Research Update -- August 17, 2017

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http://onlinelibrary.wiley.com/wol1/doi/10.1002/jts.22202/abstract

Cognitive Emotion Regulation Strategies Associated With the DSM-5 Posttraumatic Stress Disorder Criteria.

Kaczkurkin, A. N., Zang, Y., Gay, N. G., Peterson, A. L., Yarvis, J. S., Borah, E. V., Dondanville, K. A., Hembree, E. A., Litz, B. T., Mintz, J., Young-McCaughan, S., Foa, E. B. and The STRONG STAR Consortium

Maladaptive cognitive emotion regulation strategies have been proposed to contribute to the maintenance of posttraumatic stress disorder (PTSD). Prior work has focused on

the relationship between these strategies and PTSD as a whole, rather than on how they are related to each PTSD symptom cluster. The purpose of the current study was to determine whether cognitive emotion regulation strategies are predictive of certain PTSD symptom clusters under the Diagnostic and Statistical Manual of Mental Disorders 5th ed. (DSM-5; American Psychiatric Association, 2013) criteria (intrusive thoughts, avoidance, negative alterations in cognitions and mood, and hyperarousal). Participants included 365 treatment-seeking, active-duty military personnel with PTSD. The negative alterations in cognitions and mood cluster were associated with dysfunctional cognitions: greater negative cognitions about the self, negative cognitions about the world, and self-blame, as well as catastrophizing (= .519). The negative alterations in cognitions and mood cluster did not show a strong relationship with blaming others, possibly due to the complex nature of self- and other-blame in this primarily deployment-related PTSD sample. Finally, the intrusive thoughts cluster was associated with catastrophizing (= .211), suggesting an association between frequent intrusive memories and excessively negative interpretation of those memories.

The Moderating Effect of Childhood Maltreatment on the Relations Among PTSD Symptoms, Positive Urgency, and Negative Urgency.

Matthew Price, Julie P. Connor and Holley C. Allen

Childhood maltreatment increases the risk for posttraumatic stress disorder (PTSD) and comorbid substance use disorder (SUD). One pathway by which this occurs is through impaired emotion regulation. Past research has shown that negative urgency, a deficit in the regulation of negative emotions, is strongly related to PTSD in those with comorbid SUD. However, there is minimal research on the relation between positive urgency and PTSD in those with comorbid SUD. The current study investigated the association between childhood maltreatment, positive urgency, negative urgency, and PTSD symptoms among those with SUD. Results suggested that PTSD was associated with negative urgency and positive urgency overall. Childhood maltreatment did not moderate the association between negative urgency and PTSD. Childhood emotional abuse, emotional neglect, and sexual abuse moderated the relation between positive

urgency and PTSD ($\Delta R2 = .04$ to $.10$). The association between PTSD and positive urgency was only significant at lower levels of emotional abuse and neglect. Future research should further examine the processing of positive emotions in those with PTSD and comorbid SUD. Findings might inform clinical interventions among populations exposed to childhood maltreatment to reduce or prevent the development of psychopathology.

Increased Mindfulness Skills as Predictors of Reduced Trauma-Related Guilt in Treatment-Seeking Veterans.

Held, P., Owens, G. P., Monroe, J. R. and Chard, K. M.

The present study examined the predictive role of increased self-reported mindfulness skills on reduced trauma-related guilt in a sample of veterans over the course of residential treatment for posttraumatic stress disorder (PTSD; N = 128). The residential treatment consisted of seven weeks of intensive cognitive processing therapy (CPT) for PTSD, as well as additional psychoeducational groups, including seven sessions on mindfulness skills. Increased mindfulness skills describing, acting with awareness, and accepting without judgment were significantly associated with reductions in trauma-related guilt over the course of treatment. Increases in the ability to act with awareness and accept without judgment were significantly associated with reductions in global guilt, $R2 = .26$, guilt distress, $R2 = .23$, guilt cognitions, $R2 = .23$, and lack of justification, $R2 = .11$. An increase in the ability to accept without judgment was the only self-reported mindfulness skill that was associated with reductions in hindsight bias, $\beta = -.34$ and wrongdoing, $\beta = -.44$. Increases in self-reported mindfulness skills explained 15.1 to 24.1% of the variance in reductions in trauma-related guilt, suggesting that mindfulness skills may play a key role in reducing the experience of trauma-related guilt during psychotherapy. Our results provide preliminary support for the use of mindfulness groups as an adjunct to traditional evidence-based treatments aimed at reducing trauma-related guilt, though this claim needs to be tested further using experimental designs.

Post-traumatic stress disorder symptom burden and gender each affect generalization in a reward- and punishment-learning task.

Radell ML, Beck KD, Gilbertson MW, Myers CE

Post-traumatic stress disorder (PTSD) can develop following exposure to a traumatic event. Re-experiencing, which includes intrusive memories or flashbacks of the trauma, is a core symptom cluster of PTSD. From an associative learning perspective, this cluster may be attributed to cues associated with the trauma, which have come to elicit symptoms in a variety of situations encountered in daily life due to a tendency to overgeneralize. Consistent with this, prior studies have indicated that both individuals with clinically diagnosed with PTSD, and those with self-reported symptoms who may not meet full diagnostic criteria, show changes in generalization. Building on prior research, the current study examined whether PTSD symptom burden, but also gender, veteran status, and combat experience-all associated with PTSD vulnerability-modulate learning and generalization in a computer-based task. Participants were presented with stimulus compounds consisting of a foreground and background that could be predictive of reward, punishment or no outcome. Learning was followed by a generalization test where these components were recombined to form novel configurations. An interaction between PTSD symptom burden and gender was found where females with more severe PTSD symptoms showed no evidence of sensitivity to the background. This result is consistent with increased generalization, and may indicate a decrease in the ability to process cue configurations leading to re-experiencing in a variety of situations. Further work is indicated to help elucidate the cognitive processes driving gender differences that may confer vulnerability to PTSD.

The effect of post-traumatic stress disorder on the risk of developing prescription opioid use disorder: Results from the National Epidemiologic Survey on Alcohol and Related Conditions III.

Ahmed N. Hassan, Bernard Le Foll, Sameer Imtiaz, Jürgen Rehm

Objective
To evaluate the effect of baseline post-traumatic stress disorder (PTSD) and each symptoms cluster on the risk of developing opioid use disorder (OUD) in those exposed to opioid painkillers and to assess the effect of comorbid PTSD and OUD on functioning, OUD severity, and treatment seeking compared with individuals with OUD only.

Methods
We obtained data from 4025 individuals exposed to opioid painkillers from the National Epidemiologic Survey on Alcohol and Related Conditions III. We matched individuals with baseline PTSD with individuals without PTSD on demographics, developmental background, family history, personalities, and exposure to stressful life events with propensity score methodology. We controlled for clinical diagnoses and other risk factors that may have occurred after PTSD onset. Quality of life was assessed with the SF-12; the number of diagnostic criteria met indicated OUD severity.

Results
Baseline PTSD predicted OUD after controlling for matching variables and other risk factors, including baseline mood/anxiety disorders and other substance use disorders (odds ratio[OR]: 1.58; 95% confidence interval[CI]: 1.14–2.17; p = 0.02). Among individuals with PTSD, arousal/reactivity cluster predicted OUD. Individuals with comorbid PTSD and OUD had lower mean scores on the SF-12 scale and greater severity of OUD than individuals with OUD. There were no differences in help-seeking.

Conclusion
Baseline PTSD increases the risk of developing OUD after exposure to opioid painkillers. Clinicians should screen for PTSD diagnosis and arousal/reactivity symptoms prior to prescribing painkillers. Integrated treatments are strongly recommended for patients with this dual diagnosis.

Evaluation of Depression and Suicidal Patients in the Emergency Room.

Shana Coshal, John Saunders, Anu A. Matorin, Asim A. Shah

The World Health Organization, in 2001, recognized depression as a leading cause of disability worldwide and it is identified as the leading cause of disability in their April 2016 review. They also found that fewer than one-half of those affected receive effective treatment for depression. An ultimate potential consequence of untreated depression may be suicide.1 This further stresses the significance of identification and management of depression in primary care settings. However, depression often goes unrecognized in emergency care settings, further contributing to the increased morbidity and functional decline during these times.2 Furthermore, emergency department (EDs) serves as a primary care provider for the uninsured and those lacking access to resources.3,4 Thus, the emergency room provides a critical opportunity for depression identification and intervention.

Alcohol Use Among Concerned Partners of Heavy Drinking Service Members and Veterans.

Rodriguez, L. M., Osilla, K. C., Trail, T. E., Gore, K. L., Pedersen, E. R.

Heavy drinking in relationships is complex and we focus on an understudied sample of concerned partners (CPs) worried about their U.S. service member/veteran partner's drinking. We evaluated the link between CP drinking and their own mental health, and how CP drinking moderated the efficacy of a web-based intervention designed to address CPs' mental health and communication. CPs (N = 234) were randomly

assigned to intervention or control and completed assessments at baseline and 5 months later. CP drinking was associated with greater CP depression, anxiety, and anger independent of partner drinking. Moreover, the intervention was more efficacious in reducing depression for heavy drinking CPs. CPs are often an overlooked population and resources to help support them are needed.

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http://journals.plos.org/plosone/article?id=10.1371/journal.pone.0181344

Workplace social support in job satisfaction among veterans with posttraumatic stress symptoms: A preliminary correlational study.

Harris JI, Strom TQ, Ferrier-Auerbach AG, Kaler ME, Hansen LP, Erbes CR

For Veterans managing PTSD symptoms, returning to vocational functioning is often challenging; identifying modifiable variables that can contribute to positive vocational adjustment is critical to improved vocational rehabilitation services. Workplace social support has proven to be important in vocational adjustment in both general population and vocational rehabilitation samples, but this area of inquiry has received little attention among Veterans with PTSD symptoms. In this small correlational study, employed Veterans (N = 63) presenting for outpatient PTSD treatment at a VA Health Care System completed surveys assessing demographic variables, PTSD symptoms, workplace social support, and job satisfaction. Workplace social support contributed to the prediction of job satisfaction. It is of note that workplace social support predicted a larger proportion of the variance in employment satisfaction than PTSD symptoms. Further research on workplace social support as a vocational rehabilitation resource for Veterans with PTSD is indicated.

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http://www.sciencedirect.com/science/article/pii/S0022395617305101

Mental health stigma and barriers to mental health care for first responders: A systematic review and meta-analysis.

Peter T. Haugen, Aileen M. McCrillis, Geert E. Smid, Mirjam J. Nijdam

Objective
It is unclear how many first responders experience barriers to care and stigma regarding mental health care, and how this influences their help-seeking. A systematic review and meta-analysis was conducted on barriers to care and mental health stigma in first responders and their empirical relationship with psychosocial and psychiatric variables.

Methods
The databases Medline, Embase PsycINFO, CINAHL, PILOTS, LILACS, Sociological Abstracts, SocINDEX, and Social Citation Index were searched to identify relevant studies. A quality assessment and meta-analysis was performed.

Results
Fourteen articles met inclusion criteria, from which data from 12 samples were extracted for meta-analyses. All studies measured stigma regarding mental health care and 33.1% of first responders (95% CI 26.7–40.1; 12 individual samples) endorsed stigma items. The systematic review revealed that the most frequently endorsed items were fears regarding confidentiality and negative career impact. Five of 14 studies measured barriers to mental health care and 9.3% of first responders (95% CI 7.0–12.3; 4 individual samples) endorsed barriers to care items. The most frequently endorsed barriers were scheduling concerns and not knowing where to get help. Indications were found for more stigma and barriers in individuals with mental health problems.

Conclusions
Stigma and barriers to care are experienced by a significant proportion of firs responders, which can potentially lead to delayed presentation in mental health care and therefore, increased risk of chronicity of post-trauma psychopathology for these groups. The current systematic review draws attention to the paucity of research in this area, particularly in non-Western samples.

The Primary Role of Mental Health Treatment in Resolution of Persistent Post-concussive Symptoms.

Amy Jak

Opinion statement
Symptoms that persist beyond the expected period of recovery following a mild traumatic brain injury (mTBI)/concussion are strongly linked to non-neurologic variables, notably mental health conditions such as posttraumatic stress disorder (PTSD), particularly among Iraq and Afghanistan Veterans. Despite acknowledgement of poor recovery in a sizeable minority of concussion cases and the strong contribution of psychological factors to this presentation, treatment of comorbid, and likely primary, mental health conditions, is not as widely practiced as the evidence would support. The attention drawn to TBI as a "signature injury" of the conflicts in Iraq and Afghanistan as well as from contact sports has had a positive impact on TBI awareness, identification, and prevention efforts. However, it may have had the unintended consequence of overshadowing treatment of comorbid mental health conditions and other symptomatic treatments that are likely to impart the greatest symptom reduction and treatment gains. Individuals with a history of concussion can successfully engage in structured mental health treatments and using cognitive behavioral treatments for psychiatric conditions, such as PTSD and depression, as primary treatment approaches for reducing persistent post-concussive symptoms is supported by the current research literature.

The 7-factor Hybrid Model of DSM-5 PTSD Symptoms and Alcohol Consumption and Consequences in a National Sample of Trauma-Exposed Veterans.

Meredith Claycomb Erwin, Ruby Charak, Tory A. Durham, Cherie Armour, Xin Lv, Steven M. Southwick, Jon D. Elhai, Robert H. Pietrzak

The purpose of the present study was to investigate associations between the 7-factor hybrid model of DSM-5 posttraumatic stress disorder (PTSD) symptoms, which includes intrusions, avoidance, negative affect, anhedonia, externalizing behaviors, anxious arousal, and dysphoric arousal symptoms, and alcohol consumption and consequences. A nationally representative sample of 916 trauma-exposed U.S. military veterans were administered the Trauma History Screen, PTSD Checklist-5, and Alcohol Use Disorders Identification Test. Confirmatory factor analyses were conducted to determine associations between the 7-factor hybrid model of PTSD symptoms, and alcohol consumption and consequences. Results revealed that lifetime dysphoric arousal ($r = 0.31$), negative affect ($r = 0.30$), and anhedonia ($r = 0.29$) symptom clusters were most strongly associated with past-year alcohol consequences. No significant associations were observed for alcohol consumption. While the cross-sectional study design does not allow one to ascertain causative associations between PTSD factors and alcohol consumption and consequences, results generally align with the self-medication hypothesis, as PTSD factors reflecting internalizing were most strongly related to alcohol-related consequences. These results underscore the importance of assessing for alcohol use problems in veterans who score highly on PTSD symptoms reflecting internalizing symptomatology.

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https://link.springer.com/article/10.1007/s40501-017-0120-2

Association of Self-Report Measures with PTSD and Depression in Veterans.

Holly M. Miskey, Robert D. Shura

Purpose of review
Self-report measures are common in clinical and research practice. These questionnaires permit fast evaluation of symptom severity and change over time and are sometimes used to identify the presence of possible psychiatric disorders. However, these measures may be less syndrome-specific than previously believed. In Iraq and

Afghanistan-era veterans, the PTSD Checklist (PCL) and Beck Depression Inventory-II (BDI-II) are commonly used both clinically and in research due to high rates of posttraumatic stress disorder (PTSD) and depression. Clarity regarding the presumed specificity of such measures becomes important to interpretation of research results and application of psychiatric interventions. The current review intends to further this conversation.

Recent findings
A recent paper found that the PCL-Military version and BDI-II were equally correlated to a diagnosis of PTSD per the gold standard clinician-administered PTSD scale. Using a research sample of Iraq and Afghanistan veterans, we found similar moderate to large correlations between both self-report measures and both diagnoses. A diagnosis of a depressive disorder was equally correlated with both the BDI-II and PCL.

Summary
Results suggest that a third, underlying factor of general distress may be the target of each presumed syndrome-specific measure. Clinicians and researchers are encouraged to use such measures to assess distress or improvement following interventions rather than for diagnostic purposes.

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http://onlinelibrary.wiley.com/doi/10.1111/sltb.12370/full

Predictors of Emerging Suicide Death Among Military Personnel on Social Media Networks.

Bryan, C. J., Butner, J. E., Sinclair, S., Bryan, A. B. O., Hesse, C. M. and Rose, A. E.

Suicide is a leading cause of death in the United States and is the second leading cause of death in the U.S. military. Previous research suggests that data obtained from social media networks may provide important clues for identifying at-risk individuals. To test this possibility, the social media profiles from 315 military personnel who died by suicide (n = 157) or other causes (n = 158) were coded for the presence of stressful life situations (i.e., triggers), somatic complaints or health issues (i.e., physical), maladaptive or avoidant coping strategies (i.e., behaviors), negative mood states (i.e.,

emotion), and/or negative cognitive appraisals (cognition). Content codes were subsequently analyzed using multilevel models from a dynamical systems perspective to identify temporal change processes characteristic of suicide death. Results identified temporal sequences unique to suicide, notably social media posts about triggers followed by more posts about cognitions, posts about cognitions followed by more posts about triggers, and posts about behaviors followed by fewer posts about cognitions. Results suggest that certain sequences in social media content may predict cause of death and provide an estimate of when a social media user is likely to die by suicide.

Targets for the Treatment of Insomnia in Veterans With Serious Mental Illness.

KLINGAMAN, ELIZABETH A. PhD; MCCARTHY, JULIE M. MS; SCHWARTZ, ELANA K. MA; GEHRMAN, PHILIP R. PhD, CBSM; BENNETT, MELANIE E. PhD

Study Objectives:
Insomnia is pervasive among people with serious mental illnesses (SMI) and has a profound negative impact on their psychiatric symptom management and recovery. However, little is known about the factors that affect severity of insomnia in those with SMI. In addition, very few studies have explored whether evidence-based interventions developed for those without SMI are appropriate for or applicable to individuals with SMI. The purpose of this study was to test the role of arousal, dysfunctional cognitions about sleep, and sleep-related behaviors in predicting severity of insomnia in a sample of 60 Veterans who were receiving care in Veterans Health Administration mental health and psychosocial rehabilitation programs and who reported subjective insomnia. In addition, information was collected regarding the types of insomnia treatments provided to these Veterans.

Methods:
Participants completed assessments of insomnia severity and sleep-related arousal, behaviors, and cognitions. Medical records were reviewed to determine whether participants had been screened/assessed for insomnia and whether treatments for

insomnia were provided before the date of referral to the study. Multiple regression was used to predict insomnia severity on the basis of these factors.

Results:
Most participants (81.7%) reported moderate to severe insomnia, although only 3.3% had a diagnosis of insomnia in their medical records. Worry and helplessness about sleep were predictive of insomnia severity; better self-reported sleep hygiene and higher levels of arousal were also associated with greater severity of insomnia. Education about sleep hygiene and medication were the only types of insomnia treatment received.

Conclusions:
Similar to insomnia among individuals without SMI, insomnia in Veterans with SMI is associated with dysfunctional sleep-related behaviors and cognitions. Many of the Veterans also lacked access to settings and resources conducive to healthy sleep. Veterans with SMI should be regularly assessed for insomnia. Research is needed concerning optimal evidence-based insomnia interventions for addressing behaviors and cognitions in this population in the context of these challenges.

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http://www.sciencedirect.com/science/article/pii/S0005796717301481

Sleep disturbance as a predictor of affective functioning and symptom severity among individuals with PTSD: An ecological momentary assessment study.

Nicole A. Short, Nicholas P. Allan, Norman B. Schmidt

Recent research has highlighted the etiological role of sleep disturbance in posttraumatic stress disorder (PTSD); however it is currently unknown how daily changes in sleep are associated with next-day PTSD symptoms. Furthermore, sleep is critical for maintaining appropriate affect, leading some to hypothesize that affective dysfunction may account for the link between sleep disturbances and PTSD symptoms. Thus, the current study tested the relationship between sleep disturbances, affective valence, and PTSD symptoms utilizing an ecological momentary assessment (EMA) design among individuals with PTSD (n=30) who participated in 4 EMA-based

assessments daily over 8 days. Multilevel modeling indicated that, after accounting for prior evening's PTSD symptoms, poor sleep quality and reduced sleep efficiency were associated with increased PTSD symptoms and negative affect. Furthermore, results supported the indirect effect of poor sleep quality on elevated PTSD symptoms through increased negative affect in the morning. Findings add to the body of research demonstrating the negative impact of poor sleep for individuals with PTSD by indicating that daily variations in sleep can affect next-day PTSD symptoms, and identifying negative affect as a mechanism of this relationship.

A preliminary examination of the role of psychotherapist fidelity on outcomes of cognitive processing therapy during an RCT for military sexual trauma-related PTSD.

Nicholas Holder, Ryan Holliday, Rush Williams, Kacy Mullen & Alina Surís

While cognitive processing therapy (CPT) is an effective evidence-based treatment for many veterans with military-related post-traumatic stress disorder (PTSD), not all veterans experience therapeutic benefit. To account for the discrepancy in outcomes, researchers have investigated patient- and research design-related factors; however, therapist factors (e.g. fidelity) have received less attention. The present study is a preliminary examination of the effect of psychotherapists' fidelity during CPT on clinical outcomes during a randomized clinical trial (RCT) for military sexual trauma-related PTSD. PTSD symptoms, trauma-related negative cognitions (NCs), and depression symptoms were assessed for 72 participants at baseline, and 1-week, 2-month, 4-month, and 6-month posttreatment. Of the four CPT therapists, two were found to have significantly poorer (i.e. "below average") treatment fidelity scores compared to the other two therapists who had "good" treatment fidelity scores. To examine possible therapist effects on outcomes, hierarchical linear modeling was utilized with therapist fidelity entered as a Level 2 predictor. Participants treated by a therapist with "good" treatment fidelity experienced significantly greater reductions in PTSD symptoms, NCs, and depression symptoms than patients treated by a therapist with "below average"

treatment fidelity. Our preliminary findings highlight the importance of monitoring, maintaining, and reporting fidelity in psychotherapy treatment RCTs.

Alcohol Misuse Among Formerly Deployed U.S. Service Members Seen in Non-VA Facilities: Results From the Veterans' Cohort Study.

Boscarino J, Hoffman S, Urosevich T, Kirchner HL, Hyacinthe J, Adams R, Figley C.

Background:
Since reports suggest that alcohol misuse is a health problem among U.S. military personnel, our objective was to assess the prevalence of alcohol-use disorders among formerly deployed service members seen at non-VA health care facilities. Because research also suggested higher alcohol abuse among Vietnam veterans, our hypothesis was that Vietnam veterans would have a higher prevalence of alcohol misuse than deployed veterans from the other service eras.

Methods:
We surveyed a random sample of veterans who were patients in a large non-VA multihospital system located in central and northeastern Pennsylvania to assess their mental health and substance use. The study included veterans from four service eras: Vietnam, Gulf War, Global War on Terror, and other veterans.

Results:
Of 1,289 veterans surveyed (response rate: ~60%), 53.6% were from the Vietnam era, 95.0% were male, 54.5% were 65+ years old, 95.7% were white race, and 26.9% were recent National Guard or Reserve veterans. Based on the AUDIT-C and CAGE instruments, the prevalence of alcohol misuse was 27.3% and 14.1%, respectively, compared to only 8.7% for current posttraumatic stress disorder and 8.8% for current depression. Altogether, 25.8% reported using alcohol to cope postdeployment, and 21.0% reported heavy drinking in the past year. Bivariate analyses indicated that alcohol misuse was more common among those who were older, Vietnam veterans, higher-income veterans, and those who had a history of cigarette smoking ($P < 0.05$ for

all). However, multivariable analyses that adjusted for gender, education, combat exposure, life stressors and social support found no significant differences for alcohol misuse or abuse by the different veteran groups. The best predictors of current alcohol misuse on multivariable analyses were having used alcohol to cope postdeployment (odds ratio: 2.99, P < 0.001) and younger age (odds ratio: 0.97, P < 0.001).

Conclusion:
Our analyses suggest that while deployed Vietnam service members had a higher prevalence of alcohol misuse, when the data were adjusted for demographic factors and potential confounders, there were no significant differences between the veteran groups. Further research that examines the high prevalence of alcohol misuse among veterans and the adverse impact of using of alcohol to cope postdeployment is planned.

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http://www.sciencedirect.com/science/article/pii/S2352250X17301720

What role do nightmares play in suicide? A Brief Exploration.

Caitlin E. Titus, Katrina J. Speed, Patricia M. Cartwright, Christopher W. Drapeau, Yeseul Heo, Michael R. Nadorff

The suicide rate in the United States has climbed each year for more than a decade, highlighting the need for greater understanding of, and prevention strategies for suicidal behavior. Nightmares have been shown to be associated with suicidal behavior independent of several psychiatric risk factors for suicide, such as symptoms of depression, anxiety, and PTSD. The specific role of nightmares in contributing to suicide remains unclear due to the difficulty in delineating causal factors. However, the reporting, screening and treatment of nightmares continues to remain rare making progress difficult. Research is beginning to make some progress in uncovering the mechanisms by which nightmares increase suicide risk providing opportunities for intervention and prediction of suicidal behaviors.

Links of Interest

Making the Case for Cognitive Behavioral Therapy for Insomnia Treatment
http://www.huffingtonpost.com/entry/making-the-case-for-cognitive-behavioral-therapy-for_us_598f57d0e4b0ed1f464c0b2e

Revolutionizing Mental Health Care Through Technology
http://www.medscape.com/viewarticle/884008

People with PTSD may have overactive 'Fight or Flight' response
https://health.mil/News/Articles/2017/08/14/People-with-PTSD-may-have-overactive-Fight-or-Flight-response

Mattis leaves door open for future transgender service
http://www.militarytimes.com/news/your-military/2017/08/14/mattis-leaves-door-open-for-future-transgender-service/

Education compact helps military kids on the move
http://www.militarytimes.com/pay-benefits/2017/08/15/education-compact-helps-military-kids-on-the-move/

Simone Askew is first black woman to lead West Point cadets
http://www.armytimes.com/news/your-army/2017/08/15/simone-askew-is-first-black-woman-to-lead-west-point-cadets/

Resource of the Week: Complementary and Alternative Medicine in the Military Health System (RAND)

> Complementary and alternative medicine (CAM) comprises a large number of therapies (e.g., acupuncture and chiropractic) that developed outside the conventional biomedical model of care. About one-third of the general population report using CAM either on their own (e.g., yoga) or through the services of a CAM provider (e.g., massage). While CAM is offered within the military health system, no systemwide data are available on its use. RAND conducted an environmental scan (CAM survey) of military treatment facilities (MTFs) to understand the availability of CAM, the conditions for which CAM is being used, and the types and process of credentialing and privileging of CAM providers.

Most MTFs (83 percent) offer CAM services, usually up to eight different types, with relaxation therapy, acupuncture, progressive muscle relaxation, guided imagery, and chiropractic being the most common. Lack of provider availability was the primary reason reported for not offering CAM. These services are most often used for chronic pain, stress, anxiety, and sleep disturbance. There is variability across MTFs and types of CAM in the process and criteria used for credentialing and privileging providers. While most MTFs reported that CAM use is usually documented in a patient's electronic medical record, there was variation in the availability and use of procedure codes.

Standardization of CAM coding would allow consistent tracking of CAM providers and use for better manpower management, and easier data collection for future comparison studies. Standardization of CAM provider credentialing and privileging would ensure that providers are properly trained and have clear practice requirements.
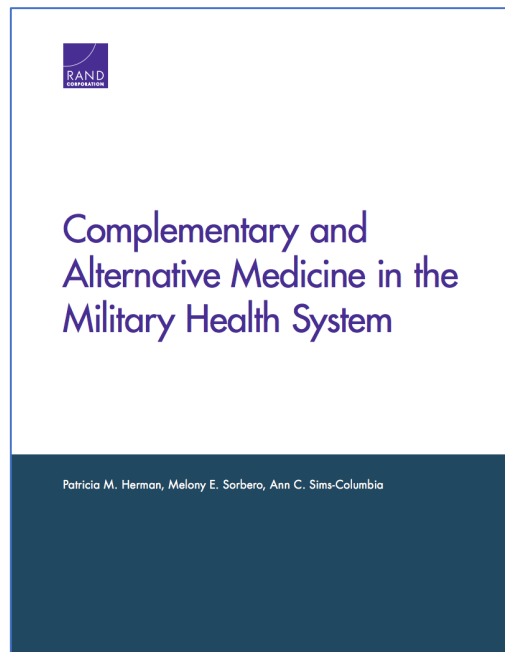
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