

# CDP



## Research Update -- December 21, 2017

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- Post-deployment family violence among UK military personnel.
- Links of Interest
- Resource of the Week: U.S. Department of Defense Mobile Health Practice Guide, 3rd Edition (Defense Health Agency)

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[http://www.journalofsubstanceabusetreatment.com/article/S0740-5472\(17\)30300-8/fulltext](http://www.journalofsubstanceabusetreatment.com/article/S0740-5472(17)30300-8/fulltext)

**Exploration of treatment matching of problem drinker characteristics to motivational interviewing and non-directive client-centered psychotherapy.**

Alexis Kuerbis, Jessica Houser, Svetlana Levak, Sijing Shao, Jon Morgenstern

Journal of Substance Abuse Treatment

Published online: December 09, 2017

DOI: <http://dx.doi.org/10.1016/j.jsat.2017.12.002>

Motivational Interviewing (MI) is a known effective intervention for alcohol use disorder (AUD). MI's mechanisms of action remain inconsistently substantiated, and research in this area has been reliant on identifying relationships through strength of association rather than experimental manipulation of active ingredients. In two previous studies, a pilot and a larger replication study, we disaggregated MI into its hypothesized active

ingredients by creating three conditions: MI, Spirit Only MI (SOMI, in which evocation of change talk was proscribed), and a non-therapy condition (NTC). Results from both studies yielded equivalent findings across all three conditions. In the current analyses, data from both studies were combined to test five participant characteristics as moderators of MI's component parts: 1) severity of baseline drinking, 2) severe AUD (met 6 or more criteria), 3) baseline self-efficacy to moderate drinking, 4) mean daily confidence to resist heavy drinking in the week prior to treatment initiation, and 5) depression. There were no significant findings related to baseline drinking, severe AUD, or baseline self-efficacy. Confidence yielded a significant interaction effect. When participants had high baseline confidence, drinking for those in MI increased compared to those in SOMI. Depression also yielded a significant moderating effect such that in the context of higher depressive symptoms, receipt of either therapy reduced drinking relative to NTC. Results are discussed in light of existing literature on MOBC with MI and the potential role exploring ambivalence may play for participants with particular characteristics.

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<https://www.sciencedirect.com/science/article/pii/S0272735817301460>

### **A review of current evidence regarding the ICD-11 proposals for diagnosing PTSD and complex PTSD.**

Chris R. Brewin, Marylène Cloitre, Philip Hyland, Mark Shevlin, Andreas Maercker, Richard A. Bryant, Asma Humayun, Lynne M. Jones, Ashraf Kagee, Cécile Rousseau, Daya Somasundaram, Yuriko Suzuki, Simon Wessely, Mark van Ommeren, Geoffrey M. Reed

Clinical Psychology Review  
Volume 58, December 2017, Pages 1-15  
<https://doi.org/10.1016/j.cpr.2017.09.001>

The World Health Organization's proposals for posttraumatic stress disorder (PTSD) in the 11th edition of the International Classification of Diseases, scheduled for release in 2018, involve a very brief set of symptoms and a distinction between two sibling disorders, PTSD and Complex PTSD. This review of studies conducted to test the validity and implications of the diagnostic proposals generally supports the proposed 3-factor structure of PTSD symptoms, the 6-factor structure of Complex PTSD symptoms, and the distinction between PTSD and Complex PTSD. Estimates derived from DSM-based items suggest the likely prevalence of ICD-11 PTSD in adults is lower than ICD-

10 PTSD and lower than DSM-IV or DSM-5 PTSD, but this may change with the development of items that directly measure the ICD-11 re-experiencing requirement. Preliminary evidence suggests the prevalence of ICD-11 PTSD in community samples of children and adolescents is similar to DSM-IV and DSM-5. ICD-11 PTSD detects some individuals with significant impairment who would not receive a diagnosis under DSM-IV or DSM-5. ICD-11 CPTSD identifies a distinct group who have more often experienced multiple and sustained traumas and have greater functional impairment than those with PTSD.

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<https://www.sciencedirect.com/science/article/pii/S0272735817301836>

### **Beyond war and PTSD: The crucial role of transition stress in the lives of military veterans.**

Meaghan C.Mobbs, George A.Bonanno

Clinical Psychology Review

Volume 59, February 2018, Pages 137-144

<https://doi.org/10.1016/j.cpr.2017.11.007>

Although only a relatively small minority of military veterans develop Posttraumatic Stress Disorder (PTSD), mental health theory and research with military veterans has focused primarily on PTSD and its treatment. By contrast, many and by some accounts most veterans experience high levels of stress during the transition to civilian life, however transition stress has received scant attention. In this paper we attempt to address this deficit by reviewing the wider range of challenges, rewards, successes, and failures that transitioning veterans might experience, as well as the factors that might moderate these experiences. To illuminate this argument, we briefly consider what it means to become a soldier (i.e., what is required to transition into military service) and more crucially what kind of stressors veterans might experience when they attempt to shed that identity (i.e., what is required to transition out of military service). We end by suggesting how an expanded research program on veteran transition stress might move forward.

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<https://www.sciencedirect.com/science/article/pii/S0272735817301423>

## **Insomnia in United States military veterans: An integrated theoretical model.**

Jaime M. Hughes | Christi S. Ulmer | Jennifer M. Gierisch | S. Nicole Hastings | Matthew O. Howard

Clinical Psychology Review

Volume 59, February 2018, Pages 118-125

<https://doi.org/10.1016/j.cpr.2017.11.005>

Marked by difficulty falling or staying asleep and/or poor sleep leading to daytime dysfunction, insomnia contributes to functional impairment, poor health, and increased healthcare utilization when left untreated. As many as two-thirds of Iraq and Afghanistan military veterans complain of insomnia. Older veterans of prior conflicts report insomnia occurring since initial service, suggesting a chronic nature to insomnia in this population. Despite insomnia's high prevalence and severe consequences, there is no theoretical model to explain either the onset or chronicity of insomnia in this growing patient population. Existing theories view insomnia as an acute, unidirectional phenomenon and do little to elucidate long-term consequences of such problems. Existing theories also fail to address mechanisms by which acute insomnia becomes chronic. This paper presents an original, integrated theoretical model that draws upon constructs from several prominent behavioral medicine theories to reconceptualize insomnia as a chronic, cyclical problem that is both a consequence and predictor of stress. Additional research examining the relationships between stress, sleep, resilience, and outcomes of interest could inform clinical and research practices. Addressing sleep problems early could potentially enhance adaptive capacity, thereby reducing the risk for subsequent negative outcomes.

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<http://onlinelibrary.wiley.com/doi/10.1002/jts.22241/abstract>

## **Disproportionate Mental Health Burden Associated With Past-Year Intimate Partner Violence Among Women Receiving Care in the Veterans Health Administration.**

Dichter, M. E., Sorrentino, A., Bellamy, S., Medvedeva, E., Roberts, C. B. and Iverson, K. M.

Journal of Traumatic Stress

First published: 28 November 2017

DOI: 10.1002/jts.22241

Experience of intimate partner violence (IPV) can lead to mental health conditions, including anxiety, depression, and unhealthy substance use. Women seen in the Veterans Health Administration (VHA) face high rates of both IPV and mental health morbidity. This study aimed to identify associations between recent IPV experience and mental health diagnoses among women VHA patients. We examined medical records data for 8,888 female veteran and nonveteran VHA patients across 13 VHA facilities who were screened for past-year IPV between April, 2014 and April, 2016. Compared with women who screened negative for past-year IPV (IPV-), those who screened positive (IPV+; 8.7%) were more than twice as likely to have a mental health diagnosis, adjusted odds ratio (AOR) = 2.27, 95% confidence interval (CI) [1.95, 2.64]; or more than two mental health diagnoses, AOR = 2.29, 95% CI [1.93, 2.72]). Screening IPV+ was also associated with significantly higher odds of each type of mental health morbidity (AOR range = 1.85–3.19) except psychoses. Over half (53.5%) of the women who screened IPV+ had a mental health diagnosis, compared with fewer than one-third (32.6%) of those who screened IPV-. Each subtype of IPV (psychological, physical, and sexual violence) was significantly associated with having a mental health diagnosis (AOR range = 2.25–2.37) or comorbidity (AOR range = 2.17–2.78). Associations remained when adjusting for military sexual trauma and combat trauma among the veteran subsample. These findings highlight the mental health burden associated with past-year IPV among female VHA patients and underscore the need to address psychological and sexual IPV, in addition to physical violence.

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<http://onlinelibrary.wiley.com/doi/10.1002/jts.22231/abstract>

### **The Complex Trauma Inventory: A Self-Report Measure of Posttraumatic Stress Disorder and Complex Posttraumatic Stress Disorder.**

Justin M. Litvin, Patricia L. Kaminski, Shelley A. Riggs

Journal of Traumatic Stress

First published: 21 November 2017

DOI: 10.1002/jts.22231

The work group revising the criteria for trauma-related disorders in the International Classification of Diseases (ICD-11) made several changes. Specifically, they simplified the criteria for posttraumatic stress disorder (PTSD) and added a new trauma disorder called complex PTSD (CPTSD). These proposed changes to taxonomy require new instruments to assess these novel constructs. We developed a measure of PTSD and CPTSD (the Complex Trauma Inventory; CTI) according to the proposed domains, creating several items to assess each domain. We examined the factor structure of the CTI in two separate samples of diverse college students ( $n_1 = 391$ ;  $n_2 = 391$ ) who reported exposure to at least one traumatic event and at least occasional functional impairment. After reducing the original 50 items in the item pool to 20 items, confirmatory factor analyses supported two highly correlated second-order factors—PTSD and disturbances in self-organization (DSO)—with PTSD (i.e., reexperiencing, avoidance, sense of threat) and DSO (i.e., affect dysregulation, negative self-concept, and disturbances in relationships), each loading on three of the six ICD-11-consistent first-order factors, root mean square error of approximation (RMSEA) = .056, 95% confidence interval (CI) [.048, .064], comparative fit index (CFI) = .956, Tucker-Lewis index (TLI) = .948, standardized root mean square residual (SRMR) = .043, Bayesian information criterion (BIC) = 641.55,  $\chi^2(163) = 361.02$ ,  $p < .001$ . Internal consistencies for PTSD and DSO were good to excellent (Cronbach's  $\alpha$ s = .89 to .92). Supplementary analyses supported the gender invariance of the CFA model, as well as convergent and discriminant validity of the CTI. The validity of the CTI supports the distinction between CPTSD and PTSD. Moreover, the CTI will assist clinicians with diagnosis, symptom tracking, treatment planning, and assessing outcomes.

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<http://onlinelibrary.wiley.com/doi/10.1002/jts.22233/abstract?campaign=wolletoc>

### **The Effect of Sleep Disorders, Sedating Medications, and Depression on Cognitive Processing Therapy Outcomes: A Fuzzy Set Qualitative Comparative Analysis.**

Haynes, P. L., Emert, S. E., Epstein, D., Perkins, S., Parthasarathy, S. and Wilcox, J.

Journal of Traumatic Stress

First published: 21 November 2017

DOI: 10.1002/jts.22233

Cognitive processing therapy (CPT) for posttraumatic stress disorder (PTSD) is an effortful process requiring engagement in cognitive restructuring. Sleep disorders may

lead to avoidance of effortful tasks and cognitive performance deficits. We explored whether sleep disorders, as assessed by polysomnography, were consistently associated with treatment response in combination with other factors. This study included 32 U.S. veterans who were examined both before and after CPT for combat-related PTSD. We employed a novel, case-comparative technique, fuzzy set qualitative comparative analysis (fsQCA), to identify combinations of fuzzy and crisp factors (recipes) that achieve a clinically significant outcome. Approximately one-quarter of cases experiencing clinically significant change were either (a) Vietnam era veterans without sedating medications, moderate sleep disordered breathing, and severe depression; or (b) non-Vietnam era veterans with sedating medications and without severe periodic limb movements (or significant periodic limb movement arousals). Recipes involving the absence of the relevant sleep disorder were associated with the highest coverage values. These results using fsQCA (a) provide valuable information about the heterogeneity of CPT response and (b) suggest that sleep disorders are important factors to consider in theoretical discussions of who responds to CPT for PTSD.

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<http://onlinelibrary.wiley.com/doi/10.1002/jts.22245/abstract>

### **Response to Cognitive Processing Therapy in Veterans With and Without Obstructive Sleep Apnea.**

Mesa, F., Dickstein, B. D., Wooten, V. D. and Chard, K. M.

Journal of Traumatic Stress

First published: 13 November 2017

DOI: 10.1002/jts.22245

Recent studies have called attention to the need for enhancing treatment outcome in trauma-focused psychotherapies, such as cognitive processing therapy (CPT), with veterans. Given the prevalence of posttraumatic-related sleep disturbances, and the role of sleep in emotional learning and processing, sleep quality may be a target for improving CPT outcome. Elevated rates of obstructive sleep apnea (OSA) have been reported in samples of veterans with posttraumatic stress disorder (PTSD); however, the impact of OSA on response to CPT is unclear. In this study, CPT outcome was examined in veterans with and without a diagnosis of OSA. Following chart review, 68 OSA-positive and 276 OSA-negative veterans were identified. Generalized estimating equations were used to compare between-group differences in weekly self-reported



PTSD symptomatology. The OSA-positive veterans reported greater PTSD severity over the course of treatment and at posttreatment compared with veterans without OSA ( $B = -0.657$ ). Additionally, OSA-positive veterans with access to continuous positive airway pressure (CPAP) therapy reported less PTSD severity relative to OSA-positive veterans without access to CPAP ( $B = -0.421$ ). Apnea appears to be a contributing factor to the reduced effectiveness of evidence-based psychotherapy for veterans with PTSD; however, preliminary evidence indicates that CPAP therapy may help mitigate the impact of OSA on treatment outcome.

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<http://journals.sagepub.com/doi/abs/10.1177/0886260517746182>

### **Gender-Specific Risk Factors for Psychopathology and Reduced Functioning in a Post-9/11 Veteran Sample.**

Arielle A. J. Scoglio, MPH, Steven D. Shirk, PhD, Rani A. Hoff, PhD, , Marc N. Potenza, MD, PhD, , Carolyn M. Mazure, PhD, Crystal L. Park, PhD, Sherry A. McKee, PhD, Elizabeth A. Porter, MBA, Shane W. Kraus, PhD

Journal of Interpersonal Violence

First Published December 12, 2017

<https://doi.org/10.1177/0886260517746182>

U.S. combat veterans frequently encounter challenges after returning from deployment, and these challenges may lead to difficulties in psychological and social functioning. Currently, research is limited on gender-related differences within this population, despite female veterans comprising a growing portion of the U.S. military with roles and exposures similar to their male counterparts. Using secondary analysis, we examined 283 returning combat veterans (female = 29.4%) for differences in psychopathology and trauma history. Female veterans were more likely to report a history of sexual trauma than their male counterparts, whereas male veterans were more likely to report greater frequency of gambling in the past year, impulsivity, and hypersexuality. No gender-related differences were identified for depression, anxiety, insomnia, or substance-use disorders, although both men and women veterans had higher rates than those found in the general population. While both male and female combat veterans report various mental health problems as they transition back into civilian life, gender-related differences relating to sexual trauma, hypersexuality, and impulsivity warrant additional investigations with respect to the potential impact they may have on veteran reintegration and treatment.

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<http://journals.sagepub.com/doi/abs/10.1177/1542305017743249>

**Towards a faith-based understanding of moral injury.**

Marek S. Kopacz, Courtney Ducharme, David Ani, Ahmet Atlig

Journal of Pastoral Care & Counseling

Vol 71, Issue 4, pp. 217 - 219

<https://doi.org/10.1177/1542305017743249>

In recent years, the issue of moral injury (MI) has garnered considerable attention, especially as related to the military experiences of Service Members and Veterans. This brief communication is intended to provide an overview of Christian, Jewish, and Islamic understandings of MI. The intent is to draw attention to a faith-based etiology for MI, thereby facilitating dialogue and discussion on the relevance of spiritual and pastoral care to supporting those affected by MI.

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<http://onlinelibrary.wiley.com/doi/10.1111/acps.12843/full>

**Trauma exposure interacts with the genetic risk of bipolar disorder in alcohol misuse of US soldiers.**

Polimanti R, Kaufman J, Zhao H, Kranzler HR, Ursano RJ, Kessler RC, Stein MB, Gelernter J

Acta Psychiatrica Scandinavica

First published: 11 December 2017

DOI: 10.1111/acps.12843

**Objective**

To investigate whether trauma exposure moderates the genetic correlation between substance use disorders and psychiatric disorders, we tested whether trauma exposure modifies the association of genetic risks for mental disorders with alcohol misuse and nicotine dependence (ND) symptoms.

## Methods

High-resolution polygenic risk scores (PRSs) were calculated for 10 732 US Army soldiers (8346 trauma-exposed and 2386 trauma-unexposed) based on genome-wide association studies of bipolar disorder (BD), major depressive disorder, and schizophrenia.

## Results

The main finding was a significant BD PRS-by-trauma interaction with respect to alcohol misuse ( $P = 6.07 \times 10^{-3}$ ). We observed a positive correlation between BD PRS and alcohol misuse in trauma-exposed soldiers ( $r = 0.029$ ,  $P = 7.5 \times 10^{-3}$ ) and a negative correlation in trauma-unexposed soldiers ( $r = -0.071$ ,  $P = 5.61 \times 10^{-4}$ ). Consistent (nominally significant) result with concordant effect, directions were observed in the schizophrenia PRS-by-trauma interaction analysis. The variants included in the BD PRS-by-trauma interaction showed significant enrichments for gene ontologies related to high voltage-gated calcium channel activity (GO:0008331,  $P = 1.51 \times 10^{-5}$ ; GO:1990454,  $P = 4.49 \times 10^{-6}$ ; GO:0030315,  $P = 2.07 \times 10^{-6}$ ) and for Beta1/Beta2 adrenergic receptor signaling pathways ( $P = 2.61 \times 10^{-4}$ ).

## Conclusions

These results indicate that the genetic overlap between alcohol misuse and BD is significantly moderated by trauma exposure. This provides molecular insight into the complex mechanisms that link substance abuse, psychiatric disorders, and trauma exposure.

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<http://www.tandfonline.com/doi/full/10.1080/02699052.2016.1274778>

## **Impact of TBI on caregivers of veterans with TBI: Burden and interventions.**

James F. Malec, Courtney Harold Van Houtven, Terri Tanielian, Adrian Atizado & Michael C. Dorn

### Brain Injury

Vol. 31, Iss. 9, 2017

<https://doi.org/10.1080/02699052.2016.1274778>

### Objectives:

Describe State-of-the-Art in practice and research in caregiving with individuals, specifically, Veterans with traumatic brain injury (TBI) and the implications for current

practice and future research. Sources: Professional literature and personal experience of review panel.

**Main Outcomes:**

Unpaid caregiving for individuals with TBI is most often provided by a spouse, parent or other blood relative; the majority of caregivers are women. Although caregiving can be rewarding, it also may create financial burden and psychological stress. Depression among family caregivers occurs four times more frequently than in the general population. Positive coping can help reduce the impact of stress, and Department of Veterans Affairs (VA) programmes are available to ease financial burden. Group interventions show promise in reinforcing and improving positive coping for both family caregivers and Veterans with TBI.

**Conclusions:**

Identifying the specific needs of caregivers and families of Veterans with TBI and other traumatic injuries, including post-traumatic stress syndrome (PTSD), will require further longitudinal research. Currently available group interventions and programmes appear to benefit injured Veterans and their family caregivers financially and psychologically. Increased understanding of characteristics of quality family caregiving and its long term costs and benefits is likely to lead to additional improvements in these interventions and programmes.

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<http://online.liebertpub.com/doi/abs/10.1089/neu.2017.5141>

**A Retrospective Study of Predictors of Return to Duty vs Medical Retirement in an Active Duty Military Population With Blast-related Mild Traumatic Brain Injury.**

Dr. Philip A Cook, Dr. Thomas M Johnson, Dr. Suzanne G Martin, Prof. Philip R Gerhman, Prof. Seema Bhatnagar, and Dr. James C. Gee

Journal of Neurotrauma.

December 2017, ahead of print

<https://doi.org/10.1089/neu.2017.5141>

Traumatic Brain Injury (TBI), has been described as the “signature injury” of the Global War on Terror. Explosive blast TBI has become a leading cause of injury as a result of the widespread use of improvised explosive devices in Iraq and Afghanistan. We present a retrospective cross-sectional study of patients with blast-related mild TBI

(N=303) seen at the Intrepid Spirit Concussion Recovery Center at Naval Medical Center Camp Lejeune. The objective was to predict outcomes of return to duty (RTD) vs. medical retirement via medical evaluation board (MEB), based on brain imaging, neuropsychological data and history of mTBI. The motivation is to inform prognosis and target resources to improve outcomes for service members who are less likely to RTD through the standard treatment program. Return to duty was operationally defined as individuals who completed treatment and were not recommended for medical retirement or separation for TBI or related sequelae. Higher scores on the Repeatable Battery for Neuropsychological Status (RBANS) test were positively associated with RTD ( $p = 0.001$ ). A history of three or more lifetime concussions was negatively associated with RTD, when compared to one concussion ( $p = 0.04$ ). Elevated apparent diffusion coefficient (ADC) in the anterior corona radiata was negatively associated with RTD ( $p = 0.04$ ). A logistic regression model was used to classify individuals with RBANS and imaging data ( $n=81$ ) as RTD or MEB according to RBANS, ADC, and a history of multiple ( $\geq 3$ ) concussions. RBANS ( $p = 0.003$ ) and multiple concussions ( $p = 0.03$ ) were significant terms in the logistic model, but ADC was not ( $p = 0.27$ ). The area under the ROC curve was 0.77 (95% CI 0.66 - 0.86). These results suggest cognitive testing and TBI history might be used to identify service members who are more likely to be medically retired from active duty.

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<http://psycnet.apa.org/record/2017-54111-013>

### **Barriers and facilitators to mobile application use during PTSD treatment: Clinician adoption of PE coach.**

Reger, G. M., Browne, K. C., Campellone, T. R., Simons, C., Kuhn, E., Fortney, J. C., . . . Reisinger, H. S.

Professional Psychology: Research and Practice  
48(6), 510-517  
<http://dx.doi.org/10.1037/pro0000153>

Providers have many options when considering mobile applications (apps) to potentially incorporate into their practice. PE Coach is a patient-facing mobile app developed to support providers and their patients engaged in prolonged exposure (PE) therapy for posttraumatic stress disorder (PTSD). Little is known about how providers and their patients use the various features of mental health mobile apps, in general, and PE Coach in particular. This article summarizes findings from qualitative semistructured

interviews with 25 PE providers who reported using PE Coach with a total of 450 patients with PTSD. Categories of responses included how providers decided to use PE Coach, aspects and features of PE Coach appreciated, and their perspectives on patient use of the app. Facilitators of PE Coach use included the positive impact of a treatment-companion app on patient perceptions of treatment credibility, the side-by-side collaboration enabled by the app, the consolidation of treatment forms and resources on the patient's phone, and the therapist perceptions of benefits to their patients by app use. Some of the barriers to use included technical challenges, feature differences between the Android and iOS versions of the app, inadequate knowledge of available features, and the lack of an archive of previously completed homework and assessment forms. Results provide useful information about how to better promote the adoption of PE Coach, increase full feature use, improve the app, and could help generate hypotheses for exploring how other behavioral health technologies are used. (PsychINFO Database Record (c) 2017 APA, all rights reserved)

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<http://journals.sagepub.com/doi/abs/10.1177/0145445517747287>

### **The Impact of Experiential Avoidance and Event Centrality in Trauma-Related Rumination and Posttraumatic Stress.**

Lia S. Bishop, Victoria E. Ameral, Kathleen M. Palm Reed

Behavior Modification

Article first published online: December 14, 2017

<https://doi.org/10.1177/0145445517747287>

Cognitive control strategies like rumination often increase posttraumatic stress disorder (PTSD) symptoms. However, extant research has provided equivocal results when attempting to explain why this phenomenon occurs. The current study explored several mechanisms that may clarify such findings. For this study, 193 trauma-exposed community members completed measures of PTSD, rumination, experiential avoidance, and event centrality. Elevated reports of rumination were associated with greater PTSD symptomology, experiential avoidance, and event centrality. Results suggest that rumination indirectly influenced PTSD symptom severity through experiential avoidance. This pattern held true regardless of whether a trauma survivor viewed their reported trauma as central or peripheral to their personal identity. These data suggest that the link between ruminating about a traumatic experience and enhanced PTSD symptomology may be partially explained by increasingly restrictive cognitive patterns

and enhanced avoidance of aversive internal stimuli. Furthermore, they provide preliminary evidence to suggest that rumination and experiential avoidance are strongly associated with one another (and subsequent PTSD symptomology) among trauma survivors, regardless of how central a traumatic event is to an individual's personal narrative. Such findings support clinical interventions like exposure, which progressively support new learning in response to feared or unwanted experiences in service of expanding an individual's cognitive and behavioral repertoires.

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<https://ps.psychiatryonline.org/doi/abs/10.1176/appi.ps.201700190?journalCode=ps>

### **Primary Care–Mental Health Integration in the VA: Shifting Mental Health Services for Common Mental Illnesses to Primary Care.**

Lucinda B. Leung, M.D., Ph.D., Jean Yoon, Ph.D., José J. Escarce, M.D., Ph.D., Edward P. Post, M.D., Ph.D., Kenneth B. Wells, M.D., M.P.H., Catherine A. Sugar, Ph.D., Elizabeth M. Yano, Ph.D., M.S.P.H., Lisa V. Rubenstein, M.D., M.S.P.H.

Psychiatric Services

Published online: December 15, 2017

<https://doi.org/10.1176/appi.ps.201700190>

Objective:

Primary care–mental health integration (PC-MHI) aims to increase access to general mental health specialty (MHS) care for primary care patients thereby decreasing referrals to non-primary care–based MHS services. It remains unclear whether new patterns of usage of MHS services reflect good mental health care. This study examined the relationship between primary care clinic engagement in PC-MHI and use of different MHS services.

Methods:

This was a retrospective longitudinal cohort study of 66,638 primary care patients with mental illnesses in 29 Southern California Veterans Affairs clinics (2008–2013). Regression models used clinic PC-MHI engagement (proportion of all primary care clinic patients who received PC-MHI services) to predict relative rates of general MHS visits and more specialized MHS visits (for example, visits for serious mental illness services), after adjustment for year and clinic fixed effects, other clinic interventions, and patient characteristics.

#### Results:

Patients were commonly diagnosed as having depression (35%), anxiety (36%), and posttraumatic stress disorder (22%). For every 1 percentage point increase in a clinic's PC-MHI engagement rate, patients at the clinic had 1.2% fewer general MHS visits per year ( $p < .001$ ) but no difference in more specialized MHS visits. The reduction in MHS visits occurred among patients with depression ( $-1.1\%$ ,  $p = .01$ ) but not among patients with psychosis; however, the difference between the subsets was not statistically significant.

#### Conclusions:

Primary care clinics with greater engagement in PC-MHI showed reduced general MHS use rates, particularly for patients with depression, without accompanying reductions in use of more specialized MHS services.

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[http://www.ajpmonline.org/article/S0749-3797\(17\)30499-3/fulltext](http://www.ajpmonline.org/article/S0749-3797(17)30499-3/fulltext)

#### **Post-traumatic Stress Disorder by Gender and Veteran Status.**

Keren Lehavot, Jodie G. Katon, Jessica A. Chen, John C. Fortney, Tracy L. Simpson

American Journal of Preventive Medicine

January 2018; Volume 54, Issue 1, Pages e1–e9

DOI: <http://dx.doi.org/10.1016/j.amepre.2017.09.008>

#### Introduction

Population-based data on the prevalence, correlates, and treatment utilization of post-traumatic stress disorder by gender and veteran status are limited. With changes in post-traumatic stress disorder diagnostic criteria in 2013, current information from a uniform data source is needed.

#### Methods

This was a secondary analysis of the 2012–2013 National Epidemiologic Survey on Alcohol and Related Conditions-III, which consisted of in-person interviews that were conducted with a representative sample of U.S. adults. The Alcohol Use Disorder and Associated Disabilities Interview Schedule-DSM-5 Version was used to assess past-year and lifetime post-traumatic stress disorder among veterans ( $n = 3,119$ ) and civilians ( $n = 32,982$ ). Data were analyzed from January to March 2017.



## Results

Adjusting for age and race/ethnicity, women veterans reported the highest rates of lifetime and past-year post-traumatic stress disorder (13.4%, 95% CI=8.8%, 17.9%, and 11.7%, 95% CI=7.1%, 16.4%) compared with women civilians (8.0%, 95% CI=7.4%, 8.6%, and 6.0%, 95% CI=5.5%, 6.6%); men veterans (7.7%, 95% CI=6.5%, 8.8%, and 6.7%, 95% CI=5.7%, 7.8%); and men civilians (3.4%, 95% CI=3.0%, 3.9%, and 2.6%, 95% CI=2.2%, 2.9%). Traumatic event exposure, correlates of lifetime post-traumatic stress disorder, and treatment seeking varied across subgroups. Men and women veterans were more likely than civilians to use a variety of treatment sources, with men civilians being least likely to seek treatment and men veterans exhibiting the longest delay in seeking treatment.

## Conclusions

Post-traumatic stress disorder is a common mental health disorder that varies by gender and veteran status. Women veterans' high rates of post-traumatic stress disorder highlight a critical target for prevention and intervention, whereas understanding treatment barriers for men veterans and civilians is necessary.

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<http://mental.jmir.org/2017/4/e56/>

## **A Mobile Text Message Intervention to Reduce Repeat Suicidal Episodes: Design and Development of Reconnecting After a Suicide Attempt (RAFT).**

Larsen ME, Shand F, Morley K, Batterham PJ, Petrie K, Reda B, Berrouiguet S, Haber PS, Carter G, Christensen H

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## Background:

Suicide is a leading cause of death, particularly among young people. Continuity of care following discharge from hospital is critical, yet this is a time when individuals often lose contact with health care services. Offline brief contact interventions following a suicide attempt can reduce the number of repeat attempts, and text message (short message service, SMS) interventions are currently being evaluated.

### Objective:

The aim of this study was to extend postattempt caring contacts by designing a brief Web-based intervention targeting proximal risk factors and the needs of this population during the postattempt period. This paper details the development process and describes the realized system.

### Methods:

To inform the design of the intervention, a lived experience design group was established. Participants were asked about their experiences of support following their suicide attempt, their needs during this time, and how these could be addressed in a brief contact eHealth intervention. The intervention design was also informed by consultation with lived experience panels external to the project and a clinical design group.

### Results:

Prompt outreach following discharge, initial distraction activities with low cognitive demands, and ongoing support over an extended period were identified as structural requirements of the intervention. Key content areas identified included coping with distressing feelings, safety planning, emotional regulation and acceptance, coping with suicidal thoughts, connecting with others and interpersonal relationships, and managing alcohol consumption.

Conclusions: The RAFT (Reconnecting AFTer a suicide attempt) text message brief contact intervention combines SMS contacts with additional Web-based brief therapeutic content targeting key risk factors. It has the potential to reduce the number of repeat suicidal episodes and to provide accessible, acceptable, and cost-effective support for individuals who may not otherwise seek face-to-face treatment. A pilot study to test the feasibility and acceptability of the RAFT intervention is underway.

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<https://www.ncbi.nlm.nih.gov/pubmed/29254510>

Psychol Med. 2017 Dec 19:1-11. doi: 10.1017/S0033291717003695. [Epub ahead of print]

### **Post-deployment family violence among UK military personnel.**

Kwan J, Jones M, Somaini G, Hull L, Wessely S, Fear NT, MacManus D

## BACKGROUND:

Research into violence among military personnel has not differentiated between stranger- and family-directed violence. While military factors (combat exposure and post-deployment mental health problems) are risk factors for general violence, there has been limited research on their impact on violence within the family environment. This study aims to compare the prevalence of family-directed and stranger-directed violence among a deployed sample of UK military personnel and to explore risk factors associated with both family- and stranger-directed violence.

## METHOD:

This study utilised data from a large cohort study which collected information by questionnaire from a representative sample of randomly selected deployed UK military personnel (n = 6711).

## RESULTS:

The prevalence of family violence immediately following return from deployment was 3.6% and 7.8% for stranger violence. Family violence was significantly associated with having left service, while stranger violence was associated with younger age, male gender, being single, having a history of antisocial behaviour as well as having left service. Deployment in a combat role was significantly associated with both family and stranger violence after adjustment for confounders [adjusted odds ratio (aOR) = 1.92 (1.25-2.94),  $p = 0.003$  and aOR = 1.77 (1.31-2.40),  $p < 0.001$ , respectively], as was the presence of symptoms of post-traumatic stress disorder, common mental disorders and aggression.

## CONCLUSIONS:

Exposure to combat and post-deployment mental health problems are risk factors for violence both inside and outside the family environment and should be considered in violence reduction programmes for military personnel. Further research using a validated measurement tool for family violence would improve comparability with other research.

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## Links of Interest

There's a trick to improving your mood—but you probably don't want to do it  
<https://qz.com/1158110/theres-a-trick-to-improving-your-mood-but-you-probably-dont-want-to-do-it/>

Why I signed the #metoonatsec open letter

<https://warontherocks.com/2017/12/signed-metoonatsec-open-letter/>

Health experts warn concussions present major challenges to military health

<https://www.militarytimes.com/news/pentagon-congress/2017/12/13/health-experts-warn-concussions-present-major-challenges-to-military-health/>

Invisible wound, visible effects: TBIs need medical help – and the sooner, the better

<https://health.mil/News/Articles/2017/12/13/Invisible-wound-visible-effects-TBIs-need-medical-help-and-the-sooner-the-better>

New Army secretary looks to reduce mandatory training, PCS moves

<https://www.armytimes.com/news/your-army/2017/12/14/new-army-secretary-looks-to-reduce-mandatory-training-pcs-moves/>

Veterans groups sue the military for sexual assault records

<https://www.militarytimes.com/news/2017/12/16/veterans-groups-sue-the-military-for-sexual-assault-records/>

This young man is transgender, and ready to enlist Jan. 1

<https://www.militarytimes.com/news/your-military/2017/12/19/this-young-man-is-transgender-and-ready-to-enlist-january-1/>

Pentagon releases detailed policy for recruiting transgender troops

<https://www.stripes.com/news/us/pentagon-releases-detailed-policy-for-recruiting-transgender-troops-1.503307>

VA refutes rumors of a new policy on medical marijuana

<https://www.militarytimes.com/veterans/2017/12/19/va-refutes-rumors-of-a-new-policy-on-medical-marijuana/>

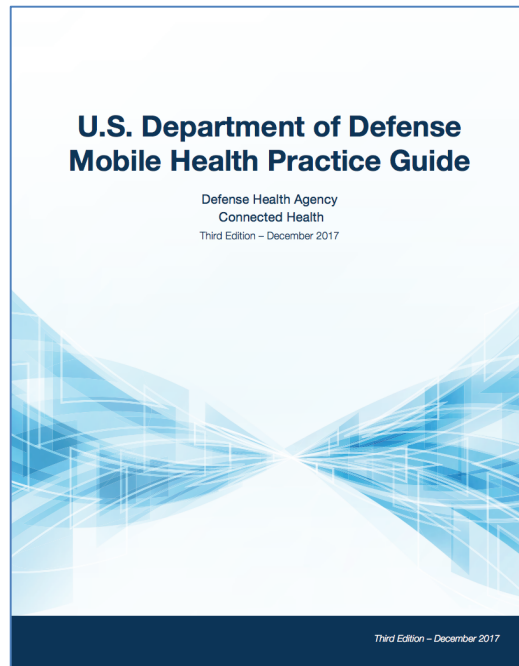
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**Resource of the Week:** [U.S. Department of Defense Mobile Health Practice Guide, 3rd Edition](#) (Defense Health Agency)

Rapid advances in health technologies require clinicians to have a general working knowledge of consumer technologies, specifically mobile health apps, and to understand how these tools are used for patient monitoring, education and treatment.

The U.S. Department of Defense (DoD) Mobile Health Practice Guide offers an overview of mobile health and includes essential tutorials, including how to download mobile apps and incorporate them into clinical settings. The guide is primarily tailored for military health providers but can be used by clinicians across the health care spectrum who diagnose and treat behavioral health conditions, particularly those commonly reported in military treatment settings.

This guide is designed to inform decision-making in clinical settings and describes the five core competencies for integrating mobile technologies into health care (see section II). This guide also serves as a companion resource for clinicians in the DoD Mobile Health Provider Training (MHPT) program, offered by DHA Connected Health. The program aims to improve patient care by educating providers about best practices in mobile health.



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Shirl Kennedy  
Research Editor  
Center for Deployment Psychology  
[www.deploymentpsych.org](http://www.deploymentpsych.org)  
[skennedy@deploymentpsych.org](mailto:skennedy@deploymentpsych.org)  
240-535-3901