



CDP Research Update -- April 9, 2015

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<http://www.ncbi.nlm.nih.gov/pubmed/25830800>

US Army Med Dep J. 2014 Oct-Dec;(4-14):67-72.

Mild Traumatic Brain Injury in the Military: Improving the Referral/Consultation Process.

Watson C

BACKGROUND:

Clinical practice inconsistencies in the identification and referral of patients suspected of mild traumatic brain injury have been identified within primary care clinics in a major military medical center.

OBJECTIVE:

To determine if the use of an overprinted communication tool would improve the referral/consultation process between identified clinics in one Army medical center.

DESIGN:

The consultation/referral process was evaluated following an educational presentation regarding the use of a situation, background, assessment, and recommendation (SBAR) communication form. Data were collected from consultation charts before and after two months of use of the SBAR communication form.

RESULTS:

The communication tool improved capture of dates of injury, prior treatment, history of testing, patient education, and request for therapy.

CONCLUSION:

Findings from this project demonstrated that a communication tool such as the TBI-SBAR would be beneficial for use in primary care clinics.

<http://www.ncbi.nlm.nih.gov/pubmed/25830798>

US Army Med Dep J. 2014 Oct-Dec;(4-14):46-54.

Military Service Member and Veteran Self Reports of Efficacy of Cranial Electrotherapy Stimulation for Anxiety, Posttraumatic Stress Disorder, Insomnia, and Depression.

Kirsch DL, Price LR, Nichols F, Marksberry JA, Platoni KT

Cranial electrotherapy stimulation (CES) is being prescribed for service members and veterans for the treatment of anxiety, posttraumatic stress disorder (PTSD), insomnia and depression. The purpose of this study was to examine service members' and veterans' perceptions of the effectiveness and safety of CES treatment. Service members and veterans (N=1,514) who had obtained a CES device through the Department of Defense or Veterans Affairs Medical Center from 2006-2011 were invited to participate in the web based survey via email. One hundred fifty-two participants returned questionnaires. Data were analyzed using descriptive statistics. Participants reported clinical improvement of 25% or more from using CES for anxiety (66.7%), PTSD (62.5%), insomnia (65.3%) and depression (53.9%). The majority of these participants reported clinical improvement of 50% or more. Respondents also perceived CES to be safe (99.0%). Those individuals who were not taking any prescription medication rated CES more effective than the combined CES and prescription medication group. CES provides service members and veterans with a safe, noninvasive, nondrug, easy to use treatment for anxiety, PTSD, insomnia, and depression that can be used in the clinical setting or self-directed at home.

<http://www.ncbi.nlm.nih.gov/pubmed/25830795>

US Army Med Dep J. 2014 Oct-Dec;(4-14):22-28.

Sleep and the Use of Energy Products in a Combat Environment.

Waits WM, Ganz MB, Schillreff T, Dell PJ.

BACKGROUND:

The use of energy products appears to be widespread among deployed personnel, presumably to combat fatigue and sleep deprivation. However, these products have been associated with unpleasant side effects and adverse events, including insomnia, mood swings, fatigue, cardiac arrest, and even death.

OBJECTIVE:

To quantify the sleep habits and energy products used among deployed service members in Afghanistan from 2010-2011.

METHODS:

Participants completed an anonymous survey querying their demographic information, sleep habits, combat exposure, and energy product use.

RESULTS:

Respondent data: 83% experienced some degree of insomnia; 28% were using a prescription or over-the-counter sleep aid; 81% reported using at least one energy product daily. The most frequently consumed energy products were caffeinated coffee and soda. Only 4 energy products were used more frequently during deployment than prior to deployment: Rip-It, Tiger,

Hydroxycut, and energy drink powders. On average, respondents who increased their use consumed only 2 more servings per week during deployment than they had prior to deployment. Only degree of combat exposure, not quantity of energy products consumed, predicted degree of insomnia.

CONCLUSION:

Energy product consumption by service members during deployment was not dramatically different than predeployment and was not associated with insomnia.

<http://www.ncbi.nlm.nih.gov/pubmed/25826354>

Mil Med. 2015 Apr;180(4):475-82. doi: 10.7205/MILMED-D-14-00197.

Adherence to positive airway pressure therapy in U.S. Military personnel with sleep apnea improves sleepiness, sleep quality, and depressive symptoms.

Mysliwiec V, Capaldi VF 2nd, Gill J, Baxter T, O'Reilly BM, Matsangas P, Roth BJ

OBJECTIVES:

Obstructive sleep apnea (OSA) is frequently diagnosed in U.S. military personnel. OSA is associated with sleepiness, poor sleep quality, and service-related illnesses of insomnia, depression, post-traumatic stress disorder, and traumatic brain injury.

METHODS:

Observational study of active duty military personnel with OSA and adherence to positive airway pressure (PAP) assessed with smart chip technology.

RESULTS:

58 men with mean age 36.2 ± 7.7 years, mean body mass index 31.4 ± 3.7 with mean apnea-hypopnea index (AHI) 19.1 ± 19.0 are reported. 23 (39.7%) participants were adherent to PAP, and 35 (60.3%) were nonadherent. No significant differences in baseline demographics, apnea-hypopnea index, service-related illnesses, or clinical instrument scores. Military personnel adherent to PAP had significantly improved sleepiness ($p = 0.007$), sleep quality ($p = 0.013$), depressive symptoms ($p = 0.01$), energy/fatigue ($p = 0.027$), and emotional well-being ($p = 0.024$). Participants with moderate-severe OSA were more likely to be in the adherent group when compared with participants diagnosed with mild OSA.

CONCLUSIONS:

Military personnel with OSA have low adherence to PAP. Adherence is associated with improved depressive symptoms, sleepiness, sleep quality, energy/fatigue, emotional well-being,

and social functioning. Future research should focus on interventions to improve the management of OSA in military personnel.

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<http://www.ncbi.nlm.nih.gov/pubmed/25826347>

Mil Med. 2015 Apr;180(4):419-27. doi: 10.7205/MILMED-D-14-00335.

Overview of depression, post-traumatic stress disorder, and alcohol misuse among active duty service members returning from Iraq and Afghanistan, self-report and diagnosis.

Mustillo SA, Kysar-Moon A, Douglas SR, Hargraves R, Wadsworth SM, Fraine M, Frazer NL

Previous studies have found deployment to combat areas to be associated with an increased risk of post-traumatic stress disorder (PTSD), depression, and alcohol abuse, but many previous studies were limited by samples that were not representative of the deployed military as a whole. This study presents an overview of these three mental health problems associated with deployment among Air Force, Army, Marine Corp, and Navy service members returning from deployment to Iraq and Afghanistan between January 2007 and March 2008. With postdeployment health data on over 50,000 service men and women, including diagnostic information, we were able to estimate prevalence of those who screened positive for risk of each disorder in self-report data at two time points, as well as prevalence of diagnoses received during health care encounters within the military health care system. The prevalence ranges of the three disorders were consistent with previous studies using similar measures, but service members in the Navy had higher rates of screening positive for all three disorders and higher prevalence of depression and PTSD diagnoses compared to the other branches. Further, PTSD risk was higher for service members returning from Afghanistan compared to Iraq, in contrast to previous findings. Reprint & Copyright © 2015 Association of Military Surgeons of the U.S.

<http://www.ncbi.nlm.nih.gov/pubmed/25823634>

Am J Addict. 2015 Jan;24(1):39-46. doi: 10.1111/ajad.12170.

Post-traumatic stress disorder symptoms, underlying affective vulnerabilities, and smoking for affect regulation.

Mathew AR, Cook JW, Japuntich SJ, Leventhal AM

BACKGROUND AND OBJECTIVES:

Post-traumatic stress disorder (PTSD) is overrepresented among cigarette smokers. It has been hypothesized that those with PTSD smoke to alleviate negative affect and counteract deficient positive affect commonly associated with the disorder; however, limited research has examined associations between PTSD symptoms, smoking motives, and affective vulnerability factors. In the current study, we examined (1) whether PTSD symptoms were associated with positive reinforcement and negative reinforcement smoking motives; and (2) whether two affective vulnerability factors implicated in PTSD-anxiety sensitivity and anhedonia-mediated relationships between PTSD symptoms and smoking motives.

METHODS:

Data were drawn from a community sample of non-treatment-seeking smokers recruited without regard for trauma history (N = 342; 10+ cig/day). We used the Posttraumatic Stress Disorder Checklist-Civilian Version (PCL-C) to assess overall PTSD symptom severity as well as individual PTSD subfactors.

RESULTS:

Overall, PTSD symptom severity was significantly associated with negative reinforcement, but not positive reinforcement, smoking motives. Variation in anxiety sensitivity significantly mediated the relation between PTSD symptom severity and negative reinforcement smoking motives, whereas anhedonia did not. Regarding PTSD subfactors, emotional numbing was the only PTSD subfactor associated with smoking rate, while re-experiencing symptoms were uniquely associated with both positive reinforcement and negative reinforcement smoking motives.

CONCLUSIONS AND SCIENTIFIC SIGNIFICANCE:

Findings suggest that anxiety sensitivity may be an important feature associated with PTSD that enhances motivation to smoke for negative reinforcement purposes. Smoking cessation interventions that alleviate anxiety sensitivity and enhance coping with negative affect may be useful for smokers with elevated PTSD symptoms. (Am J Addict 2015;24:39-46).

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<http://www.tandfonline.com/doi/full/10.1080/15402002.2014.880344>

Sleep Diaries of Vietnam War Veterans With Chronic PTSD: The Relationships Among Insomnia Symptoms, Psychosocial Stress, and Nightmares.

Philip R. Gehrman , Gerlinde C. Harb , Joan M. Cook , Holly Barilla , Richard J. Ross

Behavioral Sleep Medicine

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DOI:10.1080/15402002.2014.880344

Impaired sleep and nightmares are known symptoms of posttraumatic stress disorder (PTSD) in the veteran population. In order to assess prospectively the sleep disturbances in this population, sleep diaries are an effective way to obtain information over an extended period of time. In this investigation, a sample of veterans (N = 105) completed daily sleep diaries for a 6-week period. Greater PTSD severity and nightmare-related distress were correlated with more awakenings, shorter duration of sleep, longer sleep latency, and greater frequency of nightmares. Perceived frequency of daytime stressors was associated with an increased number of nightmares, nightmare-related distress, and longer sleep latency. The use of sleep diaries in future investigations may allow targeted treatments for veteran populations with PTSD and sleep disturbances.

<http://www.ncbi.nlm.nih.gov/pubmed/24622505>

J Int Neuropsychol Soc. 2014 Mar;20(3):249-61. doi: 10.1017/S1355617714000204.

Factors associated with mild traumatic brain injury in veterans and military personnel: a systematic review.

O'Neil ME, Carlson KF, Storzbach D, Brenner LA, Freeman M, Quiñones AR, Motu'apuaka M, Kansagara D.

A history of mild traumatic brain injury (mTBI) is common among military members who served in Operations Enduring Freedom, Iraqi Freedom, and New Dawn (OEF/OIF/OND). We completed a systematic review to describe the cognitive, mental health, physical health, functional, social, and cost consequences of mTBI in Veteran and military personnel. Of 2668 reviewed abstracts, the 31 included studies provided very low strength evidence for the questions of interest. Cognitive, physical, and mental health symptoms were commonly reported by Veterans/military members with a history of mTBI. On average, these symptoms were not significantly more common in those with a history of mTBI than in those without, although a lack of significant mean differences does not preclude the possibility that some individuals could experience substantial effects related to mTBI history. Evidence of potential risk or protective factors moderating mTBI outcomes was unclear. Although the overall strength of evidence is very low due to methodological limitations of included studies, our findings are consistent with civilian studies. Appropriate re-integration services are needed to address common comorbid conditions, such as treatment for post-traumatic stress disorder, substance use disorders, headaches, and other difficulties that Veterans and members of the military may experience after deployment regardless of mTBI history.

<http://archpsyc.jamanetwork.com/article.aspx?articleid=2211891>

Risk of Suicide Among US Military Service Members Following Operation Enduring Freedom or Operation Iraqi Freedom Deployment and Separation From the US Military.

Mark A. Reger, PhD; Derek J. Smolenski, MPH, PhD; Nancy A. Skopp, PhD; Melinda J. Metzger-Abamukang, BS; Han K. Kang, DrPH; Tim A. Bullman, MA; Sondra Perdue, DrPH; Gregory A. Gahm, PhD

JAMA Psychiatry

April 01, 2015

doi:10.1001/jamapsychiatry.2014.3195

Importance

A pressing question in military suicide prevention research is whether deployment in support of Operation Enduring Freedom or Operation Iraqi Freedom relates to suicide risk. Prior smaller studies report differing results and often have not included suicides that occurred after separation from military service.

Objective

To examine the association between deployment and suicide among all 3.9 million US military personnel who served during Operation Enduring Freedom or Operation Iraqi Freedom, including suicides that occurred after separation.

Design, Setting, and Participants

This retrospective cohort design used administrative data to identify dates of deployment for all service members (October 7, 2001, to December 31, 2007) and suicide data (October 7, 2001, to December 31, 2009) to estimate rates of suicide-specific mortality. Hazard ratios were estimated from time-dependent Cox proportional hazards regression models to compare deployed service members with those who did not deploy.

Main Outcomes and Measures

Suicide mortality from the Department of Defense Medical Mortality Registry and the National Death Index.

Results

Deployment was not associated with the rate of suicide (hazard ratio, 0.96; 99% CI, 0.87-1.05). There was an increased rate of suicide associated with separation from military service (hazard ratio, 1.63; 99% CI, 1.50-1.77), regardless of whether service members had deployed or not. Rates of suicide were also elevated for service members who separated with less than 4 years of military service or who did not separate with an honorable discharge.

Conclusions and Relevance

Findings do not support an association between deployment and suicide mortality in this cohort. Early military separation (<4 years) and discharge that is not honorable were suicide risk factors.

<http://www.sciencedirect.com/science/article/pii/S1087079214001476>

Herbal medicine for insomnia: A systematic review and meta-analysis.

Matthew J. Leach, Amy T. Page

Sleep Medicine Reviews

Volume 24, December 2015, Pages 1–12

doi:10.1016/j.smr.2014.12.003

Insomnia is a prevalent sleep disorder that can profoundly impact a person's health and wellbeing. Herbal medicine represents one of the most frequently used complementary and alternative treatments of insomnia. However, the safety and efficacy of herbal medicine for the treatment of this disorder is currently uncertain. In order to ascertain the evidence base for herbal medicine for insomnia, we systematically searched seventeen electronic databases and the reference lists of included studies for relevant randomised controlled trials (RCTs). Fourteen RCTs, involving a total of 1602 participants with insomnia, met the inclusion criteria. Four distinct orally administered herbal monopreparations were identified (i.e., valerian, chamomile, kava and wuling). There was no statistically significant difference between any herbal medicine and placebo, or any herbal medicine and active control, for any of the thirteen measures of clinical efficacy. As for safety, a similar or smaller number of adverse events per person were reported with kava, chamomile and wuling when compared with placebo. By contrast, a greater number of events per person were reported with valerian. While there is insufficient evidence to support the use of herbal medicine for insomnia, there is a clear need for further research in this area.

<http://www.sciencedirect.com/science/article/pii/S1087079214000720>

Sleep and exercise: A reciprocal issue?

Mounir Chennaoui, Pierrick J. Arnal, Fabien Sauvet, Damien Léger

Sleep Medicine Reviews

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doi:10.1016/j.smr.2014.06.008

Sleep and exercise influence each other through complex, bilateral interactions that involve multiple physiological and psychological pathways. Physical activity is usually considered as beneficial in aiding sleep although this link may be subject to multiple moderating factors such as sex, age, fitness level, sleep quality and the characteristics of the exercise (intensity, duration, time of day, environment). It is therefore vital to improve knowledge in fundamental physiology in order to understand the benefits of exercise on the quantity and quality of sleep in healthy subjects and patients.

Conversely, sleep disturbances could also impair a person's cognitive performance or their capacity for exercise and increase the risk of exercise-induced injuries either during extreme and/or prolonged exercise or during team sports.

This review aims to describe the reciprocal fundamental physiological effects linking sleep and exercise in order to improve the pertinent use of exercise in sleep medicine and prevent sleep disorders in sportsmen.

<http://www.sciencedirect.com/science/article/pii/S1087079215000301>

Towards standardisation and improved understanding of sleep restriction therapy for insomnia disorder: A systematic examination of CBT-I trial content.

Simon D. Kyle, Maria Raisa Jessica Aquino, Christopher B. Miller, Alasdair L. Henry, Megan R. Crawford, Colin A. Espie, Arthur J. Spielman

Sleep Medicine Reviews

Volume 23, October 2015, Pages 83–88

doi:10.1016/j.smr.2015.02.003

Sleep restriction therapy is a core element of contemporary cognitive-behavioural therapy for insomnia and is also effective as a single-component therapeutic strategy. Since its original description, sleep restriction therapy has been applied in several different ways, potentially limiting understanding of key therapeutic ingredients, mode of action, evidence synthesis, and clinical implementation. We sought to examine the quality of reporting and variability in the application of sleep restriction therapy within the context of insomnia intervention trials. Systematic literature searches revealed 88 trials of cognitive-behavioural therapy/sleep restriction therapy that met pre-defined inclusion/exclusion criteria. All papers were coded in relation to their description of sleep restriction therapy procedures. Findings indicate that a large proportion of papers (39%) do not report any details regarding sleep restriction therapy parameters and, for those papers that do, variability in implementation is present at every level (sleep window generation, minimum time-in-bed, sleep efficiency titration criteria, and positioning of sleep window). Only 7% of papers reported all parameters of sleep restriction

treatment. Poor reporting and variability in the application of sleep restriction therapy may hinder progress in relation to evidence synthesis, specification of mechanistic components, and refinement of therapeutic procedures for patient benefit. We set out guidelines for the reporting of sleep restriction therapy as well as a research agenda aimed at advancing understanding of sleep restriction therapy.

<http://www.sciencedirect.com/science/article/pii/S1087079214001312>

Cognitive behavioral therapy in persons with comorbid insomnia: A meta-analysis.

Jeanne M. Geiger-Brown, Valerie E. Rogers, Wen Liu, Emilie M. Ludeman, Katherine D. Downton, Montserrat Diaz-Abad

Sleep Medicine Reviews

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doi:10.1016/j.smr.2014.11.007

Cognitive behavioral therapy for insomnia (CBT-I) is effective for treatment of primary insomnia. There has been no synthesis of studies quantifying this effect on insomnia comorbid with medical and psychiatric disorders using rigorous selection criteria. The objective of this study was to quantify the effect of CBT-I in studies including patients with medical or psychiatric disorders. Studies were identified from 1985 through February 2014 using multiple databases and bibliography searches. Inclusion was limited to randomized controlled trials of CBT-I in adult patients with insomnia diagnosed using standardized criteria, who additionally had a comorbid medical or psychiatric condition. Twenty-three studies including 1379 patients met inclusion criteria. Based on weighted mean differences, CBT-I improved subjective sleep quality post-treatment, with large treatment effects for the insomnia severity index and Pittsburgh sleep quality index. Sleep diaries showed a 20 min reduction in sleep onset latency and wake after sleep onset, 17 min improvement in total sleep time, and 9% improvement in sleep efficiency post-treatment, similar to findings of meta-analyses of CBT-I in older adults. Treatment effects were durable up to 18 mo. Results of actigraphy were similar to but of smaller magnitude than subjective measures. CBT-I is an effective, durable treatment for comorbid insomnia.

<http://www.sciencedirect.com/science/article/pii/S108707921400121X>

Posttraumatic stress disorder and sleep-disordered breathing: a review of comorbidity research.

Barry J. Krakow, Victor A. Ulibarri, Bret A. Moore, Natalia D. McIver

Posttraumatic stress disorder (PTSD) and sleep-disordered breathing (SDB) are common disorders, but limited data address their co-morbidity. Emerging research indicates PTSD and SDB may co-occur more frequently than expected and may impact clinical outcomes. This review describes historical developments that first raised suspicions for a co-morbid relationship between PTSD and SDB, including barriers to the recognition and diagnosis of this co-morbidity. Objective diagnostic data from polysomnography studies in PTSD patients reveal widely varying prevalence rates for co-morbidity (0–90%). Use of standard, recommended technology (nasal cannula pressure transducer) versus older, less reliable technology (thermistor/thermocouple) appears to have influenced objective data acquisition and therefore SDB rates in sleep studies on PTSD patients. Studies using higher quality respiratory sensors demonstrated the highest prevalence of SDB in PTSD patients. Clinical relevance, theoretical models and research recommendations are discussed. The lack of widely acknowledged, tested, or proven explanatory models and pathophysiological mechanisms to understand the relationship between these two disorders may prove formidable barriers to further investigations on prevalence and clinical relevance, albeit both conditions are associated with waking or sleeping hyperarousal activity, which may inform future studies.

<http://www.sciencedirect.com/science/article/pii/S1087079214000744>

Self-help cognitive-behavioral therapy for insomnia: A meta-analysis of randomized controlled trials.

Fiona Yan-Yee Ho, Ka-Fai Chung, Wing-Fai Yeung, Tommy H. Ng, Ka-Shing Kwan, Kam-Ping Yung, Sammy K. Cheng

Sleep Medicine Reviews
Volume 19, February 2015, Pages 17–28
doi:10.1016/j.smr.2014.06.010

Self-help cognitive-behavioral therapy (CBT) is an increasingly popular treatment option for insomnia. The objective of this meta-analysis was to compile an up-to-date evaluation on the efficacy, adherence, acceptability and dropout rate of self-help CBT for insomnia. We systematically searched six key electronic databases up until May 2013. Two researchers independently selected relevant publications, extracted data, and evaluated methodological quality according to the Cochrane criteria. Twenty randomized controlled trials were included; 10 of which were published after the last review up until January 2007. Meta-analysis of self-help CBT vs. waiting-list, routine care or no treatment was performed. Results showed that self-help CBT improved sleep, sleep-related cognitions and anxiety and depressive symptoms.

Effect sizes for sleep-diary-derived sleep efficiency, sleep onset latency, and wake after sleep onset at immediate posttreatment were 0.80, 0.66, and 0.55, respectively. The average dropout rate of self-help CBT at immediate posttreatment was 14.5%, which was not significantly different from the 16.7% in therapist-administered CBT. Subgroup analyses supported the added benefit of telephone consultation. In conclusion, self-help CBT is efficacious and acceptable as an entry level of a stepped care model for insomnia. In places where face-to-face treatments are unavailable or too costly, self-help CBT can be considered as a compromise.

<http://www.sciencedirect.com/science/article/pii/S1087079214000483>

A meta-analysis of group cognitive behavioral therapy for insomnia.

Erin A. Koffel, Jonathan B. Koffel, Philip R. Gehrman

Sleep Medicine Reviews

Volume 19, February 2015, Pages 6–16

doi:10.1016/j.smr.2014.05.001

Insomnia is the most common sleep disorder among the general population. Although cognitive behavioral therapy for insomnia (CBT-I) is the psychological treatment of choice, the availability of individual therapy is often not sufficient to meet the demand for treatment. Group treatment can increase the efficiency of delivery, but its efficacy has not been well-established. Randomized controlled trials (RCTs) comparing group CBT-I to a control group in patients with insomnia were identified. A review of 670 unique citations resulted in eight studies that met criteria for analysis. Outcome variables included both qualitative (e.g., sleep quality) and quantitative (e.g., sleep diary) outcomes, as well as depression and pain severity, at both pre- to post-treatment and follow-up (3–12 mo post-treatment). Overall, we found medium to large effect sizes for sleep onset latency, sleep efficiency, and wake after sleep onset and small effect sizes for pain outcomes. Effect sizes remained significant at follow-up, suggesting that treatment gains persist over time. Other variables, including total sleep time, sleep quality, and depression, showed significant improvements, but these findings were limited to the within treatment group analyses. It is clear that group CBT-I is an efficacious treatment. Implications for stepped care models for insomnia are discussed.

<http://www.sciencedirect.com/science/article/pii/S1087079215000209>

Trauma-Induced Insomnia: A Novel Model for Trauma and Sleep Research.

Smit S. Sinha, MD

Traumatic events have been increasingly recognized as important precipitants of clinically significant insomnia. Trauma is an extreme form of stressful life event that generates a sustained neurobiological response triggering the onset and maintenance of insomnia. Trauma may disrupt the normal sleep-wake regulatory mechanism by sensitizing the central nervous system's arousal centers, leading to pronounced central and physiological hyperarousal. The central concept of hyperarousal has been linked to both the pathogenesis of insomnia and to the neurobiological changes in the aftermath of traumatic events, and may be a neurobiological commonality underlying trauma and insomnia. This paper reviews evidence for trauma-induced insomnia and highlights its emergence as an important clinical and neurobiological entity. The production of insomnia by trauma may occur in the absence of full-blown PTSD, and may also be a precursor of subsequent PTSD development. Converging lines of evidence from the neuroscience of insomnia with the neurobiology and psychophysiology of stress, fear, trauma and PTSD will be integrated to advance understanding of the condition. Preclinical and clinical stress and fear paradigms have informed the neurobiological pathways mediating the production of insomnia by trauma. Elucidating the underlying neurobiological substrates can establish novel biological markers to identify persons at risk for the condition, and help optimize treatment of the trauma-insomnia interface. Early identification and treatment of insomnia in the posttraumatic period may prevent the development of PTSD, as well as other important sequelae linked to insomnia such as depression, substance dependence, and other medical conditions.

<http://onlinelibrary.wiley.com/doi/10.1002/jts.21992/abstract>

Military Sexual Assault, Gender, and PTSD Treatment Outcomes of U.S. Veterans.

Tiet, Q. Q., Leyva, Y. E., Blau, K., Turchik, J. A. and Rosen, C. S.

Journal of Traumatic Stress
Article first published online: 2 APR 2015
DOI: 10.1002/jts.21992

This study examined whether gender and military sexual assault (MSA) were associated with psychiatric severity differences at initiation of treatment for posttraumatic stress disorder (PTSD) and whether MSA and gender predicted psychiatric treatment outcomes. Male ($n = 726$) and female ($n = 111$) patients were recruited from 7 U.S. Department of Veterans Affairs (VA) PTSD specialty intensive treatment programs and completed an intake survey; 69% ($n = 574$) of the participants completed a 4-month postdischarge follow-up survey. Measures included current PTSD and depressive symptoms, aggressive/violent behaviors, alcohol and drug use severity, and quality of life. Multilevel multivariate regression analyses were conducted to examine the

main and interaction effects of gender and MSA on psychiatric treatment outcomes at 4-month follow-up, including demographics, baseline severity, hostile fire, and treatment length of stay. Baseline PTSD severity did not differ by gender or MSA status, but women had more severe depressive symptoms ($d = 0.40$) and less aggressive/violent symptoms ($d = -0.46$) than men. Gender, MSA status, and the interaction between gender and MSA did not predict treatment outcomes as hypothesized. Male and female veterans with and without MSA responded equally well to treatment in VA PTSD intensive treatment programs.

<http://onlinelibrary.wiley.com/doi/10.1002/jts.22000/abstract>

The Neurocognitive Performance of Female Veterans With Posttraumatic Stress Disorder.

Stricker, N. H., Keller, J. E., Castillo, D. T. and Haaland, K. Y.

Journal of Traumatic Stress

Article first published online: 2 APR 2015

DOI: 10.1002/jts.22000

Neurocognitive problems are common with posttraumatic stress disorder (PTSD) and are important to understand because of their association with the success of PTSD treatment and its potential neural correlates. To our knowledge, this is the first neurocognitive study in an all-female U.S. veteran sample, some of whom had PTSD. We examined neurocognitive performance and assessed whether learning deficits, common in PTSD, were associated with executive functioning. Veterans with PTSD ($n = 56$) and without ($n = 53$) were evaluated for psychiatric and neurocognitive status. The PTSD group had a lower estimated IQ ($d = 0.53$) and performed more poorly on all neurocognitive domains (d range = $0.57-0.88$), except verbal retention ($d = 0.04$). A subset of the 2 groups that were matched on IQ and demographics similarly demonstrated poorer performance for the PTSD group on all neurocognitive domains (d range = $0.52-0.79$), except verbal retention ($d = 0.15$). Within the PTSD group, executive functioning accounted for significant variance in verbal learning over and above IQ and processing speed ($\Delta R^2 = .06$), as well as depression ($\Delta R^2 = .07$) and PTSD severity ($\Delta R^2 = .06$). This study demonstrated that female veterans with PTSD performed more poorly than females without PTSD on several neurocognitive domains, including verbal learning, processing speed, and executive functioning. Replication of these results using a control group of veterans with more similar trauma exposure, history of mild traumatic brain injury, and psychiatric comorbidities would solidify these findings.

<http://publications.amsus.org/doi/abs/10.7205/MILMED-D-14-00197>

Adherence to Positive Airway Pressure Therapy in U.S. Military Personnel With Sleep Apnea Improves Sleepiness, Sleep Quality, and Depressive Symptoms.

COL Vincent Mysliwiec, MC USA; MAJ Vincent F. Capaldi II, MC USA; Jessica Gill, PhD; Tristin Baxter, AAS; MAJ Brian M. O'Reilly, MC USA; Panagiotis Matsangas, PhD; Bernard J. Roth, MD

Military Medicine

Volume 180 Issue 4, April 2015, pp. 475-482

DOI: <http://dx.doi.org/10.7205/MILMED-D-14-00197>

Objectives:

Obstructive sleep apnea (OSA) is frequently diagnosed in U.S. military personnel. OSA is associated with sleepiness, poor sleep quality, and service-related illnesses of insomnia, depression, post-traumatic stress disorder, and traumatic brain injury.

Methods:

Observational study of active duty military personnel with OSA and adherence to positive airway pressure (PAP) assessed with smart chip technology.

Results:

58 men with mean age 36.2 ± 7.7 years, mean body mass index 31.4 ± 3.7 with mean apnea-hypopnea index (AHI) 19.1 ± 19.0 are reported. 23 (39.7%) participants were adherent to PAP, and 35 (60.3%) were nonadherent. No significant differences in baseline demographics, apnea-hypopnea index, service-related illnesses, or clinical instrument scores. Military personnel adherent to PAP had significantly improved sleepiness ($p = 0.007$), sleep quality ($p = 0.013$), depressive symptoms ($p = 0.01$), energy/fatigue ($p = 0.027$), and emotional well-being ($p = 0.024$). Participants with moderate-severe OSA were more likely to be in the adherent group when compared with participants diagnosed with mild OSA.

Conclusions:

Military personnel with OSA have low adherence to PAP. Adherence is associated with improved depressive symptoms, sleepiness, sleep quality, energy/fatigue, emotional well-being, and social functioning. Future research should focus on interventions to improve the management of OSA in military personnel.

<http://publications.amsus.org/doi/abs/10.7205/MILMED-D-14-00101>

A Population-Based Cross-Sectional Study Comparing Depression and Health Service Deficits Between Rural and Nonrural U.S. Military Veterans.

Kristina A. Dittrich , PharmD; M. Nawal Lutfiyya , PhD, FACE; Catherine J. Kucharyski , PharmD; John T. Grygelko , PharmD; Cassandra L. Dillon , PharmD; Taylor J. Hill , PharmD; Matthew P. Rioux , PharmD; Krista L. Huot , PharmD

Volume 180 Issue 4, April 2015, pp. 428-435

DOI: <http://dx.doi.org/10.7205/MILMED-D-14-00101>

With involvement in two wars over the past decade, there has been a documented increase in depression prevalence and suicide incidence among U.S. military veterans. Because higher proportions of veterans come from rural communities, access to care may be an issue when behavioral health care is needed. Although the Veterans Administration has expanded health services in rural areas, this has not always resulted in increased service utilization. This study examined the prevalence of depression and associated health service deficits (HSDs) for rural versus nonrural U.S. military veterans. Using bivariate and multivariate techniques, 2006 Behavioral Risk Factor Surveillance System data were analyzed. Bivariate analysis revealed that rural veterans had greater odds of having at least one HSD, being currently depressed as measured by the Personal Health Questionnaire-8, and having lifetime depression. Logistic regression analysis confirmed that rural veterans had higher odds of both current and lifetime depression than nonrural veterans when controlling for socioeconomic status and race/ethnicity. Additionally, logistic regression analysis also revealed that rural veterans with current depression had higher odds of being Hispanic or Other/Multiracial than Caucasian, not employed for wages than employed for wages, <65 years of age, and reported having at least one HSD.

<http://www.sciencedirect.com/science/article/pii/S0165178115001572>

The association of military and premilitary sexual trauma with risk for suicide ideation, plans, and attempts.

Craig J. Bryan, AnnaBelle O. Bryan, Tracy A. Clemans

Psychiatry Research

Available online 1 April 2015

doi:10.1016/j.psychres.2015.01.030

Military sexual trauma is a strong predictor of psychiatric disorders and negative health outcomes among military personnel and veterans, but little is known about its relationship with suicide risk. The current study investigates the association of military sexual trauma with suicide risk among 464 U.S. military personnel and veterans enrolled in college classes. Results indicate that premilitary sexual assault was associated with significantly increased risk for later suicide ideation, plans, and attempts during military service. Unwanted sexual experiences

occurring during military service was associated with significantly increased risk for suicide ideation and suicide plans for male participants. When considered simultaneously, premilitary sexual trauma showed relatively stronger associations with suicide risk among women whereas military sexual trauma showed relatively stronger associations with suicide risk among men. Results suggest differences in the relation of sexual trauma to suicide risk among male and female military personnel and veterans.

<http://www.karger.com/Article/Abstract/369508>

Social Determinants of Cigarette Smoking.

Upton D.

Loddenkemper R, Kreuter M (eds): The Tobacco Epidemic, ed 2, rev. and ext. Prog Respir Res. Basel, Karger, 2015, vol 42, pp 181-198
(DOI:10.1159/000369508)

As the tobacco epidemic has evolved, within countries and between them, tobacco dependence has become more stratified, increasingly affecting those less advantaged. Rates of illness and premature death are considerably higher for those in lower socioeconomic strata in most countries; much of that disparity is due to higher rates of smoking cigarettes. Disadvantage appears to be cumulative, with smoking rates over 60% for some groups with multiple attributes of risk. Those risks include mental illness, lower economic status and educational level, homelessness, disability, incarceration, military experience and some racial, ethnic and sexual minority identities. Some individuals are more susceptible to the harmful effects of tobacco because of genetic or environmental risk factors and/or comorbid conditions. It is highly likely that the changing face of the epidemic, from one affecting the population as a whole to one that affects specific segments, is a major contributor to health inequalities worldwide. Aggressive marketing by the tobacco industry has largely driven the high rates of tobacco dependence by people who lack advantage. Limited coping mechanisms to deal with high levels of stress and variations in the social acceptability of smoking contribute to the disparities. Marginalized groups have been disenfranchised from clinical research, as well as from society. Further study is needed, especially in methods to treat tobacco dependence. Action is of the utmost importance. There is good evidence that public health strategies work. Broad implementation of the tenets of the World Health Organization Framework Convention on Tobacco Control is needed to decrease the scourge of tobacco dependence worldwide.

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<http://www.sciencedirect.com/science/article/pii/S0191886915002123>

Personality and trauma-related risk factors for traumatic exposure and for posttraumatic stress symptoms (PTSS): A three-year prospective study.

Sharon Gil

Personality and Individual Differences
Volume 83, September 2015, Pages 1–5
doi:10.1016/j.paid.2015.03.034

The aim of this prospective study was twofold: (1) to examine the role of pre-traumatic personality variables in the risk for exposure to trauma, and (2) to explore the role of pre-traumatic personality variables and subjective trauma-related variables – namely proximity to the trauma and its subjective experience – in the risk for developing posttraumatic stress symptoms (PTSS). The study included 1210 Israeli B.A. students assessed twice: at the start of their first academic year (t1), and at the end of their third academic year (t2). Over a period of three academic years, 439 (36%) of the 1210 participants had been exposed to trauma, showing increased PTSS. The findings show that (a) males without a history of psychiatric disorder, who are high in extraversion and openness, are at an elevated risk for traumatic exposure; (b) the subjective trauma-related variables – close proximity to the traumatic event and greater experience of the traumatic event as a threat – are predominant risk factors for PTSS; and (c) females with a history of psychiatric disorder, along with low tendencies of extraversion and openness and high levels of neuroticism, are at a higher risk for PTSS following traumatic exposure.

http://journals.lww.com/jonmd/Abstract/2015/04000/Insufficient_Dollars_and_Qualified_Personnel_to.1.aspx

Insufficient Dollars and Qualified Personnel to Meet United States Mental Health Needs.

Weil, Thomas P. PhD

Journal of Nervous & Mental Disease:
April 2015 - Volume 203 - Issue 4 - p 233–240
doi: 10.1097/NMD.0000000000000271

The American populace currently supports the need for providing additional mental health services for adolescents who frequently express anger and mood instability and maybe are at risk for major psychiatric disorders and behavioral problems; Vietnam, Iraqi, and Afghanistan veterans or military personnel still on duty diagnosed with posttraumatic stress disorder, depression, or other similar combat-related disabilities; the approximately 1 million prisoners

currently incarcerated primarily because of substance abuse and needing medically related rehabilitative services; and senior citizens who experience dementia and depression and require improved therapeutics. The problems outlined herein are as follows: far too limited monies are being spent for mental health services (5.6% of total US expenditures for health or roughly one fifth of what is consumed for hospital care); effective therapies are often lacking; and there is a shortage of qualified mental health personnel except in upscale urban and suburban areas. Unfortunately, these problems are so immense that, even with enhanced prioritization of our available resources, they are still not entirely solvable. The American public may continue to impart lip service when attempting to respond to our nation's mental health needs or may decide to spend vastly more money for such care. The latter choice may not be forthcoming in the near future for various cultural-societal-clinical-fiscal reasons.

<http://publications.amsus.org/doi/abs/10.7205/MILMED-D-14-00311>

Mental Health Diagnoses and Attrition in Air Force Recruits.

Garcia Shawn M.S. LCDR, Ortman Brian V. Lt Col, Burnett Daniel G. Col

Military Medicine

Volume 180 Issue 4, April 2015, pp. 436-444

DOI: <http://dx.doi.org/10.7205/MILMED-D-14-00311>

Introduction:

Mental disorders effect military readiness. Evaluating the frequency and impact of mental health diagnoses (MHD) in recruits, the source of the military workforce, is key to identifying opportunities for screening and prevention.

Objectives:

This study assessed the relationship between MHD in the Air Force recruit population and time to discharge.

Methods:

A recruit cohort at Lackland Air Force Base was followed through Basic Military Training, technical school, and 14 months of service using data from Trainee Health Online Reporting System. Incidence rate of MHD was calculated. A risk ratio and attributable fraction were calculated for attrition comparing recruits with MHD to recruits receiving other diagnoses (non-MHD). A survival analysis was performed on recruits with MHD compared to those with non-MHD.

Results:

Incidence of MHD was 7.9%. A recruit with a MHD was 4.28 (95% CI = 4.04–4.54) times more likely to separate in the first 14 months of service as compared to a recruit with a non-MHD.

Conclusions:

Recruits with MHD were separated faster and more often when compared to non-MHD. This study increases visibility of mental health disorders in recruits as a step toward better identifying those at higher risk of attrition.

<http://gradworks.umi.com/36/85/3685420.html>

The association between life satisfaction and patriotism in military spouses

Klodnicki, Jason T., Ph.D.

Dissertation

CAPELLA UNIVERSITY, 2015, 90 pages

As the notion of war and other military conflicts permeate the world, an increasing number of families are lost in the fray. Military spouses sacrifice their lives nearly as directly as their military partners, and their own patriotism and personal levels of life satisfaction are highly tested in the process. The aim of this study was to facilitate greater understanding of the relationships that exist between patriotism and life satisfaction. These variables were aligned with various demographics to determine the impact such as level of education of nonmilitary spouses, residence on or off base, the rank of the service-member spouse, the number of geographical moves, the number of years experience within the military lifestyle, the number of children living within the home, and gender of the spouse. A quantitative survey was administered in an online format. Significant relationships were found among the data collected from 514 completed surveys. The U.S. government can use the knowledge gained from the findings of this study to identify areas requiring improvement in order to raise the level of life satisfaction and patriotism of a military asset as valuable as its service member -- military spouses.

<http://www.sciencedirect.com/science/article/pii/S0163834315000626>

Gender Differences in Antipsychotics Prescribed to Veterans with Serious Mental Illness.

Elana Schwartz, Melanie Charlotte, Eric Slade, Deborah Medoff, Lan Li, Lisa Dixon, Amy Kilbourne, Julie Kreyenbuhl

General Hospital Psychiatry

Available online 1 April 2015

doi:10.1016/j.genhosppsy.2015.03.018

Objective

To examine gender differences in prescribing of antipsychotic medications (APMs) according to their liability for weight gain and other metabolic side effects.

Method

We identified 4,510 patients with schizophrenia or bipolar disorders receiving usual care in a VA healthcare network in the U.S. mid-Atlantic region who initiated treatment with an APM between 10/2006 and 9/2011. We used multivariable logistic regression to examine gender differences in the likelihood of incident prescription of APMs with low versus medium/high metabolic risk, adjusting for fiscal year of prescribing and selected Veteran demographic, mental health, and physical health characteristics.

Results

Overall, 58% of women were prescribed an APM with a low risk of metabolic side effects compared to 45% of men ($p < 0.001$). In multivariable analysis, women Veterans were 1.47 times as likely as men to be prescribed a low metabolic risk APM (95% CI: 1.26–1.73, $p < 0.001$). Several demographic and clinical covariates were also independently related to prescribing of APMs by level of metabolic risk.

Conclusions

The results may suggest that prescribing choices for APMs by VA mental health prescribers and female Veterans reflect a growing awareness of the potential adverse health consequences of these treatments in women.

<http://onlinelibrary.wiley.com/doi/10.1002/da.22364/abstract>

Approximating a DSM

-5 Diagnosis Of PTSD Using DSM-

Rosellini, A. J., Stein, M. B., Colpe, L. J., Heeringa, S. G., Petukhova, M. V., Sampson, N. A., Schoenbaum, M., Ursano, R. J., Kessler, R. C. and On behalf of the Army STARRS Collaborators

Depression and Anxiety

Article first published online: 4 APR 2015

DOI: 10.1002/da.22364

Background

Diagnostic criteria for DSM-5 posttraumatic stress disorder (PTSD) are in many ways similar to DSM-IV criteria, raising the possibility that it might be possible to closely approximate DSM-5 diagnoses using DSM-IV symptoms. If so, the resulting transformation rules could be used to pool research data based on the two criteria sets.

Methods

The pre–post deployment study (PPDS) of the Army Study to Assess Risk and Resilience in Servicemembers (Army STARRS) administered a blended 30-day DSM-IV and DSM-5 PTSD symptom assessment based on the civilian PTSD Checklist for DSM-IV (PCL-C) and the PTSD Checklist for DSM-5 (PCL-5). This assessment was completed by 9,193 soldiers from three US Army Brigade Combat Teams approximately 3 months after returning from Afghanistan. PCL-C items were used to operationalize conservative and broad approximations of DSM-5 PTSD diagnoses. The operating characteristics of these approximations were examined compared to diagnoses based on actual DSM-5 criteria.

Results

The estimated 30-day prevalence of DSM-5 PTSD based on conservative (4.3%) and broad (4.7%) approximations of DSM-5 criteria using DSM-IV symptom assessments were similar to estimates based on actual DSM-5 criteria (4.6%). Both approximations had excellent sensitivity (92.6–95.5%), specificity (99.6–99.9%), total classification accuracy (99.4–99.6%), and area under the receiver operating characteristic curve (0.96–0.98).

Conclusions

DSM-IV symptoms can be used to approximate DSM-5 diagnoses of PTSD among recently deployed soldiers, making it possible to recode symptom-level data from earlier DSM-IV studies to draw inferences about DSM-5 PTSD. However, replication is needed in broader trauma-exposed samples to evaluate the external validity of this finding.

<http://onlinelibrary.wiley.com/doi/10.1002/j.2161-007X.2015.00060.x/abstract>

The Influence of Spirituality and Religion on Coping for Combat-Deployed Military Personnel.

William R. Sterner and Lisa R. Jackson-Cherry

Counseling and Values

Volume 60, Issue 1, pages 48–66, April 2015

DOI: 10.1002/j.2161-007X.2015.00060.x

A paucity of research exists examining the role of spirituality/religion (S/R) as a protective factor for combat-deployed military personnel. The purpose of this study is to (a) define the underlying structure of items from an author-developed instrument measuring coping, beliefs, and support; and (b) examine how S/R affiliation, activities, and practices affect coping responses for 279 combat-deployed military personnel. Significant predictors of coping included support, age, Christian affiliation, and frequency of S/R practices. The authors found that beliefs, S/R

practices prior to deployment, previous combat deployments, and first deployment were not significant predictors of coping. Implications for counselors and future research are addressed.

<http://www.sciencedirect.com/science/article/pii/S0010440X15000474>

Testing the main hypotheses of the interpersonal-psychological theory of suicidal behavior in a large diverse sample of United States military personnel.

Michael D. Anestis, Lauren R. Khazem, Richard S. Mohn, Bradley A. Green

Comprehensive Psychiatry
Available online 2 April 2015
doi:10.1016/j.comppsy.2015.03.006

Background

Preliminary data indicate the suicide rate in the United States military decreased in 2013, but the National Guard saw a continued increase.

Method

We examined the utility of the interpersonal-psychological theory of suicidal behavior (IPTS) in a sample of US military personnel drawn largely from the National Guard (n = 934; 77.7% male; 59.5% white).

Results

Results indicated the interaction of thwarted belongingness and perceived burdensomeness predicted suicidal ideation and resolved plans and preparations for suicide. In each case, risk was greatest at higher levels of both predictors. Furthermore, results indicated the interaction of thwarted belongingness, perceived burdensomeness, and acquired capability for suicide predicted prior suicide attempts. In this interaction term, the relationship between suicidal desire (thwarted belongingness and perceived burdensomeness) and suicide attempts was significant and positive only at high levels of acquired capability. All analyses were cross-sectional.

Conclusions

Results indicate the IPTS may be useful for conceptualizing suicide risk in the National Guard.

<http://onlinelibrary.wiley.com/doi/10.1002/jts.22000/abstract>

The Neurocognitive Performance of Female Veterans With Posttraumatic Stress Disorder.

Stricker, N. H., Keller, J. E., Castillo, D. T. and Haaland, K. Y.

Journal of Traumatic Stress

Article first published online: 2 APR 2015

DOI: 10.1002/jts.22000

Neurocognitive problems are common with posttraumatic stress disorder (PTSD) and are important to understand because of their association with the success of PTSD treatment and its potential neural correlates. To our knowledge, this is the first neurocognitive study in an all-female U.S. veteran sample, some of whom had PTSD. We examined neurocognitive performance and assessed whether learning deficits, common in PTSD, were associated with executive functioning. Veterans with PTSD ($n = 56$) and without ($n = 53$) were evaluated for psychiatric and neurocognitive status. The PTSD group had a lower estimated IQ ($d = 0.53$) and performed more poorly on all neurocognitive domains (d range = 0.57 – 0.88), except verbal retention ($d = 0.04$). A subset of the 2 groups that were matched on IQ and demographics similarly demonstrated poorer performance for the PTSD group on all neurocognitive domains (d range = 0.52 – 0.79), except verbal retention ($d = 0.15$). Within the PTSD group, executive functioning accounted for significant variance in verbal learning over and above IQ and processing speed ($\Delta R^2 = .06$), as well as depression ($\Delta R^2 = .07$) and PTSD severity ($\Delta R^2 = .06$). This study demonstrated that female veterans with PTSD performed more poorly than females without PTSD on several neurocognitive domains, including verbal learning, processing speed, and executive functioning. Replication of these results using a control group of veterans with more similar trauma exposure, history of mild traumatic brain injury, and psychiatric comorbidities would solidify these findings.

<http://www.tandfonline.com/doi/abs/10.1080/15267431.2015.1013105>

Privacy Management in the Military Family during Deployment: Adolescents' Perspectives.

Jennifer S. Owlett , K. Andrew R. Richards , Steven R. Wilson , J. D. DeFreese , Felicia Roberts

Journal of Family Communication

Vol. 15, Iss. 2, 2015, pages 141-158

DOI:10.1080/15267431.2015.1013105

This study examines military adolescents' experiences of managing private information within their families during a parental deployment. Thirty-eight adolescents were interviewed about how they and their families managed private information across the deployment cycle. Our interviewees suggested that when a deployment occurs: (a) family members should limit the information that they share with the deployed parent about events at home, (b) children should be cautious when talking to the at-home parent about the deployment situation, and (c) parents should filter some deployment-related information from their children. We explore concrete ways

these rules are enacted as well as factors (e.g., dialectical tensions, motivations, salient emotions, and rule acquisition) that can shape how these rules are applied. Our analyses also illuminate how boundary turbulence can influence how youth make decisions about sharing private information. Future research should continue to explore deployment with specific attention to how privacy rules change during reintegration.

<http://www.sciencedirect.com/science/article/pii/S0022395615000977>

Resilient But Addicted: The Impact of Resilience on the Relationship between Smoking Withdrawal and PTSD.

Anu Asnaani, Elizabeth Alpert, Carmen P. McLean, Edna B. Foa

Journal of Psychiatric Research

Available online 4 April 2015

doi:10.1016/j.jpsychires.2015.03.021

Nicotine use is common among people with posttraumatic stress disorder (PTSD). Resilience, which is reflected in one's ability to cope with stress, has been shown to be associated with lower cigarette smoking and posttraumatic stress symptoms, but relationships among these three variables have not been examined. This study investigates the relationships of resilience and nicotine withdrawal with each other and in relation to PTSD symptoms. Participants were 118 cigarette smokers with PTSD seeking treatment for PTSD and nicotine use. Data were randomly cross-sectionally sampled from three time points: week 0, week 12, and week 27 of the study. Hierarchical multiple regression analyses revealed main effects of both resilience and nicotine withdrawal symptoms on PTSD severity, controlling for the sampled time point, negative affect, and expired carbon monoxide concentration. Consistent with prior research, PTSD severity was higher among individuals who were less resilient and for those who had greater nicotine withdrawal. There was an interaction between resilience and nicotine withdrawal on self-reported PTSD severity, such that greater resilience was associated with lower PTSD severity only among participants with low nicotine withdrawal symptoms. Among individuals with high nicotine withdrawal, PTSD severity was high, regardless of resilience level. These results suggest that resilience is a protective factor for PTSD severity for those with low levels of nicotine withdrawal, but at high levels of nicotine withdrawal, the protective function of resilience is mitigated.

<http://www.tandfonline.com/doi/abs/10.1080/01494929.2015.1031425>

Relationship Difficulties Among UK Military Personnel: The Impact of Socio-Demographic, Military and Deployment-Related Factors.

Mary Keeling , Simon Wessely , Christopher Dandeker , Norman Jones , Nicola T. Fear

Marriage & Family Review

Accepted author version posted online: 03 Apr 2015

DOI: 10.1080/01494929.2015.1031425

Military work, especially operational deployments, may impact the romantic relationships of military personnel. Using a sub-sample (n = 7581) of participants from a cohort study of UK military personnel (data collected between 2007 and 2009), the prevalence of relationship difficulties and associations with socio-demographic, military, and deployment-related characteristics was examined. The majority of participants did not report experiencing relationship difficulties. Adjusted regression analyses indicate that childhood adversity, limited support for and from partners, being in unmarried relationships, financial problems, deploying for more than 13 months in three years, and work being above trade, ability and experience, were key factors associated with relationship difficulties. The likelihood of UK military personnel experiencing relationship difficulties is increased due to personal vulnerabilities which may be exacerbated in the military context.

Links of Interest

'Why Is Dad So Mad?' Veteran Writes Book to Explain His PTSD to His Daughter

<http://www.nbcnews.com/nightly-news/why-dad-so-mad-father-writes-book-explain-his-ptsd-n334271>

New NIMH strategic plan aims to focus, accelerate mental health research

<http://www.nih.gov/news/health/mar2015/nimh-26.htm>

Stellate Ganglion Block Showed No Significant Benefit for Post-Traumatic Stress Disorder in Controlled Trial

<http://www.sciencedaily.com/releases/2015/03/150324153341.htm>

Army Finds Toxic Climate of Mistrust for Fort Carson Wounded Warriors

<http://www.military.com/daily-news/2015/03/25/army-finds-toxic-climate-mistrust-fort-carson-wounded-warriors.html>

Depression and insomnia are strongest risk factors for frequent nightmares

http://www.eurekalert.org/pub_releases/2015-04/aaos-dai040215.php

Suicides: Not just a winter problem

<http://www.sciencedaily.com/releases/2015/04/150402081623.htm>

One-Quarter of Narcotic Painkillers Misused, Study Shows
http://www.nlm.nih.gov/medlineplus/news/fullstory_151794.html

A Message from the Surgeon General: “Be Someone’s Hero” — Eliminate Sexual Assault: Know Your Part. Do Your Part
<http://www.health.mil/News/Articles/2015/04/03/A-Message-from-the-Surgeon-General>

'Unnamed conspirator' big part in sexual assaults
<http://www.airforcemedicine.af.mil/news/story.asp?id=123444149>

The Future of Trauma
http://www.huffingtonpost.com/rev-peter-e-bauer/the-future-of-trauma_b_6971026.html

The Importance of Naming Your Emotions
<http://www.nytimes.com/2015/04/04/business/dealbook/the-importance-of-naming-your-emotions.html>

Under-reported suicides: Hiding or compounding the tragedy
<http://www.sciencedaily.com/releases/2015/04/150407123056.htm>

Depressed? Apps lift mood with personalized therapy
http://www.eurekalert.org/pub_releases/2015-04/nu-dal040815.php

Sleep Study Advises Military: Get More Sleep
<http://www.health.mil/News/Articles/2015/04/04/Sleep-Study-Advises-Military-Get-More-Sleep>

Resource of the Week: [C-Span Video Library](#)

The C-SPAN Archives records, indexes, and archives all C-SPAN programming for historical, educational, research, and archival uses. Every C-SPAN program aired since 1987, almost totaling over 211,000 hours, is contained in the C-SPAN Archives and immediately accessible through the database and electronic archival systems developed and maintained by the C-SPAN Archives.

The Archives records all three C-SPAN networks seven days a week, twenty-four hours a day. Programs are extensively indexed making the database of C-SPAN programming an unparalleled chronological resource. Programs are indexed by subject, speaker names, titles, affiliations, sponsors, committees, categories, formats, policy groups, keywords, and location. The congressional sessions and committee hearings are indexed by person with full-text. The video collection can be searched through the online Video Library.

All C-SPAN programs since 1987 are digital and can be viewed online for free. Duplicate copies of programs that have aired since 1987 can be obtained and used for education, research, review or home viewing purposes. Proceeds from the sale of these programs help support the operation of the Archives. Some programs are not copyright cleared for sale.



FEATURED VIDEO 1 of 10 **C-SPAN VIDEO LIBRARY BLOG**

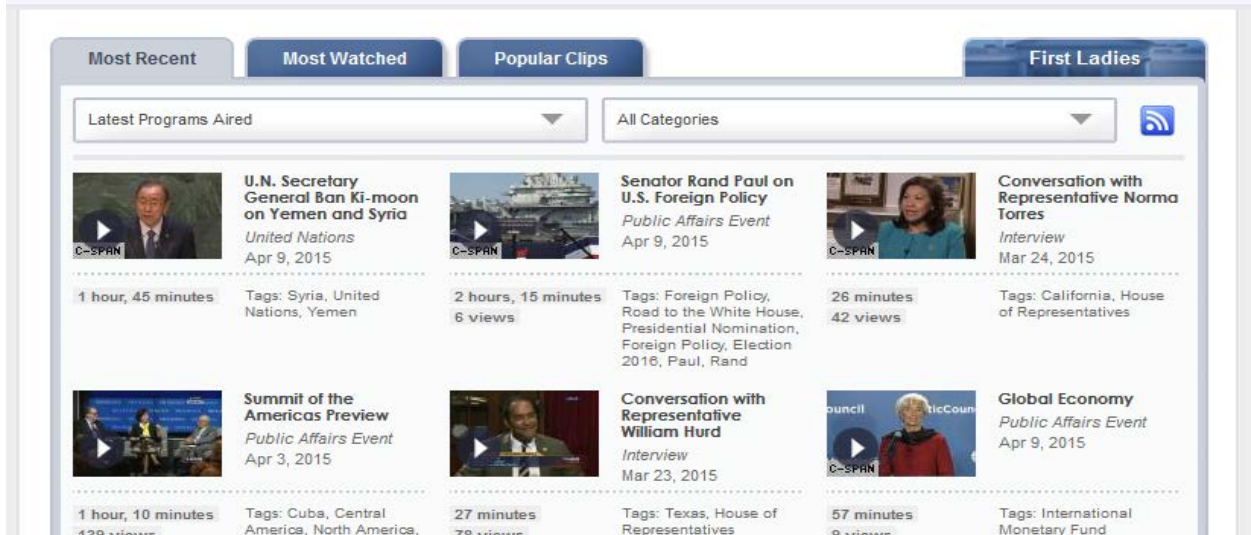
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