



CDP Research Update -- December 3, 2015

What's Here:

- Clinician's Trauma Update (October 2015)
- PTSD Research Quarterly -- Implementation of Evidence-Based Treatment for PTSD
- Assessing the Quality and Value of Psychological Health Care in Civilian Health Plans: Lessons and Implications for the Military Health System (RAND)
- A Review of the Literature Related to Homeless Veteran Reintegration - Final Report (U.S. Department of Labor)
- The relationship between gender and PTSD symptoms: Anxiety sensitivity as a mechanism.
- Prevalence and correlates of local health department activities to address mental health in the United States.
- Injury careers after blast exposure among combat veterans deployed to Iraq or Afghanistan.
- Prevalence of Professional Burnout Among Military Mental Health Service Providers.
- The Whole Family Serves: Supporting Sexual Minority Youth in Military Families.
- The experience of deployment on spouses who have a child with a disability
- The Integrative Health and Wellness Program: Development and Use of a Complementary and Alternative Medicine Clinic for Veterans.
- Alcohol Use Disorders in Primary Health Care: What Do We Know and Where Do We Go?
- Operational Stress and Correlates of Mental Health Among Joint Task Force Guantanamo Bay Military Personnel.
- Anger and Posttraumatic Stress Disorder Symptom Severity in a Trauma-Exposed Military Population: Differences by Trauma Context and Gender.
- The Role of Craniocerebral Trauma in the Dynamics of Combat-Related Post-Traumatic Stress Disorder.

- Sleep and affective functioning: Examining the association between sleep quality and distress tolerance among veterans.
- Sleep Disturbances in Mood Disorders.
- Mindfulness Meditation and Chronic Pain Management in Iraq and Afghanistan Veterans with Traumatic Brain Injury: A Pilot Study.
- Internet-Based Cognitive Behavioral Therapy for Insomnia (ICBT-i) Improves Comorbid Anxiety and Depression-A Meta-Analysis of Randomized Controlled Trials.
- How Family Structures and Processes Interrelate: The Case of Adolescent Mental Health and Academic Success in Military Families.
- Veterans with PTSD Report More Weight Loss Barriers than Veterans with No Mental Health Disorders.
- Consistency of Recall for Deployment-Related Traumatic Brain Injury.
- Suicides in the U.S. Military: Birth Cohort Vulnerability and the All-Volunteer Force.
- A Randomized Controlled Clinical Trial of Dialogical Exposure Therapy versus Cognitive Processing Therapy for Adult Outpatients Suffering from PTSD after Type I Trauma in Adulthood.
- Service-Related Exposures and Physical Health Trajectories Among Aging Veteran Men.
- Telepsychiatry: Benefits and costs in a changing health-care environment.
- The impact of military deployment on children: Placing developmental risk in context.
- Hard is normal: Military families' transitions within the process of deployment.
- Chronic Pain and Cognitive Behavioral Therapy: An Integrative Review.
- A Novel Approach to Improve the Planning of Adaptive and Interactive Sessions for the treatment of Major Depression.
- Anger and Posttraumatic Stress Disorder Symptom Severity in a Trauma-Exposed Military Population: Differences by Trauma Context and Gender.
- Mental Health Over Time in a Military Sample: The Impact of Alcohol Use Disorder on Trajectories of Psychopathology After Deployment.
- Predictors of Initiation and Engagement of Cognitive Processing Therapy Among Veterans With PTSD Enrolled in Collaborative Care.
- Prescription Stimulants and PTSD Among U. S. Military Service Members.
- Links of Interest
- Resource of the Week: Treatment Improvement Protocol: Improving Cultural Competence (SAMHSA)

http://www.ptsd.va.gov/professional/newsletters/ctu-online/ctu_v9n5.pdf

Clinician's Trauma Update

National Center for PTSD
U.S. Department of Veterans Affairs
Issue 9(5), October 2015

CTU-Online contains summaries of clinically relevant research articles.

<http://www.ptsd.va.gov/professional/newsletters/research-quarterly/V26N4.pdf>

PTSD Research Quarterly -- Implementation of Evidence-Based Treatment for PTSD

National Center for PTSD
Vol. 26(4), 2015

There is relatively little adoption of evidence-based treatments (EBTs) into routine practice. Dissemination of EBTs or practice guidelines through traditional educational activities (e.g., formal continuing education programs) has limited impact on day-to-day clinical practice. Implementation science is an emerging field that has developed as the gap between research and practice has been identified across a variety of health care settings. The field is concerned with the study of methods to promote the integration of research findings into health care practice and policy.

http://www.rand.org/pubs/research_reports/RR759.html

Assessing the Quality and Value of Psychological Health Care in Civilian Health Plans: Lessons and Implications for the Military Health System

Grant R. Martsolf, Karen Chan Osilla, Daniel Mandel, Kimberly A. Hepner, Carrie M. Farmer

RAND Corporation, 2015

Key Findings

Psychological health quality measurement is common in health plans

- Health plans studied track quality measures using administrative data, medical record review, member feedback, and patient-reported outcomes.

Health plans primarily focus on collecting and reporting measures of the process of care

- The quality measurement efforts of studied health plans were limited in scope and scale but most consistently assessed processes of care.

Health plans use quality measures to improve the quality of psychological health care

- Quality measures are used primarily to plan and monitor quality improvement efforts.

Measuring the quality of psychological care is challenging

- Collection of patient-reported outcome data is a particularly difficult aspect of quality measurement initiatives.

Measuring the value of psychological health care is more difficult and less common

- Admissions, diagnosis rates, and utilization rates are often tracked, but the extent to which plans measure the actual costs of care among members with psychological health diagnoses varies.

Recommendations

- Continue and expand tracking of access and process of care measures.
- Engage providers in the process. Clinician autonomy is often a barrier to quality improvement efforts.
- Implement measures of costs and utilization, which provide an essential foundation for assessing value.

http://www.dol.gov/asp/evaluation/completed-studies/A_Review_of_the_Literature_Related_to_Homeless_Veteran_Reintegration.pdf

A Review of the Literature Related to Homeless Veteran Reintegration - Final Report

Prepared by: Lindsey Woolsey and Madeline Naumann (Avar Consulting, Inc.)

Submitted to: Chief Evaluation Office U.S. Department of Labor

November 2015

The U.S. Department of Labor (DOL)'s Office and Chief Evaluation Office (CEO) and the Veterans' Employment and Training Services (VETS) requested a literature review in support of

a 2015 assessment of DOL's Homeless Veterans' Reintegration Program (HVRP). This review synthesizes evidence from studies and reports related to homeless veterans, published by the end of 2014 and with a central focus to identify the risk factors for homelessness among veterans. A secondary aim of the review was to identify the promising practices in services and training that help ensure homeless veterans successfully reintegrate into meaningful employment. The nature of the literature and past studies related to homelessness among veterans is mostly qualitative, with few rigorous quantitative studies demonstrating causal evidence either between risk factors and homelessness, or between program interventions and states of homelessness. This current inventory of literature focuses on identifying the risk factors associated with veteran homelessness, providing a foundation for future research that can better establish cause-and-effect relationships.

The literature on homelessness among veterans finds a set of risk factors, some of which are common among the broader homeless population and others that are unique to veterans. Veterans and non-veterans share the common risk factors associated with homelessness, such as childhood instability, mental illness, substance abuse, insufficient social supports as adults, and low or unstable income. Veterans, however, bring with them a set of additional factors that appear to compound or exacerbate the risk for homelessness, including Post-Traumatic Stress Disorder (PTSD), and for women veterans, an increased risk of PTSD related to Military Sexual Trauma (MST). Beyond individual risk factors, structural issues also appear to contribute to the persistence of homelessness among veterans, including lack of access to stable housing and employment opportunities. Studies show that services that combine transitional housing support with employment and training opportunities lead to promising outcomes for homeless veterans over the longer term. Further, the literature provides insight into how veteran assistance programs can effectively braid these services for homeless veterans, by navigating incongruent eligibility criteria, sequencing of services requirements, and funding mechanisms.

<http://www.sciencedirect.com/science/article/pii/S0191886915300350>

The relationship between gender and PTSD symptoms: Anxiety sensitivity as a mechanism.

Aaron M. Norr, Brian J. Albanese, Joseph W. Boffa, Nicole A. Short, Norman B. Schmidt

Personality and Individual Differences
Volume 90, February 2016, Pages 210–213

Despite well-established gender differences in the rates of Posttraumatic Stress Disorder (PTSD), there is a lack of research examining malleable, gender-linked risk factors that could be targeted in interventions to reduce risk among women. One such risk factor is anxiety sensitivity (AS), or a fear of anxiety related sensations. AS is elevated in women compared to men and is related to PTSD symptom severity. The current study provided a preliminary examination of

whether AS could partially explain the association between gender and PTSD symptoms. Baseline data from a randomized controlled trial for elevated AS was used to explore this question in a sample of trauma-exposed individuals (N = 37; 22 with a current PTSD diagnosis). Bias-corrected bootstrap mediation revealed that AS helped statistically explain the relationship between gender and PTSD symptoms. These results promote the potential importance of AS as a mechanism in the PTSD gender discrepancy. Future work should investigate these relationships longitudinally and establish whether targeting AS in a prevention paradigm could reduce the risk of PTSD development in women.

<http://www.sciencedirect.com/science/article/pii/S0091743515003345>

Prevalence and correlates of local health department activities to address mental health in the United States.

Jonathan Purtle, Ann C. Klassen, Jennifer Kolker, James W. Buehler

Available online 12 November 2015

doi:10.1016/j.yjmed.2015.11.007

Mental health has been recognized as a public health priority for nearly a century. Little is known, however, about what local health departments (LHDs) do to address the mental health needs of the populations they serve. Using data from the 2013 National Profile of Local Health Departments – a nationally representative survey of LHDs in the United States (N = 505) – we characterized LHDs' engagement in eight mental health activities, factors associated with engagement, and estimated the proportion of the U.S. population residing in jurisdictions where these activities were performed. We used Handler's framework of the measurement of public health systems to select variables and examined associations between LHD characteristics and engagement in mental health activities using bivariate analyses and multilevel, multivariate logistic regression. Assessing gaps in access to mental healthcare services (39.3%) and implementing strategies to improve access to mental healthcare services (32.8%) were the most common mental health activities performed. LHDs that provided mental healthcare services were significantly more likely to perform population-based mental illness prevention activities (adjusted odds ratio: 7.1; 95% CI: 5.1, 10.0) and engage in policy/advocacy activities to address mental health (AOR: 3.9; 95% CI: 2.7, 5.6). Our study suggests that many LHDs are engaged in activities to address mental health, ranging from healthcare services to population-based interventions, and that LHDs that provide healthcare services are more likely than others to perform mental health activities. These findings have implications as LHDs reconsider their roles in the era of the Patient Protection and Affordable Care Act and LHD accreditation.

<http://www.sciencedirect.com/science/article/pii/S0277953615302239>

Injury careers after blast exposure among combat veterans deployed to Iraq or Afghanistan.

Rachel P. Chase, Shannon A. McMahon, Peter J. Winch

Social Science & Medicine

Available online 17 November 2015

doi:10.1016/j.socscimed.2015.11.015

During the Iraq and Afghanistan wars, blasts were the most common cause of combat injuries, including traumatic brain injury (TBI). Prior to 2007, service members were not systematically screened for TBI, and estimates suggest that tens of thousands of mild TBIs went undiagnosed. This study sought to understand post-acute “injury careers,” documenting the life- and health-related narratives of veterans who were at high risk of undocumented TBI due to being blast-exposed before 2007. Researchers conducted 38 in-depth interviews between May 2013 and August 2014 with Army veterans who served in combat-intense settings (n = 16) and their family members (n = 10). Respondents detailed a series of experiences in the months and years following blast exposure. We present this series as a model that draws upon the vernacular of participants who described veterans “downplaying” their injuries and later “detaching” themselves from friends, family, and communities, and “denying” or being “oblivious” to their circumstances until a “wake-up call” pushed them to “get help.” Looking to the future, veterans grapple with uncertainties related to personal identity and professional or social expectations. This model is presented within a member-checked metaphor of an individual being hurled into – and emerging from – a canyon. Policies and programs addressing veteran health, particularly among those exposed to multiple blasts prior to systematic TBI documentation, must consider the personal, social, and health system challenges faced by veterans and their families throughout their injury careers.

<http://ps.psychiatryonline.org/doi/abs/10.1176/appi.ps.201400430>

Prevalence of Professional Burnout Among Military Mental Health Service Providers.

Brian C. Kok, B.A., Richard K. Herrell, Ph.D., Sasha H. Grossman, B.A., Joyce C. West, Ph.D., Joshua E. Wilk, Ph.D.

Psychiatric Services

Received: September 22, 2014

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<http://dx.doi.org/10.1176/appi.ps.201400430>

Objective:

Professional burnout is a well-documented occupational phenomenon, characterized by the gradual “wearing away” of an individual’s physical and mental well-being, resulting in a variety of adverse job-related outcomes. It has been suggested that burnout is more common in occupations that require close interpersonal relationships, such as mental health services.

Methods:

This study surveyed 488 mental health clinicians working with military populations about work-related outcomes, including level of professional burnout, job satisfaction, and other work-related domains.

Results:

Approximately 21% (weighted) of the sample reported elevated levels of burnout; several domains were found to be significantly associated with burnout.

Conclusions:

Education about professional burnout symptoms and early intervention are essential to ensure that providers continue to provide optimal care for service members and veterans.

<http://www.sciencedirect.com/science/article/pii/S089152451500365X>

The Whole Family Serves: Supporting Sexual Minority Youth in Military Families.

Ashley N. Gyura, Sabrina Opiola McCauley

Journal of Pediatric Health Care

Available online 17 November 2015

doi:10.1016/j.pedhc.2015.10.006

Sexual minority youth in military families have a unique set of stressors that affect their mental, emotional, and physical health. There is a pronounced gap in data addressing the specific stressors of this population and how they interact to impact the health of the adolescent. The culture of the United States military has historically been heterosexist and homophobic, propelled primarily by policies that restricted the recruitment and service of lesbian, gay, bisexual, or transgender individuals, leading to a continued secrecy around sexual orientation that may affect how sexual minority youth within the community view themselves. Homophobia, social stigma, and victimization lead to significant health disparities among sexual minority youth, and youth connected to the military have additional stressors as a result of frequent moves, parental deployment, and general military culture. Primary care providers must be aware of these stressors to provide a safe environment, thorough screening, and competent care for these adolescents.

<http://gradworks.umi.com/15/87/1587718.html>

The experience of deployment on spouses who have a child with a disability

McCarron, Anne M., M.S.

Thesis, University of Alaska-Anchorage, 2015

In this qualitative descriptive pilot study, six mothers who had experienced military deployment of their spouse while parenting a child with a disability were interviewed. The results of the study identified four main experiences and 14 related experiences. The primary experiences described the struggles, hardships and difficulties, the bitterness and the sweetness of support (or lack of support), managing the child's care and services, and the successes despite the struggles. Based on this study's findings, nurses who understand these mothers' experiences will be in a better position to identify their specific needs and to champion services to help them cope.

<http://www.ncbi.nlm.nih.gov/pubmed/26567446>

Altern Ther Health Med. 2015 Nov;21(6):12-21.

The Integrative Health and Wellness Program: Development and Use of a Complementary and Alternative Medicine Clinic for Veterans.

Hull A, Holliday SB, Eickhoff C, Rose-Boyce M, Sullivan P, Reinhard M.

Context • A movement exists within the Veterans Health Administration (VHA) toward incorporating complementary and alternative medicine (CAM) as an integrative complement to care for veterans. The Integrative Health and Wellness (IHW) Program is a comprehensive CAM clinic offering services such as integrative restoration (iRest) yoga nidra, individual acupuncture, group auricular acupuncture, chair yoga, qigong, and integrative health education.

Objectives • The current study intended to detail the development of the CAM program, its use, and the characteristics of the program's participants. **Design** • Using a prospective cohort design, this pilot study tracked service use and aspects of physical and mental health for veterans enrolled in the program.

Participants • During the first year, the IHW Program received 740 consults from hospital clinics; 325 veterans enrolled in the program; and 226 veterans consented to participate in the pilot study.

Outcome Measures • Outcome measures included data from self-report questionnaires and electronic medical records.

Results • Veterans enrolled in the program reported clinically significant depression, stress, insomnia, and pain-related interference in daily activities and deficits in health-related quality of life. Regarding use of the program services, individual acupuncture showed the greatest participation by veterans, followed by group auricular acupuncture and iRest yoga nidra. Of the 226 veterans who enrolled in the program and consented to participate in this study, 165 (73.01%) participated in >1 services in the first year of programming. Broadly speaking, enrollment in services appeared to be associated with gender and service branch but not with age or symptom severity.

Conclusions • Results have assisted with a strategic planning process for the IHW Program and have implications for expansion of CAM services within the VHA.

<http://alcalc.oxfordjournals.org/content/early/2015/11/14/alcalc.agv127.abstract>

Alcohol Use Disorders in Primary Health Care: What Do We Know and Where Do We Go?

Jürgen Rehm, Peter Anderson, Jakob Manthey, Kevin D. Shield, Pierluigi Struzzo, Marcin Wojnar, Antoni Gual

Alcohol and Alcoholism

First published online: 15 November 2015

DOI: <http://dx.doi.org/10.1093/alcalc/agv127>

Aims

To analyze the current paradigm and clinical practice for dealing with alcohol use disorders (AUD) in primary health care.

Methods

Analyses of guidelines and recommendations, reviews and meta-analyses.

Results

Many recommendations or guidelines for interventions for people with alcohol use problems in primary health care, from hazardous drinking to AUD, can be summarized in the SBIRT principle: screening for alcohol use and alcohol-related problems, brief interventions for hazardous and in some cases harmful drinking, referral to specialized treatment for people with AUD. However, while there is some evidence that these procedures are effective in reducing drinking levels, they are rarely applied in clinical practice in primary health care, and no interventions are initiated, even if the primary care physician had detected problems or AUD.

Rather than asking primary health care physicians to conduct interventions which are not typical for medical doctors, we recommend treatment initiation for AUD at the primary health care level. AUD should be treated like hypertension, i.e. with regular checks for alcohol consumption, advice for behavioral interventions in case of consumption exceeding thresholds, and pharmaceutical assistance in case the behavioral interventions were not successful. Minimally, alcohol consumption should be screened for in all situations where there is a co-morbidity with alcohol being a potential cause (such as hypertension, insomnia, depression or anxiety disorders).

Conclusions

A paradigm shift is proposed for dealing with problematic alcohol consumption in primary health care, where initiation for treatment for AUD is seen as the central element.

<http://onlinelibrary.wiley.com/doi/10.1002/jts.22057/abstract>

Operational Stress and Correlates of Mental Health Among Joint Task Force Guantanamo Bay Military Personnel.

Webb-Murphy, J. A., De La Rosa, G. M., Schmitz, K. J., Vishnyak, E. J., Raducha, S. C., Roesch, S. C. and Johnston, S. L.

Journal of Traumatic Stress

Article first published online: 23 NOV 2015

DOI: 10.1002/jts.22057

Military personnel deployed to Joint Task Force Guantanamo Bay (JTF-GTMO) faced numerous occupational stressors. As part of a program evaluation, personnel working at JTF-GTMO completed several validated self-report measures. Personnel were at the beginning, middle, or end of their deployment phase. This study presents data regarding symptoms of posttraumatic stress disorder, alcohol abuse, depression, and resilience among 498 U.S. military personnel deployed to JTF-GTMO in 2009. We also investigated individual and organizational correlates of mental health among these personnel. Findings indicated that tenure at JTF-GTMO was positively related to adverse mental health outcomes. Regression models including these variables had R² values ranging from .02 to .11. Occupation at JTF-GTMO also related to mental health such that guards reported poorer mental health than medical staff. Reluctance to seek out mental health care was also related to mental health outcomes. Those who reported being most reluctant to seek out care tended to report poorer mental health than those who were more willing to seek out care. Results suggested that the JTF-GTMO deployment was associated with significant psychological stress, and that both job-related and attitude-related variables were important to understanding mental health symptoms in this sample.

<http://onlinelibrary.wiley.com/doi/10.1002/jts.22050/abstract>

Anger and Posttraumatic Stress Disorder Symptom Severity in a Trauma-Exposed Military Population: Differences by Trauma Context and Gender.

Worthen, M., Rathod, S. D., Cohen, G., Sampson, L., Ursano, R., Gifford, R., Fullerton, C., Galea, S. and Ahern, J.

Journal of Traumatic Stress

Article first published online: 18 NOV 2015

DOI: 10.1002/jts.22050

Studies have found a stronger association between anger and posttraumatic stress disorder (PTSD) severity in military populations than in nonmilitary populations. Two hypotheses have been proposed to explain this difference: Military populations are more prone to anger than nonmilitary populations, and traumas experienced on deployment create more anger than nondeployment traumas. To examine these hypotheses, we evaluated the association between anger and PTSD severity among never-deployed military service members with nondeployment traumas ($n = 226$) and deployed service members with deployment traumas ($n = 594$) using linear regression. We further examined these associations stratified by gender. Bivariate associations between anger and PTSD severity were similar for nondeployment and deployment events; however, gender modified this association. For men, the association for deployment events was stronger than for nondeployment events ($\beta = .18$, $r = .53$ vs. $\beta = .16$, $r = .37$, respectively), whereas the reverse was true for women (deployment: $\beta = .20$, $r = .42$ vs. nondeployment: $\beta = .25$, $r = .65$). Among men, findings supported the hypothesis that deployment traumas produce stronger associations between PTSD and anger and are inconsistent with hypothesized population differences. In women, however, there was not a clear fit with either hypothesis.

<http://link.springer.com/article/10.1007/s11055-015-0190-9>

The Role of Craniocerebral Trauma in the Dynamics of Combat-Related Post-Traumatic Stress Disorder.

S. G. Sukiasyan, M. Ya. Tadevosyan

Neuroscience and Behavioral Physiology

November 2015, Volume 45, Issue 9, pp 1086-1094

Study aim.

To address the question of the dynamics of the clinical signs of post-traumatic stress disorder

(PTSD) and the strength of their relationship with organic changes in the brain.

Materials and methods.

A longitudinal observations study of 87 combat veterans during the Karabakh war of 1992–1994 was performed in 2009–2011. Two groups of patients were identified. Group 1 consisted of 45 veterans who had sustained mild combat-related craniocerebral trauma followed by the development of PTSD; group 2 consisted of 42 veterans with organic brain damage of traumatic origin. Full general somatic and neurological investigations of patients were undertaken, along with assessment of the patients' status using a set of psychometric and other scales (including scales for assessment of post-traumatic reactions – the Clinician-Administered PTSD Scale (CAPS) and the Mississippi Scale for Combat-Related PTSD).

Results and conclusions.

Analysis of patients' status during the study and comparison with data relating to the time at which trauma was sustained showed that the groups of patients with PTSD were characterized, despite some reduction in post-traumatic symptomatology, by a higher level of severity of all PTSD symptoms during the whole of the 15–18 years of disease development, with simultaneous increases in organic mental changes. In patients with organic brain lesions, the corresponding symptomatology was more severe immediately after the traumatic event than at the time of the study.

<http://www.sciencedirect.com/science/article/pii/S0191886915300209>

Sleep and affective functioning: Examining the association between sleep quality and distress tolerance among veterans.

Nicole A. Short, Kimberly A. Babson, Norman B. Schmidt, Carolina B. Knight, Joaleen Johnson, Marcel O. Bonn-Miller

Personality and Individual Differences
Volume 90, February 2016, Pages 247–253
doi:10.1016/j.paid.2015.10.054

Poor sleep quality is common among veterans, and associated with numerous negative consequences. Although sleep may play a critical role in next-day emotion regulation functioning, it is currently unclear how sleep quality relates to distress tolerance. As such, the current study cross-sectionally examined the association between sleep quality and distress tolerance (measured behaviorally and via self-report) among 94 military veterans with cannabis use disorder. Results indicated that Perceived Sleep Quality was associated with self-reported distress tolerance and increased frustration on a distressing task, after accounting for covariates. The current study's findings should be replicated utilizing prospective designs, but are initially consistent with theoretical models suggesting that sufficient sleep quality is

necessary for appropriate affective functioning, and have clinical implications given the negative effects of poor sleep quality on general psychological functioning.

<http://www.sciencedirect.com/science/article/pii/S0193953X15000817>

Sleep Disturbances in Mood Disorders.

Meredith E. Rumble, Kaitlin Hanley White, Ruth M. Benca

Psychiatric Clinics of North America
Volume 38, Issue 4, December 2015, Pages 743–759
doi:10.1016/j.psc.2015.07.006

KEY POINTS

- Self-reported and objective sleep disturbances are common in people with depressive, bipolar, and other mood disorders.
- Sleep disturbance alone is a risk factor for future onset of depressive disorders and dysregulated rest-activity patterns are a risk factor for onset of affective episodes in people with bipolar disorders.
- Residual sleep disturbance is common in people with remitted mood disorders and can lead to higher risk of relapse.
- Other sleep disorders are more prevalent in people with mood disorders and should be considered, and medications potentially helpful for mood disorders may be disruptive to sleep.
- Effective treatments are available for sleep disturbances comorbid with mood disorders and show promise for improving not only sleep but also mood more broadly.

<http://www.tandfonline.com/doi/abs/10.1080/21635781.2015.1119772>

Mindfulness Meditation and Chronic Pain Management in Iraq and Afghanistan Veterans with Traumatic Brain Injury: A Pilot Study.

Thomas Nassif , Julie Chapman , Friedhelm Sandbrink , Deborah Norris , Karen Soltes ,
Matthew Reinhard , Marc Blackman

Military Behavioral Health
Accepted author version posted online: 17 Nov 2015
DOI:10.1080/21635781.2015.1119772

This study examined the effectiveness of iRest meditation for chronic pain in veterans with

moderate traumatic brain injury (TBI). Veterans were randomly assigned to iRest (n = 4) or treatment as usual (n = 5) for 8 weeks. Patient-reported pain intensity and interference were assessed at baseline, endpoint, and 4-week follow-up.

Veterans receiving iRest reported clinically meaningful reductions in pain intensity (23–42%) and pain interference (34–41%) for most outcome measures and time points. Effect sizes were large for pain interference (g = 0.92–1.13) and medium to large for intensity (g = 0.37–0.61). iRest is a promising self-management approach for chronic pain in veterans with moderate TBI.

<http://www.ncbi.nlm.nih.gov/pubmed/26581107>

PLoS One. 2015 Nov 18;10(11):e0142258. doi: 10.1371/journal.pone.0142258. eCollection 2015.

Internet-Based Cognitive Behavioral Therapy for Insomnia (ICBT-i) Improves Comorbid Anxiety and Depression-A Meta-Analysis of Randomized Controlled Trials.

Ye YY, Zhang YF, Chen J, Liu J, Li XJ, Liu YZ, Lang Y, Lin L, Yang XJ, Jiang XJ

As the internet has become popularized in recent years, cognitive behavioral therapy for insomnia (CBT-i) has shifted from a face-to-face approach to delivery via the internet (internet-based CBT-i, ICBT-i). Several studies have investigated the effects of ICBT-i on comorbid anxiety and depression; however, the results remain inconclusive. Thus, a meta-analysis was conducted to determine the effects of ICBT-i on anxiety and depression. Electronic databases, including PubMed, EMBASE, PsycINFO and the Cochrane Library (throughout May 28, 2015), were systematically searched for randomized controlled trials (RCTs) of ICBT-i. Data were extracted from the qualified studies and pooled together. The standardized mean difference (SMD) and 95% confidence interval (95% CI) were calculated to assess the effects of ICBT-i on comorbid anxiety and depression. Nine records that included ten studies were ultimately qualified. The effect sizes (ESs) were -0.35 [-0.46, -0.25] for anxiety and -0.36 [-0.47, -0.26] for depression, which were stable using a between-group or within-group comparison and suggest positive effects of ICBT-i on both comorbid disorders. Although positive results were identified in this meta-analysis, additional high-quality studies with larger sample sizes are needed in the future.

<http://jfi.sagepub.com/content/early/2015/11/08/0192513X15616849.abstract>

How Family Structures and Processes Interrelate: The Case of Adolescent Mental Health and Academic Success in Military Families.

Amy Laura Arnold, Mallory Lucier-Greer, Jay A. Mancini, James L. Ford, and K. A. S. Wickrama

Journal of Family Issues

First published on November 16, 2015

doi:10.1177/0192513X15616849

The transitional nature of military life positions the family to serve as the primary and most stable influence for adolescents in military families. These military-related transitions and stressors may also put youth at risk for depression and academic challenges. This study examines the relative impact of family structure (family composition at a given time point) and family processes (interpersonal interactions developed over time) on important adolescent outcomes (depressive symptoms and academic performance) for a sample of military youth (N = 995). While family structure, particularly being part of a stepfamily or single-parent family, was related to greater depressive symptoms and poorer academic performance, family processes (family support and parent–adolescent connection) and personal resources (initiative) also accounted for depressive symptomology and academic performance. Importantly, when modeling family processes, no differences were found across family structures. Military youth thrive in diverse family forms in the presence of healthy family processes.

<http://www.sciencedirect.com/science/article/pii/S0163834315002388>

Veterans with PTSD Report More Weight Loss Barriers than Veterans with No Mental Health Disorders.

Elizabeth A. Klingaman, Katherine D. Hoerster, Jennifer M. Aakre, Kristen M. Viverito, Deborah R. Medoff, Richard W. Goldberg

General Hospital Psychiatry

Available online 18 November 2015

doi:10.1016/j.genhosppsy.2015.11.003

Objective

This study characterized and compared Veterans of the United States Armed Forces with Post-Traumatic Stress Disorder (PTSD) to Veterans with no mental health disorders on self-reported measures of factors that influence success in weight management programs.

Method

We examined the relation of PTSD diagnosis with weight loss plan, reasons for overweight/obesity, and barriers to dieting and physical exercise among 171,884 Veterans. Statistically significant variables in chi-square tests ($p < .05$) with at least a small effect size were then compared via multivariate logistic regression analyses.

Results

Both groups reported high ratings of importance and confidence regarding changing weight loss behaviors and were preparing or actively engaging in efforts to manage their weight. Compared to Veterans without mental health disorders, more Veterans with PTSD endorsed 27 of the 28 barriers to changing eating and physical habits.

Conclusions

The results of this study help to explain the lower rates of success of Veterans with PTSD in weight loss programs. Results suggest that a comprehensive, integrated approach to promoting weight loss in Veterans with PTSD is needed.

http://journals.lww.com/headtraumarehab/Abstract/publishahead/Consistency_of_Recall_for_Deployment_Related.99665.aspx

Consistency of Recall for Deployment-Related Traumatic Brain Injury.

Alosco, Michael L. MA; Aslan, Mihaela PhD; Du, Mengtian MS; Ko, John MA; Grande, Laura PhD; Proctor, Susan P. DSc; Concato, John MD, MPH; Vasterling, Jennifer J. PhD

Journal of Head Trauma Rehabilitation:

Post Author Corrections: November 17, 2015

doi: 10.1097/HTR.0000000000000201

Objective:

To examine the temporal consistency of self-reported deployment-related traumatic brain injury (TBI) and its association with posttraumatic stress disorder (PTSD) symptom severity.

Setting:

In-person interviews at US Army installations (postdeployment); phone interviews (long-term follow-up).

Participants:

A total of 378 US Army soldiers and veterans deployed to Iraq; 14.3% (n = 54) reported TBI with loss of consciousness during an index deployment.

Design:

Participants were evaluated after returning from deployment and again 5 to 9 years later.

Main Measures:

Temporal consistency of TBI endorsement based on TBI screening interviews; PTSD Checklist, Civilian Version.

Results:

The concordance of deployment-related TBI endorsement from the postdeployment to long-term follow-up assessment was moderate ($[\kappa] = 0.53$). Of the 54 participants reporting (predominantly mild) TBI occurring during an index deployment, 32 endorsed TBI inconsistently over time. More severe PTSD symptoms at postdeployment assessment were independently associated with discordant reporting ($P = .0004$); each 10-point increase in PCL scores increasing odds of discordance by 69% (odds ratio = 1.69; 95% confidence interval, 1.26-2.26).

Conclusions:

Deployment-related TBI may not be reported reliably over time, particularly among war-zone veterans with greater PTSD symptoms. Results of screening evaluations for TBI history should be viewed with caution in the context of PTSD symptom history.

<http://afs.sagepub.com/content/early/2015/11/16/0095327X15614552.abstract>

Suicides in the U.S. Military: Birth Cohort Vulnerability and the All-Volunteer Force.

James Griffith, Craig J. Bryan

Armed Forces & Society

November 18, 2015

0095327X15614552

This paper builds a case for examining suicide in the U.S. military relative to broad societal context, specifically, the unique experiences of birth cohorts relating to processes described by Durkheim's theory of suicide. In more recent birth cohorts, suicide rates have increased among teenagers and young adults. In addition, suicide rates of age intervals at a given time period have been reliably predicted by the size of the birth cohort and the percentage of nonmarital births—supposed indicators of Durkheim's diminished social integration and behavioral regulation. Consequences of these trends are likely more evident in the U.S. military due to having proportionally more individuals known to be at risk for suicide, that is, young males who are from nontraditional households. The all-volunteer force compared to draft force has fewer applicants to select, and proportionally more of applicants are accepted for military service. Consequently, more recruits having varied conditions now than before, perhaps including greater vulnerability to suicide, serve in the U.S. military. These points are further elaborated with supporting evidence, concluding with a call for new directions in suicide research, practice, and policy.

<http://www.karger.com/Article/Abstract/440726>

A Randomized Controlled Clinical Trial of Dialogical Exposure Therapy versus Cognitive Processing Therapy for Adult Outpatients Suffering from PTSD after Type I Trauma in Adulthood.

Butollo W, Karl R, König J, Rosner R.

Psychotherapy and Psychosomatics

Vol. 85, No. 1, 2016

DOI:10.1159/000440726

Background:

Although there are effective treatments for posttraumatic stress disorder (PTSD), there is little research on treatments with non-cognitive-behavioural backgrounds, such as gestalt therapy. We tested an integrative gestalt-derived intervention, dialogical exposure therapy (DET), against an established cognitive-behavioural treatment (cognitive processing therapy, CPT) for possible differential effects in terms of symptomatic outcome and drop-out rates.

Methods:

We randomized 141 treatment-seeking individuals with a diagnosis of PTSD to receive either DET or CPT. Therapy length in both treatments was flexible with a maximum duration of 24 sessions.

Results:

Dropout rates were 12.2% in DET and 14.9% in CPT. Patients in both conditions achieved significant and large reductions in PTSD symptoms (Impact of Event Scale - Revised; Hedges' $g = 1.14$ for DET and $d = 1.57$ for CPT) which were largely stable at the 6-month follow-up. At the posttreatment assessment, CPT performed statistically better than DET on symptom and cognition measures. For several outcome measures, younger patients profited better from CPT than older ones, while there was no age effect for DET.

Conclusions:

Our results indicate that DET merits further research and may be an alternative to established treatments for PTSD. It remains to be seen whether DET confers advantages in areas of functioning beyond PTSD symptoms. © 2015 S. Karger AG, Basel

<http://gerontologist.oxfordjournals.org/content/early/2015/11/18/geront.gnv662.abstract>

Service-Related Exposures and Physical Health Trajectories Among Aging Veteran Men.

Miles G. Taylor, Stephanie Ureña, and Ben Lennox Kail

The Gerontologist
November 18, 2015
doi:10.1093/geront/gnv662

Purpose of the Study:

We examined the association of military service-related exposures (SREs) with physical health trajectories to establish whether combat and other hazards have lasting connections to health in later life. We also examined potential confounders and mechanisms to further understand the associations.

Design and Methods:

We used the 2013 HRS Veterans Mail Survey linked to the longitudinal Health and Retirement Study (HRS) to examine military service experiences and health over a decade (2000–2010) among veteran men. We employed latent class analysis to disaggregate trajectories of health in later life.

Results:

Most veteran men experienced good health over the decade. Although we found a connection between combat and later health, it was driven primarily by hazardous or traumatic exposures. Service-related disability, current health behaviors, and mental health were not likely explanations for these associations.

Implications:

The measurement of service experiences is primary in understanding health implications of military service and projecting the health service needs of aging veterans. SREs are varied and complex and have differential connections to health. These connections remain unexplained by current behaviors and mental health, suggesting the need to examine earlier life course pathways and mechanisms.

<http://www.tandfonline.com/doi/abs/10.3109/09540261.2015.1091291>

Telepsychiatry: Benefits and costs in a changing health-care environment.

Maryann Waugh , Debbie Voyles , Marshall R. Thomas

International Review of Psychiatry

Published online: 20 Nov 2015

DOI:10.3109/09540261.2015.1091291

In the USA, the high cost and inefficiencies of the health care system have prompted widespread demand for a better value on investment. Reform efforts, focused on increasing

effective, cost-efficient, and patient-centred practices, are inciting lasting changes to health care delivery. Integrated care, providing team-based care that addresses both physical and behavioural health needs is growing as an evidence-based way to provide improved care with lower overall costs. This in turn, is leading to an increasing demand for psychiatrists to work with primary care physicians in delivering integrated care. Telepsychiatry is an innovative platform that has a variety of benefits to patients, providers, and systems. Associated costs are changing as technology advances and policies shift. The purpose of this article is to describe the changing role of psychiatry within the environment of U.S. healthcare reform, and the benefits (demonstrated and potential) and costs (fixed, variable, and reimbursable) of telepsychiatry to providers, patients and systems.

<http://www.sciencedirect.com/science/article/pii/S0272735815001531>

The impact of military deployment on children: Placing developmental risk in context.

Candice A. Alfano, Simon Lau, Jessica Balderas, Brian E. Bunnell, Deborah C. Beidel

Clinical Psychology Review

Available online 24 November 2015

doi:10.1016/j.cpr.2015.11.003

During recent conflicts in the Middle East, U.S. military families have endured multiple separations, relocations, and alterations in family structure/routines, combined with other significant stressors. This review examines what is known about children's mental health and functioning in relation to parental military deployment during conflicts spanning the last 14 years. Findings are organized and considered by age group (i.e., toddlers and preschoolers, school age children, and adolescents) in an effort to highlight unique challenges and strengths present at different stages of development. Across all age groups, numerous studies document an increase in the number of military-connected children receiving mental health services in relation to parental deployment, though specific types of problems and long-term outcomes are not well understood. Evidence for a concerning increase in rates of child maltreatment related to parental deployment has also emerged. However, findings are largely based on aggregate data and the specific perpetrator is often unclear. Overall, we emphasize several critical next steps for research in this area including investigations characterized by greater methodological rigor, consideration of broader parental and contextual influences on child mental health, objective indicators of stress and coping, and longitudinal designs to examine persistence of child emotional/behavioral problems. A focus on adaptive/resilient outcomes is equally essential for understanding long-term outcomes and developing effective intervention programs.

<http://onlinelibrary.wiley.com/doi/10.1002/nur.21701/abstract>

Hard is normal: Military families' transitions within the process of deployment.

Yablonsky, A. M., Barbero, E. D. and Richardson, J. W.

Research in Nursing & Health

Article first published online: 23 NOV 2015

DOI: 10.1002/nur.21701

US military deployments have become more frequent and lengthier in duration since 2003. Over half of US military members are married, and many also have children. The authors sought to understand the process of deployment from the perspective of the military family. After a thorough search of the literature, 21 primary research reports of 19 studies with an aggregate sample of 874 were analyzed using qualitative metasynthesis. The deployment process was experienced in four temporal domains. The military family as a whole shared the pre-deployment transition: all family members felt uncertain about the future, needed to complete tasks to “get ready” for deployment, and experienced a sense of distancing in preparation for the upcoming separation. The AD member went through the deployment transition independently, needing to “stay engaged” with the military mission, building a surrogate family and simultaneously trying to maintain connection with the family at home. In parallel, the home front family was going through a transposition transition, moving forward as an altered family unit, taking on new roles and responsibilities, and trying to simultaneously connect with the deployed member and find support from other military families. In post-deployment, the family went through the “reintegration” transition together, managing expectations, and readjusting family roles, all needing understanding and appreciation for their sacrifices during the recent separation. Effective family communication was important for military family well-being after deployment but unexpectedly challenging for many. Clinical, research, and policy recommendations are discussed. © 2015 Wiley Periodicals, Inc. This article has been contributed to by a US Government employee and her work is in the public domain in the USA.

<http://wjn.sagepub.com/content/early/2015/11/23/0193945915615869.abstract>

Chronic Pain and Cognitive Behavioral Therapy: An Integrative Review.

Robert Knoerl, Ellen M. Lavoie Smith, and James Weisberg

Western Journal of Nursing Research

Published online before print November 24, 2015

doi: 10.1177/0193945915615869

Cognitive behavioral therapy (CBT) is often used to treat chronic pain; however, more

information is needed about what are the most efficacious dose and delivery methods. The aims of this review were to determine (a) which CBT doses, delivery methods, strategies, and follow-up periods have been explored in recent intervention studies of individuals with chronic pain and (b) whether the outcomes described in the selected studies were consistent with recommendations by the Initiative on Methods, Measurement, and Pain Assessment in Clinical Trials. The CINAHL, EMBASE, PubMed, PsycInfo, and SCOPUS databases were searched for randomized controlled trials published from 2009 to 2015 testing CBT for adults with chronic pain. Thirty-five studies were included in this review. Results revealed that CBT reduced pain intensity in 43% of trials, the efficacy of online and in-person formats were comparable, and military veterans and individuals with cancer-related chronic pain were understudied.

<http://www.sciencedirect.com/science/article/pii/S1071581915001792>

A Novel Approach to Improve the Planning of Adaptive and Interactive Sessions for the treatment of Major Depression.

Adrián Bresó, Juan Martínez-Miranda, Elies Fuster-Garcia, Juan Miguel García-Gómez

International Journal of Human-Computer Studies

Available online 23 November 2015

doi:10.1016/j.ijhcs.2015.11.003

Human Computer Interaction (HCI) is a research field which aims to improve the relationship between users and interactive computer systems. A main objective of this research area is to make the user experience more pleasant and efficient, minimizing the barrier between the users' cognition of what they want to accomplish and the computer's understanding of the user's tasks, by means of user-friendly, useful and usable designs. A bad HCI design is one of the main reasons behind user rejection of computer-based applications, which in turn produces loss of productivity and economy in industrial environments.

In the eHealth domain, user rejection of computer-based systems is a major barrier to exploiting the maximum benefit from those applications developed to support the treatment of diseases, and in the worst cases a poor design in these systems may cause deterioration in the clinical condition of the patient. Thus, a high level of personalisation of the system according to users' needs is extremely important, making it easy to use and contributing to the system's efficacy, which in turn facilitates the empowerment of the target users. Ideally, the content offered through the interactive sessions in these applications should be continuously assessed and adapted to the changing condition of the patient. A good HCI design and development can improve the acceptance of these applications and contribute to promoting better adherence levels to the treatment, preventing the patient from further relapses.

In this work, we present a mechanism to provide personalised and adaptive daily interactive

sessions focused on the treatment of patients with Major Depression. These sessions are able to automatically adapt the content and length of the sessions to obtain personalised and varied sessions in order to encourage the continuous and long-term use of the system. The tailored adaptation of session content is supported by decision-making processes based on: (i) clinical requirements; (ii) the patient's historical data; and (iii) current responses from the patient. We have evaluated our system through two different methodologies: the first one performing a set of simulations producing different sessions from changing input conditions, in order to assess different levels of adaptability and variability of the session content offered by the system. The second evaluation process involved a set of patients who used the system for 14 to 28 days and answered a questionnaire to provide feedback about the perceived level of adaptability and variability produced by the system. The obtained results in both evaluations indicated good levels of adaptability and variability in the content of the sessions according to the input conditions.

<http://onlinelibrary.wiley.com/doi/10.1002/jts.22050/abstract>

Anger and Posttraumatic Stress Disorder Symptom Severity in a Trauma-Exposed Military Population: Differences by Trauma Context and Gender.

Worthen, M., Rathod, S. D., Cohen, G., Sampson, L., Ursano, R., Gifford, R., Fullerton, C., Galea, S. and Ahern, J.

Journal of Traumatic Stress

Volume 28, Issue 6, pages 539–546, December 2015

DOI: 10.1002/jts.22050

Studies have found a stronger association between anger and posttraumatic stress disorder (PTSD) severity in military populations than in nonmilitary populations. Two hypotheses have been proposed to explain this difference: Military populations are more prone to anger than nonmilitary populations, and traumas experienced on deployment create more anger than nondeployment traumas. To examine these hypotheses, we evaluated the association between anger and PTSD severity among never-deployed military service members with nondeployment traumas ($n = 226$) and deployed service members with deployment traumas ($n = 594$) using linear regression. We further examined these associations stratified by gender. Bivariate associations between anger and PTSD severity were similar for nondeployment and deployment events; however, gender modified this association. For men, the association for deployment events was stronger than for nondeployment events ($\beta = .18$, $r = .53$ vs. $\beta = .16$, $r = .37$, respectively), whereas the reverse was true for women (deployment: $\beta = .20$, $r = .42$ vs. nondeployment: $\beta = .25$, $r = .65$). Among men, findings supported the hypothesis that deployment traumas produce stronger associations between PTSD and anger and are inconsistent with hypothesized population differences. In women, however, there was not a clear fit with either hypothesis.

<http://onlinelibrary.wiley.com/doi/10.1002/jts.22055/abstract>

Mental Health Over Time in a Military Sample: The Impact of Alcohol Use Disorder on Trajectories of Psychopathology After Deployment.

Sampson, L., Cohen, G. H., Calabrese, J. R., Fink, D. S., Tamburrino, M., Liberzon, I., Chan, P. and Galea, S.

Journal of Traumatic Stress
Volume 28, Issue 6, pages 547–555, December 2015
DOI: 10.1002/jts.22055

To identify trajectories of depression and posttraumatic stress (PTS) symptom groups after deployment and determine the effect of alcohol use disorder on these trajectories, depression symptoms were modeled using the 9-item Patient Health Questionnaire in 727 Ohio National Guard members, and PTS symptoms were modeled using the PTSD Checklist in 472 Ohio National Guard members. There were 55.8% who were resistant to depression symptoms across the 4 years of study, and 41.5% who were resistant to PTS symptoms. There were 18.7% and 42.2% of participants who showed resilience (experiencing slightly elevated symptoms followed by a decline, according to Bonanno et al., 2002) to depression and PTS symptoms, respectively. Mild and chronic dysfunction constituted the smallest trajectory groups across disorders. Marital status, deployment to an area of conflict, and number of lifetime stressors were associated with membership into different latent groups for depression (unstandardized β estimates range = 0.69 to 1.37). Deployment to an area of conflict, number of lifetime traumatic events and education predicted membership into different latent groups for PTS (significant unstandardized β estimate range = 0.83 to 3.17). AUD was associated with an increase in both symptom outcomes (significant unstandardized β estimate range = 0.20 to 9.45). These results suggested that alcohol use disorder may have contributed substantially to trajectories of psychopathology in this population.

<http://onlinelibrary.wiley.com/doi/10.1002/jts.22049/abstract>

Predictors of Initiation and Engagement of Cognitive Processing Therapy Among Veterans With PTSD Enrolled in Collaborative Care.

Grubbs, K. M., Fortney, J. C., Pyne, J. M., Hudson, T., Moore, W. M., Custer, P., Schneider, R. and Schnurr, P. P.

Journal of Traumatic Stress

Collaborative care (CC) increases access to evidence-based pharmacotherapy and psychotherapy. The study aim was to identify the characteristics of rural veterans receiving a telemedicine-based CC intervention for posttraumatic stress disorder (PTSD) who initiated and engaged in cognitive processing therapy (CPT) delivered via interactive video. Veterans diagnosed with PTSD were recruited from 11 community-based outpatient clinics (N = 133). Chart abstraction identified all mental health encounters received during the 12-month study. General linear mixed models were used to identify characteristics that predicted CPT initiation and engagement (attendance at 8 or more sessions). For initiation, higher PTSD severity according to the Clinician Administered PTSD Scale ($d = -0.39$, $p = .038$) and opt-out recruitment (vs. self-referral; $d = -0.49$, $p = .010$) were negative predictors. For engagement, major depression ($d = -1.32$, $p = .006$) was a negative predictor whereas a pending claim for military service connected disability ($d = 2.02$, $p = .008$) was a positive predictor. In general, veterans enrolled in CC initiated and engaged in CPT at higher rates than usual care. Those with more severe symptoms and comorbidity, however, were at risk of not starting or completing CPT.

<http://onlinelibrary.wiley.com/doi/10.1002/jts.22052/abstract>

Prescription Stimulants and PTSD Among U. S. Military Service Members.

Crum-Cianflone, N. F., Frasco, M. A., Armenta, R. F., Phillips, C. J., Horton, J., Ryan, M. A. K., Russell, D. W. and LeardMann, C.

Journal of Traumatic Stress
Volume 28, Issue 6, pages 585–589, December 2015
DOI: 10.1002/jts.22052

Posttraumatic stress disorder (PTSD) is a prevalent condition among military service members and civilians who have experienced traumatic events. Stimulant use has been postulated to increase the risk of incident PTSD; however, research in this area is lacking. In this study, the association between receipt of prescription stimulants and PTSD was examined in a secondary analysis among active duty U.S. military members ($n = 25,971$), participating in the Millennium Cohort Study, who completed a baseline (2001–2003) and two follow-up surveys (between 2004–2008). Prescription stimulant data were obtained from the military Pharmacy Data Transaction Service. PTSD was assessed using the PTSD Checklist–Civilian Version and incident PTSD was defined as meeting the criteria at follow-up among those who did not have a history of PTSD at baseline. Overall, 1,215 (4.7%) persons developed new-onset PTSD during follow-up. Receipt of prescription stimulants were significantly associated with incident PTSD, hazard ratio = 5.09, 95% confidence interval [3.05, 8.50], after adjusting for sociodemographic

factors, military characteristics, attention-deficit/hyperactivity disorder, baseline mental and physical health status, deployment experiences, and physical/sexual trauma. Findings suggested that prescription stimulants are associated with incident PTSD among military personnel; these data may inform the underlying pathogenesis of and preventive strategies for PTSD.

Links of Interest

Can a website keep suicidal thoughts away? Study in stressed young doctors suggests so
<http://www.sciencedaily.com/releases/2015/11/151119122627.htm>

Prevalence of lifetime drug use disorders nearly 10 percent in US
<http://www.sciencedaily.com/releases/2015/11/151118125314.htm>

Art therapy helps close the wounds of Air Force vets
<http://health.mil/News/Articles/2015/11/19/Art-therapy-helps-close-the-wounds-of-Air-Force-vets>

Opaque military justice system shields child sex abuse cases
<http://bigstory.ap.org/article/baa28e9031c44093b40f2a1f2412f25d/opaque-military-justice-system-shields-child-sex-abuse>

Fact vs. Fiction: How Psychological Health Care Can Affect Your Security Clearance
<http://www.dcoe.mil/blog/15-11-19/Fact-vs-Fiction-How-Psychological-Health-Care-Can-Affect-Your-Security-Clearance.aspx>

U.S. Army vet denied second chance at USF after confrontation with gas station clerk
<http://www.tampabay.com/news/education/college/us-army-vet-denied-second-chance-at-usf-after-confrontation-with-gas/2254713>

Pentagon study links prescription stimulants to military PTSD risk
<http://www.latimes.com/science/la-sci-stimulants-ptsd-20151119-story.html>

A Former Congressman Is Working To Help Veterans By Tackling Mental Illness
http://www.huffingtonpost.com/entry/veterans-mental-health-patrick-kennedy_564386cee4b08cda34870da3

What Is Complex Insomnia?
<http://www.neurologyreviews.com/specialty-focus/insomnia/article/what-is-complex-insomnia/02d4a2681dc7d1e61e23a4c0ce7bb524.html>

Sleep Trackers Promise to Improve Our Sleep. They Only Made Me Feel More Helpless.
http://www.slate.com/blogs/the_drift/2015/12/01/sleep_trackers_promise_to_improve_our_sleep_they_only_made_me_feel_more.html

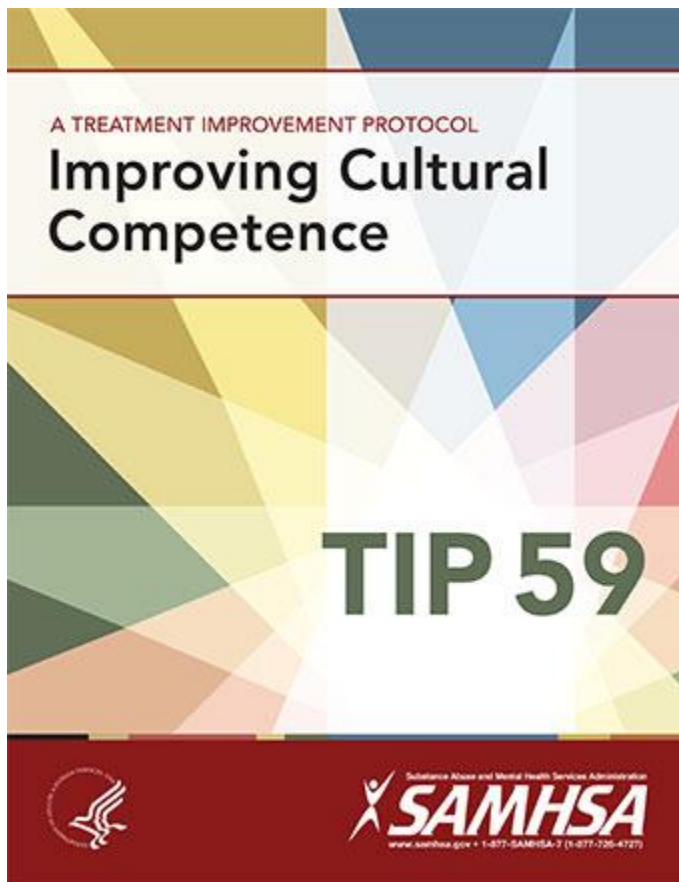
For Some Service Members, Insomnia May Not Be Part Of PTSD
<http://taskandpurpose.com/for-some-service-members-insomnia-may-not-be-part-of-ptsd/>

Resource of the Week -- [Treatment Improvement Protocol: Improving Cultural Competence](#)

Free guide, with extensive bibliography, from the Substance Abuse and Mental Health Services Administration that

Assists professional care providers and administrators in understanding the role of culture in the delivery of substance abuse and mental health services. Discusses racial, ethnic, and cultural considerations and the core elements of cultural competence.

[Military culture](#) is not address in this guide, which focuses on race/ethnicity issues.



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