



CDP Research Update -- September 3, 2015

What's Here:

- PTSD Monthly Update: Sleep Problems Following Trauma
- Behavioral Health and Service Use Among Civilian Wives of Service Members and Veterans: Evidence from the National Survey of Drug Use and Health (RAND)
- Predictors of Depression Diagnoses and Symptoms in Veterans: Results from a National Survey.
- Women's Health Identities in the Transition From Military Member to Service Veteran.
- Conflicting Notions on Violence and PTSD in the Military: Institutional and Personal Narratives of Combat-Related Illness.
- Effect of a New Gender-Specific Definition for Heavy Drinking on Prevalence and Risk Estimates for Male and Female Marine Corps Personnel.
- Smoking to Regulate Negative Affect: Disentangling the Relationship Between Posttraumatic Stress and Emotional Disorder Symptoms, Nicotine Dependence, and Cessation-Related Problems.
- Disclosure of War Deployment Experiences: A Qualitative Study of the Relationship Impact on Military Couples.
- New Frontiers in Healthcare and Technology: Internet-and Web-Based Mental Options Emerge to Complement In-Person and Telepsychiatric Care Options.
- Psychological Hardiness and Avoidance Coping Are Related to Risky Alcohol Use in Returning Combat Veterans.
- Effects of cognitive behavioral therapy in patients with depressive disorder and comorbid insomnia: A propensity score-matched outcome study.
- Relationships among adaptive and maladaptive emotion regulation strategies and psychopathology during the treatment of comorbid anxiety and alcohol use disorders.
- Eating disorders in military and veteran men and women: A systematic review.

- Treatment of persistent post-concussive symptoms after mild traumatic brain injury: a systematic review of cognitive rehabilitation and behavioral health interventions in military service members and veterans.
- Technology Use and Interest in Computerized Psychotherapy: A Survey of Veterans in Treatment for Substance Use Disorders.
- Military Misconduct and Homelessness Among US Veterans Separated From Active Duty, 2001-2012.
- Initial Sleep Time Predicts Success in Manual-Guided Cognitive Behavioral Therapy for Insomnia.
- Vets Prevail Online Intervention Reduces PTSD and Depression in Veterans With Mild-to-Moderate Symptoms.
- Support Systems: How Post-Deployment Support Impacts Suicide Risk Factors in the United States Army National Guard.
- Health Correlates of Criminal Justice Involvement in 4,793 Transgender Veterans.
- Links of Interest
- Resource of the Week: 20 Cool Things Google Search Can Do

<http://content.govdelivery.com/accounts/USVHA/bulletins/116f0f7>

PTSD Monthly Update: Sleep Problems Following Trauma

National Center for PTSD, U.S. Department of Veterans Affairs
August 2015

Many people have trouble sleeping at times. However, this is more likely after you have been through a trauma such as an accident, war, assault, or disaster.

You may find you are sleeping too little, or too much, or having nightmares. If these symptoms don't go away, get worse over time or interfere with day to day life, you might need to see a doctor. Trouble sleeping and nightmares are also two symptoms of PTSD.

http://www.rand.org/pubs/research_reports/RR932.html

Behavioral Health and Service Use Among Civilian Wives of Service Members and Veterans: Evidence from the National Survey of Drug Use and Health

by Joshua Breslau, Ryan Andrew Brown

RAND Corporation, 2015

In recent years, policymakers and members of the media have raised concerns regarding access to behavioral health care for service members and veterans of the U.S. military and their families. Particular concern has been raised regarding the availability and accessibility of care to individuals covered by the U.S. Department of Defense Military Health System and the Veterans Health Administration. In this report, researchers analyzed the National Study of Drug Use and Health to examine utilization of behavioral health care among current or former wives of service members and veterans who are covered by either TRICARE or CHAMP-VA. Three findings of interest emerged from the analysis. First, relative to the comparison group, military wives were more likely to receive behavioral health services, but this pattern was exclusively due to use of prescription psychiatric medications. No difference was found for specialty behavioral health treatment. Second, residing in rural areas was negatively associated with behavioral health care service use for both groups. Third, contrary to expectations, military wives who live more than 30 minutes from a military treatment facility were more likely than military wives who lived closer to receive prescription psychiatric medications but not other types of behavioral health services.

<http://www.tandfonline.com/doi/abs/10.1080/21635781.2015.1085928>

Predictors of Depression Diagnoses and Symptoms in Veterans: Results from a National Survey.

Kate Hendricks Thomas , Lori W. Turner , Emily M. Kaufman , Angelia Paschal , Adam P. Knowlden , David A. Birch , James D. Leeper

Military Behavioral Health

Accepted author version posted online: 25 Aug 2015

DOI:10.1080/21635781.2015.1085928

Military suicide has become a public health crisis. To explore diagnosed depression and symptoms that indicate the presence of undiagnosed depression in veteran respondents, researchers analyzed data from the 2012 Behavioral Risk Factor Surveillance Survey. Independent variables were analyzed to explore associations between depressive conditions and key demographic and behavioral predictors. Results indicated increased likelihood of having a diagnosed condition in veterans of Gulf War I, women, veterans without a domestic

partnership, physically inactive veterans, and smokers. Results indicated increased likelihood of undiagnosed depressive conditions in recent Iraq/Afghanistan veterans, women, Hispanic veterans, binge drinkers, and smokers. This inquiry was intended to offer insights that may guide the planning and implementation of targeted resilience programming for the veteran community.

<http://www.tandfonline.com/doi/abs/10.1080/10810730.2015.1018619>

Women's Health Identities in the Transition From Military Member to Service Veteran.

Melinda Villagran , Christy J. W. Ledford , Mollie Rose Canzona

Journal of Health Communication

Published online: 25 Aug 2015

DOI:10.1080/10810730.2015.1018619

As servicewomen leave behind their military rank and status to become veterans, they must learn to effectively navigate a fragmented structure of care and communicate their health care needs. This study proposes a culture-centered approach to understanding how structural changes contribute to a reduction in positive health perception and behavior as active duty servicewomen transition to a veteran status. Results suggest during the process of disengagement from military cultural norms, women veterans' health care prevention service utilization decreases, and their physical and mental health decreases through the transition. These findings highlight the need for widely available and culturally appropriate programs to meet the needs of this unique patient population.

<http://link.springer.com/article/10.1007/s11013-015-9469-0>

Conflicting Notions on Violence and PTSD in the Military: Institutional and Personal Narratives of Combat-Related Illness.

Tine Molendijk, Eric-Hans Kramer, Désirée Verweij

Culture, Medicine, and Psychiatry

First online: 25 August 2015

10.1007/s11013-015-9469-0

Research indicates that soldiers struggling with PTSD under-utilize mental health care. Quantitative studies of barriers to care point to the importance of soldiers' beliefs about mental health and mental health interventions in their care-seeking behavior, yet these studies still

struggle to understand the particular beliefs involved and the ways they impact care-seeking behavior. This preliminary study makes a start in examining these questions through qualitative literature analysis. It maps out dominant messages surrounding PTSD in military mental health interventions, and explores how they can both shape and conflict with soldiers' personal notions. It does so by analyzing these messages and notions as institutional and personal (illness) narratives. Institutional military PTSD-narratives, which draw on mainstream scientific and clinical models, appear to communicate contradictory notions on the meanings of violence and its psychological consequences, often without acknowledging these contradictions. As such, these narratives seem to shape struggles of soldiers, both within themselves and with the military institution. The identified conflicts indicate, contrary to the individualizing and decontextualizing focus of dominant PTSD-understandings, that soldiers' struggles also have social and moral dimensions. This has important implications for both research into PTSD-interventions and understandings of PTSD as such.

<http://www.tandfonline.com/doi/abs/10.1080/21635781.2015.1085929>

Effect of a New Gender-Specific Definition for Heavy Drinking on Prevalence and Risk Estimates for Male and Female Marine Corps Personnel.

Susan I. Woodruff , Suzanne L. Hurtado , Cynthia M. Simon-Arndt

Military Behavioral Health

Accepted author version posted online: 25 Aug 2015

DOI:10.1080/21635781.2015.1085929

his study assessed the impact of a definition change on the prevalence estimates and the odds of heavy drinking among a large sample of male and female Marine Corps personnel using data from the 2008 and 2011 Department of Defense Health Related Behaviors surveys. It appears that based on the new gender-specific definition, female Marines' risk for heavy drinking is comparable to that of males. This finding highlights the need to address gender-specific risks in alcohol prevention efforts in the U.S. Marine Corps. These results provide valuable baseline estimates by which to compare future heavy drinking rates in military personnel.

<http://ntr.oxfordjournals.org/content/early/2015/08/21/ntr.ntv175.abstract>

Smoking to Regulate Negative Affect: Disentangling the Relationship Between Posttraumatic Stress and Emotional Disorder Symptoms, Nicotine Dependence, and Cessation-Related Problems.

Brittain L. Mahaffey, Adam Gonzalez, Samantha G. Farris, Michael J. Zvolensky, Evelyn J. Bromet, Benjamin J. Luft, and Roman Kotov

Nicotine & Tobacco Research

First published online August 24, 2015

doi:10.1093/ntr/ntv175

Introduction:

Posttraumatic stress disorder (PTSD) is associated with various aspects of cigarette smoking, including higher levels of nicotine dependence and cessation difficulties. Affect-regulatory smoking motives are thought to, in part, underlie the association between emotional disorders such as PTSD and smoking maintenance, although few studies have empirically tested this possibility.

Methods:

Data were analyzed from 135 treatment-seeking smokers who were directly exposed to the World Trade Center disaster on September 11, 2001. We modeled the direct effect of 9/11 PTSD symptom severity on nicotine dependence, perceived barriers to smoking cessation, and severity of problematic symptoms experienced during prior cessation attempts. We also examined the indirect effect of PTSD on these outcomes via negative affect reduction smoking motives. Parallel models were constructed for additional emotional disorder symptoms, including panic and depressive symptoms.

Results:

PTSD symptom severity was associated with nicotine dependence and perceived barriers to cessation, but not problems during prior quit attempts indirectly via negative affect reduction smoking motives. Panic and depressive symptoms both had significant indirect effects, via negative affect reduction smoking motives, on all three criterion variables.

Conclusions:

Affect-regulatory smoking motives appear to underlie associations between the symptoms of emotional disorders such as PTSD, panic, and depression in terms of smoking dependence and certain cessation-related criterion variables.

Implications:

Overall, this investigation suggests negative affect reduction smoking motives help to explain the relationship of PTSD, depression, and panic symptoms to nicotine dependence, severity of problems experienced during prior quit attempts and perceived barriers to cessation. These results highlight the importance of assessing motivations for smoking in the context of cessation treatment, especially among those with emotional disorder symptoms. Future interventions might seek to utilize motivational interviewing and cognitive restructuring techniques to address coping-oriented motives for smoking, in addition to skills for managing negative affect, as a means of improving quit outcomes.

<http://www.tandfonline.com/doi/full/10.1080/21635781.2015.1055865>

Disclosure of War Deployment Experiences: A Qualitative Study of the Relationship Impact on Military Couples.

Briana S. Nelson Goff , Kali Summers , Kathryn Hartman , Alexandria Billings , Megan Chevalier , and Haley Hermes , Devon Perkins , Laura Walker , Stephanie Wick , J. Kale Monk

Military Behavioral Health
Vol. 3, Iss. 3, 2015

Using a qualitative method research design, participants were classified into one of two groups for the current study based on their self-reported disclosure of their deployment experiences to their spouses: low disclosure (n = 16) or high disclosure (n = 55). The high-disclosure group participants reported primarily positive functioning themes: support and active connecting, communication, relationship resources, and cohesion, as well as relationship distress. The low-disclosure group participants reported more mixed results: impaired communication, support and connecting, and understanding. In general, the results indicate the importance of communication as a key component of coping with deployment experiences for both soldiers and spouses.

<http://www.omicsonline.org/open-access/new-frontiers-in-healthcare-and-technology-internetand-webbasedmental-options-emerge-to-complement-inperson-and-telepsychiatriccare-options-2157-7420-1000200.pdf>

New Frontiers in Healthcare and Technology: Internet-and Web-Based Mental Options Emerge to Complement In-Person and Telepsychiatric Care Options.

Don Hilty, Steven Chan, John Torous, Jesse Matmahur and Davor Mucic

Journal of Health & Medical Informatics
2015, 6:4
<http://dx.doi.org/10.4172/2157-7420.1000200>

Background:

Web and Internet-based resources are remarkably popular with the public, patients and others as a way to access mental health information, tools for self-care, advice/consultation from a professional, and provider- directed treatments.

Objective:

This paper provides a framework of a spectrum that includes person-centered health education options (conceptual endpoint), patient and caregiver-centered mental health care interventions (evidence-based literature review), and more formal provider-directed treatments (conceptual endpoint).

Methods:

The evidence-based literature review was focused on treatment studies, using a minimum of three key words and the 1996-2015 period, resulting in 13,612 articles. This was reduced to 388 (title words used), to 125 (abstracts for methods, design, and outcomes) and 40 (evidence-based criteria of guidelines).

Results:

Technology is frequently used, is readily accessible and satisfies persons, patients, and caregivers. Its impact on openness to engage with others and begin self-care appears very positive; its ability to help people change behaviors and engage additional clinical services appears modest, though this is inadequately evaluated. Formal treatments over the Internet, asynchronous care models, or traditional video-based synchronous services are as good as or better than in-person services, though an incomplete range of services has been evaluated. Relatively few treatment studies assess outcomes, compare in-person and e-Mental Health care, and or compare technology-based care options to one another; hybrid models of care have emerged, but have rarely been studied.

Conclusions:

For persons or patients not in care, use of the internet for common, non-acute problems appears to work, though a one-time clinical evaluation may help them place options in context. Clinicians and patients should specifically plan how to use technology and exercise sound judgment, based on guidelines when available. More research is needed on the application of new technologies to clinical care, with randomized trials and health services studies for effectiveness suggested. [OBJ]

<http://www.tandfonline.com/doi/abs/10.1080/21635781.2015.1085931>

Psychological Hardiness and Avoidance Coping Are Related to Risky Alcohol Use in Returning Combat Veterans.

Paul T. Bartone , Jarle Eid , Sigurd W. Hystad , Kathleen Jocoy , Jon C. Laberg , Bjorn H. Johnsen

Military Behavioral Health

Accepted author version posted online: 26 Aug 2015

DOI:10.1080/21635781.2015.1085931

This study examines psychological hardiness and avoidance coping as predictors of risk for alcohol abuse in military personnel following warzone deployment. US Army soldiers returning from Afghanistan completed questionnaire surveys during their first week home, and again 7–9 months later. The Time 1 survey was administered in paper form during soldier administrative processing to home station. The Time 2 follow-up survey was administered electronically over the internet. Data were analyzed using blockwise sequential logistic regressions, with age, rank, and combat exposure entered as covariates. Results show that low psychological hardiness, more combat exposure, younger age and lower rank are associated with increased risk of alcohol abuse soon after return from deployment. At follow-up, avoidance coping was a significant predictor of risky alcohol use. These results suggest that alcohol screening programs for returning veterans may be improved by including assessment of psychological variables like hardiness and avoidance coping.

<http://www.ncbi.nlm.nih.gov/pubmed/26313621>

Behav Res Ther. 2015 Aug 1;73:143-150. doi: 10.1016/j.brat.2015.07.016. [Epub ahead of print]

Effects of cognitive behavioral therapy in patients with depressive disorder and comorbid insomnia: A propensity score-matched outcome study.

Hsu HM, Chou KR, Lin KC, Chen KY, Su SF, Chung MH

OBJECTIVE:

We evaluated the effects of cognitive behavioral therapy for insomnia (CBT-I) in inpatients with a diagnosis of depression and comorbid insomnia.

METHOD:

This study used a prospective, parallel-group design. The experimental group received CBT-I for no more than 90 min once weekly for 6 weeks and the control group only have health education manuals for insomnia. The following questionnaires were administered at baseline: the Hamilton Rating Scale for Depression (HAM-D), Dysfunctional Beliefs and Attitudes about Sleep (DBAS), Presleep Arousal Scale (PSAS), Sleep Hygiene Practice (SHP), and Pittsburgh Sleep Quality Index. The questionnaires were readministered after the completion of the 6-wk CBT-I intervention and 1 month following the completion of CBT-I, to determine the effects of the CBT-I intervention over time. The analysis of Generalized Estimation Equations was identified the difference between the experimental group and the control group by controlling for the variables in BZD dose and propensity score of gender, age, and the scores for the DBAS-16, PSAS, SHPS, and HAM-D.

RESULTS:

Consequently, the significant difference in the PSQI scores was observed at the 1-month follow-

up assessment however, no significant intergroup difference in the PSQI scores was found at the completion of the CBT-I intervention between two groups.

CONCLUSIONS:

As a conclusion, we found that overall sleep quality significantly improved in patients who received CBT-I after we controlled for the BZD dose and propensity score, which suggests that CBT-I may represent a useful clinical strategy for improving sleep quality in patients with depression and comorbid insomnia. Copyright © 2015 Elsevier Ltd. All rights reserved.

<http://www.ncbi.nlm.nih.gov/pubmed/26310363>

Behav Res Ther. 2015 Aug 10;73:124-130. doi: 10.1016/j.brat.2015.08.001. [Epub ahead of print]

Relationships among adaptive and maladaptive emotion regulation strategies and psychopathology during the treatment of comorbid anxiety and alcohol use disorders.

Conklin LR, Cassiello-Robbins C, Brake CA, Sauer-Zavala S, Farchione TJ, Ciraulo DA, Barlow DH

Both maladaptive and adaptive emotion regulation strategies have been linked with psychopathology. However, previous studies have largely examined them separately, and little research has examined the interplay of these strategies cross-sectionally or longitudinally in patients undergoing psychological treatment. This study examined the use and interplay of adaptive and maladaptive emotion regulation strategies in 81 patients receiving cognitive-behavioral interventions for comorbid alcohol use and anxiety disorders. Patients completed measures of emotion regulation strategy use and symptoms of psychopathology pre- and post-treatment. Cross-sectionally, higher use of maladaptive strategies (e.g., denial) was significantly related to higher psychopathology pre- and post-treatment, whereas higher use of adaptive strategies (e.g., acceptance) only significantly related to lower psychopathology post-treatment. Prospectively, changes in maladaptive strategies, but not changes in adaptive strategies, were significantly associated with post-treatment psychopathology. However, for patients with higher pre-treatment maladaptive strategy use, gains in adaptive strategies were significantly associated with lower post-treatment psychopathology. These findings suggest that psychological treatments may maximize efficacy by considering patient skill use at treatment outset. By better understanding a patient's initial emotion regulation skills, clinicians may be better able to optimize treatment outcomes by emphasizing maladaptive strategy use reduction predominately, or in conjunction with increasing adaptive skill use. Copyright © 2015 Elsevier Ltd. All rights reserved.

<http://www.ncbi.nlm.nih.gov/pubmed/26310193>

Int J Eat Disord. 2015 Aug 27. doi: 10.1002/eat.22454. [Epub ahead of print]

Eating disorders in military and veteran men and women: A systematic review.

Bartlett BA, Mitchell KS

OBJECTIVE:

Eating disorders (EDs) have serious consequences for psychological and physical health. They have high mortality rates and are among the most costly disorders to treat. However, EDs remain understudied in military and veteran populations. The aim of this review was to examine prevalence estimates and associated symptomatology of EDs among military and veteran men and women and to identify factors that may put these individuals at risk for the development of an ED for the purposes of improving detection, intervention, and treatment.

METHOD:

A thorough literature review was conducted using the databases PsycINFO and PubMed. All articles with a focus on EDs in military/veteran samples were considered.

RESULTS:

Studies reveal high prevalence estimates of EDs among military/veteran men and women. Unique features of military life may increase the risk for development of an ED, including: military sexual trauma, strict weight and physical fitness requirements, and combat exposure. A history of trauma was common in individuals diagnosed with an ED in military and veteran samples.

DISCUSSION:

The high rates of EDs among military and veteran samples underscore the importance of further research, as well as the importance of screening and intervention efforts, in these understudied populations. © 2015 Wiley Periodicals, Inc.

<http://link.springer.com/article/10.1007/s11682-015-9440-2>

Treatment of persistent post-concussive symptoms after mild traumatic brain injury: a systematic review of cognitive rehabilitation and behavioral health interventions in military service members and veterans.

Douglas B. Cooper, Anne E. Bunner, Jan E. Kennedy, Valerie Balldin, David F. Tate, Blessen C. Eapen, Carlos A. Jaramillo

Brain Imaging and Behavior
First online: 02 September 2015

Increased prevalence of traumatic brain injury (TBI) has been associated with service members and veterans who completed combat deployments in support of Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF). Management of persistent post-concussive symptoms (PCS) has been a challenge to healthcare providers throughout the Military and Veterans Healthcare Systems, as well as civilian healthcare providers, due in part to the chronic nature of symptoms, co-occurrence of behavioral health disorders such as depression, Posttraumatic Stress Disorder (PTSD), and substance use disorders, and fear of a potential stigma associated with psychiatric diagnoses and behavioral health treatment(s). This systematic review examined non-pharmacologic behavioral health interventions and cognitive rehabilitation interventions for PCS in military service members and veterans with a history of mild TBI (mTBI). Six electronic databases were searched with specific term limitations, identifying 121 citations. Ultimately, 19 articles met criteria for inclusion in this systematic review. Studies were broadly categorized into four subtypes: psychoeducational interventions, cognitive rehabilitation, psychotherapeutic approaches, and integrated behavioral health interventions for PCS and PTSD. The review provides an update of the empirical evidence for these four types of interventions for PCS in active duty service members and veterans. Recommendations for future research are discussed, including the need to expand and improve the limited evidence basis on how to manage persistent post-concussive symptoms in this population.

<http://online.liebertpub.com/doi/abs/10.1089/tmj.2014.0215>

Technology Use and Interest in Computerized Psychotherapy: A Survey of Veterans in Treatment for Substance Use Disorders.

Hermes Eric D.A., Tsai Jack, and Rosenheck Robert

Telemedicine and e-Health
September 2015, 21(9): 721-728
doi:10.1089/tmj.2014.0215

Introduction:

This study examined interest in computerized psychotherapies (CPTs) and its relation to use of information technology among individuals receiving Veterans Health Administration (VHA) outpatient treatment.

Materials and Methods:

Veterans receiving treatment in a VHA substance use disorder outpatient clinic completed a self-report questionnaire. The survey addressed recent experience using information technology

and potential interest in using CPTs for symptoms/functional problems associated with substance use and mental health disorders. Demographic, diagnostic, and information technology use data were compared between those expressing interest in CPT and those not expressing an interest, as well as with nationally representative veteran data from the 2010 National Survey of Veterans (NSV).

Results:

Of 151 respondents, 82% were interested in CPT for at least one problem, and 60% were interested for more than one. The most commonly selected CPTs were for substance use (46%), depression (45%), problem solving (43%), and insomnia (42%). None of the 23 measures of information technology use was associated with interest in CPTs. Compared with respondents not interested in any CPTs, those interested in CPT were older ($t_{150}=2.1$, $p=0.042$) and more likely to be African American [$\chi^2(1)=8.8$, $p=0.032$], to have reported a drug use disorder [$\chi^2(1)=4.2$, $p=0.041$], and to have reported more than one substance use or psychiatric disorder [$\chi^2(1)=8.5$, $p=0.014$]. The majority of respondents reported use of Internet and e-mail (65% and 64%, respectively), proportions comparable to respondents to the NSV.

Conclusions:

Among veterans receiving outpatient substance use treatment, interest in CPT is high and unrelated to information technology use. Efforts to implement CPTs may interest this population.

<http://jama.jamanetwork.com/article.aspx?articleid=2429703>

Military Misconduct and Homelessness Among US Veterans Separated From Active Duty, 2001-2012.

Adi V. Gundlapalli, MD, PhD, MS; Jamison D. Fargo, PhD, MS; Stephen Metraux, PhD; Marjorie E. Carter, MSPH; Matthew H. Samore, MD; Vincent Kane, MSW; Dennis P. Culhane, PhD

Journal of the American Medical Association

Research Letter | August 25, 2015

doi:10.1001/jama.2015.8207

This study used Veterans Health Administration data to investigate the association between misconduct-related separations and homelessness among recently returned active-duty US military service members.

Misconduct-related separations from the military are associated with subsequent adverse civilian outcomes that are of substantial public health concern.¹ We investigated the association between misconduct-related separations and homelessness among recently returned active-duty military service members.

<http://www.ncbi.nlm.nih.gov/pubmed/26323054>

Behav Sleep Med. 2015 Aug 31:1-11. [Epub ahead of print]

Initial Sleep Time Predicts Success in Manual-Guided Cognitive Behavioral Therapy for Insomnia.

Bothelius K, Kyhle K, Broman JE, Gordh T, Fredrikson M

Cognitive behavioral therapy produces significant and long-lasting improvement for individuals with insomnia, but treatment resources are scarce. A "stepped care" approach has therefore been proposed, but knowledge is limited on how to best allocate patients to different treatment steps. In this study, 66 primary-care patients with insomnia attended a low-end treatment step: manual-guided cognitive behavioral therapy (CBT) for insomnia delivered by ordinary primary-care personnel. Based on clinically significant treatment effects, subjects were grouped into treatment responders or nonresponders. Baseline data were analyzed to identify predictors for treatment success. Long total sleep time at baseline assessment was the only statistically significant predictor for becoming a responder, and sleep time may thus be important to consider before enrolling patients in low-end treatments.

<http://www.ncbi.nlm.nih.gov/pubmed/26322788>

J Consult Clin Psychol. 2015 Aug 31. [Epub ahead of print]

Vets Prevail Online Intervention Reduces PTSD and Depression in Veterans With Mild-to-Moderate Symptoms.

Hobfoll SE, Blais RK, Stevens NR, Walt L, Gengler R

OBJECTIVE:

Despite heightened rates of depression and posttraumatic stress disorder (PTSD) among in Iraq/Afghanistan veterans, the majority of distressed veterans will not receive mental health care. Overcoming barriers to mental health services requires innovative approaches to broaden the reach of evidence-based treatment. The current study examined the efficacy and acceptability of an innovative and dynamic online cognitive-behavioral therapy intervention for PTSD and depression called Vets Prevail.

METHOD:

A randomized clinical trial conducted between 2011 and 2013 assessed changes in PTSD and depression in veterans with mild-to-moderate distress. Veterans randomized to Vets Prevail (n =

209) were aged 34.2 ± 7.6 years, mostly male (81.3%), and nonminority (73.7%). Veterans randomized to adjustment as usual ($n = 94$) were aged 34.7 ± 8.9 , mostly male (81.9%), and White (67.0%). Veterans completed the PTSD Checklist-Military Version and the Center for Epidemiological Studies Depression scale (10-item version) postintervention and at 12-week follow-up.

RESULTS:

Veterans in the Vets Prevail condition reported significantly greater reductions in PTSD, $t(250) = 3.24$, $p = .001$ ($M_{\text{reduction}} = 5.51$, $SD = 9.63$), and depression, $t(252) = 4.37$, $p = .001$ ($M_{\text{reduction}} = 2.31$, $SD = 5.34$), at 12-week follow-up compared with veterans in the adjustment as usual condition (PTSD $M_{\text{reduction}} = 1.00$, $SD = 7.32$; depression $M_{\text{reduction}} = 0.48$, $SD = 4.95$), with moderate effect sizes for PTSD (Cohen's $d = 0.42$) and depression (Cohen's $d = 0.56$). Exploratory analysis shows that Vets Prevail may be effective regardless of combat trauma exposure, gender, and ethnic minority status.

CONCLUSION:

Vets Prevail circumvents many barriers to care and effectively addresses the dire mental health needs of veterans. (PsycINFO Database Record (c) 2015 APA, all rights reserved).

<http://link.springer.com/article/10.1007/s10608-015-9719-z>

Support Systems: How Post-Deployment Support Impacts Suicide Risk Factors in the United States Army National Guard.

Rachel L. Martin, Claire Houtsma, Bradley A. Green, Michael D. Anestis

Cognitive Therapy and Research
First online: 29 August 2015

Suicide rates within the military have continued to rise in recent years, resulting in re-doubled efforts to understand and remedy this trend. In an attempt to clarify unique pathways to suicide risk in this population, the current study examined the relationship between length of time since most recent deployment and several suicide risk factors (hopelessness, suicidal ideation, and resolved plans and preparations). Furthermore, this study examined the moderating influence of post-deployment social support in the prediction of suicide risk. Results indicated that the interaction of time since deployment and post-deployment support predicted both hopelessness and resolved plans and preparations, but did not predict suicidal ideation. These findings suggest that the negative effects of time spent away from recognized military support may be compounded by the isolating effect of decreased access to alternative supports at home, resulting in increased hopelessness and/or resolved plans and preparations. Implications for the necessity of improved post-deployment programs are discussed.

<http://online.liebertpub.com/doi/abs/10.1089/lgbt.2015.0052>

Health Correlates of Criminal Justice Involvement in 4,793 Transgender Veterans.

Brown George R., MD and Jones Kenneth T., PhD

LGBT Health

August 26, 2015

doi:10.1089/lgbt.2015.0052

Purpose:

Transgender (TG) persons are overrepresented in prison settings and in the U.S. veteran population. Health disparities studies of large populations of transgender people involved with the criminal justice system have not been published to date.

Methods:

We studied a large cohort of TG veterans who received care in Veterans Health Administration (VHA) facilities during 2007–2013 ($n = 4,793$) and a 3:1 matched control group of veterans without known TG identification ($n = 13,625$). Three hundred twenty six ($n = 138$ TG, 188 non-TG) had received VHA services in programs designed to address the needs of justice involved (JI) veterans. We linked patients in each of the three groups to their medical and administrative data.

Results:

TG veterans were more likely to be justice involved than controls (2.88% vs. 1.38%; $P < .0001$). Compared to non-TG JI veterans, TG JI veterans were more likely to have a history of homelessness (80% vs. 67%; $P < .05$) and to have reported sexual trauma while serving in the military (23% vs. 12%; $P < .01$). Significant health disparities were noted for TG JI veterans for depression, hypertension, obesity, posttraumatic stress disorder, serious mental illness, and suicidal ideation/attempts.

Conclusion:

These data suggest that TG veterans experience a number of health risks compared to non-TG veterans, including an increased likelihood of justice involvement. TG veterans involved with the criminal justice system are a particularly vulnerable group and services designed to address the health care needs of this population, both while incarcerated and when in the community, should take these findings into account in the development of health screenings and treatment plans.

Links of Interest

'Getting better is scary': Women veterans with PTSD

<http://www.cincinnati.com/story/news/2015/08/27/getting-better-scary-women-veterans-ptsd/32119625/>

Brain trauma experts talk impact, emerging care options

http://www.army.mil/article/154615/Brain_trauma_experts_talk_impact_emerging_care_options/

Suicide: Difficulty making good choices is one of the factors that make certain people vulnerable to suicide

<http://www.sciencedaily.com/releases/2015/08/150827083657.htm>

31% of Federal Employees are Veterans

<http://www.allgov.com/news/unusual-news/31-of-federal-employees-are-veterans-150829?news=857301>

Impulsive, Agitated Behaviors May Be Warning Signs for Suicide

https://www.nlm.nih.gov/medlineplus/news/fullstory_154387.html

VA weighs PTSD care that avoids traumatic memories

<http://www.stripes.com/news/va-weighs-ptsd-care-that-avoids-traumatic-memories-1.363275>

Efficacy of PTSD treatments questioned

<http://www.militarytimes.com/story/military/benefits/health-care/2015/08/19/efficacy-ptsd-treatments-questioned/31195621/>

Military Kids Have Higher Rates Of Risky Behaviors But Get Little Help

<http://www.forbes.com/sites/emilywillingham/2015/08/24/military-kids-have-higher-rates-of-risky-behaviors-but-get-little-help/>

Suicide-by-firearm rates shift in two states after changes in state gun laws

<http://www.sciencedaily.com/releases/2015/09/150901113539.htm>

Many Psychology Findings Not as Strong as Claimed, Study Says

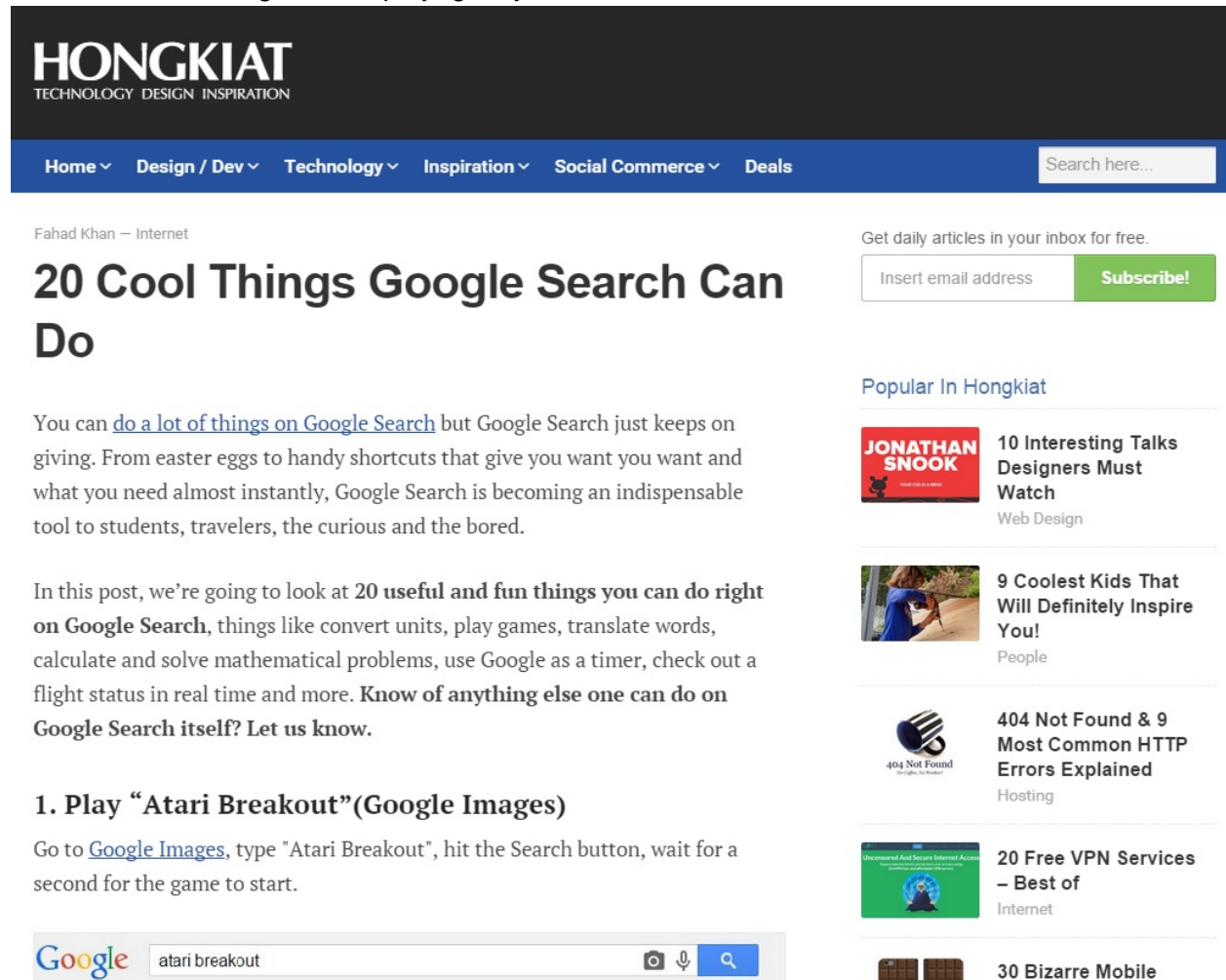
<http://www.nytimes.com/2015/08/28/science/many-social-science-findings-not-as-strong-as-claimed-study-says.html>

Psychologists Welcome Analysis Casting Doubt on Their Work

<http://www.nytimes.com/2015/08/29/science/psychologists-welcome-analysis-casting-doubt-on-their-work.html>

Resource of the Week: [20 Cool Things Google Search Can Do](#)

There will likely be several clever tricks in this roundup that you have never seen before. Collection includes games to play, geeky math stuff, and various unit conversions.



HONGKIAT
TECHNOLOGY DESIGN INSPIRATION

Home ▾ Design / Dev ▾ Technology ▾ Inspiration ▾ Social Commerce ▾ Deals

Search here...

Fahad Khan — Internet


20 Cool Things Google Search Can Do

You can [do a lot of things on Google Search](#) but Google Search just keeps on giving. From easter eggs to handy shortcuts that give you what you want and what you need almost instantly, Google Search is becoming an indispensable tool to students, travelers, the curious and the bored.

In this post, we're going to look at **20 useful and fun things you can do right on Google Search**, things like convert units, play games, translate words, calculate and solve mathematical problems, use Google as a timer, check out a flight status in real time and more. **Know of anything else one can do on Google Search itself? Let us know.**

1. Play "Atari Breakout" (Google Images)






Go to [Google Images](#), type "Atari Breakout", hit the Search button, wait for a second for the game to start.



Get daily articles in your inbox for free.

Insert email address

Popular In Hongkiat

-  **10 Interesting Talks Designers Must Watch**
Web Design
-  **9 Coolest Kids That Will Definitely Inspire You!**
People
-  **404 Not Found & 9 Most Common HTTP Errors Explained**
Hosting
-  **20 Free VPN Services – Best of**
Internet
-  **30 Bizarre Mobile**

Shirl Kennedy
Research Editor
Center for Deployment Psychology
www.deploymentpsych.org
skennedy@deploymentpsych.org
301-816-4749