



## CDP Research Update -- July 23, 2015

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- Firearm ownership in veterans entering residential PTSD treatment: associations with suicide ideation, attempts, and combat exposure.
- Implementing an acceptance and commitment therapy group protocol with veterans using VA's stepped care model of pain management.
- Psychosocial Interventions for Mental and Substance Use Disorders: A Framework for Establishing Evidence-Based Standards (Institute of Medicine)
- Collateral Damage: Military Sexual Trauma and Help-Seeking Barriers.
- Links of Interest
- Resource of the Week: Congressional Research Service Reports from the Federation of American Scientists Project on Government Secrecy

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<http://www.ncbi.nlm.nih.gov/pubmed/26156954>

J Clin Sleep Med. 2015 Jun 22. pii: jc-00183-15. [Epub ahead of print]

**A Comparative Analysis of Sleep Disordered Breathing in Active Duty Service Members with and without Combat-Related Posttraumatic Stress Disorder.**

Mysliwiec V, Matsangas P, Gill J, Baxter T, O'Reilly B, Collen JF, Roth BJ

**STUDY OBJECTIVES:**

Posttraumatic stress disorder (PTSD) and obstructive sleep apnea (OSA) are frequently co-occurring illnesses. The purpose of this study was to determine whether comorbid PTSD/ OSA is associated with increased PTSD symptoms or decreased OSA severity compared to PTSD or OSA alone in recently deployed Active Duty Service Members (ADSM).

**METHODS:**

Cross-sectional observational study of ADSM who returned from combat within 24 months. Participants underwent an attended diagnostic polysomnogram and were assessed for PTSD, depression, combat exposure severity, sleepiness, and sleep quality with validated clinical instruments.

**RESULTS:**

Our study included 109 military personnel who returned from a combat deployment within 24 months with a mean age of  $34.3 \pm 8.23$  and BMI of  $30.8 \pm 3.99$ . Twenty-four participants had PTSD/ OSA, 68 had OSA, and 17 had PTSD. Mean PTSD Checklist- Military Version (PCL-M) scores were  $62.0 \pm 8.95$ ,  $60.5 \pm 4.73$ , and  $32.5 \pm 8.95$  in PTSD/ OSA, PTSD, and OSA, respectively. The mean AHI was  $16.9 \pm 15.0$ ,  $18.9 \pm 17.0$ , and  $1.73 \pm 1.3$  for those with PTSD/ OSA, OSA, and PTSD. PTSD symptoms and OSA severity in military personnel with comorbid PTSD/ OSA were not significantly different from those with PTSD or OSA alone. On multivariate analysis, BMI was a significant predictor of OSA (OR, 1.21; 95% CI, 1.04-1.44) and age trended towards significance. Depression, but not OSA severity, was associated with PTSD symptoms.

**CONCLUSIONS:**

Following recent combat exposure, comorbid PTSD/ OSA is not associated with increased PTSD symptoms or decreased severity of OSA. Early evaluation after traumatic exposure for comorbid OSA is indicated in PTSD patients with sleep complaints given the high co-occurrence and adverse clinical implications. Copyright © 2015 American Academy of Sleep Medicine. All rights reserved.

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<http://www.tandfonline.com/doi/abs/10.1080/10911359.2015.1058139>

## **A Review of the Effectiveness of Military Suicide Prevention Programs in Reducing Rates of Military Suicides.**

Lisa M. Harmon , R. Lyle Cooper , William R. Nugent , Jimmie J. Butcher

Journal of Human Behavior in the Social Environment

Published online: 11 Jul 2015

DOI:10.1080/10911359.2015.1058139

The suicide rate within the U.S. armed forces remains a pressing issue for the country. This comprehensive literature review found only five published studies on military suicide prevention programs and their outcomes. Substantial research design and methodological issues are noted, and only one study produces statistically significant results. Findings reveal a serious lack of empirical evidence demonstrating effective suicide prevention programs within the U.S. armed forces.

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<http://nsubso.nova.edu/forms/motivational-interviewing.pdf>

## **Motivational Interviewing: Improving the Delivery of Psychological Services to Law Enforcement.**

Bryan Steinkopf, Kori A. Hakala, and Vincent B. Van Hasselt

Center for Psychological Studies, Nova Southeastern University

In press, Professional Psychology: Research and Practice

Law enforcement officers are often considered a resistant population when it comes to the delivery of mental health services. This paper reviews: (1) mental health problems that police officers are at risk of developing, (2) factors in the law enforcement profession that increase the need for mental health services for officers, (3) the roles that the law enforcement occupation and culture play in increasing resistance to mental health services, and (4) how the empirically-supported technique of Motivational Interviewing (MI) may improve the overall success of psychological treatments with this population. MI is an interview delivery style that has been shown to be very successful with treatment-resistant populations. We propose that the incorporation of MI into traditional mental health services for law enforcement officers may help to reduce their resistance to the therapeutic process. We also suggest that future research examining the value of MI specifically for law enforcement professionals is warranted.

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<http://ccs.sagepub.com/content/early/2015/07/07/1534650115594004.abstract>

## **Acceptance and Commitment Therapy in the Treatment of Depression Related to Military Sexual Trauma in a Woman Veteran: A Case Study.**

Regina Hiraoka, Andrew J. Cook, Jenny M. Bivona, Eric C. Meyer, and Sandra B. Morissette

Clinical Case Studies

First published on July 7, 2015

doi:10.1177/1534650115594004

Depression is commonly reported by Veterans who have experienced military sexual trauma (MST). An increasing body of literature supports the use of Acceptance and Commitment Therapy (ACT) for the treatment of depression among civilians and military Veterans; however, additional research is needed, particularly among people exposed to trauma. This clinical case study describes the application of ACT with a 21-year-old woman Veteran who sought treatment for depression related to MST. The Veteran's depression symptoms decreased substantially over the course of therapy. Moreover, she demonstrated increased ability to attend to the present moment, tolerate feelings of uncertainty, and make decisions consistent with her chosen values. Treatment implications of these findings are discussed, with an emphasis on the unique aspects of using ACT in the treatment of MST-related depression among Veterans.

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<http://www.sciencedirect.com/science/article/pii/S1389945715008126>

## **Insomnia in workers with delayed recovery from mild traumatic brain injury.**

Tatyana Mollayeva, Shirin Mollayeva, Colin Shapiro, J David Cassidy, Angela Colantonio

Sleep Medicine

Available online 10 July 2015

doi:10.1016/j.sleep.2015.05.014

### Highlights

- The insomnia construct is complex in persons with traumatic brain injury (TBI).
- This theoretical construct has been investigated in workers with delayed recovery from mild TBI (mTBI).
- Nearly 69% of workers with delayed recovery from mTBI had insomnia.
- Insomnia was associated with socio-demographic, claim-related, behavioural, and clinical variables.
- Greater attention and a multi-disciplinary approach is required with regard to the diagnosis and management of insomnia in persons with mTBI.

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<http://www.ncbi.nlm.nih.gov/pubmed/26182069>

Games Health J. 2015 Jun;4(3):235-246. Epub 2015 Feb 19.

**Randomized Controlled Trial of SuperBetter, a Smartphone-Based/Internet-Based Self-Help Tool to Reduce Depressive Symptoms.**

Roepke AM, Jaffee SR, Riffle OM, McGonigal J, Broome R, Maxwell B

**OBJECTIVE:**

Technological advances have sparked the development of computer- and smartphone-based self-help programs for depressed people, but these programs' efficacy is uncertain. This randomized controlled trial evaluated an intervention called SuperBetter (SB), which is accessed via smartphone and/or the SB Web site.

**MATERIALS AND METHODS:**

Online, we recruited 283 adult iPhone® (Apple, Cupertino, CA) users with significant depression symptoms according to the Center for Epidemiological Studies Depression questionnaire (CES-D). They were randomly assigned to one of three conditions: (a) a version of SB using cognitive-behavioral therapy and positive psychotherapy strategies to target depression (CBT-PPT SB); (b) a general SB version focused on self-esteem and acceptance (General SB); or (c) a waiting list control group (WL). The two SB groups were instructed to use SB for 10 minutes daily for 1 month. All participants completed psychological distress and well-being measures online every 2 weeks through follow-up. An intent-to-treat analysis was conducted using hierarchical linear modeling.

**RESULTS:**

As hypothesized, SB participants achieved greater reductions in CES-D scores than WL participants by posttest (Cohen's  $d=0.67$ ) and by follow-up ( $d=1.05$ ). Contrary to prediction, CBT-PPT SB did not perform better than General SB; both versions of SB were more effective than the WL control. Differences between SB versions favored General SB but were not statistically significant.

**CONCLUSIONS:**

These large effect sizes should be interpreted cautiously in light of high attrition rates and the motivated, self-selected sample. Nonetheless, smartphone-based/Internet-based self-help may play an important role in treating depression.

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<http://www.ncbi.nlm.nih.gov/pubmed/26182214>

Games Health J. 2015 Aug;4(4):271-277. Epub 2015 Apr 14.

**More than Just a Game? Combat-Themed Gaming Among Recent Veterans with Posttraumatic Stress Disorder.**

Elliott L, Golub A, Price M, Bennett A

This article examines recent combat veterans' experiences of "first-person shooter" (FPS) gaming and its relationship to posttraumatic stress disorder (PTSD). Current PTSD treatment approaches increasingly use virtual reality (VR) technologies, which have many similarities with FPS games. To explore these similarities, this article presents six case studies from recently separated veterans in New York City who reported both current PTSD symptoms and regular use of combat-themed FPS games. In open-ended interviews, participants discussed a range of benefits as well as the importance of regulating use and avoiding particular contextual dimensions of gaming to maintain healthy gaming habits. Findings demonstrate the need for more comprehensive study and dissemination of best-practices information about FPS gaming in the context of combat-related PTSD symptomatology.

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<http://www.ncbi.nlm.nih.gov/pubmed/26179483>

J Trauma Stress. 2015 Jul 14. doi: 10.1002/jts.22021. [Epub ahead of print]

**Traumatic Brain Injury and Suicidal Ideation Among U.S. Operation Enduring Freedom and Operation Iraqi Freedom Veterans.**

Gradus JL, Wisco BE, Luciano MT, Iverson KM, Marx BP, Street AE

Traumatic brain injury (TBI) is associated with suicidal behavior among veterans, and gender differences in the strength of associations may exist. Almost all research has been limited to Veterans Health Administration (VHA) patients, and it is unclear if findings generalize to veterans who do not use VHA services. We examined gender- and VHA-user-specific associations between TBI related to deployment and postdeployment suicidal ideation in a U.S. national sample of 1,041 female and 880 male Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF) veterans. Path analysis was used to estimate TBI and suicidal ideation association, and examine PTSD and depression symptomatology in these associations. TBI was associated with suicidal ideation among male VHA users, OR = 3.64, 95% CI [2.21, 6.01]; and male and female nonusers, OR = 2.24, 95% CI [1.14, 4.44] and OR = 2.65, 95% CI [1.26, 5.58], respectively, in unadjusted analyses. This association was explained by depression symptoms among male and female nonusers. Among male VHA users an association between TBI and suicidal ideation remained when accounting for depression symptoms, OR = 2.50, 95%

CI [1.33, 4.71]. Our findings offered evidence of an association between TBI and suicidal ideation among male OEF/OIF VHA users.

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<http://www.ncbi.nlm.nih.gov/pubmed/26180891>

**Yoga for the Treatment of Post-Traumatic Stress Disorder, Generalized Anxiety Disorder, Depression, and Substance Abuse: A Review of the Clinical Effectiveness and Guidelines.**

Source

Ottawa (ON): Canadian Agency for Drugs and Technologies in Health

2015 Jun.

CADTH Rapid Response Reports.

Excerpt

The purpose of this Rapid Response report is to review the clinical effectiveness of yoga for treating post-traumatic stress disorder (PTSD), generalized anxiety disorder (GAD), depression and substance abuse (SA), and to summarize the guidelines that are associated with the use of yoga for these conditions.

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PMID: 26180891 [PubMed] Free Books & Documents Free full text

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<http://www.ncbi.nlm.nih.gov/pubmed/26180857>

## **Treatment for Post-Traumatic Stress Disorder, Operational Stress Injury, or Critical Incident Stress: A Review of Guidelines.**

### Source

Ottawa (ON): Canadian Agency for Drugs and Technologies in Health  
2015 Apr.  
CADTH Rapid Response Reports

### Excerpt

Critical incidents are events where individuals witness or experience tragedy, death, serious injuries, or threatening situations, which may have strong emotional impact. Emergency service workers and law enforcement workers are often affected by critical incident stress (CIS), which may or may not develop a post-traumatic stress disorders (PTSD) after a critical incident or traumatic event. The signs and symptoms of CIS can be physical (e.g., fatigue, headache, dizziness), cognitive (e.g., confusion, nightmares, poor attention and concentration), emotional (e.g., fear, guilt, anger, depression, chronic anxiety) and behavioral (e.g., restlessness, withdrawal, increased alcohol consumption). Tools for the management of CIS include demobilization, crisis management briefings, defusing, and debriefing. Operational stress injury (OSI) is a non-medical term describing a broad range of medical conditions including anxiety, depression, PTSD, and other less severe conditions. OSI is usually associated with warfare, where intense combat can cause severe psychiatric symptoms, leading to substance abuse, depression, anxiety, and amnesia. PTSD is one of the most common OSIs. PTSD is characterized by intrusive or distressing thoughts, nightmares, and flashbacks of past exposure to traumatic events, including sudden death of loved ones, accidents, natural disasters, sexual assault, combat injury, and torture. The lifetime prevalence of PTSD in Canada was estimated to be 9.2%, with one month prevalence rates of 2.4%. Women in general are more likely to develop PTSD than men after exposure to traumatic events. PTSD has been associated with high rates of chronic pain, sleep problems, and sexual and cognitive dysfunction, leading to a significant decrease in quality of life. PTSD has been associated with an increased cost of health care due to more often and longer hospitalizations. There is a paucity of convincing evidence that both the psychological and pharmacological strategies can be successfully used in the prevention or early intervention of PTSD. On the other hand, patients with established PTSD can be managed using later pharmacological and/or psychological interventions. There are numerous types of drugs and psychotherapy approaches that may or may not have good clinical evidence for efficacy in treating PTSD. The aim of this report is to review the guidelines regarding treatment for PTSD, OSI, or CIS.

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PMID: 26180857 [PubMed] Free Books & Documents Free full text

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<http://www.ncbi.nlm.nih.gov/pubmed/26180855>

**Mindfulness Interventions for the Treatment of Post-Traumatic Stress Disorder, Generalized Anxiety Disorder, Depression, and Substance Use Disorders: A Review of the Clinical Effectiveness and Guidelines.**

Source

Ottawa (ON): Canadian Agency for Drugs and Technologies in Health  
2015 Jun.  
CADTH Rapid Response Reports

Excerpt

Mindfulness is an integrative, mind-body based approach that helps people change the way they think and feel about their experiences. It is a way of paying attention to the present moment by using meditation, breathing techniques, and yoga. Mindfulness involves consciously bringing awareness to thoughts and feelings, without making judgments, allowing the individual to become less enmeshed and better able to manage them. The objective of this review is to summarize the clinical effectiveness and guidelines for the use of mindfulness interventions for the treatment of post-traumatic stress disorder (PTSD), generalized anxiety disorder (GAD), depression, and substance use disorders in adults.

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<http://www.aasmnet.org/jcsm/ViewAbstract.aspx?pid=30094>

### **Nightmares: Under-Reported, Undetected, and Therefore Untreated.**

Nadorff MR, Nadorff DK, Germain A.

Journal of Clinical Sleep Medicine  
2015;11(7):747–750  
<http://dx.doi.org/10.5664/jcsm.4850>

#### Objective

Nightmares are a robust and modifiable predictor of increased suicidality and poor psychiatric outcomes, yet nightmare screening and treatment remain rare, even in sleep centers. This paper aims to examine what proportion of nightmare sufferers have discussed nightmares with a healthcare provider, as well as possible explanations for low rates of nightmare complaints.

#### Methods

The present study utilized a large United States community sample recruited through mTurk and a student sample recruited from a large public university in the Southeast United States. In Study 1, participants (n = 809) were asked whether they had discussed nightmares with a healthcare provider. In Study 2 participants (n = 747) were asked whether they believed nightmares were treatable in addition to whether or not they had discussed nightmares with a healthcare provider.

#### Results

Of the participants in Study 1 experiencing clinically significant nightmare symptoms only 37.8% of participants reported discussing their nightmares with a healthcare professional. In Study 2 only 11.1% of participants with significant nightmares reporting having told a healthcare provider about their nightmares. Further, of these individuals with clinically significant nightmare symptoms, less than one-third believed that nightmares were treatable. Higher nightmare severity was associated with a greater likelihood of reporting nightmares to a healthcare physician as well as with lower beliefs that nightmares are treatable.

## Conclusions

Our findings suggest that nightmares are rarely reported to healthcare providers, which may explain the underutilization of nightmare treatments. Given the poor outcomes associated with nightmares, nightmare screening is warranted.

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<http://www.aasmnet.org/jcsm/ViewAbstract.aspx?pid=30092>

## **The Role of Trauma Type in the Risk for Insomnia.**

Hall Brown TS, Akeeb A, Mellman TA

Journal of Clinical Sleep Medicine

2015;11(7):735–739

<http://dx.doi.org/10.5664/jcsm.4846>

### Objective

Insomnia is common following exposure to trauma and can occur independently or as a feature of posttraumatic stress disorder (PTSD). However, there is limited research identifying risk factors associated with the development of insomnia following exposure to a traumatic event. The goal of this study was to evaluate the role of specific trauma types in the risk for insomnia in a community sample of urban African Americans young adults.

### Methods

A sample of 554 nonclinical, urban, young adult African Americans was recruited for a larger study from which 465 participants were utilized for this study based on their completion of all study self-report measures. Participants were initially screened by phone to determine whether they provisionally met study criteria. Once selected, participants underwent informed consent and then completed a battery of self-report measures that included the Life Events Checklist, the PTSD Checklist, the Insomnia Severity Index, and the Fear of Sleep Index.

### Results

Of the seven trauma categories that were endorsed by at least 20% of the sample, results from logistic regression models indicated that sexual trauma, physical assault, accidents, natural disasters, and sudden violent death predicted insomnia independent of sex. However, PTSD symptom severity and nocturnal fears differentially influenced the relationship between trauma type and risk for insomnia.

### Conclusions

Exposure to specific types of trauma increases the odds of insomnia twofold to threefold. Additionally, PTSD symptom severity and nocturnal fears contribute differentially to the relationship between trauma exposure and insomnia suggesting the possibility of multiple underlying pathways.

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<http://www.aasmnet.org/jcsm/ViewAbstract.aspx?pid=30089>

## **Is There a Clinical Role For Smartphone Sleep Apps? Comparison of Sleep Cycle Detection by a Smartphone Application to Polysomnography.**

Bhat S, Ferraris A, Gupta D, Mozafarian M, DeBari VA, Gushway-Henry N, Gowda SP, Polos PG, Rubinstein M, Seidu H, Chokroverty S

Journal of Clinical Sleep Medicine  
2015;11(7):709–715  
<http://dx.doi.org/10.5664/jcsm.4840>

### **Study Objectives**

Several inexpensive, readily available smartphone apps that claim to monitor sleep are popular among patients. However, their accuracy is unknown, which limits their widespread clinical use. We therefore conducted this study to evaluate the validity of parameters reported by one such app, the Sleep Time app (Azumio, Inc., Palo Alto, CA, USA) for iPhones.

### **Methods**

Twenty volunteers with no previously diagnosed sleep disorders underwent in-laboratory polysomnography (PSG) while simultaneously using the app. Parameters reported by the app were then compared to those obtained by PSG. In addition, an epoch-by-epoch analysis was performed by dividing the PSG and app graph into 15-min epochs.

### **Results**

There was no correlation between PSG and app sleep efficiency ( $r = -0.127$ ,  $p = 0.592$ ), light sleep percentage ( $r = 0.024$ ,  $p = 0.921$ ), deep sleep percentage ( $r = 0.181$ ,  $p = 0.444$ ) or sleep latency ( $r_s = 0.384$ ,  $p = 0.094$ ). The app slightly and nonsignificantly overestimated sleep efficiency by 0.12% (95% confidence interval [CI]  $-4.9$  to  $5.1\%$ ,  $p = 0.962$ ), significantly underestimated light sleep by 27.9% (95% CI  $19.4$ – $36.4\%$ ,  $p < 0.0001$ ), significantly overestimated deep sleep by 11.1% (CI  $4.7$ – $17.4\%$ ,  $p = 0.008$ ) and significantly overestimated sleep latency by 15.6 min (CI  $9.7$ – $21.6$ ,  $p < 0.0001$ ). Epochwise comparison showed low overall accuracy (45.9%) due to poor interstage discrimination, but high accuracy in sleep-wake detection (85.9%). The app had high sensitivity but poor specificity in detecting sleep (89.9% and 50%, respectively).

### **Conclusions**

Our study shows that the absolute parameters and sleep staging reported by the Sleep Time app (Azumio, Inc.) for iPhones correlate poorly with PSG. Further studies comparing app sleep-wake detection to actigraphy may help elucidate its potential clinical utility.

See also -- [Consumer Sleep Apps: When it Comes to the Big Picture, it's All About the Frame](#) (commentary)

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<http://focus.psychiatryonline.org/doi/abs/10.1176/appi.focus.130310>

### **Current Status of Co-Occurring Mood and Substance Use Disorders: A New Therapeutic Target.**

Helen M. Pettinati, Ph.D., Charles P. O'Brien, M.D., Ph.D., William D. Dundon, Ph.D.

Focus

Volume 13 Issue 3, Summer 2015, pp. 356-362

<http://dx.doi.org/10.1176/appi.focus.130310>

Mood and substance use disorders commonly co-occur, yet there is little evidence-based research to guide the pharmacologic management of these comorbid disorders. The authors review the existing empirical findings, some of which may call into question current clinical pharmacotherapy practices for treating co-occurring mood and substance use disorders. The authors also highlight knowledge gaps that can serve as a basis for future research. The specific mood disorders reviewed are bipolar and major depressive disorders (either one co-occurring with a substance use disorder). Overall, findings from the relatively small amount of available data indicate that pharmacotherapy for managing mood symptoms can be effective in patients with substance dependence, although results have not been consistent across all studies. Also, in most studies, medications for managing mood symptoms did not appear to have an impact on the substance use disorder. In a recent trial for comorbid major depression and alcohol dependence, combination treatment with a medication for depression and another for alcohol dependence was found to reduce depressive symptoms and excessive drinking simultaneously. However, research has only begun to address optimal pharmacologic management of co-occurring disorders. In addition, current clinical treatment for alcohol and drug dependence often excludes new pharmacotherapies approved by the U.S. Food and Drug Administration for treating certain types of addiction. With new data becoming available, it appears that we need to revisit current practice in the pharmacological management of co-occurring mood and substance use disorders.

Reprinted with permission from the American Journal of Psychiatry 2013; 170:23–30

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<http://focus.psychiatryonline.org/doi/abs/10.1176/appi.focus.20150008>

### **Smoking and Mental Illness: Strategies to Increase Screening, Assessment, and Treatment.**

Douglas Ziedonis, M.D., M.P.H., Smita Das, M.D., Ph.D., M.P.H., Makenzie Tonelli, B.A.

Focus

Volume 13 Issue 3, Summer 2015, pp. 290-306

<http://dx.doi.org/10.1176/appi.focus.20150008>

Tobacco use disorder is the most common substance use disorder among individuals with any other psychiatric disorder, resulting in enormous health disparities, shorter lifespan, increased suicide risk, and reduced quality of life compared with others, due in part to general medical conditions caused or worsened by tobacco use. Tobacco use can have financial, employment, relationship, and other personal consequences. Mental health and addiction treatment settings have historically ignored tobacco use; however, psychiatrists and others have recently recognized their crucial role in helping patients to quit. A culture change is needed that values addressing tobacco use in behavioral treatment settings to support the integration of evidence-based practices for assessing and treating tobacco use disorder. This clinically focused article provides up-to-date information for practicing psychiatrists on how to increase screening, assessment, and treatment of tobacco use disorder. Clinical tools, such as the carbon monoxide meter, can easily be integrated into practice to assess patients and motivate quitting. Other aids to help patients recover from tobacco use disorder include nicotine replacement therapy medications, simple and effective brief psychosocial interventions, and free community resources. Psychiatrists must not only be aware of the changes in common psychiatric medication blood levels that occur when patients change their smoking status but also know the amounts of nicotine in tobacco products, including emerging tobacco products and e-cigarettes. Mounting evidence supports the mental and physical health benefits of quitting tobacco use and the effectiveness of using traditional tobacco use disorder treatments in helping people with psychiatric disorders quit use.

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<http://www.gao.gov/products/GAO-15-589>

#### **MILITARY PERSONNEL:**

#### **DOD Is Expanding Combat Service Opportunities for Women, but Should Monitor Long-Term Integration Progress**

GAO-15-589: Published: Jul 20, 2015. Publicly Released: Jul 20, 2015

The military services and U.S. Special Operations Command (SOCOM) have opened selected positions and occupations to women since January 2013, as shown in the table below, and are determining whether to open the remaining closed positions and occupations. The services and SOCOM also are conducting studies to identify and mitigate potential integration challenges in areas such as unit cohesion, women's health, and facilities. As of May 2015, the Secretary of the Navy was the only military department Secretary to recommend an exception to policy to

keep positions closed to women on three classes of ships that are scheduled to be decommissioned, due in part to high retrofit costs.

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<http://onlinelibrary.wiley.com/doi/10.1111/acer.12788/abstract>

## **Precipitating Circumstances of Suicide and Alcohol Intoxication Among U.S. Ethnic Groups.**

Caetano, R., Kaplan, M. S., Huguet, N., Conner, K., McFarland, B. H., Giesbrecht, N. and Nolte, K. B.

Alcoholism: Clinical and Experimental Research

Article first published online: 14 JUL 2015

doi: 10.1111/acer.12788

### **Background**

Our goal was to assess the prevalence of 9 different types of precipitating circumstances among suicide decedents, and examine the association between circumstances and postmortem blood alcohol concentration (BAC  $\geq$  0.08 g/dl) across U.S. ethnic groups.

### **Methods**

Data come from the restricted 2003 to 2011 National Violent Death Reporting System, with postmortem information on 59,384 male and female suicide decedents for 17 U.S. states.

### **Results**

Among men, precipitating circumstances statistically associated with a BAC  $\geq$  0.08 g/dl were physical health and job problems for Blacks, and experiencing a crisis, physical health problems, and intimate partner problem for Hispanics. Among women, the only precipitating circumstance associated with a BAC  $\geq$  0.08 g/dl was substance abuse problems other than alcohol for Blacks. The number of precipitating circumstances present before the suicide was negatively associated with a BAC  $\geq$  0.08 g/dl for Whites, Blacks, and Hispanics.

### **Conclusions**

Selected precipitating circumstances were associated with a BAC  $\geq$  0.08 g/dl, and the strongest determinant of this level of alcohol intoxication prior to suicide among all ethnic groups was the presence of an alcohol problem.

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<http://www.tandfonline.com/doi/abs/10.1080/10926771.2015.1069772>

**Symptoms among Partners, Family, and Friends of Individuals with Posttraumatic Stress Disorder: Associations with Social Support Behaviors, Gender, and Relationship Status.**

Myra G. Crevier , André Marchand , Nadim Nachar , Stéphane Guay

Journal of Aggression, Maltreatment & Trauma  
Accepted author version posted online: 13 Jul 2015  
DOI: 10.1080/10926771.2015.1069772

Social support represents an important recovery factor for individuals with posttraumatic stress disorder (PTSD). Nevertheless, partners, family, and friends who take on the role of caregiver for individuals with PTSD may face multiple difficulties . For example, they are at risk for developing anxiety and depressive symptoms, which could consequently negatively affect their ability to offer support. This study examined the associations between the difficulties of individuals with PTSD (i. e., symptoms and level of functioning), their caregivers' (partners, family, and friends) anxiety and depressive symptoms, and social support behaviors according to two variables: relationship status and gender. Sixty-five individuals with PTSD and either their partner, family member, or friend filled out questionnaires and participated in a trauma-oriented discussion. Social support behaviors were coded. Results revealed no associations between the difficulties of individuals with PTSD and their caregivers' symptoms. However, caregivers' depressive symptoms were negatively associated with the quality of some of their social support behaviors. Moreover, relationship status and gender were significant moderators, indicating stronger negative associations between anxiety and depressive symptoms and some social support behaviors of men and caregiving partners. Male caregivers could have difficulties offering appropriate support and responding to traditional masculine roles (e. g., being strong and self-reliant) when they report symptoms themselves. Partners are particularly involved in the everyday life of individuals with PTSD. Thus, they could have difficulties keeping an optimal emotional distance to offer support when they report symptoms themselves. Future directions as well as clinical implications are discussed.

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<http://informahealthcare.com/doi/abs/10.3109/02699052.2015.1004742>

**Informational literature influences symptom expression following mild head injury: An analog study.**

Brigid Waldron-Perrine, Heather A. Tree, Robert J. Spencer, Julie Suhr, and Linas Bieliauskas

Brain Injury  
Posted online on July 16, 2015

Primary objective:

Many Veterans involved in recent OEF/OIF conflicts return with reports of having experienced an mTBI. The Veteran's Affairs (VA) and Department of Defense (DoD) have gone to great lengths to provide information to Veterans regarding possible effects of TBI. Although well intended, this information may possibly have an iatrogenic effect. Conversely, setting positive expectations for recovery from mTBI has been shown to result in decreased symptomatology.

Research design:

One-way ANOVA and Tukey post-hoc analyses were used to determine whether there were significant differences on reported severity and number of PCS symptoms (NSI) among the three experimental groups (recovery focused information; expectation for persistent symptoms; and no information given).

Methods and procedures:

Undergraduate students, who were told to imagine they had experienced a military-related TBI, reported varying levels of expected symptoms when given either positive or negative information about symptom expectation.

Main outcomes and results:

The results indicate that presenting recovery-oriented literature resulted in the lowest report of expected symptoms, whereas presenting no information resulted in the highest report of expected symptoms.

Conclusions:

Providing Veterans with information regarding a likely positive trajectory of recovery may result in less symptom persistence during rehabilitation.

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<http://link.springer.com/article/10.1007/s10591-015-9345-7>

### **Relationship Problems and Military Related PTSD: The Case for Using Emotionally Focused Therapy for Couples.**

Adrian J. Blow, Ansley Fraser Curtis, Andrea K. Wittenborn, Lisa Gorman

Contemporary Family Therapy

July 2015

Date: 11 Jul 2015

In this paper, the authors argue that effective couple interventions are important for the military given the impact deployment-related posttraumatic stress disorder (PTSD) has on couple relationships. The authors review the literature on military relationships and how PTSD, in particular, is problematic for these relationships. The authors then review evidence based

couple therapy interventions targeting military couples and argue that Emotionally Focused Therapy is an ideally suited means of working with these couples as they face PTSD.

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<http://www.invent-journal.com/article/S2214-7829%2815%2900030-5/abstract>

### **Online self-help for suicidal thoughts: 3-month follow-up results and participant evaluation.**

Bregje A.J. van Spijker, Annemieke van Straten, Ad J.F.M. Kerkhof

Internet Interventions

DOI: <http://dx.doi.org/10.1016/j.invent.2015.07.001>

#### Background

As a substantial proportion of people with suicidal thoughts does not receive treatment, the internet can be utilized to reach more people who need support.

#### Aims

To examine maintenance of effects of online self-help for suicidal thoughts at 3-month follow-up within the intervention group of a randomized controlled trial (of which between-group 6-week post-test results have previously been reported, showing a small effect of 0.28 for suicidal thoughts in favour of the intervention group), and to investigate acceptability of the intervention through participant evaluation.

#### Methods

236 adults with mild to moderate suicidal thoughts were randomized to the intervention (n = 116) or a waitlist control group (n = 120). Assessments took place at baseline, post-test (6 weeks later), and follow-up (3 months after post-test). This paper reports on the intervention group and follow-up assessment only.

#### Results

Effects established at 6-week post-test were generally maintained at 3-month follow-up in the intervention group. Participant evaluation revealed that a majority thought their suicidal thoughts had decreased during the study, that adherence to the intervention was below average, and that levels of satisfaction were acceptable.

#### Limitations

The control group could not serve as a comparator as they had received access to the intervention at post-test.

#### Conclusions

Effects of online self-help for suicidal thoughts can be maintained for up to three months.

Participant evaluation indicated that online self-help for suicidal thoughts is acceptable, but there is also room for improvement.

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<http://link.springer.com/article/10.1007/s00127-015-1084-4/fulltext.html>

## **A systematic review of mental disorders and perpetration of domestic violence among military populations.**

Kylee Trevillion, Emma Williamson, Gursimran Thandi, Rohan Borschmann, Sian Oram, Louise M. Howard

Social Psychiatry and Psychiatric Epidemiology

The International Journal for Research in Social and Genetic Epidemiology and Mental Health Services

2015:1084

DOI: 10.1007/s00127-015-1084-4

### **Purpose**

Military populations may experience more severe forms of domestic violence than the general population. Although mental disorders are associated with domestic violence perpetration among the general population, it is not clear whether this is the case for military populations. This review aimed to establish the prevalence and odds of domestic violence perpetration among male and female military personnel with mental disorders.

### **Methods**

Systematic review: searches of eleven electronic databases were supplemented by hand searches, reference screening, citation tracking and expert recommendations.

### **Results**

Ten studies were included; nine reporting on partner violence and one on violence against an adult family member. Median prevalence estimates were calculated for partner violence perpetration among male military personnel with post-traumatic stress disorder (PTSD); estimates on other disorders were not possible due to lack of data. 27.5 % of men with PTSD reported past year physical violence perpetration against a partner and 91.0 % reported past year psychological violence perpetration against a partner. Due to limited data, no median estimates could be calculated for female military personnel. Data from individual papers indicate increased odds of past year partner violence perpetration among male and female military personnel with depression; inconsistent findings were reported for risk of partner violence perpetration among male and female military personnel with PTSD.

### **Conclusions**

There is some evidence that mental disorders among military personnel are associated with

past year domestic violence perpetration, though current data cannot confirm direction of causality. Research is needed to inform the development of interventions targeted to reduce domestic violence perpetration among military personnel.

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<http://onlinelibrary.wiley.com/doi/10.1002/jts.22019/abstract>

**Impact of Deployment-Related Sexual Stressors on Psychiatric Symptoms After Accounting for Predeployment Stressors: Findings From a U.S. National Guard Cohort.**

McCallum, E. B., Murdoch, M., Erbes, C. R., Arbisi, P. and Polusny, M. A.

Journal of Traumatic Stress

Article first published online: 15 JUL 2015

DOI: 10.1002/jts.22019

This study used a longitudinal research design to examine the impact of predeployment stressors and deployment-related sexual stressors on self-reported psychiatric symptoms of U.S. National Guard soldiers returning from deployments to Iraq or Afghanistan. Prior to deployment, participants completed measures of depression and posttraumatic stress symptoms, along with an inventory of predeployment stressor experiences. At 3-months postdeployment, participants (468 men, 60 women) again completed self-report measures of psychiatric symptoms, along with an inventory of sexual stressors experienced during deployment. We compared a cross-sectional model of sexual stressors' impact on psychiatric symptoms, in which only postdeployment reports were considered, to a longitudinal model in which we adjusted for participants' predeployment stressors and psychiatric symptoms. No participants reported sexual assault during deployment, though sexual harassment was common. The cross-sectional model suggested that deployment-related sexual stressors were significantly associated with postdeployment depression ( $R^2 = .11$ ) and posttraumatic stress symptoms ( $R^2 = .10$ ). Once predeployment factors were taken into consideration, however, sexual stressors were no longer significant. The results did not support the notion of lasting negative impact for low-level sexual stressors (e.g., sexual harassment) during deployment after predeployment stressors are accounted for. Future studies of sexual stressors should consider longitudinal designs.

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<http://www.psy-journal.com/article/S0165-1781%2815%2900488-6/abstract>

**Firearm ownership in veterans entering residential PTSD treatment: associations with suicide ideation, attempts, and combat exposure.**

Phillip N. Smith, Joseph Currier, Kent Drescher

Psychiatry Research

Published Online: July 15, 2015

DOI: <http://dx.doi.org/10.1016/j.psychres.2015.07.031>

This study aimed to describe the frequency of firearm ownership in veterans entering residential treatment for posttraumatic stress disorder (PTSD) and examine the association of firearm ownership with suicide ideation and suicide attempt history, combat exposure, and PTSD symptom severity. Two samples of veterans entering residential PTSD treatment were assessed at intake using self-report measures. Approximately one third of participants endorsed firearm ownership across the two samples. Analyses with a sample predominantly comprised of Vietnam Veterans found that those who endorsed both suicide ideation and prior suicide attempts were less likely to own a firearm compared to suicide ideators and non-suicidal participants. In addition, more frequent combat exposure, but not PTSD symptom severity, was associated with firearm ownership in both samples and most participants endorsed using safe storage practices. These lower rates of firearm ownership generally, and in those with suicide ideation and prior attempts in particular, may reflect an increased focus on means restriction in treatment for combat-related PTSD. Means restriction counseling among PTSD treatment seeking veterans should target those with combat exposure.

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<http://link.springer.com/article/10.1007/s10865-015-9647-0>

### **Implementing an acceptance and commitment therapy group protocol with veterans using VA's stepped care model of pain management.**

David Cosio, Tracy Schafer

Journal of Behavioral Medicine

July 2015

The purpose of the current study was to replicate and extend previous findings; further demonstrating the effectiveness of an ACT outpatient, group-based treatment for Veterans who suffer from mixed idiopathic, chronic, non-cancer pain. This course of treatment utilized the VA's Stepped Care Model of Pain Management as a framework. A sample of 50 Veterans who participated in an ACT for chronic pain group intervention was evaluated after completing a pain health education program at a Midwestern VA Medical Center between February 16, 2010 and November 9, 2010. All participants completed a standard set of pre- and post-intervention measures. Paired-samples t tests were conducted to evaluate the impact of the manualized intervention on Veterans' scores. The current study found a significant difference in measures of pain interference, illness-focused coping, and global distress upon completion of the intervention. Findings suggest that ACT is an effective treatment for Veterans with chronic pain as a secondary consultative service.

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<http://www.nap.edu/catalog/19013/psychosocial-interventions-for-mental-and-substance-use-disorders-a-framework>

## **Psychosocial Interventions for Mental and Substance Use Disorders: A Framework for Establishing Evidence-Based Standards**

Mary Jane England, Adrienne Stith Butler, and Monica L. Gonzalez, Editors; Committee on Developing Evidence-Based Standards for Psychosocial Interventions for Mental Disorders; Board on Health Sciences Policy; Institute of Medicine

200 pages | 6 x 9

ISBNs:

Prepublication: 978-0-309-37682-2

Paperback (forthcoming): 978-0-309-31694-1  
(2015)

Mental health and substance use disorders affect approximately 20 percent of Americans and are associated with significant morbidity and mortality. Although a wide range of evidence-based psychosocial interventions are currently in use, most consumers of mental health care find it difficult to know whether they are receiving high-quality care. Although the current evidence base for the effects of psychosocial interventions is sizable, subsequent steps in the process of bringing a psychosocial intervention into routine clinical care are less well defined. *Psychosocial Interventions for Mental and Substance Use Disorders* details the reasons for the gap between what is known to be effective and current practice and offers recommendations for how best to address this gap by applying a framework that can be used to establish standards for psychosocial interventions.

The framework described in *Psychosocial Interventions for Mental and Substance Use Disorders* can be used to chart a path toward the ultimate goal of improving the outcomes. The framework highlights the need to (1) support research to strengthen the evidence base on the efficacy and effectiveness of psychosocial interventions; (2) based on this evidence, identify the key elements that drive an intervention's effect; (3) conduct systematic reviews to inform clinical guidelines that incorporate these key elements; (4) using the findings of these systematic reviews, develop quality measures - measures of the structure, process, and outcomes of interventions; and (5) establish methods for successfully implementing and sustaining these interventions in regular practice including the training of providers of these interventions.

The recommendations offered in this report are intended to assist policy makers, health care organizations, and payers that are organizing and overseeing the provision of care for mental health and substance use disorders while navigating a new health care landscape. The recommendations also target providers, professional societies, funding agencies, consumers,

and researchers, all of whom have a stake in ensuring that evidence-based, high-quality care is provided to individuals receiving mental health and substance use services.

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<http://psycnet.apa.org/psycinfo/2015-28408-001/>

### **Collateral Damage: Military Sexual Trauma and Help-Seeking Barriers.**

Holland, Kathryn J.; Rabelo, Verónica Caridad; Cortina, Lilia M.

Psychology of Violence

Jun 29 , 2015

<http://dx.doi.org/10.1037/a0039467>

#### Objective:

Military Sexual Trauma (MST) can be a harmful aspect of military life. Despite the availability of resources, Service members may encounter barriers that impede help-seeking for sexual assault (i.e., encountering logistical constraints, anticipating stigma). We examined how such barriers undermine wellbeing (i.e., exacerbate symptoms of depression and posttraumatic stress disorder [PTSD]) among MST survivors, both women and men. Additionally, we investigated how these barriers aggravate depression among Service members who feel unsafe from sexual assault.

#### Method:

The current study was a secondary analysis of the 2010 Workplace and Gender Relations Survey of Active Duty Members (WGRA; N = 26,505). Personnel who had experienced MST (n = 542) and those who felt unsafe from sexual assault (n = 1,016) were included in the analyses.

#### Results:

The most commonly endorsed barriers were fears that they would be seen as weak, their leaders may treat them differently, and their coworkers might have less confidence in them. As expected, both MST survivors and those feeling unsafe reported more negative psychological symptoms as a function of help-seeking barriers.

#### Conclusions:

Results suggest that removal of these barriers may be helpful for the protection of mental health—among assault victims and nonvictims alike. For instance, efforts could be taken to reduce logistical barriers (e.g., allowing time for health care visits) and stigma (e.g., enhancing training for all personnel who work with MST survivors). (PsycINFO Database Record (c) 2015 APA, all rights reserved)

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## Links of Interest

Mental health, "To go or not to go"

<http://www.creech.af.mil/news/story.asp?id=123453259>

Talk Therapy May Help Ease Insomnia, Even With Other Health Woes

<http://health.usnews.com/health-news/articles/2015/07/17/talk-therapy-may-help-ease-insomnia-even-with-other-health-woes>

Health Of Women In Military Service Driving Force Behind New Book

<http://www.dcmilitary.com/article/20150710/NEWS03/150719988/section/cfcmobile>

Helping Your Provider Understand Military Culture

<http://www.va.gov/HEALTH/NewsFeatures/2015/July/Helping-Your-Provider-Understand-Military-Culture.asp>

(Links to [CDP online Military Culture course](#))

Federal video collaboration strives to reduce military tobacco use

<http://www.health.mil/News/Articles/2015/07/20/Federal-video-collaboration-strives-to-reduce-military-tobacco-use>

How 'Medical' Is Marijuana?

<http://www.nytimes.com/2015/07/21/upshot/is-there-anything-actually-medical-about-medical-marijuana.html>

Trauma Post Trauma: The "gold standard" treatment for PTSD makes many vets' symptoms even worse

[http://www.slate.com/articles/health\\_and\\_science/medical\\_examiner/2015/07/prolonged\\_exposure\\_therapy\\_for\\_ptsd\\_the\\_va\\_s\\_treatment\\_has\\_dangerous\\_side.single.html](http://www.slate.com/articles/health_and_science/medical_examiner/2015/07/prolonged_exposure_therapy_for_ptsd_the_va_s_treatment_has_dangerous_side.single.html)

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**Resource of the Week:** [Congressional Research Service Reports from the Federation of American Scientists Project on Government Secrecy](#)

The Congressional Research Service, a component of the Library of Congress, conducts research and analysis for Congress on a broad range of issues of national policy. While many CRS memoranda are generated in response to individual Member or staff inquiries and are confidential, most CRS reports are available to anyone who has access to a congressional intranet. Yet at the direction of Congress, CRS does not make even its non-confidential publications directly available to the public online. In order to help overcome this unnecessary barrier, the Federation of American Scientists endeavors to provide current, regularly updated public access to as many non-confidential CRS

reports as possible. These reports are provided without congressional or CRS authorization as a public service.

Some recent items of potential interest include (PDFs):

- [What are the Department of Defense \(DOD\) Policies on Transgender Service?](#) (revised July 21), CRS Insights, July 15, 2015
- [Women in Combat: Issues for Congress](#), July 14, 2015
- ["Who is a Veteran?" -- Basic Eligibility for Veterans' Benefits](#), June 26, 2015
- [Veterans' Benefits: Pension Benefit Programs](#), June 29, 2015
- [Military Service Records and Unit Histories: A Guide to Locating Sources](#), February 27, 2015

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#### Congressional Research Service [CRS] Reports

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Shirl Kennedy  
Research Editor  
Center for Deployment Psychology  
[www.deploymentpsych.org](http://www.deploymentpsych.org)  
[skennedy@deploymentpsych.org](mailto:skennedy@deploymentpsych.org)  
301-816-4749