



## CDP Research Update -- July 2, 2015

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- Resource of the Week: Data.gov

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<http://www.ncbi.nlm.nih.gov/pubmed/26109715>

Neurology. 2015 Jun 24. pii: 10.1212/WNL.0000000000001758. [Epub ahead of print]

### **Clinical and imaging assessment of acute combat mild traumatic brain injury in Afghanistan.**

Adam O, Mac Donald CL, Rivet D, Ritter J, May T, Barefield M, Duckworth J, LaBarge D, Asher D, Drinkwine B, Woods Y, Connor M, Brody DL

#### **OBJECTIVE:**

To evaluate whether diffusion tensor imaging (DTI) will noninvasively reveal white matter changes not present on conventional MRI in acute blast-related mild traumatic brain injury (mTBI) and to determine correlations with clinical measures and recovery.

#### **METHODS:**

Prospective observational study of 95 US military service members with mTBI enrolled within 7 days from injury in Afghanistan and 101 healthy controls. Assessments included Rivermead Post-Concussion Symptoms Questionnaire (RPCSQ), Post-Traumatic Stress Disorder Checklist Military (PCLM), Beck Depression Inventory (BDI), Balance Error Scoring System (BESS), Automated Neuropsychological Assessment Metrics (ANAM), conventional MRI, and DTI.

## RESULTS:

Significantly greater impairment was observed in participants with mTBI vs controls: RPCSQ ( $19.7 \pm 12.9$  vs  $3.6 \pm 7.1$ ,  $p < 0.001$ ), PCLM ( $32 \pm 13.2$  vs  $20.9 \pm 7.1$ ,  $p < 0.001$ ), BDI ( $7.4 \pm 6.8$  vs  $2.5 \pm 4.9$ ,  $p < 0.001$ ), and BESS ( $18.2 \pm 8.4$  vs  $15.1 \pm 8.3$ ,  $p = 0.01$ ). The largest effect size in ANAM performance decline was in simple reaction time (mTBI  $74.5 \pm 148.4$  vs control  $-11 \pm 46.6$  milliseconds,  $p < 0.001$ ). Fractional anisotropy was significantly reduced in mTBI compared with controls in the right superior longitudinal fasciculus ( $0.393 \pm 0.022$  vs  $0.405 \pm 0.023$ ,  $p < 0.001$ ). No abnormalities were detected with conventional MRI. Time to return to duty correlated with RPCSQ ( $r = 0.53$ ,  $p < 0.001$ ), ANAM simple reaction time decline ( $r = 0.49$ ,  $p < 0.0001$ ), PCLM ( $r = 0.47$ ,  $p < 0.0001$ ), and BDI ( $r = 0.36$ ,  $p = 0.0005$ ).

## CONCLUSIONS:

Somatic, behavioral, and cognitive symptoms and performance deficits are substantially elevated in acute blast-related mTBI. Postconcussive symptoms and performance on measures of posttraumatic stress disorder, depression, and neurocognitive performance at initial presentation correlate with return-to-duty time. Although changes in fractional anisotropy are uncommon and subtle, DTI is more sensitive than conventional MRI in imaging white matter integrity in blast-related mTBI acutely. © 2015 American Academy of Neurology.

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<http://www.ncbi.nlm.nih.gov/pubmed/26091917>

Behav Res Ther. 2015 Jun 3;71:90-100. doi: 10.1016/j.brat.2015.06.001. [Epub ahead of print]

### **Guided internet cognitive behavioral therapy for insomnia compared to a control treatment - A randomized trial.**

Kaldo V, Jernelöv S, Blom K, Ljótsson B, Brodin M, Jörgensen M, Kraepelien M, Rück C, Lindefors N

#### AIM:

To evaluate if internet-delivered Cognitive Behavioral Therapy for insomnia (ICBT-i) with brief therapist support outperforms an active control treatment.

#### METHOD:

Adults diagnosed with insomnia were recruited via media ( $n = 148$ ) and randomized to either eight weeks of ICBT-i or an active internet-based control treatment. Primary outcome was the insomnia severity index (ISI) assessed before and after treatment, with follow-ups after 6 and 12 months. Secondary outcomes were use of sleep medication, sleep parameters (sleep diary), perceived stress, and a screening of negative treatment effects. Hierarchical Linear Mixed Models were used for intent-to-treat analyses and handling of missing data.

## RESULTS:

ICBT-i was significantly more effective than the control treatment in reducing ISI (Cohen's  $d = 0.85$ ), sleep medication, sleep efficiency, sleep latency, and sleep quality at post-treatment. The positive effects were sustained. However, after 12 months the difference was no longer significant due to a continuous decrease in ISI among controls, possibly due to their significantly higher utilization of insomnia relevant care after treatment. Forty-six negative effects were reported but did not differ between interventions.

## CONCLUSIONS:

Supported ICBT-i is more effective than an active control treatment in reducing insomnia severity and treatment gains remain stable one year after treatment.

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<http://www.ncbi.nlm.nih.gov/pubmed/26088902>

J Interpers Violence. 2015 Jun 18. pii: 0886260515589930. [Epub ahead of print]

### **Associations Between Specific Negative Emotions and DSM-5 PTSD Among a National Sample of Interpersonal Trauma Survivors.**

Badour CL, Resnick HS, Kilpatrick DG

The diagnosis of posttraumatic stress disorder (PTSD) has undergone several significant changes corresponding with the recent implementation of the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5). Many of these changes reflect a growing recognition that PTSD is characterized by a wide range of negative affective experiences that were underrepresented in prior conceptualizations of the disorder. The present study examined the prevalence and correlates of a new Criterion D symptom (D4-Negative Affect), which is aimed at assessing subjective problems with persistent negative emotion states (e.g., fear, anger, shame, guilt, horror) among a sample of 1,522 U.S. adults with a history of interpersonal trauma recruited from a national online panel. The prevalence of D4-Negative Affect was very high among individuals with assault-related PTSD (AR-PTSD) and in particular, was significantly higher than among PTSD negative individuals. Moreover, specific problems with anger, shame, and fear were significantly and uniquely associated with AR-PTSD. Important differences also emerged as a function of gender and interpersonal trauma history. These findings provide initial empirical support for the expanded emphasis on assessing a wide range of negative affective experiences that may be associated with PTSD in DSM-5. © The Author(s) 2015.

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<http://www.ncbi.nlm.nih.gov/pubmed/26075838>

J Nerv Ment Dis. 2015 Jun 12. [Epub ahead of print]

### **A Meta-Analysis of Depressive Symptom Outcomes in Randomized, Controlled Trials for PTSD.**

Ronconi JM, Shiner B, Watts BV

Posttraumatic stress disorder (PTSD) often co-occurs with depression. Current PTSD practice guidelines lack specific guidance for clinicians regarding the treatment of depressive symptoms. We conducted a meta-analysis of all randomized, placebo-controlled trials for PTSD therapies focusing on depression outcomes to inform clinicians about effective treatment options for depressive symptoms associated with PTSD. We searched literature databases for randomized, controlled clinical trials of any treatment for PTSD published between 1980 and 2013. We selected articles in which all subjects were adults with a diagnosis of PTSD based on the Diagnostic and Statistical Manual of Mental Disorders criteria, and valid PTSD and depressive symptom measures were reported. The sample consisted of 116 treatment comparisons drawn from 93 manuscripts. Evidence-based PTSD treatments are effective for comorbid depressive symptoms. Existing PTSD treatments work as well for comorbid depressive symptoms as they do for PTSD symptoms.

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<http://www.ncbi.nlm.nih.gov/pubmed/26074123>

Epidemiol Psychiatr Sci. 2015 Jun 15:1-10. [Epub ahead of print]

### **Time-course of PTSD symptoms in the Australian Defence Force: a retrospective cohort study.**

Waller M, Charlson FJ, Ireland RE, Whiteford HA, Dobson AJ

AIMS:

Understanding the time-course of post-traumatic stress disorder (PTSD), and the underlying events, may help to identify those most at risk, and anticipate the number of individuals likely to be diagnosed after exposure to traumatic events.

METHOD:

Data from two health surveys were combined to create a cohort of 1119 Australian military personnel who deployed to the Middle East between 2000 and 2009. Changes in PTSD Checklist Civilian Version (PCL-C) scores and the reporting of stressful events between the two self-reported surveys were assessed. Logistic regression was used to examine the association between the number of stressful events reported and PTSD symptoms, and assess whether

those who reported new stressful events between the two surveys, were also more likely to report older events. We also assessed, using linear regression, whether higher scores on the Kessler Psychological Distress Scale or the Alcohol Use Disorder Identification Test were associated with subsequent increases in the PCL-C in those who had experienced a stressful event, but who initially had few PTSD symptoms.

#### RESULTS:

Overall, the mean PCL-C scores in the two surveys were similar, and 78% of responders stayed in the same PCL-C category. Only a small percentage moved from having few symptoms of PTSD (PCL-C < 30) in Survey 1 to meeting the criteria for PTSD (PCL-C  $\geq$  50) at Survey 2 (1% of all responders, 16% of those with PCL-C  $\geq$  50 at Survey 2). Personnel who reported more stressful lifetime events were more likely to score higher on the PCL-C. Only 51% reported the same stressful event on both surveys. People who reported events occurring between the two surveys were more likely to record events from before the first survey which they had not previously mentioned (OR 1.48, 95% CI (1.17, 1.88),  $p < 0.001$ ), than those who did not. In people who initially had few PTSD symptoms, a higher level of psychological distress, was significantly associated with higher PCL-C scores a few years later.

#### CONCLUSIONS:

The reporting of stressful events varied over time indicating that while the impact of some stressors endure, others may increase or decline in importance. When screening for PTSD, it is important to consider both traumatic experiences on deployment and other stressful life events, as well as other mental health problems among military personnel, even if individuals do not exhibit symptoms of PTSD on an initial assessment.

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<http://www.ncbi.nlm.nih.gov/pubmed/26073362>

Curr Psychiatry Rep. 2015 Aug;17(8):600. doi: 10.1007/s11920-015-0600-2.

### **Complementary and Alternative Medicine Approaches in the Treatment of PTSD.**

Wynn GH

Complementary and alternative medicine is a diverse set of practices and treatments that has seen a significant increase among Americans over the past decade. These approaches have been applied to a myriad of medical and mental health disorders with varying levels of efficacy. Recent years have seen an increased interest in the use of complementary and alternative medicine to address the growing numbers of individuals suffering from post-traumatic stress disorder and other trauma-related disorders. These approaches include pharmacologic and non-pharmacologic modalities. This article will review some of the most widely used non-pharmacologic complementary and alternative medicine practices used to treat post-traumatic

stress disorder such as recreational therapy, animal-assisted therapy, yoga, and acupuncture as well as alternative delivery methods for psychotherapy.

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<http://www.ncbi.nlm.nih.gov/pubmed/23481443>

Behav Cogn Psychother. 2014 May;42(3):312-26. doi: 10.1017/S1352465813000064. Epub 2013 Mar 12.

### **The moderating role of rational beliefs in the relationship between irrational beliefs and posttraumatic stress symptomology.**

Hyland P, Shevlin M, Adamson G, Boduszek D

#### **BACKGROUND:**

Rational Emotive Behaviour Therapy (REBT) assumes that rational beliefs act as cognitive protective factors against the development of psychopathology; however little empirical evidence exists regarding the nature of the possible protective effects that they offer.

#### **AIMS:**

The current study investigates whether rational beliefs moderate the impact of irrational beliefs on posttraumatic stress symptomology (PTS).

#### **METHOD:**

Three hundred and thirteen active law enforcement, military, and related emergency service personnel took part in the current study. Sequential moderated multiple regression analysis was employed to investigate: (i) the direct impact of irrational beliefs on PTS; (ii) the direct impact of rational beliefs on PTS; (iii) the moderating effects of rational beliefs in the relationship between irrational beliefs and PTS.

#### **RESULTS:**

The irrational beliefs predicted by REBT theory emerged as critical predictors of PTS symptomology, in particular Depreciation beliefs. Rational beliefs (Preferences, and Acceptance beliefs) had a direct, negative impact on levels of PTS, and Acceptance beliefs moderated the impact of Catastrophizing beliefs on PTS.

#### **CONCLUSIONS:**

Irrational beliefs are important cognitive vulnerability factors in symptoms of PTS, while rational beliefs (Acceptance) appear to have a protective role in the emergence of PTS symptoms, both directly and by moderating the impact of Catastrophizing beliefs.

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<http://www.ncbi.nlm.nih.gov/pubmed/26067623>

Brain Inj. 2015 Jun 11:1-8. [Epub ahead of print]

### **Long-term structural changes after mTBI and their relation to post-concussion symptoms.**

Dean PJ1, Sato JR, Vieira G, McNamara A, Sterr A.

#### **PRIMARY OBJECTIVE:**

To investigate sustained structural changes in the long-term (>1 year) after mild traumatic brain injury (mTBI) and their relationship to ongoing post-concussion syndrome (PCS).

#### **RESEARCH DESIGN:**

Morphological and structural connectivity magnetic resonance imaging (MRI) data were acquired from 16 participants with mTBI and nine participants without previous head injury.

#### **MAIN OUTCOMES AND RESULTS:**

Participants with mTBI had less prefrontal grey matter and lower fractional anisotropy (FA) in the anterior corona radiata and internal capsule. Furthermore, PCS severity was associated with less parietal lobe grey matter and lower FA in the corpus callosum.

#### **CONCLUSIONS:**

There is evidence for both white and grey matter damage in participants with mTBI over 1 year after injury. Furthermore, these structural changes are greater in those that report more PCS symptoms, suggesting a neurophysiological basis for these persistent symptoms.

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<http://www.ncbi.nlm.nih.gov/pubmed/26067127>

Lancet Neurol. 2015 Jul;14(7):746-757. doi: 10.1016/S1474-4422(15)00068-X.

### **Sleep-wake disturbances after traumatic brain injury.**

Ouellet MC, Beaulieu-Bonneau S, Morin CM

Sleep-wake disturbances are extremely common after a traumatic brain injury (TBI). The most common disturbances are insomnia (difficulties falling or staying asleep), increased sleep need, and excessive daytime sleepiness that can be due to the TBI or other sleep disorders associated with TBI, such as sleep-related breathing disorder or post-traumatic hypersomnia. Sleep-wake disturbances can have a major effect on functional outcomes and on the recovery process after TBI. These negative effects can exacerbate other common sequelae of TBI-such as fatigue, pain, cognitive impairments, and psychological disorders (eg, depression and



anxiety). Sleep-wake disturbances associated with TBI warrant treatment. Although evidence specific to patients with TBI is still scarce, cognitive-behavioural therapy and medication could prove helpful to alleviate sleep-wake disturbances in patients with a TBI.

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<http://www.ncbi.nlm.nih.gov/pubmed/26066928>

Am J Public Health. 2015 Jun 11:e1-e7. [Epub ahead of print]

### **Racial/Ethnic Differences in Combat- and Non-Combat-Associated Traumatic Brain Injury Severity in the Veterans Health Administration: 2004-2010.**

Dismuke CE, Gebregziabher M, Yeager D, Egede LE1

#### **OBJECTIVES:**

We examined the association between traumatic brain injury (TBI) severity and combat exposure by race/ethnicity.

#### **METHODS:**

We estimated logit models of the fully adjusted association of combat exposure with TBI severity in separate race/ethnicity models for a national cohort of 132 995 veterans with TBI between 2004 and 2010.

#### **RESULTS:**

Of veterans with TBI, 25.8% had served in a combat zone. Mild TBI increased from 11.5% to 40.3%, whereas moderate or severe TBI decreased from 88.5% to 59.7%. Moderate or severe TBI was higher in non-Hispanic Blacks (80.0%) and Hispanics (89.4%) than in non-Hispanic Whites (71.9%). In the fully adjusted all-race/ethnicity model, non-Hispanic Blacks (1.44; 95% confidence interval [CI] = 1.37, 1.52) and Hispanics (1.47; 95% CI = 1.26, 1.72) had higher odds of moderate or severe TBI than did non-Hispanic Whites. However, combat exposure was associated with higher odds of mild TBI in non-Hispanic Blacks (2.48; 95% CI = 2.22, 2.76) and Hispanics (3.42; 95% CI = 1.84, 6.35) than in non-Hispanic Whites (2.17; 95% CI = 2.09, 2.26).

#### **CONCLUSIONS:**

Research is needed to understand racial differences in the effect of combat exposure on mild TBI and on interventions to prevent TBI across severity levels. (Am J Public Health. Published online ahead of print June 11, 2015: e1-e7. doi:10.2105/AJPH.2014.302545).

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## **Insomnia in Alcohol Dependent Subjects is Associated with Greater Psychosocial Problem Severity.**

Ninad S. Chaudhary, Kyle M. Kampman, Henry R. Kranzler, Michael A. Grandner, Swarnalata Debbarma, Subhajt Chakravorty

Addictive Behaviors

Available online 20 June 2015

doi:10.1016/j.addbeh.2015.06.021

### Introduction

Although psychosocial problems are commonly associated with both alcohol misuse and insomnia, very little is known about the combined effects of insomnia and current alcohol dependence on the severity of psychosocial problems. The present study evaluates whether the co-occurrence of insomnia and alcohol dependence is associated with greater psychosocial problem severity.

### Methods

Alcohol dependent individuals (N=123) were evaluated prior to participation in a placebo-controlled medication trial. The Short Index of Problems (SIP), Addiction Severity Index (ASI), Insomnia Severity Index (ISI), and Time Line Follow Back (TLFB), were used to assess psychosocial, employment, and legal problems; insomnia symptoms; and alcohol consumption, respectively. Bivariate and multivariate analyses were used to evaluate the relations between insomnia and psychosocial problems.

### Results

Subjects' mean age was 44 years (SD=10.3), 83% were male, and their SIP sub-scale scores approximated the median for normative data. A quarter of subjects reported no insomnia; 29% reported mild insomnia; and 45% reported moderate-severe insomnia. The insomnia groups did not differ on alcohol consumption measures. The ISI total score was associated with the SIP total scale score ( $\beta=0.23$ ,  $p=0.008$ ). Subjects with moderate-severe insomnia had significantly higher scores on the SIP total score, and on the social and impulse control sub-scales, and more ASI employment problems and conflicts with their spouses than others on the ASI.

### Conclusion

In treatment-seeking alcohol dependent subjects, insomnia may increase alcohol-related adverse psychosocial consequences. Longitudinal studies are needed to clarify the relations between insomnia and psychosocial problems in these subjects.

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<http://link.springer.com/article/10.1007/s10591-015-9346-6>

## **The Role of Online Communication in the Lives of Military Spouses.**

Jennifer Rea, Andrew Behnke, Nichole Huff, Kimberly Allen

Contemporary Family Therapy  
June 2015

The present study explored the impact of online communication and social networking sites on military spouses as they experienced a deployment of their spouse. Qualitative data were collected through one-on-one, semi-structured Skype interviews with ten married military spouses from Eastern North Carolina. Phenomenological data analysis revealed three major themes: (1) social media and its purpose in the life of military spouses; (2) social media and its role in maintaining the relationships among military couples; and (3) implications for therapists to incorporate online communication into treatment plans of military couples around the topics of relocation, deployment, reintegration, and mental health. Key findings suggest that the use of online communication during a military deployment is a positive influence and support for military spouses. The present study provides insights into the life of military spouses and how they use online communication, including social media, as a tool for relational maintenance. By better understanding the function of social media and online communication for military spouses, family therapists can better assist military families through deployments and wartime separations.

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<http://psycnet.apa.org/journals/psp/109/1/90/>

## **Building social resilience in soldiers: A double dissociative randomized controlled study.**

Cacioppo, John T.; Adler, Amy B.; Lester, Paul B.; McGurk, Dennis; Thomas, Jeffrey L.; Chen, Hsi-Yuan; Cacioppo, Stephanie

Journal of Personality and Social Psychology  
Vol 109(1), Jul 2015, 90-105  
<http://dx.doi.org/10.1037/pspi0000022>

Can social resilience be trained? We report results of a double-dissociative randomized controlled study in which 48 Army platoons were randomly assigned to social resilience training (intervention condition) or cultural awareness training (active control group). The same surveys were administered to all platoons at baseline and after the completion of training to determine the short-term training effects, generalization effects beyond training, and possible adverse effects. Multilevel modeling analyses indicated that social resilience, compared with cultural awareness, training produced small but significant improvements in social cognition (e.g.,

increased empathy, perspective taking, & military hardiness) and decreased loneliness, but no evidence was found for social resilience training to generalize beyond these training foci nor to have adverse effects. Moreover, as predicted, cultural awareness, compared with social resilience, training produced increases in knowledge about and decreases in prejudice toward Afghans. Additional research is warranted to determine the long-term durability, safety, and generalizability of social resilience training. (PsycINFO Database Record (c) 2015 APA, all rights reserved)

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<http://psycnet.apa.org/psycinfo/2015-22669-001/>

### **Sleep leadership in high-risk occupations: An investigation of soldiers on peacekeeping and combat missions.**

Gunia, Brian C.; Sipos, Maurice L.; LoPresti, Matthew; Adler, Amy B.

Military Psychology

Vol 27(4), Jul 2015, 197-211

<http://dx.doi.org/10.1037/mil0000078>

Individuals in high-risk occupations (e.g., military service) often report physical, psychological, and organizational problems. Although leaders can partially buffer their subordinates against these problems, the impact of established leadership skills appears limited, especially in high-risk occupations. Thus, building on recent theories of domain-specific leadership, we examined whether leadership focused on the specific domain of sleep might be negatively associated with some specific problems facing individuals in high-risk occupations, beyond their relationship with general leadership. Studying military personnel on peacekeeping and combat deployments, we predicted that “sleep leadership” would be negatively associated with sleep problems (physical), depressive symptoms (psychological), and negative climate (organizational), and that sleep would mediate the relationship between sleep leadership and the psychological and organizational problems. Results were generally supportive, contributing to theories of domain-specific leadership by showing that sleep-focused leader behaviors may go beyond general leadership behaviors, relating directly to the problems facing individuals in high-risk occupations. (PsycINFO Database Record (c) 2015 APA, all rights reserved)

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<http://www.sciencedirect.com/science/article/pii/S0022395615001843>

### **Suicide Risk in Iraq and Afghanistan Veterans with Mental Health Problems in VA Care.**

Shira Maguen, Erin Madden, Beth E. Cohen, Daniel Bertenthal, Thomas C. Neylan, Karen H. Seal

Suicide rates among U.S. military personnel and veterans are a public health concern, and those with mental health conditions are at particular risk. We examined demographic, military, temporal, and diagnostic associations with suicidality in veterans. We conducted a population-based, retrospective cohort study of all Iraq and Afghanistan war veterans who screened positive for posttraumatic stress disorder (PTSD) and/or depression, received a suicide risk assessment, and endorsed hopelessness about the present or future after their last deployment and between January 1, 2010 and June 29, 2014 (N=45,741). We used bivariate and multivariate logistic regression analyses to examine variables associated with having endorsed suicidal thoughts and a plan. Multiple factors were associated with suicidality outcomes, including longer time from last deployment to screening (proxy for time to seeking VA care), an alcohol use disorder diagnosis, further distance from VA (rurality), and being active duty during military service. Hispanic veterans were at decreased risk of having suicidal ideation and a plan, compared to their white counterparts. In high-risk veterans, some of the strongest associations with suicidality were with modifiable risk factors, including time to VA care and alcohol use disorder diagnoses. Promising avenues for suicide prevention efforts can include early engagement/intervention strategies with a focus on amelioration of high-risk drinking.

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<http://online.liebertpub.com/doi/abs/10.1089/tmj.2014.0235>

### **An Evaluation of the Feasibility and Safety of a Home-Based Telemental Health Treatment for Posttraumatic Stress in the U.S. Military.**

Luxton David D., Pruitt Larry D., O'Brien Karen, and Kramer Gregory

Telemedicine and e-Health  
Online Ahead of Print: June 23, 2015  
doi:10.1089/tmj.2014.0235

#### **Background:**

Although home-based telemental health options have the potential to greatly expand the range of services available to U.S. military service members, there remains a need to demonstrate that home-based care is technically feasible, safe, and effective and meets the military health system's standards of care before widespread implementation can be achieved. The purpose of this preliminary study was to evaluate the feasibility and safety of providing U.S. military service members with a behavioral health treatment delivered directly to the home using videoconferencing.

#### Materials and Methods:

Ten previously deployed soldiers volunteered to complete eight sessions of a novel behavioral activation treatment for posttraumatic stress disorder. The primary clinical outcomes assessed included symptoms of posttraumatic stress and depression. Patient safety data and attitudes about seeking mental health services, treatment satisfaction, treatment adherence, and treatment compliance were also assessed.

#### Results:

Clinically significant reductions in posttraumatic stress symptom severity and depression symptoms were observed. Soldiers indicated high levels of satisfaction with the treatment, and there were no adverse events requiring activation of emergency safety procedures. Technical problems associated with the network were observed but successfully mitigated.

#### Conclusions:

The results provide initial support for the feasibility and safety of telemental health treatments delivered by videoconferencing to the homes of soldiers. The optimal technical infrastructure needs to be determined to support expansion of synchronous videoconferencing capabilities to the home. The findings provide preliminary evidence of the feasibility, safety, and high user satisfaction with home-based telemental health in the military setting.

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<http://psycnet.apa.org/journals/psp/109/1/90/>

#### **Building social resilience in soldiers: A double dissociative randomized controlled study.**

Cacioppo, John T.; Adler, Amy B.; Lester, Paul B.; McGurk, Dennis; Thomas, Jeffrey L.; Chen, Hsi-Yuan; Cacioppo, Stephanie

Journal of Personality and Social Psychology  
Vol 109(1), Jul 2015, 90-105  
<http://dx.doi.org/10.1037/pspi0000022>

Can social resilience be trained? We report results of a double-dissociative randomized controlled study in which 48 Army platoons were randomly assigned to social resilience training (intervention condition) or cultural awareness training (active control group). The same surveys were administered to all platoons at baseline and after the completion of training to determine the short-term training effects, generalization effects beyond training, and possible adverse effects. Multilevel modeling analyses indicated that social resilience, compared with cultural awareness, training produced small but significant improvements in social cognition (e.g., increased empathy, perspective taking, & military hardiness) and decreased loneliness, but no evidence was found for social resilience training to generalize beyond these training foci nor to have adverse effects. Moreover, as predicted, cultural awareness, compared with social resilience, training produced increases in knowledge about and decreases in prejudice toward

Afghans. Additional research is warranted to determine the long-term durability, safety, and generalizability of social resilience training. (PsycINFO Database Record (c) 2015 APA, all rights reserved)

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<http://www.sciencedirect.com/science/article/pii/S0272735815000987>

### **The efficacy of recommended treatments for veterans with PTSD: A metaregression analysis.**

Joris F.G. Haagen, Geert E. Smid, Jeroen W. Knipscheer, Rolf J. Kleber

Clinical Psychology Review  
Available online 27 June 2015  
doi:10.1016/j.cpr.2015.06.008

Soldiers and veterans diagnosed with PTSD benefit less from psychotherapy than non-military populations. The current meta-analysis identified treatment predictors for traumatised soldiers and veterans, using data from studies examining guideline recommended interventions, namely: EMDR, exposure, cognitive, cognitive restructuring, cognitive processing, trauma-focused cognitive behavioural, and stress management therapies. A systematic search identified 57 eligible studies reporting on 69 treated samples. Exposure therapy and cognitive processing therapy were more effective than EMDR and stress management therapy. Group-only therapy formats performed worse compared with individual-only formats, or a combination of both formats. After controlling for study design variables, EMDR no longer negatively predicted treatment outcome. The number of trauma-focused sessions, unlike the total number of psychotherapy sessions, positively predicted treatment outcome. We found a relationship between PTSD pretreatment severity levels and treatment outcome, indicating lower treatment gains at low and high PTSD severity levels compared with moderate severity levels. Demographic variables did not influence treatment outcome. Consequently, soldiers and veterans are best served using exposure interventions to target PTSD. Our results did not support a group-only therapy format. Recommended interventions appear less effective at relatively low and high patient PTSD severity levels. Future high-quality studies are needed to determine the efficacy of EMDR.

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<http://psycnet.apa.org/psycinfo/2015-24400-001/>

### **Student service members/veterans' mental health: Who is at a greater risk for posttraumatic stress symptoms on college campuses?**

Nyaronga, Dan; Toma, Roxana

Military Psychology  
Vol 27(4), Jul 2015, 223-231  
<http://dx.doi.org/10.1037/mil0000079>

Using a cross-sectional design, this study surveyed 144 students on campus who are service members and veterans to determine whether posttraumatic stress (PTS) symptoms are significantly correlated with demographic factors (e.g., age, race and marital status), risk factors (e.g., military branch and combat exposure), and resources (e.g., social support and religiosity). The results confirm previous findings on correlates of PTS symptoms, provide new information about service members on campus that are at a greater risk for PTS and highlight resources that are associated with reduced PTS symptoms. These findings not only give institutions of higher learning insight into identifying specific demographics that are at a greater risk for PTS symptoms on college campuses, but also point to ways of supporting student service members/veterans by accurately targeting existing resources to the most affected populations. (PsycINFO Database Record (c) 2015 APA, all rights reserved)

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[http://etd.fcla.edu/CF/CFH0004788/Croft\\_Lauren\\_EI\\_201504\\_BS.pdf](http://etd.fcla.edu/CF/CFH0004788/Croft_Lauren_EI_201504_BS.pdf)

### **Same-sex Sexual Assault in the Military**

Lauren Croft

Thesis, Honors in the Major Program in Legal Studies  
College of Health and Public Affairs and The Burnett Honors College  
University of Central Florida  
Spring Term 2015

Sexual assault in the military is a large concern for the Department of Defense. They recognize it as an important and complex problem that needs to be addressed. In recent years, efforts have been initiated in order to improve the handling of sexual assault cases and data retention. An entirely new program has been created in order to address these cases. Focusing on the occurrence of same - sex assaults heightens the sensitivity of matters. This is due to the precarious and only very recent acceptance of homosexuals in the military. In the past, service members, homosexual or otherwise, may have been concerned with having any connection to homosexual acts. This is because such acts could result in removal from the military. However, in 2011 the "Don't Ask, Don't Tell" Repeal Act went into effect. This act allowed for the open service of homosexuals in the military. Around this same time period, reports from the Department of Defense indicated a rise in the number of sexual assault reports. This thesis analyzes the affect that policies from the Department of Defense and legislation such as the "Don't Ask, Don't Tell" Repeal Act have on reports of same - sex sexual assault in the military. Through research, this thesis finds that the enactments of various policies have had a



measurable impact on treatment of same - sex sexual assault reports in the military , though not necessarily in the way certain media reports might suggest. This thesis also examines the history concerning homosexual service in the military, in order to provide a picture of the national attitudes towards homosexual service in the military, and why certain groups may blame the Lesbian, Gay, Bisexual, and Transgender for this rise in report.

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<http://www.tandfonline.com/doi/abs/10.1080/21635781.2015.1055866>

### **Help Seeking Stigma and Mental Health Treatment Seeking among Young Adult Veterans.**

Magdalena Kulesza , Eric R. Pedersen , Patrick W. Corrigan , Grant N. Marshall

Military Behavioral Health

Accepted author version posted online: 26 Jun 2015

DOI: 10.1080/21635781.2015.1055866

Veterans underutilize mental health services. We investigated the association between treatment seeking stigma and utilization of mental health services in a sample of 812, predominantly White veterans. Higher perceived public stigma of treatment seeking was significantly related to lower treatment utilization. Although many veterans were concerned about negative perceptions if they were to seek treatment, a much smaller number of them endorsed that they would judge a fellow veteran negatively in similar situation. Targeting perceived public stigma of treatment seeking, through perceived norms interventions, might help in narrowing the gap between the need and receipt of help among veterans.

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<http://www.tandfonline.com/doi/abs/10.1080/21635781.2015.1057306>

### **Is Anyone Listening? An Ecological Systems Perspective on Veterans Transitioning from the Military to Academia.**

Janet H. Bagby , Lucy Barnard-Brak , LaNette W. Thompson , Tracey N. Sulak

Military Behavioral Health

Accepted author version posted online: 24 Jun 2015

DOI: 10.1080/21635781.2015.1057306

Using an ecological systems model, this qualitative phenomenological study describes the experiences of 11 student veterans while they were in the military, as they transitioned to a private university, and as they adopted the student role. Results indicated that technology allowed military personnel to remain in multiple networks simultaneously with varied

consequences. Results also indicated that the transition experiences and student experiences of these vets who served on active duty during the post 9–11 conflicts in Afghanistan or Iraq were similar to experiences of returning WWII vets. Targeted services, even at institutions with limited student veteran enrollment, are needed.

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<http://www.sciencedirect.com/science/article/pii/S1049386715000675>

## **Posttraumatic Stress Disorder Symptom Severity and Socioeconomic Factors Associated with Veterans Health Administration Use among Women Veterans.**

Keren Lehavot, Ruth O'Hara, Donna L. Washington, Elizabeth M. Yano, Tracy L. Simpson

Women's Health Issues

Available online 27 June 2015

doi:10.1016/j.whi.2015.05.003

### **Background**

The Veterans Health Administration (VA) has historically focused on treating men. Although women veterans' VA use is increasing, they remain more likely than male veterans to receive their care in non-VA settings. To date, there is limited research on factors associated with VA use among women. We examined the relationship between demographic, civilian, military, and health-related variables with past-year VA use among women veterans.

### **Methods**

Women veterans were recruited over the internet to participate in an anonymous national survey (n = 617) in 2013. An empirically derived decision tree was computed using signal detection software for iterative receiver operator characteristics (ROC) to identify variables with the best sensitivity/specificity balance associated with past-year VA use.

### **Results**

ROC analysis indicated that 85% of participants with high posttraumatic stress disorder (PTSD) and depressive symptoms and who were younger than 54 years of age used VA in the past year. Of those who were 54 years of age or older and had very high PTSD symptoms, 94% used the VA in the last year. By contrast, only 40% of participants with relatively lower PTSD symptoms had VA past-year use, although among these individuals, VA past-year use increased to 65% for those with a relatively lower income.

### **Conclusions**

Findings suggest that greater PTSD symptoms, depressive symptoms, and low income correlate with VA use, with very high PTSD symptoms in older groups, high PTSD symptoms coupled with high depressive symptoms in younger groups, and low income in those with lower PTSD symptoms each associated with greater past-year VA use. Ensuring PTSD assessment

and treatment, and addressing socioeconomic factors, may be key strategies for health care delivered directly or through contract with VA facilities.

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### **Links of Interest**

Online Therapy Could Revolutionize Treatment For Mental Health Conditions

[http://www.huffingtonpost.com/2015/06/25/online-therapy-depression-cognitive-behavioral-therapist\\_n\\_7663274.html](http://www.huffingtonpost.com/2015/06/25/online-therapy-depression-cognitive-behavioral-therapist_n_7663274.html)

Antipsychotic drugs a last resort for these 5 conditions; Safety issues are a concern when used off-label to treat anxiety, ADHD, depression, insomnia, and PTSD, our analysis finds

<http://www.consumerreports.org/cro/2013/12/treating-anxiety-adhd-depression-insomnia-and-ptsd-with-newer-antipsychotics/index.htm?loginMethod=auto&copyrightYear=2015>

Coping with PTSD, Warrior Games athletes see lasting benefits of team competition

<http://www.health.mil/News/Articles/2015/06/26/Coping-with-PTSD-Warrior-Games-athletes-see-lasting-benefits-of-team-competition>

New 'Peer' Consultation Service Debuts at Military OneSource

<http://www.defense.gov/news/newsarticle.aspx?id=129085>

Help PTSD sufferers heal from 'soul injury'

<https://www.bostonglobe.com/opinion/2015/06/21/too-many-suffer-too-long-with-soul-injury/KjaS0gXx2vykS4WdtwUf0L/story.html>

Editorial: Veterans' Health and Opioid Safety—Contexts, Risks, and Outreach Implications

<http://www.fedprac.com/specialty-focus/pain/article/veterans-health-and-opioid-safety-contexts-risks-and-outreach-implications>

How To Turn Your Smartphone Into Your Personal Therapist

<http://www.fastcompany.com/3047894/the-future-of-work/how-to-turn-your-smartphone-into-your-personal-therapist>

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### **Resource of the Week: [Data.gov](http://data.gov)**

Data.gov is “The home of the U.S. Government’s open data,” comprising (at this writing) more than 141,200 datasets that you or your organization can use “to conduct research, develop web and mobile applications, design data visualizations, and more.”

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Consumer, Ecosystems, Education, Energy, Finance, Health, Local Government, Manufacturing, Ocean, Public Safety, Science & Research.



DATA TOPICS - IMPACT APPLICATIONS DEVELOPERS CONTACT

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If you're strictly interested in health-related data, take a look at [HealthData.gov](https://healthdata.gov), currently in beta, which "is dedicated to making high value health data more accessible to entrepreneurs, researchers, and policy makers in the hopes of better health outcomes for all." You can do a keyword search here or browse by government agency. For example, [here is the data](#) offered by the Substance Abuse and Mental Health Services Administration.

This site is dedicated to making high value health data more accessible to entrepreneurs, researchers, and policy makers in the hopes of better health outcomes for all.

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**Administration for Children and Families**

The Administration for Children and Families (ACF) is a division of the Department of Health & Human...



**Administration for Community Living**

ACL brings together the efforts and achievements of the Administration on Aging, the Administration on...



**Agency for Healthcare Research and Quality**

The Agency for Healthcare Research and Quality's (AHRQ) mission is to produce evidence to make health care...



**Assistant Secretary for Planning & Evaluation**

The Assistant Secretary for Planning and Evaluation (ASPE) is the principal advisor to the Secretary of...



**Centers for Disease Control and Prevention**

The CDC is one of the major operating components of the Department of Health and Human Services. CDC works...



**Centers for Medicare & Medicaid Services**

The Centers for Medicare & Medicaid Services (CMS), previously known as the Health Care Financing...

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