



CDP Research Update -- January 14, 2016

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- Concurrent treatment of posttraumatic stress disorder and alcohol dependence: Predictors and moderators of outcome.
- A prospective study of therapist facilitative interpersonal skills as a predictor of treatment outcome.
- Guided Online or Face-to-Face Cognitive Behavioral Treatment for Insomnia: A Randomized Wait-List Controlled Trial.
- Intimate partner aggression-related shame and posttraumatic stress disorder symptoms: The moderating role of substance use problems.
- Open trial of exposure therapy for PTSD among patients with severe and persistent mental illness.
- Links of Interest
- Resource of the Week: Treatment Episode Data Set Report -- [Veterans' Primary Substance of Abuse is Alcohol in Treatment Admissions](#) (Center for Behavioral Health Statistics and Quality, SAMHSA)

<http://publications.amsus.org/toc/milmed/181/1S>

Military Medicine

Volume 181, Issue 1S, January 2016 pp. 1-118

Special Issue -- Women in Combat

Why a "Women in Combat Symposium"?

Patricia A. Deuster; Victoria Tepe

Leading Gender Integration

Robert W. Cone

Women in Combat: Framing the Issues of Health and Health Research for America's Servicewomen

Kate McGraw; Tracey Perez Koehlmoos; Elspeth Cam Ritchie

Conceptual Model of Military Women's Life Events and Well-Being

Mady W. Segal; Michelle D. Lane

Sexual Harassment and Assault in the U.S. Military: A Review of Policy and Research Trends

Valerie A. Stander; Cynthia J. Thomsen

The Role of Leadership and Peer Behaviors in the Performance and Well-Being of Women in Combat: Historical Perspectives, Unit Integration, and Family Issues

Mady Wechsler Segal; David G. Smith; David R. Segal; Amy A. Canuso

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Matthew Moosey

Designing Military Systems for Women in Combat

Pamela A. Savage-Knepshield; Jeffrey Thomas; Kristin Schweitzer; Richard Kozycki; David Hullinger

Operational Physical Performance and Fitness in Military Women: Physiological, Musculoskeletal Injury, and Optimized Physical Training Considerations for Successfully Integrating Women Into Combat-Centric Military Occupations

Bradley C. Nindl; Bruce H. Jones; Stephanie J. Van Arsdale; Karen Kelly; William J. Kraemer

Reproductive Health of Active Duty Women in Medically Austere Environments

Cara J. Krulewitch

The Many Faces of Military Families: Unique Features of the Lives of Female Service Members

Kenona H. Southwell; Shelley M. MacDermid Wadsworth

Gender Differences Among Military Combatants: Does Social Support, Ostracism, and Pain Perception Influence Psychological Health?

Kate McGraw

Optimizing Performance, Health, and Well-being: Nutritional Factors

James P. McClung; Erin Gaffney-Stomberg

Characterization and Comparison of Combat-Related Injuries in Women During OIF and OEF

Judy L. Dye; Susan L. Eskridge; Victoria Tepe; Mary C. Clouser; Michael Galarneau

Alcohol Use Among Active Duty Women: Analysis AUDIT Scores From the 2011 Health-Related Behavior Survey of Active Duty Military Personnel

Diana D. Jeffery; Mark Mattiko

Women in Combat: Summary of Findings and a Way Ahead

Victoria Tepe; Angela Yarnell; Bradley C. Nindl; Stephanie Van Arsdale; Patricia A. Deuster

<http://www.gao.gov/products/GAO-16-158>

DOD and VA Health Care: Actions Needed to Help Ensure Appropriate Medication Continuation and Prescribing Practices.

U.S. Government Accountability Office

GAO-16-158: Published: Jan 5, 2016.

Publicly Released: Jan 5, 2016.

What GAO Found

The Department of Defense (DOD) and the Department of Veterans Affairs' (VA) Veterans Health Administration (VHA) have collaborated to develop clinical practice guidelines for post-traumatic stress disorder (PTSD) and mild traumatic brain injury (TBI). The mild TBI guideline does not include recommendations based on scientific evidence regarding the use of medications to treat symptoms because of a lack of available research; however, the PTSD guideline discourages the use of benzodiazepines (a sedative) and states that the use of antipsychotics to treat PTSD lacks support, based on available research. VHA monitors the prescribing of benzodiazepines and antipsychotics to treat PTSD nationally and by VA medical centers (VAMC) and requires VAMCs to implement improvement plans if their prescribing is significantly higher than the average of all VAMCs. GAO found that DOD relies on each military service to review the medication prescribing practices of its providers and that the Army does not monitor the prescribing of medications to treat PTSD on an ongoing basis. Without such

monitoring, the Army may be unable to identify and address practices that are inconsistent with the guideline. Federal internal control standards require agencies to have control activities to establish performance measures, implement ongoing monitoring to assess performance, and ensure that the findings of reviews are promptly resolved.

As of August 2015, VA's formulary included 57 percent of the psychiatric, pain, and sleep medications on DOD's formulary. These medications are prescribed to treat symptoms common among servicemembers and veterans with PTSD or mild TBI, and most of the DOD prescriptions in fiscal year 2014 for these medications (88 percent) were on both formularies. In addition, DOD and VHA officials GAO interviewed agreed that the differences did not affect the continuation of medications for servicemembers transitioning from DOD to VHA.

<http://www.tandfonline.com/doi/abs/10.1080/21635781.2015.1133347>

The Impact of Deployment on Attachment Relationships.

Justin Russotti, Alisa Hathaway, Jed Metzger, Catherine Cerulli

Military Behavioral Health

Accepted author version posted online: 21 Dec 2015

DOI:10.1080/21635781.2015.1133347

Military families must navigate the various deployment phases, which may occur during sensitive periods of attachment formation, uniquely affecting the parent-child bond. Employing Community-Based Participatory Research (CBPR) principles, focus groups were conducted with military-involved parents (n = 18) to better understand the psychosocial needs of children. Using grounded theory, attachment issues surfaced as a strong theme. Despite their belief of being present via technology, parents found their children were not digitally connected in the same way, receiving the returning parent in unexpected ways. Strategies are discussed to develop interventions that will help reintegrate deployed service members into their families, including supporting and rebuilding parent-child relationships.

<http://www.gao.gov/products/GAO-16-154>

Defense Health Care: Research on Hyperbaric Oxygen Therapy to Treat Traumatic Brain Injury and Post-Traumatic Stress Disorder

U.S. Government Accountability Office

GAO-16-154: Published: Dec 18, 2015.

Publicly Released: Dec 18, 2015.

GAO identified 32 peer-reviewed, published articles on research about the use of hyperbaric oxygen (HBO2) therapy to treat traumatic brain injury (TBI) and post-traumatic stress disorder (PTSD), most of which were focused solely on TBI (29 articles). The 32 articles consisted of 7 case reports (reports on the treatment of individuals), 10 literature reviews (reviews of studies), and 15 articles on interventional studies or clinical trials, which provide the strongest clinical evidence about a treatment. Three of the 15 articles on interventional studies or clinical trials focused on the safety of HBO2 therapy for treating TBI and concluded that it is safe. The other 12 articles described the effectiveness of HBO2 therapy in treating TBI. Four of these articles (two on severe TBI and two that did not specify severity) reported that HBO2 therapy was effective. The remaining eight articles focused on mild TBI—six concluded that it was not effective and two concluded that it was.

The six articles that concluded HBO2 therapy was not effective in treating mild TBI were based on three studies funded by the Department of Defense (DOD) with collaboration from the Department of Veterans Affairs (VA) and others. Each of the DOD-funded studies 1) was randomized—participants were randomly assigned to clinical trial groups, 2) was double-blinded—neither researchers nor participants knew who was assigned to which group, and 3) included a sham control group—participants received a procedure that was similar to HBO2 therapy but lacked certain components of the intervention. However, there is no standard design for sham control groups in HBO2 therapy, and in each of the DOD-funded studies the approach varied. The authors of the six articles based on these studies concluded that HBO2 therapy was not effective in treating mild TBI because participants in the sham control and treatment groups had similar outcomes. Although both groups showed improvement, the researchers concluded that this was likely due to other factors, such as a placebo effect. Researchers not affiliated with the DOD-funded studies have raised concerns about whether the sham control groups received a placebo or a therapeutic treatment. In a published editorial, researchers affiliated with one of the DOD-funded studies acknowledged the challenges associated with designing a sham control group and stated that additional research would be needed to determine whether these participants actually received a therapeutic benefit. DOD officials told us that studying the long-term effects of the treatment also would help confirm whether the sham control groups' improvements should be attributed to a placebo effect.

<http://publications.amsus.org/doi/abs/10.7205/MILMED-D-15-00063>

The Impact of Unit Membership on Smoking Among Soldiers.

Robin L. Toblin; James A. Anderson; Lyndon A. Riviere; Dennis McGurk; Maurice L. Sipos

Military Medicine
81(1), pp. 16–20
Published online: January 5, 2016
10.7205/MILMED-D-15-00063

Cultural, organizational, and dyadic influences have been found to be associated with smoking in the military while group-level influences have been identified in the general population. However, there are few studies examining group-level influences in the military and none using group-level analyses. Such studies are essential for understanding how to optimally forestall or cease smoking. This study, using mixed effects modelling, examined whether unit membership influenced smoking behavior in soldiers from brigade combat teams. Unit membership was assessed in 2008 to 2009 at the company level (n = 2204) and in 2012 at the platoon level (n = 452). Smoking was assessed by the number of daily cigarettes smoked (range: 0–99) with smoking status (nonsmoker vs. smoker) and smoking level (none, smoker, and heavy [20 + cigarettes/day]) as the outcomes. For both samples, unit membership was not significantly associated with a soldier's propensity to smoke when comparing either all smokers to nonsmokers or heavy smokers to smokers. These results suggest typical military unit-level training programs are unlikely to be the most effective mode of intervention for smoking prevention or cessation. Smoking rates in the military may be influenced instead by small group or individual relationships or by overall military culture.

<http://publications.amsus.org/doi/abs/10.7205/MILMED-D-15-00254>

Gender Differences Among Military Combatants: Does Social Support, Ostracism, and Pain Perception Influence Psychological Health?

Kate McGraw , PhD

Military Medicine
Volume 181 Issue 1S
January 2016, pp. 80-85
DOI: <http://dx.doi.org/10.7205/MILMED-D-15-00254>

The literature on gender differences related to psychological health among in-theater service members who are deployed in a combatant role is limited. Much focuses on retrospective reports of service members who have returned from deployment. Potential key factors that contribute to gender differences in psychological health among combatants are found in literature across several topic areas, but integration of findings across disciplines is lacking. A growing body of literature on gender differences related to psychological health of postdeployment military populations suggests males and females respond differently to perceived levels of social support pre- and postdeployment. One study on service members who were deployed suggested no significant gender differences related to reported psychological

health symptoms, but did appear to find significant gender differences related to reported perception of unit morale. In another related area, research explores how ostracism impacts physical and psychological health of individuals and organizations, and can result in perceptions of physical pain, although research on gender differences related to the impact of ostracism is scarce. Research has also begun to focus on sex differences in pain responses, and has identified multiple biopsychosocial, genetic, and hormonal factors that may contribute as potential underlying mechanisms. In this brief review, we focus on and begin to integrate relevant findings related to the psychological health of females in combat roles, gender differences in the impact of perception of social support on psychological health, the psychological and physical impact of ostracism on individuals and organizations, and the current literature on sex differences in pain perception. We conclude with a synthesis and discussion of research gaps identified through this review, implications for clinical practice, and potential future research directions. In conclusion, there appear to be gender differences related to the presence or absence of social support, the impact of ostracism, and the perception of pain. These differences may play a critical role in the psychological health of female combatants. More research on this topic is needed.

<http://onlinelibrary.wiley.com/doi/10.1111/head.12726/abstract>

A cohort study examining headaches among veterans of Iraq and Afghanistan wars: Associations with traumatic brain injury, PTSD, and depression.

Jaramillo, C. A., Eapen, B. C., McGeary, C. A., McGeary, D. D., Robinson, J., Amuan, M. and Jo Pugh, M.

Headache: The Journal of Head and Face Pain
Article first published online: 21 DEC 2015
doi: 10.1111/head.12726

Objectives

To describe the prevalence and persistence of headache and associated conditions in an inception cohort of U.S. veterans of Iraq and Afghanistan wars.

Background

Iraq and Afghanistan war veterans (IAV) suffer from persistent and difficult-to-treat headaches that have been found to co-occur with traumatic brain injury (TBI) and other deployment related comorbidities.

Methods

This longitudinal retrospective cohort study used data from the national Veterans Health Administration (VA) data repository for IAV who first received VA care in 2008 (baseline) and also received care each year in 2009, 2010, and 2011. We used ICD-9-CM codes, to identify

those treated for headache each year (2008-2011). Individuals with headache diagnosed each year were classified as having persistent headache. We also identified comorbidities that may be associated with baseline headache using algorithms validated for use with ICD-9-CM codes. Comorbidities included TBI, posttraumatic stress disorder (PTSD), depression, and conditions associated with these diagnoses (anxiety, memory/attention/cognition, neck pain, tinnitus/hyperacusis, photosensitivity/photo blurring, insomnia, malaise/fatigue, and vertigo/dizziness). Multivariable logistic regression analysis was used to determine characteristics associated with baseline headache as well as those associated with persistent headache.

Results

Among all IAV, 38,426 received their first year of VA care in 2008 and had care each year 2009-2011: 13.7% of these were diagnosed with headache in 2008. Veterans diagnosed with headache in 2008 were more likely than those without a headache diagnosis to also have a diagnosis of TBI alone (adjusted odds ratios [AOR] 6.75; 95% CI 5.79-7.86), TBI + depression (AOR 7.09; 95% CI 5.23-9.66), TBI + PTSD (AOR 10.16; 95% CI 8.96-11.53), TBI + PTSD + depression (AOR 9.40; 95% CI 8.12-10.09), and neck pain (AOR 2.44; 95% CI 2.14-2.77). Among those with headache diagnosis in 2008, 24.3% had a headache diagnosis each of the subsequent years of care (persistent headache). While diagnoses of TBI, PTSD, and/or depression at baseline were not associated with headache persistence, persistence was more likely for individuals with baseline tinnitus/hyperacusis (AOR 1.21; 95% CI 1.02-1.45), insomnia (AOR 1.19; 95% CI 1.02-1.39), and vertigo/dizziness (AOR 1.83; 95% CI 1.30-2.57).

Conclusions

Our results indicate that TBI alone is a strong predictor of headache in the first year of VA care among IAV and that comorbid psychiatric comorbidities increase the likelihood of headache among individuals with TBI. However, among those with baseline headache, only tinnitus, insomnia, and vertigo were baseline clinical predictors of headache persistence. These results suggest that attention to other symptoms and conditions early in the diagnosis and treatment of headaches may be important for understanding prognosis. These comorbidities offer potential targets for intervention strategies that may help address postdeployment headaches.

<http://www.sciencedirect.com/science/article/pii/S1077722915000929>

Case Report on the Effects of Cognitive Processing Therapy on Psychological, Neuropsychological, and Speech Symptoms in Comorbid PTSD and TBI.

Briana Boyd, Carie Rodgers, Robin Aupperle, Amy Jak

Cognitive and Behavioral Practice
Available online 21 December 2015
doi:10.1016/j.cbpra.2015.10.001

Both posttraumatic stress disorder (PTSD) and history of traumatic brain injury (TBI) are prevalent conditions in military veterans, frequently co-occur in this population, and have substantial symptom overlap. Cognitive processing therapy (CPT) is an empirically supported treatment for PTSD but questions have arisen about its efficacy for individuals with a history of TBI, particularly those experiencing cognitive or other neurologic symptoms. Research examining the generalizability of CPT to veterans with both PTSD and a history of TBI has been limited. We describe the use of CPT with a veteran who presented with PTSD, a history of mild TBI, subjective cognitive complaints, objective cognitive deficits, and speech disturbance (stuttering). This case study demonstrates that CPT can effectively and significantly reduce core PTSD symptoms as well as cognitive symptoms and speech disturbances in this comorbid presentation.

<http://www.sciencedirect.com/science/article/pii/S0887618515300384>

A systematic review of sleep disturbance in anxiety and related disorders.

Rebecca C. Cox, Bunmi O. Olatunji

Journal of Anxiety Disorders
Volume 37, January 2016, Pages 104–129
doi:10.1016/j.janxdis.2015.12.001

Recent research suggests that sleep disturbance may be a transdiagnostic process, and there is increasing interest in examining how sleep disturbance may contribute to anxiety and related disorders. The current review summarizes and synthesizes the extant research assessing sleep in anxiety and related disorders. The findings suggest that sleep disturbance exacerbates symptom severity in the majority of anxiety and related disorders. However, the nature of sleep disturbance often varies as a function of objective versus subjective assessment. Although sleep disturbance is a correlate of most anxiety and related disorders, a causal role for sleep disturbance is less clear. A model of potential mechanisms by which sleep disturbance may confer risk for the development of anxiety and related disorders is discussed. Future research integrating findings from basic sleep research with current knowledge of anxiety and related disorders may facilitate the development of novel treatments for comorbid sleep disturbance and clinical anxiety.

<http://onlinelibrary.wiley.com/doi/10.1111/ajad.12319/abstract>

The epidemiology of substance use disorders in US Veterans: A systematic review and analysis of assessment methods.

Lan, C.-W., Fiellin, D. A., Barry, D. T., Bryant, K. J., Gordon, A. J., Edelman, E. J., Gaither, J. R., Maisto, S. A. and Marshall, B. D.L.

The American Journal on Addictions
Volume 25, Issue 1, pages 7–24, January 2016
doi: 10.1111/ajad.12319

Background

Substance use disorders (SUDs), which encompass alcohol and drug use disorders (AUDs, DUDs), constitute a major public health challenge among US veterans. SUDs are among the most common and costly of all health conditions among veterans.

Objectives

This study sought to examine the epidemiology of SUDs among US veterans, compare the prevalence of SUDs in studies using diagnostic and administrative criteria assessment methods, and summarize trends in the prevalence of SUDs reported in studies sampling US veterans over time.

Methods

Comprehensive electronic database searches were conducted. A total of 3,490 studies were identified. We analyzed studies sampling US veterans and reporting prevalence, distribution, and examining AUDs and DUDs.

Results

Of the studies identified, 72 met inclusion criteria. The studies were published between 1995 and 2013. Studies using diagnostic criteria reported higher prevalence of AUDs (32% vs. 10%) and DUDs (20% vs. 5%) than administrative criteria, respectively. Regardless of assessment method, both the lifetime and past year prevalence of AUDs in studies sampling US veterans has declined gradually over time.

Conclusion

The prevalence of SUDs reported in studies sampling US veterans are affected by assessment method. Given the significant public health problems of SUDs among US veterans, improved guidelines for clinical screening using validated diagnostic criteria to assess AUDs and DUDs in US veteran populations are needed.

Scientific Significance

These findings may inform VA and other healthcare systems in prevention, diagnosis, and intervention for SUDs among US veterans. (Am J Addict 2016;25:7–24)

<http://www.tandfonline.com/doi/abs/10.1080/10668926.2015.1112318>

Supporting veterans: Creating a “military friendly” community college campus.

Judie A. Heineman

Community College Journal of Research and Practice

Volume 40, Issue 3, 2016, pages 219-227

Special Issue: Council for the Study of Community College (CSCC) Research

DOI:10.1080/10668926.2015.1112318

Veterans are entering the community college classroom as part of their transition from military to civilian life. This article explores what leaders of community colleges could do, and have done, in developing programs, implementing changes, and adopting policies to attract and accommodate the unique needs of student-veterans.

<http://www.sciencedirect.com/science/article/pii/S0165032715307941>

Iraq and Afghanistan Veterans with PTSD Participate Less in VA’s Weight Loss Program than Those without PTSD.

Shira Maguen, Katherine D. Hoerster, Alyson J. Littman, Elizabeth A. Klingaman, Gina Evans-Hudnall, Rob Holleman, H. Myra Kim, David E. Goodrich

Journal of Affective Disorders

Available online 6 January 2016

doi:10.1016/j.jad.2015.12.078

Background

Three-quarters of Iraq and Afghanistan veterans enrolled in Veterans Health Administration (VHA) care are overweight or obese. The VHA MOVE!® weight management program can mitigate the risks of obesity-related morbidity. However, many Iraq and Afghanistan veterans experience barriers to VHA services, which may affect participation, especially among those with posttraumatic stress disorder (PTSD) and/or depression. Little is known about MOVE! engagement among recent veterans. We describe a retrospective evaluation of MOVE! participation among Iraq and Afghanistan veterans with and without mental health problems.

Methods

As part of a national VHA mental health evaluation study, we accessed VHA patient care databases to identify Iraq and Afghanistan veterans receiving care from 2008-2013 who had >1 MOVE! visit(s) and >1 weight measurements (N=24,899). We used logistic regression to

determine whether mental health conditions were associated with having 12 visits/year (desirable dose of care), adjusting for demographic, health, and utilization factors.

Results

Among Iraq and Afghanistan veterans enrolled in MOVE!, 4% had a desirable dose of participation. In adjusted models, desirable MOVE! participation was more likely among those without PTSD; those who were older, female, and unmarried; and those who had higher baseline weight, more medical comorbidities, no pain, psychotropic medication use, higher disability ratings, and more mental health visits.

Limitations

We used administrative ICD-9 codes. Sample only included veterans in VHA care.

Conclusions

Iraq and Afghanistan veterans, particularly those with PTSD, had low participation in VHA weight management programming. Correlates of MOVE! participation were identified, highlighting opportunities to tailor MOVE! to improve participation for these veterans.

<http://link.springer.com/article/10.1007/s40801-015-0055-0>

Prevalence of Central Nervous System Polypharmacy and Associations with Overdose and Suicide-Related Behaviors in Iraq and Afghanistan War Veterans in VA Care 2010–2011.

Garen A. Collett, Kangwon Song, Carlos A. Jaramillo, Jennifer S. Potter, Erin P. Finley, Mary Jo Pugh

Drugs - Real World Outcomes

First online: 08 January 2016

DOI 10.1007/s40801-015-0055-0

Background

The increase in the quantities of central nervous system (CNS)-acting medications prescribed has coincided with increases in overdose mortality, suicide-related behaviors, and unintentional deaths in military personnel deployed in support of the wars in Iraq and Afghanistan. Data on the extent and impact of prescribing multiple CNS drugs among Iraq and Afghanistan Veterans (IAVs) are sparse.

Objectives

We sought to identify the characteristics of IAVs with CNS polypharmacy and examine the association of CNS polypharmacy with drug overdose and suicide-related behaviors controlling for known risk factors.

Methods

This cross-sectional cohort study examined national data of Iraq and Afghanistan Veterans (N = 311,400) who used the Veterans Health Administration (VHA) during the fiscal year 2011. CNS polypharmacy was defined as five or more CNS-acting medications; drug/alcohol overdose and suicide-related behaviors were identified using ICD-9-CM codes. Demographic and clinical characteristics associated with CNS polypharmacy were identified using a multivariable logistic regression model.

Results

We found that 25,546 (8.4 %) of Iraq and Afghanistan Veterans had CNS polypharmacy. Those with only post-traumatic stress disorder (PTSD) (adjusted odds ratio (AOR) 6.50, 99 % confidence interval (CI) 5.96–7.10), only depression (AOR 6.42, 99 % CI 5.86–7.04), co-morbid PTSD and depression (AOR 12.98, 99 % CI 11.97–14.07), and co-morbid traumatic brain injury (TBI), PTSD, and depression (AOR 15.30, 99 % CI 14.00–16.73) had the highest odds of CNS polypharmacy. After controlling for these co-morbid conditions, CNS polypharmacy was significantly associated with drug/alcohol overdose and suicide-related behavior.

Conclusion

CNS polypharmacy was most strongly associated with PTSD, depression, and TBI, and independently associated with overdose and suicide-related behavior after controlling for known risk factors. These findings suggest that CNS polypharmacy may be used as an indicator of risk for adverse outcomes. Further research should evaluate whether CNS polypharmacy may be used as a trigger for evaluation of the current care provided to these individuals.

<http://www.ncbi.nlm.nih.gov/pubmed/26741908>

Mil Med. 2016 Jan;181(1 Suppl):99-108. doi: 10.7205/MILMED-D-15-00222.

Alcohol Use Among Active Duty Women: Analysis AUDIT Scores From the 2011 Health-Related Behavior Survey of Active Duty Military Personnel.

Jeffery DD, Mattiko M

BACKGROUND:

Numerous studies document higher substance use among military men after deployment; similar studies focused on military women are limited.

OBJECTIVES:

This study examines alcohol use of active duty women and deployment factors, social/environmental/attitudinal factors, and psychological/intrapersonal factors.

METHODS:

Secondary data analysis of the 2011 Survey of Health-Related Behavior of active duty military personnel was conducted using bivariate statistics and multiple regression analyses with Alcohol Use Disorders Identification Test scores as the dependent variable.

RESULTS:

Nearly 94% had low risk for alcohol use disorders. Length of combat experience and extent of combat exposure were unrelated to Alcohol Use Disorders Identification Test scores; noncombat deployment was unrelated after controlling for marital status, age of first drink, pay grade, and branch of service. Significant motivators ($p < 0.001$) for drinking were "like/enjoy drinking," "drink to cheer up," "drink to forget problems," and significant deterrents were "cost of alcohol" and "fear of upsetting family/friends if used alcohol." Anger propensity, risk propensity, lifetime prevalence of suicidal ideation, and depressed mood were significant predictors in the regression model after controlling for covariates.

CONCLUSION:

Findings suggest that some active duty women use alcohol to cope with adverse emotional states, whereas others use alcohol consistent with propensity for high-risk behaviors. Reprint & Copyright © 2016 Association of Military Surgeons of the U.S.

<http://www.sciencedirect.com/science/article/pii/S0165032715309320>

Cognitive Behavioral Social Rhythm Group Therapy for Veterans with posttraumatic stress disorder, depression, and sleep disturbance: Results from an open trial.

Patricia L. Haynes, Monica Kelly, Lesley Warner, Stuart F. Quan, Barry Krakow, Richard R. Bootzin

Journal of Affective Disorders
Volume 192, 1 March 2016, Pages 234–243
doi:10.1016/j.jad.2015.12.012

Introduction

Cognitive Behavioral Social Rhythm Therapy (CBSRT) is a group psychotherapy tailored for Veterans with Posttraumatic Stress Disorder (PTSD), Major Depressive Disorder (MDD), and sleep disturbances. The aims of this study were to introduce and present initial outcomes of Cognitive Behavioral Social Rhythm Therapy (CBSRT), a 12-week skills group therapy designed to improve sleep and mood by reducing chaotic or isolated lifestyles in Veterans with PTSD.

Methods

Twenty-four male Veterans with at least moderate PTSD and MDD participated in this open trial.

Main outcomes were the daily sleep diary for sleep disturbances, the Clinician-Administered PTSD Scale (CAPS) for PTSD, and the Hamilton Depression Rating scale for MDD.

Results

Veterans improved on all measures (a) with large within subject effects on PTSD symptoms, MDD symptoms, and sleep quality, and (b) with 46–58% of the sample receiving clinically significant benefits on MDD and PTSD symptoms respectively. The consistency of social rhythms was associated with the average reduction in global CAPS scores over time. Only 13% of participants dropped-out of the group therapy prematurely suggesting that this new group therapy is relatively well-tolerated by Veterans.

Limitations

Future research that employs a control condition is necessary to establish efficacy of CBSRT.

Conclusions

Data from this initial pilot study demonstrate that CBSRT may be an effective group treatment option for Veterans presenting with all three symptom complaints. These data also suggest that daily routine may be an important mechanism to consider in the treatment of PTSD symptoms comorbid with depression.

<http://www.magonlinelibrary.com/doi/abs/10.12968/ippr.2015.5.3.78>

The impact of post-traumatic stress on first responders: analysis of cortisol, anxiety, depression, sleep impairment and pain.

Dessa Bergen-Cico

International Paramedic Practice

Published Online: December 23, 2015

DOI: <http://dx.doi.org/10.12968/ippr.2015.5.3.78>

First responders are an often ignored group facing emotional and physical stress that is similar to that of law enforcement personnel and military veterans. Fifty first responder employees were invited to participate in the study, of which 34 completed the following psychological and biological measures: 1) the PTSD Checklist—Civilian Version (PCL-C); 2) State Trait Inventory for Cognitive and Somatic Anxiety (STICSA); 3) the Center for Epidemiology Studies Depression Scale (CES-D); 4) the Pittsburgh Sleep Quality Index (PSQI); 5) Alcohol Use Disorders Identification Test (AUDIT); 6) Cornell Musculoskeletal Discomfort Questionnaire (CMDQ); 7) heart rate and blood pressure during two consecutive days; 8) body mass index (BMI); and 9) salivary cortisol measured once. Among participants, 18% (n=6) met criteria for anxiety, 47% for depression (n=16) and 33% (n=12) for PTSD. Comparison of statistical models assessing the predictive strength of physical and behavioural health measures found PTSD to

be the strongest predictor for depression, anxiety, poor sleep quality, musculoskeletal pain, cortisol and BMI.

<http://www.stress.org/wp-content/uploads/2014/02/Integrative-PTSD-Treatment.pdf>

Effects of Integrative PTSD Treatment in a Military Health Setting.

Salvatore Libretto, Lara Hilton, Sandi Gordon and Weimin Zhang,
Samueli Institute

Jerry Wesch, Warrior Combat Stress Reset Program, Fort Hood

Energy Psychology
7:2 • November 2015

Research indicates that the current standard of care for combat-related stress disorders and related conditions is not maximally effective, nor does it fully address the biopsychological aspects, complexity, and overlap of precursors and comorbidities characteristic of posttraumatic stress disorder (PTSD). There is need for comprehensive interventions based upon both neuroscientific information and new integrative care models. The Warrior Combat Stress Reset Program (Reset), an innovative intensive outpatient behavioral health program at the Carl R. Darnall Army Medical Center at Fort Hood, Texas, provided integrative care for active-duty service members for the treatment of PTSD symptoms from 2008 to 2015. The Reset protocol combined trauma-focused behavioral health techniques with complementary and alternative medicine (CAM) modalities including acupuncture, massage, Reiki, reflexology, and yoga. A retrospective, observational, quasi-experimental design was employed to determine the change in health outcomes from pre- to posttreatment. Treatment outcomes were analyzed for 764 service members who attended the 3-week behavioral health program between 2008 and 2013. Results indicate significant reductions in PTSD symptoms (PTSD Checklist–Military version; $p < .001$), anxiety (Beck Anxiety Inventory; $p < .001$), depression (Beck Depression Inventory II; $p < .001$), and pain (Oswestry Pain Index; $p < .001$) from pre- to posttreatment. Outcome analysis by year indicates steady improvements in treatment gains for these major outcomes over time. Advancement is occurring in the search for effective, evidence-based treatments for PTSD. Reset demonstrated promise for reducing symptoms of PTSD, anxiety, and depression through its integrative approach combining traditional and trauma-focused psychological therapy with CAM treatments.

<http://link.springer.com/article/10.1007/s11414-015-9489-0>

Mental Health Providers' Decision-Making Around the Implementation of Evidence-Based Treatment for PTSD.

Princess E. Osei-Bonsu, Rendelle E. Bolton, Shannon Wiltsey Stirman, Susan V. Eisen, Lawrence Herz, Maura E. Pellowe

The Journal of Behavioral Health Services & Research

First online: 07 January 2016

DOI 10.1007/s11414-015-9489-0

It is estimated that <15% of veterans with posttraumatic stress disorder (PTSD) have engaged in two evidence-based psychotherapies highly recommended by VA—cognitive processing therapy (CPT) and prolonged exposure (PE). CPT and PE guidelines specify which patients are appropriate, but research suggests that providers may be more selective than the guidelines. In addition, PTSD clinical guidelines encourage “shared decision-making,” but there is little research on what processes providers use to make decisions about CPT/PE. Sixteen licensed psychologists and social workers from two VA medical centers working with ≥ 1 patient with PTSD were interviewed about patient factors considered and decision-making processes for CPT/PE use. Qualitative analyses revealed that patient readiness and comorbid conditions influenced decisions to use or refer patients with PTSD for CPT/PE. Providers reported mentally derived and instances of patient-involved decision-making around CPT/PE use. Continued efforts to assist providers in making informed and collaborative decisions about CPT/PE use are discussed.

<http://onlinelibrary.wiley.com/doi/10.1002/jcad.12061/abstract>

Effectiveness of Seeking Safety for Co-Occurring Posttraumatic Stress Disorder and Substance Use.

Lenz, A. S., Henesy, R. and Callender, K.

Journal of Counseling & Development

Volume 94, Issue 1, pages 51–61, January 2016

doi: 10.1002/jcad.12061

The authors evaluated the Seeking Safety program's effectiveness for treating posttraumatic stress disorder (PTSD) and substance use symptoms across 12 between-groups studies (N = 1,997 participants). Separate meta-analytic procedures for studies implementing wait list/no treatment (n = 1,042) or alternative treatments (n = 1,801) yielded medium effect sizes for

Seeking Safety for decreasing symptoms of PTSD and modest effects for decreasing symptoms of substance use. Limitations of the findings and implications for counselors are discussed.

<http://onlinelibrary.wiley.com/doi/10.1002/jts.22070/abstract>

Efficacy of Fifteen Emerging Interventions for the Treatment of Posttraumatic Stress Disorder: A Systematic Review.

Metcalfe, O., Varker, T., Forbes, D., Phelps, A., Dell, L., DiBattista, A., Ralph, N. and O'Donnell, M.

Journal of Traumatic Stress

Article first published online: 7 JAN 2016

DOI: 10.1002/jts.22070

Although there is an abundance of novel interventions for the treatment of posttraumatic stress disorder (PTSD), often their efficacy remains unknown. This systematic review assessed the evidence for 15 new or novel interventions for the treatment of PTSD. Studies that investigated changes to PTSD symptoms following the delivery of any 1 of the 15 interventions of interest were identified through systematic literature searches. There were 19 studies that met the inclusion criteria for this study. Eligible studies were assessed against methodological quality criteria and data were extracted. The majority of the 19 studies were of poor quality, hampered by methodological limitations, such as small sample sizes and lack of control group. There were 4 interventions, however, stemming from a mind-body philosophy (acupuncture, emotional freedom technique, mantra-based meditation, and yoga) that had moderate quality evidence from mostly small- to moderate-sized randomized controlled trials. The active components, however, of these promising emerging interventions and how they related to or were distinct from established treatments remain unclear. The majority of emerging interventions for the treatment of PTSD currently have an insufficient level of evidence supporting their efficacy, despite their increasing popularity. Further well-designed controlled trials of emerging interventions for PTSD are required.

<http://www.tandfonline.com/doi/abs/10.1080/21635781.2015.1133349>

Relationship of PTSD and Alcohol Use Disorder on Anxiety and Depressive Symptomatology in Dual Diagnosis and Polytrauma Veteran Samples.

Glen A. Palmer , Maggie C. Happe , Janine M. Paxson , Benjamin K.W. Jurek , Stephen A. Olson

Military Behavioral Health

Accepted author version posted online: 22 Dec 2015

DOI: 10.1080/21635781.2015.1133349

Objective:

The purpose of the study was to investigate differences between veterans (N = 51) with posttraumatic stress disorder (PTSD), PTSD and mild traumatic brain injury (mTBI), PTSD and alcohol dependence (participating in residential treatment), and mTBI on measures of anxiety and depression. It was hypothesized that presence of comorbid conditions with PTSD would result in higher depression and anxiety scores than presence of PTSD alone.

Methods:

All subjects were administered the Beck Depression Inventory-II (BDI-II) and Beck Anxiety Inventory (BAI). Subjects previously diagnosed with major mood disorders were excluded. Multiple Analyses of Variance (MANOVA) and univariate statistics were conducted to examine differences between groups.

Results:

MANOVA revealed an overall main effect between groups [Wilks' Lambda = .571; $F(6, 92) = 4.96$, $p < .001$, $\eta^2 = .244$]. Significant differences between groups on BAI scores ($p < .001$) and BDI scores ($p < .001$) were found, with the PTSD and alcohol dependence group having the highest scores of the four groups on BAI and BDI-II scores, with scores significantly higher than groups diagnosed with only PTSD or only mTBI.

Conclusions:

Findings support ongoing screening of depression and anxiety in clinical settings, particularly when comorbid conditions exist with PTSD (e.g., mTBI).

http://journals.lww.com/advancesinnursingscience/Abstract/2015/10000/Screening_for_Obstructive_Sleep_Apnea_in_Veterans.4.aspx

Screening for Obstructive Sleep Apnea in Veterans Seeking Treatment of Posttraumatic Stress Disorder.

Forbus, Lauren BSN, RN; Kelly, Ursula A. PhD, ANP-BC, PMHNP-BC

Advances in Nursing Science:

October/December 2015 - Volume 38 - Issue 4 - p 298–305

doi: 10.1097/ANS.0000000000000091

Disrupted sleep is an often intractable symptom of posttraumatic stress disorder (PTSD); however, non-PTSD-related causes of disrupted sleep are rarely considered in clinical practice.

Study objectives were to determine obstructive sleep apnea (OSA) risk among veterans seeking PTSD treatment and to investigate the relationship between OSA risk and PTSD symptom severity. Veterans (N = 264; 25.8% female) completed measures of PTSD symptoms and OSA risk factors. The rate of OSA risk was 72.7% for the whole sample, 77.2% among men, and 59.7% among women. OSA risk was not significantly correlated with PTSD symptom severity. Detection and treatment of OSA in veterans with PTSD may result in decreased insomnia in affected individuals.

http://journals.lww.com/advancesinnursingscience/Abstract/2015/10000/Service_Members_Experiences_in_Staying_Connected.3.aspx

Service Members' Experiences in Staying Connected With Family While Deployed.

Durham, Susan W. PhD

Advances in Nursing Science:

October/December 2015 - Volume 38 - Issue 4 - p 279–297

doi: 10.1097/ANS.0000000000000090

The purpose of this study was to describe the communication issues experienced by service members staying connected with families while deployed. Qualitative design guided data collection using interviews with 20 key informants who had been deployed in Iraq or Afghanistan. Inductive content analysis and NVivo software enabled data analysis. From the data, 5 main themes emerged: Creating Normalcy Through Connecting With Others; Understanding the Spoken and Unspoken; Connecting and Disconnecting; Changing Sense of Self; and Sustaining a Common Bond. A collective understanding of common communication challenges emerged that had an impact on service member/family relationships, mission focus, and safety.

<http://psycnet.apa.org/journals/ccp/84/1/79>

Partner accommodation moderates treatment outcomes for couple therapy for posttraumatic stress disorder.

Fredman, Steffany J.; Pukay-Martin, Nicole D.; Macdonald, Alexandra; Wagner, Anne C.; Vorstenbosch, Valerie; Monson, Candice M.

Journal of Consulting and Clinical Psychology

Vol 84(1), Jan 2016, 79-87

<http://dx.doi.org/10.1037/ccp0000061>

Objective:

Partner accommodation of posttraumatic stress disorder (PTSD) symptoms (i.e., altering one's own behaviors to minimize patient distress and/or relationship conflict due to patients' PTSD symptoms) has been shown to be positively associated with patient and partner psychopathology and negatively associated with patient and partner relationship satisfaction cross-sectionally. However, the prognostic value of partner accommodation in treatment outcomes is unknown. The goals of the present study were to determine if partner accommodation decreases as a function of couple therapy for PTSD and if pretreatment partner accommodation moderates the efficacy of couple therapy for PTSD.

Method:

Thirty-nine patients with PTSD and their intimate partners (n = 39) were enrolled in a randomized controlled trial of cognitive-behavioral conjoint therapy (CBCT) for PTSD (Monson & Fredman, 2012) and received CBCT for PTSD immediately or after 3 months of waiting. Blinded assessors determined clinician-rated PTSD symptoms and patient-rated PTSD and depressive symptoms and relationship satisfaction at baseline, midtreatment/4 weeks of waiting, and posttreatment/12 weeks of waiting.

Results:

Contrary to expectation, partner accommodation levels did not change over time for either treatment condition. However, baseline partner accommodation significantly moderated treatment outcomes. Higher levels of partner accommodation were associated with greater improvements in PTSD, depressive symptoms, and relationship satisfaction among patients receiving CBCT for PTSD compared with waiting list. At lower levels of partner accommodation, patients in both groups improved or remained at low levels of these outcomes.

Conclusions: Individuals with PTSD who have more accommodating partners may be particularly well-suited for couple therapy for PTSD. (PsycINFO Database Record (c) 2015 APA, all rights reserved)

<http://psycnet.apa.org/journals/ccp/84/1/43>

**Concurrent treatment of posttraumatic stress disorder and alcohol dependence:
Predictors and moderators of outcome.**

Zandberg, Laurie J.; Rosenfield, David; McLean, Carmen P.; Powers, Mark B.; Asnaani, Anu; Foa, Edna B.

Journal of Consulting and Clinical Psychology
Vol 84(1), Jan 2016, 43-56
<http://dx.doi.org/10.1037/ccp0000052>

Objective:

The present study examined predictors and moderators of treatment response among 165 adults meeting Diagnostic and Statistical Manual of Mental Disorders, fourth edition criteria for comorbid posttraumatic stress disorder (PTSD) and alcohol dependence (AD), who were randomized to 24 weeks of Naltrexone (NAL), NAL and prolonged exposure (PE), pill placebo, or pill placebo and PE. All participants received supportive counseling for alcohol use.

Method:

Six domains of predictors or moderators (23 variables) were evaluated using measures of PTSD (Posttraumatic Stress Symptom Scale Interview) and AD (days drinking from the timeline follow-back interview) collected every 4 weeks throughout treatment. Multilevel modeling with the Fournier approach was used to evaluate predictors and moderators of rates of symptom improvement and posttreatment outcomes.

Results:

Combat trauma, sexual assault trauma, and higher baseline anxiety sensitivity predicted slower improvement and poorer PTSD outcome. Combat trauma, White race, and higher baseline drinking severity predicted poorer drinking outcome. PTSD severity moderated the efficacy of PE on PTSD outcomes, such that the benefit of PE over no-PE was greater for participants with higher baseline PTSD severity. Baseline depressive severity moderated the efficacy of PE on drinking outcomes, whereby the benefit of PE over no-PE was greater for participants with higher depressive symptoms. NAL effects were most beneficial for those with the longest duration of AD.

Conclusion:

These results suggest that concurrent, trauma-focused treatment should be recommended for PTSD–AD patients who present with moderate or severe baseline PTSD and depressive symptoms. Future research should examine the mechanisms underlying poorer outcome among identified subgroups of PTSD–AD patients. (PsycINFO Database Record (c) 2015 APA, all rights reserved)

<http://psycnet.apa.org/journals/ccp/84/1/57>

A prospective study of therapist facilitative interpersonal skills as a predictor of treatment outcome.

Anderson, Timothy; McClintock, Andrew S.; Himawan, Lina; Song, Xiaoxia; Patterson, Candace L.

Journal of Consulting and Clinical Psychology
Vol 84(1), Jan 2016, 57-66
<http://dx.doi.org/10.1037/ccp0000060>

Objective:

This study examined whether therapists' facilitative interpersonal skills (FIS) would prospectively predict the outcomes of therapies that occurred more than one year later.

Method:

Therapists were 44 clinical psychology trainees who completed the FIS performance task and a self-reported measure of social skills in the initial weeks of their training. In the FIS task, prospective therapists were presented with a standard set of videos portraying clients in therapy. Verbal responses to these therapeutic simulations were recorded and then rated by trained coders. More than one year later, the therapists began providing psychotherapy to clients in a psychology clinic. Clients completed a symptom measure before each therapy session.

Results:

Using multilevel modeling, it was found that therapist FIS significantly predicted client symptom change. That is, higher FIS therapists were more effective than lower FIS therapists. However, subsequent analyses showed that this FIS effect was not uniform across all therapy durations; specifically, higher FIS therapists were more effective than lower FIS therapists over shorter durations (e.g., ≤ 8 sessions) but did not differ from lower FIS therapists in effectiveness for the small percentage of therapies that were longer-term (e.g., > 16 sessions).

Conclusions:

Therapists' interpersonal characteristics may influence client progress in therapy. (PsycINFO Database Record (c) 2015 APA, all rights reserved)

<http://www.journalsleep.org/ViewAbstract.aspx?pid=30375>

Guided Online or Face-to-Face Cognitive Behavioral Treatment for Insomnia: A Randomized Wait-List Controlled Trial.

Jaap Lancee, PhD; Annemieke van Straten, PhD; Nexhmedin Morina, PhD; Viktor Kaldo, PhD; Jan H. Kamphuis, PhD

Sleep

2016;39(1):183–191

<http://dx.doi.org/10.5665/sleep.5344>

Study Objectives:

To compare the efficacy of guided online and individual face-to-face cognitive behavioral treatment for insomnia (CBT-I) to a wait-list condition.

Methods:

A randomized controlled trial comparing three conditions: guided online; face-to-face; wait-list. Posttest measurements were administered to all conditions, along with 3- and 6-mo follow-up assessments to the online and face-to-face conditions. Ninety media-recruited participants meeting the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) criteria for insomnia were randomly allocated to either guided online CBT-I (n = 30), individual face-to-face CBT-I (n = 30), or wait-list (n = 30).

Results:

At post-assessment, the online (Cohen $d = 1.2$) and face-to-face (Cohen $d = 2.3$) intervention groups showed significantly larger treatment effects than the wait-list group on insomnia severity (insomnia severity index). Large treatment effects were also found for the sleep diary estimates (except for total sleep time), and anxiety and depression measures (for depression only in the face-to-face condition). Face-to-face treatment yielded a statistically larger treatment effect (Cohen $d = 0.9$) on insomnia severity than the online condition at all time points. In addition, a moderate differential effect size favoring face-to-face treatment emerged at the 3- and 6-mo follow-up on all sleep diary estimates. Face-to-face treatment further outperformed online treatment on depression and anxiety outcomes.

Conclusions:

These data show superior performance of face-to-face treatment relative to online treatment. Yet, our results also suggest that online treatment may offer a potentially cost-effective alternative to and complement face-to-face treatment.

Clinical Trial Registration:

Clinicaltrials.gov, NCT01955850.

<http://onlinelibrary.wiley.com/doi/10.1002/ab.21639/abstract>

Intimate partner aggression-related shame and posttraumatic stress disorder symptoms: The moderating role of substance use problems.

Weiss, N. H., Duke, A. A., Overstreet, N. M., Swan, S. C. and Sullivan, T. P.

Aggressive Behavior

Article first published online: 24 DEC 2015

DOI: 10.1002/ab.21639

A dearth of literature has examined the consequences of women's use of aggression in intimate relationships. Women's use of aggression against their intimate partners, regardless of their motivation (e.g., self-defense, retaliation), may elicit shame. Shame, in turn, may contribute to the maintenance and/or exacerbation of posttraumatic stress disorder (PTSD) symptoms, which are commonly experienced in this population. Further, emerging research suggests that emotionally avoidant coping strategies, such as substance use, may strengthen the relation between shame and PTSD symptoms. The goal of the present study was to examine whether women's shame concerning their use of intimate partner aggression is associated with their PTSD symptoms, and whether drug and alcohol use problems moderate this association. Participants were 369 community women who had used and been victimized by physical aggression in an intimate relationship with a male partner in the past six months. The intimate partner aggression-related shame \times drug (but not alcohol) use problems interaction on PTSD symptom severity was significant. Analysis of simple slopes revealed that women's intimate partner aggression-related shame was positively associated with their PTSD symptoms when drug use problems were high, but not when drug use problems were low. Findings have implications for the potential utility of PTSD treatments targeting a reduction in shame and maladaptive shame regulation strategies (i.e., drug use) in this population. *Aggr. Behav.* 9999:1–14, 2015. © 2015 Wiley Periodicals, Inc.

<http://www.sciencedirect.com/science/article/pii/S000579671530070X>

Open trial of exposure therapy for PTSD among patients with severe and persistent mental illness.

Anouk L. Grubaugh, Joshua D. Clapp, B. Christopher Frueh, Peter W. Tuerk, Rebecca G. Knapp, Leonard E. Egede

Behaviour Research and Therapy
Volume 78, March 2016, Pages 1–12
doi:10.1016/j.brat.2015.12.006

Objective

There are few empirical data regarding effective treatment of trauma-related symptoms among individuals with severe mental illness (SMI; e.g., bipolar disorder, schizophrenia). This under-examined clinical issue is significant because rates of trauma and PTSD are higher among individuals with SMI relative to the general population, and there are sufficient data to suggest that PTSD symptoms exacerbate the overall course and prognosis of SMI.

Method

34 veterans with SMI received prolonged exposure (PE) for PTSD using an open trial study design.

Results

Data suggest that PE is feasible to implement, well-tolerated, and results in clinically significant decreases in PTSD severity in patients with SMI. Mean CAPS scores improved 27.2 points from baseline to immediate post [95% CI for mean change: -44.3, - 10.1; $p = 0.002$, paired t-test, and treatment gains were maintained at 6 months [mean change from baseline to 6-months, -16.1; 95% CI: -31.0, -1.2; $p = 0.034$, paired t-test].

Conclusions

The current data support the use of exposure-based interventions for PTSD among individuals with SMI and highlight the need for rigorous randomized efficacy trials investigating frontline PTSD interventions in this patient population.

Links of Interest

4 Mental-Health Apps That Are Cheaper Than Therapy

<http://nymag.com/thecut/2016/01/cheap-therapy-mental-health-apps.html>

Therapy wars: the revenge of Freud

<http://www.theguardian.com/science/2016/jan/07/therapy-wars-revenge-of-freud-cognitive-behavioural-therapy>

The Anxiety Gene?

<http://weill.cornell.edu/news/news/2016/01/the-anxiety-gene.html>

CBT Works Long Term in Tough Cases: Intervention can be delivered for only \$500 per patient annually

<http://www.medpagetoday.com/Psychiatry/Depression/55592>

New Report Shows Uptick in Military Suicides Last Summer

<http://www.military.com/daily-news/2016/01/04/new-report-shows-uptick-in-military-suicides-last-summer.html>

Increase in Military Assaults at Top U.S. Military Academies

<http://www.allgov.com/news/controversies/increase-in-military-assaults-at-top-us-military-academies-160110?news=858094>

A Placebo Treatment for Pain

<http://www.nytimes.com/2016/01/10/opinion/sunday/a-placebo-treatment-for-pain.html>

A Therapist's Fib

<http://opinionator.blogs.nytimes.com/2016/01/12/a-therapists-fib/>

Resource of the Week: Treatment Episode Data Set Report -- [Veterans' Primary Substance of Abuse is Alcohol in Treatment Admissions](#) (Center for Behavioral Health Statistics and Quality, SAMHSA)

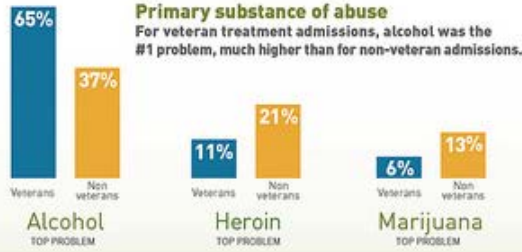
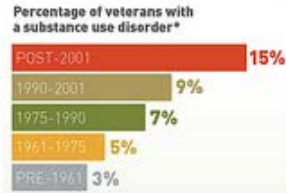
Veterans who served in the U.S. military often face challenging experiences during their service. Some veterans turn to substance use as a way to cope with these experiences. This unhealthy behavior can lead to the need for substance abuse treatment.

The Treatment Episode Data Set (TEDS) is a database of substance abuse treatment admissions, primarily at publicly-funded treatment facilities. TEDS excludes admissions to Veterans Affairs (VA) facilities; therefore, the veteran admissions in TEDS represent veterans who chose to seek substance abuse treatment in a non-VA facility. According to TEDS data for 2013, there were about 62,000 admissions of veterans. The most common primary substance of abuse among veteran admissions was alcohol (65.4 percent), followed by heroin (10.7 percent) and cocaine (6.2 percent). Veteran admissions were more likely than nonveteran admissions to report alcohol as their primary substance of abuse (65.4 vs. 37.4 percent) and were less likely to report marijuana (5.5 vs. 13.4 percent) or heroin (10.7 vs. 20.9 percent) as the primary substance of abuse.

FACTS IN FOCUS VETERANS AND SUBSTANCE ABUSE TREATMENT



62,000 VETERAN treatment admissions occurred in 2013



1 in 4 veteran treatment admissions were homeless

To help our nation's veterans overcome substance use disorders, review more information and resources at: www.samhsa.gov/veterans-military-families

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BEHAVIORAL HEALTH IS ESSENTIAL TO HEALTH • PREVENTION WORKS • TREATMENT IS EFFECTIVE • PEOPLE RECOVER

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