term. However, regular caffeine use has been found to contribute to sleep disturbances, which are elevated among the significant number of military personnel with posttraumatic stress disorder (PTSD). The current study is the first to examine caffeine use and its relationship with sleep disturbances in military personnel seeking treatment for PTSD.

Participants:

Active duty military personnel (N = 366) who had returned from deployments to Afghanistan or Iraq and were seeking treatment for PTSD. Methods: Pearson correlations were used to examine the relationships between caffeine use, sleep disturbances, and PTSD symptom clusters.

Results:

The majority of the sample (89%) reported some caffeine use, with coffee being the largest contributor to total caffeine intake. Contrary to hypotheses, higher caffeine use was associated with lower insomnia symptom severity; follow-up analysis indicated that this was due to elevated insomnia symptom severity in those reporting no caffeine use. Caffeine use was not associated with any other measures of sleep disturbance or with PTSD symptoms.

Conclusions:

Caffeine use was not associated with greater reported sleep disturbances in this sample, possibly because those with elevated insomnia symptom severity abstained from any caffeine, or because insomnia symptoms were elevated in this sample.

Psychiatric disorders moderate the relationship between insomnia and cognitive problems in military soldiers.

Janeese A. Brownlow, Elizabeth A. Klingaman, Elaine M. Boland, Glenna S. Brewster, Philip R. Gehrman

Journal of Affective Disorders
Volume 221, 15 October 2017, Pages 25-30
<https://doi.org/10.1016/j.jad.2017.06.023>

Background

There has been a great deal of research on the comorbidity of insomnia and psychiatric disorders, but much of the existing data is based on small samples and does not assess the full diagnostic criteria for each disorder. Further, the exact nature of the relationship between these conditions and their impact on cognitive problems are under-researched in military samples.

Method

Data were collected from the All Army Study of the Army Study to Assess Risk and Resilience in Service members (unweighted N = 21, 449; weighted N = 674,335; 18–61 years; 13.5% female). Participants completed the Brief Insomnia Questionnaire to assess for insomnia disorder and a self-administered version of the Composite International Diagnostic Interview Screening Scales to assess for psychiatric disorders and cognitive problems.

Results

Military soldiers with current major depressive episode (MDE) had the highest prevalence of insomnia disorder (INS; 85.0%), followed by current generalized anxiety disorder (GAD; 82.6%) and current posttraumatic stress disorder (PTSD; 69.7%), respectively. Significant interactions were found between insomnia and psychiatric disorders; specifically, MDE, PTSD, and GAD status influenced the relationship between insomnia and memory/concentration problems. Limitations: Cross-sectional nature of the assessment and the absence of a comprehensive neurocognitive battery.

Conclusion

Psychiatric disorders moderated the relationship between insomnia and memory/concentration problems, suggesting that psychiatric disorders contribute unique variance to cognitive problems even though they are associated with insomnia disorder.

Results highlight the importance of considering both insomnia and psychiatric disorders in the diagnosis and treatment of cognitive deficits in military soldiers.

<http://www.tandfonline.com/doi/full/10.1080/16506073.2017.1332095>

Is cognitive behavioural therapy effective in reducing suicidal ideation and behaviour when delivered face-to-face or via e-health? A systematic review and meta-analysis.

Katie Leavey & Russell Hawkins

Cognitive Behaviour Therapy

Published online: 16 Jun 2017

<http://dx.doi.org/10.1080/16506073.2017.1332095>

Cognitive Behavioural Therapy (CBT) is a widely used psychotherapeutic intervention for suicide prevention despite its efficacy for suicide prevention in adults remaining ambiguous. Reluctance or inability to access face-to-face help suggests that e-health delivery may be a valuable resource for suicidal people. The aim of this study was to systematically review and conduct meta-analysis on research assessing the efficacy of CBT delivered via face-to-face and e-health for suicidal ideation and behaviour. A comprehensive literature search of MEDLINE, PsycINFO, Scopus, PubMed and The Cochrane Central Register of Controlled Trials was conducted. From 764 identified articles, 26 met the inclusion criteria for investigating CBT for suicidal ideation and behaviours in adult populations. Data were extracted on study characteristics and meta-analysis was performed where possible. There was a statistically significant, small to medium effect for face-to-face delivered CBT in reducing suicidal ideation and behaviour although there was significant heterogeneity between the included studies. CBT delivered via e-health was not found to be efficacious for reducing suicidal ideation and behaviour in adults though the number of studies reviewed was small.

<http://www.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

Published online: 23 Jan 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.

https://www.cdc.gov/PCD/issues/2017/16_0365.htm

Prevalence and Correlates of Sleep Apnea Among US Male Veterans, 2005–2014.

Jackson M, Becerra BJ, Marmolejo C, Avina RM, Henley N, Becerra MB

Preventing Chronic Disease (CDC)

Volume 14 — June 15, 2017

<http://dx.doi.org/10.5888/pcd14.160365>

The objective of this study was to assess the prevalence of and factors associated with sleep apnea among US male veterans. We used data from the 2005–2014 National Survey on Drug Use and Health to conduct survey-weighted descriptive, bivariate, and regression analyses. The prevalence of sleep apnea increased from 3.7% to 8.1% (P for trend <.001 for adjusted model) from 2005 through 2014. Increasing severity of psychological distress and unmet mental health care need were associated with increased odds of sleep apnea, as was a diagnosis of asthma. Increased screening of sleep health is critical to improve the health outcomes of veterans.

<http://www.sciencedirect.com/science/article/pii/S0749597815301254>

Lack of sleep and the development of leader-follower relationships over time.

Cristiano L. Guarana, Christopher M. Barnes

Organizational Behavior and Human Decision Processes

Volume 141, July 2017, Pages 57-73

<https://doi.org/10.1016/j.obhdp.2017.04.003>

Drawing from the sleep and emotion regulation model, and attribution theory, we argue that sleep can influence the quality of the relationship between leaders and their followers. Specifically, we examined the effects of lack of sleep on leader-follower relationship development at the beginning of their dyad tenure. We hypothesized that the negative effects of lack of sleep on relationships are mediated by hostility. Results based on 86 new dyads (first three days of their work relationship) showed support for our hypotheses (Study 1). Results based on 40 leaders and 120 followers over three months (five waves) also showed that lack of sleep influences perceptions of relationship quality via hostility for both leaders and followers (Study 2). Moreover, we found that the direct effects of follower lack of sleep affect leader perceptions of relationship quality in the first month of their dyad tenure but decreasingly so over time; the direct effects of a leader lack of sleep on follower perceptions of relationship quality did not vary based on dyad tenure. Results revealed that individuals are not aware of the impact of their own lack of sleep on other people's perceptions of relationship quality, suggesting that leaders and followers may be damaging their relationship without realizing it.

<http://ps.psychiatryonline.org/doi/abs/10.1176/appi.ps.201600384>

Suicide Risk Assessment and Prevention: A Systematic Review Focusing on Veterans.

Heidi D. Nelson, M.D., M.P.H., Lauren M. Denneson, Ph.D., Allison R. Low, B.A., Brian W. Bauer, M.S., Maya O'Neil, Ph.D., Devan Kansagara, M.D., M.C.R., Alan R. Teo, M.D., M.S.

Psychiatric Services

Published online: June 15, 2017

<https://doi.org/10.1176/appi.ps.201600384>

Objective:

Suicide rates in veteran and military populations in the United States are high. This article reviews studies of the accuracy of methods to identify individuals at increased risk of suicide and the effectiveness and adverse effects of health care interventions relevant to U.S. veteran and military populations in reducing suicide and suicide attempts.

Methods:

Trials, observational studies, and systematic reviews relevant to U.S. veterans and military personnel were identified in searches of MEDLINE, PsycINFO, SocINDEX, and Cochrane databases (January 1, 2008, to September 11, 2015), on Web sites, and in reference lists. Investigators extracted and confirmed data and dual-rated risk of bias for included studies.

Results:

Nineteen studies evaluated accuracy of risk assessment methods, including models using retrospective electronic records data and clinician- or patient-rated instruments. Most methods demonstrated sensitivity $\geq 80\%$ or area-under-the-curve values $\geq .70$ in single studies, including two studies based on electronic records of veterans and military personnel, but specificity varied. Suicide rates were reduced in six of eight observational studies of population-level interventions. Only two of ten trials of individual-level psychotherapy reported statistically significant differences between treatment and usual care.

Conclusions:

Risk assessment methods have been shown to be sensitive predictors of suicide and suicide attempts, but the frequency of false positives limits their clinical utility. Research to refine these methods and examine clinical applications is needed. Studies of suicide prevention interventions are inconclusive; trials of population-level interventions and promising therapies are required to support their clinical use.

<http://www.sciencedirect.com/science/article/pii/S0005796717301225>

Efficacy of imagery rescripting and imaginal exposure for nightmares: A randomized wait-list controlled trial.

Anna E. Kunze, Arnoud Arntz, Nexhmedin Morina, Merel Kindt, Jaap Lancee

Behaviour Research and Therapy

Available online 16 June 2017

<https://doi.org/10.1016/j.brat.2017.06.005>

Nightmares can be effectively treated with cognitive-behavioral therapies. Though it remains elusive which therapeutic elements are responsible for the beneficial effects on nightmare symptoms, imagery rescripting (IR) and imaginal exposure (IE) are commonly identified as active treatment components of nightmare therapies. With this randomized controlled trial, we compared IR and IE as individual treatments to a wait-list (WL) condition to determine whether these particular therapeutic elements reduced nightmare symptoms. For this purpose, 104 patients with a primary DSM-5 diagnosis of nightmare disorder were randomly assigned to three weekly individual sessions of either IR or IE, or WL. Results showed that compared to WL, both interventions effectively reduced nightmare frequency ($\Delta d_{IR-WL} = 0.74$; $\Delta d_{IE-WL} = 0.70$) and distress ($\Delta d_{IR-WL} = 0.98$; $\Delta d_{IE-WL} = 1.35$) in a sample that predominantly consisted of idiopathic nightmare sufferers. The effects of IR and IE were comparable to those observed for other psychological nightmare treatments. Initial effects at post-treatment were sustained at 3- and 6-month follow-up, indicating that IR and IE both seem to be efficacious treatment components of nightmare therapies. Additional research is needed to directly compare IR and IE among both idiographic and posttraumatic nightmare sufferers with respect to treatment expectancy, acceptability, and effectiveness.

<http://www.sciencedirect.com/science/article/pii/S0278584617303330>

Pain with traumatic brain injury and psychological disorders.

Samar Khoury, Rodrigo Benavides

Progress in Neuro-Psychopharmacology and Biological Psychiatry

Available online 13 June 2017

<https://doi.org/10.1016/j.pnpbp.2017.06.007>

Traumatic brain injury (TBI) is the cause for long-term disability in more than 3 million patients in the US alone, with chronic pain being the most frequently reported complain. To date, predisposing mechanisms for chronic pain in TBI patients are largely unknown. Psychological disorders, including post-traumatic stress disorder, depression and anxiety following TBI are commonly reported comorbidities to post-traumatic pain. Long term consequences can be debilitating and affect quality of life even when the injury is mild. In this review, we present the most commonly reported chronic pain conditions across the spectrum of severity of TBI, mainly focusing on mild TBI. We discuss chronic post- traumatic headaches, widespread pain as well as post-traumatic central pain. We discuss pain in the context of injury severity and military versus civilian populations. We are only starting to understand the biological mechanisms behind post-traumatic pain and associated psychological distress following TBI, with genetic, biochemical and imaging studies pointing to the dopaminergic, neurotrophic factors and the role of Apolipoprotein. Physiological and neurological mechanisms are proposed to partially explain this interaction between post-traumatic pain and psychological distress. Nevertheless, the evidence for the role of structural brain damage remains incomplete and to a large extent debatable, as it is still difficult to establish clear causality between brain trauma and chronic pain. Finally, general aspects of management of chronic pain post-TBI are addressed.

<http://psycnet.apa.org/journals/ccp/85/7/653>

**Cognitive-behavioral versus psychodynamic therapy for major depression:
Secondary outcomes of a randomized clinical trial.**

Driessen, Ellen; Van, Henricus L.; Peen, Jaap; Don, Frank J.; Twisk, Jos W. R.; Cuijpers, Pim; Dekker, Jack J. M.

Journal of Consulting and Clinical Psychology
Vol 85(7), Jul 2017, 653-663
<http://dx.doi.org/10.1037/ccp0000207>

Objective:

In a randomized clinical trial, we compared the efficacy of cognitive-behavioral therapy (CBT) and psychodynamic therapy for adult outpatient depression on measures of psychopathology, interpersonal functioning, pain, and quality of life.

Method:

There were 341 Dutch adults (70.1% female, mean age = 38.9, SD = 10.3) meeting Diagnostic and Statistical Manual for Mental Disorders-Fourth Edition (DSM-IV) criteria for a major depressive episode and with a Hamilton Depression Rating Scale (HAM-D) score ≥ 14 , who were randomized to 16 sessions of individual manualized CBT or short-term psychodynamic supportive psychotherapy. Severely depressed patients (HAM-D > 24) received additional antidepressant medication according to a protocol. Outcome measures included the Brief Symptom Inventory, Beck Anxiety Inventory, Outcome Questionnaire, a visual analogue scale for pain, and EuroQol. Data were analyzed with mixed model analyses using intention-to-treat samples. Noninferiority margins were prespecified as Cohen's $d = -0.30$.

Results:

Across treatment conditions, 45–60% of the patients who completed posttreatment assessment showed clinically meaningful change for most outcome measures. We found no significant differences between the treatment conditions on any of the outcome measures at both posttreatment and follow-up. Noninferiority of psychodynamic therapy to CBT was shown for posttreatment and follow-up anxiety measures as well as for posttreatment pain and quality of life measures, but could not be consistently demonstrated for the other outcomes.

Conclusions:

This is the first study that shows that psychodynamic therapy can be at least as efficacious as CBT for depression on important aspects of patient functioning other than depressive symptom reduction. These findings extend the evidence-base of psychodynamic therapy for depression, but replication is needed by means of rigorously designed noninferiority trials. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

<http://www.tandfonline.com/doi/full/10.1080/21635781.2017.1325803>

Occupational Stressors, Burnout, and Predictors of Suicide Ideation Among U.S. Air Force Remote Warriors.

Craig Bryan, Tanya Goodman, Wayne Chappelle, William Thompson, and Lillian Prince

Military Behavioral Health

Published online: 04 May 2017

<http://dx.doi.org/10.1080/21635781.2017.1325803>

Suicide is a growing concern in the virtual warrior community of the United States Air Force (USAF). Identifying risk factors for suicide that are unique to this community of military personnel is therefore critical. A total of 4,340 USAF remote warriors (27.8% remotely piloted aircraft, 60.3% intelligence, and 11.9% cyber warfare operators) completed anonymous surveys that assessed demographic, occupational demands, psychological distress, and suicide ideation. Suicide ideation was self-reported by 5–6% of participants. Results of multinomial logistic regression indicated that burnout increased risk for suicide ideation, but not when psychological distress was included as a covariate.

<http://www.tandfonline.com/doi/abs/10.1080/07448481.2017.1341891>

Predictors of Well-being in the Lives of Student Service Members and Veterans.

Sarah Krill Williston & Lizabeth Roemer

Journal of American College Health

Accepted author version posted online: 15 Jun 2017

<http://dx.doi.org/10.1080/07448481.2017.1341891>

Objective:

The current study examined predictors of well-being, including quality of life and academic engagement, in a sample of student service members and veteran college students.

Methods:

Eighty-seven student service members/ veterans (SSM/V) completed an online survey containing questions about post-deployment social support, emotion regulation skills, psychological distress, academic engagement, quality of life, and demographics. Participants were recruited from September 2012 through May 2014.

Results:

Results provided partial support for the proposed bi-directional mediational relations between post-deployment social support and emotion regulation predicting to quality of

life and academic engagement. Path models indicated that both post-deployment social support and emotion regulation skills partially mediated the relation with quality of life while accounting for the effect of psychological distress, and emotion regulation skills fully mediated the relation between social support and academic engagement.

Conclusions:

These findings suggest that both social support and emotion regulation skills may be useful targets for health promotion and intervention efforts for this population.

Limitations and clinical implications for the development of on-campus SSM/V focused health promotion services are discussed.

<http://mhealth.amegroups.com/article/view/15280/15371>

A model for mHealth skills training for clinicians: meeting the future now.

Donna J. Slovensky, Donna M. Malvey, Alexis R. Neigel

mHealth

June 2017

doi: 10.21037/mhealth.2017.05.03

We describe the current state of mHealth skills acquisition, education, and training available to clinical professionals in educational programs. We discuss how telemedicine experienced exponential growth due in large part to the ubiquity of the mobile phone. An outcome of this unprecedented growth has been the emergence of the need for technology skills training programs for clinicians that address extant curricula gaps. We propose a model to guide the development of future training programs that incorporate effective training strategies across five domains: (I) digital communication skills; (II) technology literacy and usage skills; (III) deploying telehealth products and services; (VI) regulatory and compliance issues; and (V) telehealth business case. These domains are discussed within the context of interprofessional teams and broader organizational factors.

Links of Interest

Online cognitive behavioral therapy for insomnia is effective for military
https://www.eurekalert.org/pub_releases/2017-06/uont-ocb061417.php

Put Out the Welcome Mat: Tips to Provide Culturally-Sensitive Care to Transgender Service Members
<https://www.pdhealth.mil/news/blog/put-out-welcome-mat-tips-provide-culturally-sensitive-care-transgender-service-members>

Cognitive behavior therapy significantly reduced depression and anxiety in chronic pain patients
<https://www.sciencedaily.com/releases/2017/06/170616143931.htm>

Video Visits for Insomnia Less Effective than Live Consults
<https://mhealthintelligence.com/news/video-visits-for-insomnia-less-effective-than-live-consults>

Survey: Veteran caregivers feel isolated, need more support
<http://www.militarytimes.com/articles/dav-survey-caregivers-help>

Many Chronic Illnesses Linked to Suicide Risk: Odds 9 times higher for people with traumatic brain injury, study suggests
https://medlineplus.gov/news/fullstory_166776.html

Sleep-wake rhythms vary widely with age as well as amongst individuals of a given age
<https://www.sciencedaily.com/releases/2017/06/170621140458.htm>

Reckless behavior fuels ongoing stress for some with PTSD
<https://www.sciencedaily.com/releases/2017/06/170614160507.htm>

Resource of the Week: [DoD Launches Online Learning Program to Help Military Survivors of Sexual Assault](#)

Today, the Department of Defense launched an online and mobile educational program to help individuals begin to recover, heal, and build resiliency after a sexual assault.

The self-guided program, called “[Building Hope & Resiliency: Addressing the Effects of Sexual Assault](#),” can be completed at the user’s pace and features information about coping mechanisms, practical relaxation exercises, definitions, links to resources and referrals for on-going support.



24/7 Secure.
Worldwide.
Confidential.

[How to Get Help](#) [Understanding Sexual Assault](#) [Transitioning Service Member](#) [About RAINN](#) [About Safe Helpline](#) [Take a Tour](#) [Contact Us](#)

Home » [How to Get Help](#) » [Building Hope and Resiliency: Addressing the Effects of Sexual Assault](#)



Learn how to address the effects of sexual assault

[Get Started](#)



What is Building Hope & Resiliency: Addressing the Effects of Sexual Assault?

Building Hope & Resiliency: Addressing the Effects of Sexual Assault is a self-guided, online, educational program that seeks to help you begin to recover, heal and build resiliency after a sexual assault. Recognizing the impact that trauma can have, this program is part of a comprehensive effort to enhance resilience and improve readiness across the Total Force.

Shirl Kennedy
Research Editor
Center for Deployment Psychology
www.deploymentpsych.org
skennedy@deploymentpsych.org
240-535-3901