



CDP Research Update -- February 25, 2016

What's Here:

- Quality of Care for PTSD and Depression in the Military Health System: Phase I Report (RAND)
- Mapping the interplay among cognitive biases, emotion regulation, and depressive symptoms.
- Differences in sleep between black and white adults: an update and future directions.
- Prevalence of probable mental disorders and help-seeking behaviors among veteran and non-veteran community college students.
- Brief immersion training in Primary Care–Mental Health Integration: Program description and initial findings.
- Health-related quality of life among veterans in addictions treatment: identifying behavioral targets for future intervention.
- Deployment, Mental Health Problems, Suicidality, and Use of Mental Health Services Among Military Personnel.
- Internet-Delivered Cognitive Behavioral Therapy to Treat Insomnia: A Systematic Review and Meta-Analysis.
- Female Veterans who Died by Suicide: Qualitative Analysis of Medical Records.
- Soldier Recommendations for Improving Mental Health Treatment Seeking in the Military.
- Predictors of Inpatient PTSD Treatment Noncompletion among OEF/OIF/OND Veterans.
- Factors Associated with Suicidality Among a National Sample of Transgender Veterans.
- Measuring Associations of the Department of Veterans Affairs' Suicide Prevention Campaign on the Use of Crisis Support Services.
- Controlled low-pressure blast-wave exposure causes distinct behavioral and morphological responses modelling mTBI, PTSD and co-morbid mTBI-PTSD.
- Communication via Different Media during Military Deployments and Post-Deployment Relationship Satisfaction.

- Neuropsychological Functioning in Veterans with Posttraumatic Stress Disorder: Associations with Performance Validity, Comorbidities, and Functional Outcomes.
- Mental Health Literacy in U.S. Soldiers: Knowledge of Services and Processes in the Utilization of Military Mental Health Care.
- Assessing and Treating Insomnia Related to Alcohol Use Disorders.
- Motivational Interviewing and the Transtheoretical Model of Change: Under-Explored Resources for Suicide Intervention.
- Self-Report Depressive Symptoms Do Not Directly Predict Suicidality in Nonclinical Individuals: Contributions toward a More Psychosocial Approach to Suicide Risk.
- Gender, Position of Authority, and the Risk of Depression and Posttraumatic Stress Disorder among a National Sample of U.S. Reserve Component Personnel.
- Alcohol issues prior to training in the United States Air Force.
- Impact of Collaborative Care for Underserved Patients with PTSD in Primary Care: a Randomized Controlled Trial.
- Posttraumatic Stress Disorder Symptom Severity and Relationship Functioning Among Partnered Heterosexual and Lesbian Women Veterans.
- Is supervision necessary? Examining the effects of internet-based CBT training with and without supervision.
- Links of Interest
- Resource of the Week: Population Representation in the Armed Services 2014

http://www.rand.org/pubs/research_reports/RR978.html

Quality of Care for PTSD and Depression in the Military Health System: Phase I Report

Kimberly A. Hepner, Elizabeth M. Sloss, Carol P. Roth, Heather Krull, Susan M. Paddock, Shaela Moen, Martha J. Timmer, Harold Alan Pincus

RAND Corporation, 2016

The U.S. Department of Defense (DoD) strives to maintain a physically and psychologically healthy, mission-ready force, and the care provided by the Military Health System (MHS) is critical to meeting this goal. Given the rates of posttraumatic stress disorder (PTSD) and depression among U.S. service members, attention has been directed to ensuring the quality and availability of programs and services targeting these and other psychological health (PH) conditions. Understanding the current quality of care for PTSD and depression is an important

step toward improving care across the MHS. To help determine whether service members with PTSD or depression are receiving evidence-based care and whether there are disparities in care quality by branch of service, geographic region, and service member characteristics (e.g., gender, age, pay grade, race/ethnicity, deployment history), DoD's Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury (DCoE) asked the RAND Corporation to conduct a review of the administrative data of service members diagnosed with PTSD or depression and to recommend areas on which the MHS could focus its efforts to continuously improve the quality of care provided to all service members. This report characterizes care for service members seen by MHS for diagnoses of PTSD and/or depression and finds that while the MHS performs well in ensuring outpatient follow-up following psychiatric hospitalization, providing sufficient psychotherapy and medication management needs to be improved. Further, quality of care for PTSD and depression varied by service branch, TRICARE region, and service member characteristics, suggesting the need to ensure that all service members receive high-quality care.

<http://www.tandfonline.com/doi/full/10.1080/02699931.2016.1144561>

Mapping the interplay among cognitive biases, emotion regulation, and depressive symptoms.

Jonas Everaert , Ivan Grahek , Wouter Duyck , Jana Buelens , Nathan Van den Bergh , Ernst H. W. Koster

Cognition and Emotion

Published online: 16 Feb 2016

DOI:10.1080/02699931.2016.1144561

Cognitive biases and emotion regulation (ER) difficulties have been instrumental in understanding hallmark features of depression. However, little is known about the interplay among these important risk factors to depression. This cross-sectional study investigated how multiple cognitive biases modulate the habitual use of ER processes and how ER habits subsequently regulate depressive symptoms. All participants first executed a computerised version of the scrambled sentences test (interpretation bias measure) while their eye movements were registered (attention bias measure) and then completed questionnaires assessing positive reappraisal, brooding, and depressive symptoms. Path and bootstrapping analyses supported both direct effects of cognitive biases on depressive symptoms and indirect effects via the use of brooding and via the use of reappraisal that was in turn related to the use of brooding. These findings help to formulate a better understanding of how cognitive biases and ER habits interact to maintain depressive symptoms.

<http://www.sciencedirect.com/science/article/pii/S138994571500057X>

Differences in sleep between black and white adults: an update and future directions.

Megan E. Petrova, Kenneth L. Lichstein

Sleep Medicine

Volume 18, February 2016, Pages 74–81

NHLBI Workshop on Reducing Health Disparities: The Role of Sleep Deficiency and Sleep Disorders

doi:10.1016/j.sleep.2015.01.011

Meta-analyses and other previous reviews have identified distinct ethnic/racial differences in the quantity, quality, and propensity for sleep disorders between black and white adults. The present article reviews the meta-analytic evidence along with recent epidemiological, community, and clinical studies to clarify what is known and not known about sleep differences between these two groups. Black individuals tend to have poorer sleep continuity and quality, excessively short or long sleep duration, greater sleep variability, and greater risk of sleep apnea than white individuals. The data suggest that these differences are attenuated yet persist in the face of several relevant confounders such as socioeconomic status, occupational factors, neighborhood context, and comorbidities. However, little is known about the mechanisms that explain ethnic disparities in sleep. We propose a conceptual model of potential mediators for future testing as well as other questions in need of investigation.

[http://www.ghpjournal.com/article/S0163-8343\(15\)00225-X/abstract](http://www.ghpjournal.com/article/S0163-8343(15)00225-X/abstract)

Prevalence of probable mental disorders and help-seeking behaviors among veteran and non-veteran community college students.

John C. Fortney, Ph.D., Geoffrey M. Curran, Ph.D., Justin B. Hunt, M.D., Ann M. Cheney, Ph.D., Liya Lu, M.S., Marcia Valenstein, M.D., Daniel Eisenberg, Ph.D.

General Hospital Psychiatry

Volume 38 , 99 - 104

DOI: <http://dx.doi.org/10.1016/j.genhosppsy.2015.09.007>

Objective

Millions of disadvantaged youth and returning veterans are enrolled in community colleges. Our objective was to determine the prevalence of mental disorders and help-seeking behaviors among community college students.

Methods

Veterans (n=211) and non-veterans (n=554) were recruited from 11 community colleges and administered screeners for depression (PHQ-9), generalized anxiety (GAD-7), posttraumatic stress disorder (PC-PTSD), non-lethal self-injury, suicide ideation and suicide intent. The survey also asked about the perceived need for, barriers to and utilization of services. Regression analysis was used to compare prevalence between non-veterans and veterans adjusting for non-modifiable factors (age, gender and race/ethnicity).

Results

A large proportion of student veterans and non-veterans screened positive and unadjusted bivariate comparisons indicated that student veterans had a significantly higher prevalence of positive depression screens (33.1% versus 19.5%, $P < .01$), positive PTSD screens (25.7% versus 12.6%, $P < .01$) and suicide ideation (19.2% versus 10.6%, $P = .01$). Adjusting for age, gender and race/ethnicity, veterans were significantly more likely than non-veterans to screen positive for depression (OR=2.10, $P = .01$) and suicide ideation (OR=2.31, $P = .03$). Student veterans had significantly higher odds of perceiving a need for treatment than non-veterans (OR=1.93, $P = .02$) but were more likely to perceive stigma (beta=0.28, $P = .02$). Despite greater need among veterans, there were no significant differences between veterans and non-veterans in use of psychotropic medications, although veterans were more likely to receive psychotherapy (OR=2.35, $P = .046$).

Conclusions

Findings highlight the substantial gap between the prevalence of probable mental health disorders and treatment seeking among community college students. Interventions are needed to link community college students to services, especially for student veterans.

<http://psycnet.apa.org/journals/tep/10/1/24/>

Brief immersion training in Primary Care–Mental Health Integration: Program description and initial findings.

Possis, Elizabeth; Skroch, Beret; Mallen, Michael; Henry, Jaclyn; Hintz, Samuel; Billig, John; Olson, Douglas

Training and Education in Professional Psychology

Vol 10(1), Feb 2016, 24-28

<http://dx.doi.org/10.1037/tep0000103>

Primary Care-Mental Health Integration (PCMHI) within the Veterans Health Administration (VHA) is a blend of care management and colocated, collaborative care in which mental health providers are colocated within primary care clinics to provide increased access to mental health services and consultation, early identification and intervention for mental health concerns, and

elimination of barriers to mental health care. Managed care systems are increasingly integrating mental health providers in primary care, in recognition that such integration typically improves access to care, quality of care, and reduces cost. PCMHI is quite different from specialty mental health care; it involves population-based, stepped care utilizing brief targeted assessments and interventions and utilizes rapid and concise documentation and consultation. Unfortunately, most traditionally trained mental health providers are unprepared to work in primary care settings given the substantial differences between specialty mental health and PCMHI. As such, there is a need for training programs in PCMHI. The present study details a brief immersion training program that provides exposure to the nature, methods, and practice of PCMHI at a large midwestern Veterans Affairs Health Care System. Participants (n = 24) completing the training reported increased knowledge of the PCMHI model and comfort with PCMHI practice. Clinical and research implications are discussed. (PsycINFO Database Record (c) 2016 APA, all rights reserved)

<http://link.springer.com/article/10.1007/s11136-016-1236-3>

Health-related quality of life among veterans in addictions treatment: identifying behavioral targets for future intervention.

Marilyn A. Opezzo, Anne K. Michalek, Kevin Delucchi, Michael T. M. Baiocchi, Paul G. Barnett, Judith J. Prochaska

Quality of Life Research

First online: 17 February 2016

DOI 10.1007/s11136-016-1236-3

Background

US veterans report lower health-related quality of life (HRQoL) relative to the general population. Identifying behavioral factors related to HRQoL that are malleable to change may inform interventions to improve well-being in this vulnerable group.

Purpose

The current study sought to characterize HRQoL in a largely male sample of veterans in addictions treatment, both in relation to US norms and in association with five recommended health behavior practices: regularly exercising, managing stress, having good sleep hygiene, consuming fruits and vegetables, and being tobacco free.

Methods

We assessed HRQoL with 250 veterans in addictions treatment (96 % male, mean age 53, range 24–77) using scales from four validated measures. Data reduction methods identified two principal components reflecting physical and mental HRQoL. Model testing of HRQoL

associations with health behaviors adjusted for relevant demographic and treatment-related covariates.

Results

Compared to US norms, the sample had lower HRQoL scores. Better psychological HRQoL was associated with higher subjective social standing, absence of pain or trauma, lower alcohol severity, and monotonically with the sum of health behaviors (all $p < 0.05$). Specifically, psychological HRQoL was associated with regular exercise, stress management, and sleep hygiene. Regular exercise also related to better physical HRQoL. The models explained $>40\%$ of the variance in HRQoL.

Conclusions

Exercise, sleep hygiene, and stress management are strongly associated with HRQoL among veterans in addictions treatment. Future research is needed to test the effect of interventions for improving well-being in this high-risk group.

<http://www.tandfonline.com/doi/abs/10.1080/21635781.2016.1153533>

Deployment, Mental Health Problems, Suicidality, and Use of Mental Health Services Among Military Personnel.

Carol Chu , Ian H. Stanley , Melanie A. Hom , Ingrid C. Lim , Thomas E. Joiner

Military Behavioral Health

Accepted author version posted online: 16 Feb 2016

DOI:10.1080/21635781.2016.1153533

Following deployment, soldiers may struggle to cope with the after-effects of combat service and experience increased suicidality. Therefore, connection to mental health services is vital. Research regarding the relationship between deployment, suicidality, and mental health connections has been equivocal, with some studies finding a link between deployment history and mental health outcomes, and others not. The purpose of this study was to examine the effects of military deployment on mental health and service utilization outcomes using a longitudinal design. Deployment history, mental health visits, symptoms of suicidality, and various mental health outcomes were assessed in a sample of 1,566 Army recruiters at study entry and 18-months follow-up. Deployment history was positively associated with mental health visits, number of major depressive episodes, and acquired capability for suicide at baseline; however, no significant relationship between deployment, mental health visits, and any other suicide or mental health-related outcomes emerged at baseline or follow-up. Findings suggest a disconnection from mental health services among military personnel. Implications for treatment and suicide prevention efforts among military personnel are discussed.

<http://journals.plos.org/plosone/article?id=10.1371/journal.pone.0149139>

Internet-Delivered Cognitive Behavioral Therapy to Treat Insomnia: A Systematic Review and Meta-Analysis.

Michael Seyffert, Pooja Lagisetty, Jessica Landgraf, Vineet Chopra, Paul N. Pfeiffer, Marisa L. Conte, Mary A. M. Rogers

PLOS ONE

Published: February 11, 2016

DOI: 10.1371/journal.pone.0149139

Background

Insomnia is of major public health importance. While cognitive behavioral therapy is beneficial, in-person treatment is often unavailable. We assessed the effectiveness of internet-delivered cognitive behavioral therapy for insomnia.

Objectives

The primary objectives were to determine whether online cognitive behavioral therapy for insomnia could improve sleep efficiency and reduce the severity of insomnia in adults. Secondary outcomes included sleep quality, total sleep time, time in bed, sleep onset latency, wake time after sleep onset, and number of nocturnal awakenings.

Data Sources

We searched PubMed/MEDLINE, the Cumulative Index to Nursing and Allied Health Literature, PsycInfo, Cochrane Library, Embase, and the Web of Science for randomized trials.

Methods

Studies were eligible if they were randomized controlled trials in adults that reported application of cognitive behavioral therapy for insomnia via internet delivery. Mean differences in improvement in sleep measures were calculated using the Hartung-Knapp-Sidik-Jonkman method for random effects meta-analysis.

Results

We found 15 trials, all utilizing a pretest-posttest randomized control group design. Sleep efficiency was 72% at baseline and improved by 7.2% (95% CI: 5.1%, 9.3%; $p < 0.001$) with internet-delivered cognitive behavioral therapy versus control. Internet-delivered cognitive behavioral therapy resulted in a decrease in the insomnia severity index by 4.3 points (95% CI: -7.1, -1.5; $p = 0.017$) compared to control. Total sleep time averaged 5.7 hours at baseline and increased by 20 minutes with internet-delivered therapy versus control (95% CI: 9, 31; $p = 0.004$). The severity of depression decreased by 2.3 points (95% CI: -2.9, -1.7; $p = 0.013$) in individuals who received internet-delivered cognitive behavioral therapy compared to control.

Improvements in sleep efficiency, the insomnia severity index and depression scores with internet-delivered cognitive behavioral therapy were maintained from 4 to 48 weeks after post-treatment assessment. There were no statistically significant differences between sleep efficiency, total sleep time, and insomnia severity index for internet-delivered versus in-person therapy with a trained therapist.

Conclusion

In conclusion, internet-delivered cognitive behavioral therapy is effective in improving sleep in adults with insomnia. Efforts should be made to educate the public and expand access to this therapy. Registration Number, Prospero: CRD42015017622

<http://www.tandfonline.com/doi/abs/10.1080/21635781.2016.1153537>

Female Veterans who Died by Suicide: Qualitative Analysis of Medical Records.

Lauren M. Denneson PhD, Risa Cromer MA, Laura E. Jacobson MPH, Alan Teo MD & Steven K. Dobscha MD

Military Behavioral Health

Accepted author version posted online: 17 Feb 2016

DOI:10.1080/21635781.2016.1153537

The suicide rate among female veterans increased 40% between 2000 and 2010, yet very little research has examined the unique psychosocial and health needs of veteran women at high risk for suicide. We describe female veterans' psychosocial experiences, primary health concerns, and healthcare received prior to suicide to identify areas for future efforts to improve care and reduce suicide in this population. We conducted a qualitative analysis of the VA healthcare records of 27 female veterans, drawn from 11 states, during the six months prior to suicide. The women were mostly white, non-Hispanic, and not married, with an average age of 44 (range 26 to 67). We identified several common experiences: non-military-related trauma, lack of supportive relationships, substance use disorders, and prescription of multiple sedatives. We also observed that communication between patients and clinicians may have been insufficient, resulting in un-detected or unmet needs. The findings call for additional research to better understand the frequency and impact of these experiences for women veterans, and suggest that enhancing patient-centered and trauma-sensitive care, as well as improving outreach and continuity in care, may reduce instances of unmet needs.

<http://www.tandfonline.com/doi/abs/10.1080/21635781.2016.1153540>

Soldier Recommendations for Improving Mental Health Treatment Seeking in the Military.

Janelle H. Cheung , Thomas W. Britt , Mary Anne Raymond , Heidi M. Zinzow , Cynthia L. S. Pury

Military Behavioral Health

Accepted author version posted online: 16 Feb 2016

DOI:10.1080/21635781.2016.1153540

Despite the prevalence of mental health issues in the military, only a minority of personnel who experience problems seek treatment. The underutilization of mental health services continues to be an important topic that deserves attention from both science and practice. Two studies were conducted with active-duty soldiers to assess their recommendations for actions that can be taken by soldiers who are experiencing mental health problems, their peers, their leaders, and the upper-level chain of command to facilitate mental health treatment-seeking. In addition, we compiled their recommendations to raise awareness, reduce stigma, and improve attitudes toward mental health treatment.

<http://www.tandfonline.com/doi/abs/10.1080/21635781.2016.1153536>

Predictors of Inpatient PTSD Treatment Noncompletion among OEF/OIF/OND Veterans.

Derek D. Szafranski , Alexander M. Talkovsky , Tannah E. Little , Deleene S. Menefee , Jill L. Wanner , Daniel F. Gros , Peter J. Norton

Military Behavioral Health

Accepted author version posted online: 17 Feb 2016

DOI:10.1080/21635781.2016.1153536

Veterans returning from Operation Enduring Freedom (OEF), Operation Iraqi Freedom (OIF) and Operation New Dawn (OND) display high rates of noncompletion from posttraumatic stress disorder (PTSD) treatment. The present study included 282 male OEF/OIF/OND Veterans and examined predictors of noncompletion from inpatient evidence-based treatment (EBT) for PTSD. Logistic regression analyses identified younger age, higher military rank, less improvement in symptom reduction, less improvement in overall functioning and greater concurrent drug use at admission as significant and unique predictors of noncompletion. Overall, these findings reveal clinically relevant predictors of noncompletion and provide information that may increase PTSD treatment completion.

<http://onlinelibrary.wiley.com/doi/10.1111/sltb.12233/abstract>

Factors Associated with Suicidality Among a National Sample of Transgender Veterans.

Lehavot, K., Simpson, T. L. and Shipherd, J. C.

Suicide and Life-Threatening Behavior

Article first published online: 15 FEB 2016

DOI: 10.1111/sltb.12233

Correlates of past-year suicidal ideation and lifetime suicide risk among a national sample of transgender veterans were examined. An online, convenience sample of 212 U.S. transgender veterans participated in a cross-sectional survey in February–May 2014. We evaluated associations between sociodemographic characteristics, stigma, mental health, and psychosocial resources with past-year suicidal ideation and lifetime suicide plans and attempts. Participants reported high rates of past-year suicidal ideation (57%) as well as history of suicide plan or attempt (66%). Transgender-related felt stigma during military service and current posttraumatic stress disorder and depressive symptoms were associated with suicide outcomes as were economic and demographic factors.

<http://onlinelibrary.wiley.com/doi/10.1111/sltb.12231/abstract>

Measuring Associations of the Department of Veterans Affairs' Suicide Prevention Campaign on the Use of Crisis Support Services.

Karras, E., Lu, N., Zuo, G., Tu, X. M., Stephens, B., Draper, J., Thompson, C. and Bossarte, R. M.

Suicide and Life-Threatening Behavior

Article first published online: 16 FEB 2016

DOI: 10.1111/sltb.12231

Campaigns have become popular in public health approaches to suicide prevention; however, limited empirical investigation of their impact on behavior has been conducted. To address this gap, utilization patterns of crisis support services associated with the Department of Veterans Affairs' Veterans Crisis Line (VCL) suicide prevention campaign were examined. Daily call data for the National Suicide Prevention Lifeline, VCL, and 1-800-SUICIDE were modeled using a novel semi-varying coefficient method. Analyses reveal significant increases in call volume to both targeted and broad resources during the campaign. Findings underscore the need for further research to refine measurement of the effects of these suicide prevention efforts.

<http://online.liebertpub.com/doi/abs/10.1089/neu.2015.4310>

Controlled low-pressure blast-wave exposure causes distinct behavioral and morphological responses modelling mTBI, PTSD and co-morbid mTBI-PTSD.

Mr. Amitai Zuckerman, Mr. Omri Ram, Dr. Gal Ifergane, Dr. Michael Alex Matar, Dr. Ram Sagi, Dr. Ishay Ostfeld, Prof. Jay R. Hoffman, Prof. Zeev Kaplan, Prof. Oren Sadot, and Prof. Hagit Cohen

Journal of Neurotrauma

Online Ahead of Editing: February 17, 2016

doi:10.1089/neu.2015.4310

The intense focus in the clinical literature on the mental and neuro-cognitive sequelae of explosive blast-wave exposure, especially when they co-morbid with post-traumatic stress-related disorders (PTSD) is justified and warrants the design of translationally valid animal studies to provide valid complementary basic data.

We employed a controlled experimental blast-wave paradigm in which non-anesthetized animals were exposed to visual, auditory, olfactory, and tactile effects of an explosive blast-wave produced by exploding a thin copper wire. By combining cognitive-behavioral paradigms and ex-vivo brain MRI to assess mild traumatic brain injury (mTBI) phenotype with a validated behavioral model for PTSD, complemented by morphological assessments, this study sought to examine our ability to evaluate the bio-behavioral effects of low-intensity blast overpressure on rats, in a translationally valid manner.

There were no significant differences between blast- and sham- exposed rats on motor coordination and strength, or sensory function. Whereas most male rats exposed to the blast-wave displayed normal behavioral and cognitive responses, 23.6% of the rats displayed a significant, retardation of spatial learning acquisition, fulfilling criteria for mTBI-like responses. In addition, 5.4% of the blast-exposed animals displayed an extreme response in the behavioral tasks used to define PTSD-like criteria, whereas 10.9% of the rats developed both long-lasting and progressively worsening behavioral and cognitive “symptoms”, suggesting comorbid PTSD-mTBI-like behavioral and cognitive response patterns. Neither groups displayed changes on MRI. Exposure to experimental blast wave elicited distinct behavioral and morphological responses modelling mTBI-like, PTSD-like and comorbid mTBI-PTSD-like. This experimental animal model can be a useful tool to elucidate neurobiological mechanisms underlying the effects of blast wave-induced mTBI and PTSD and comorbid mTBI-PTSD.

<http://www.tandfonline.com/doi/abs/10.1080/21635781.2016.1153535>

Communication via Different Media during Military Deployments and Post-Deployment Relationship Satisfaction.

Sarah P. Carter , Keith D. Renshaw

Military Behavioral Health

Accepted author version posted online: 16 Feb 2016

DOI:10.1080/21635781.2016.1153535

There are few quantitative studies of communication between service members (SMs) and spouses during military deployments. Approximately one year post-deployment, 224 SMs and 214 of their spouses completed measures of relationship satisfaction. SMs also retrospectively reported on frequency of synchronous (real-time; e.g., phone) and asynchronous (delayed; e.g., email) communication, and family-related stressors during deployment. Post-deployment relationship satisfaction in both partners was associated with SMs' recall of spouses having written/mailed more frequently than SMs. Significant interactions indicated that, when SMs recalled higher family-related stressors during deployment, greater satisfaction was associated with more asynchronous and less synchronous communication. This pattern was reversed when SMs recalled lower family-related stressors.

<http://www.ncbi.nlm.nih.gov/pubmed/26892753>

J Int Neuropsychol Soc. 2016 Feb 19:1-13. [Epub ahead of print]

Neuropsychological Functioning in Veterans with Posttraumatic Stress Disorder: Associations with Performance Validity, Comorbidities, and Functional Outcomes.

Wrocklage KM, Schweinsburg BC, Krystal JH, Trejo M, Roy A, Weisser V, Moore TM, Southwick SM, Scott JC

OBJECTIVES:

Numerous studies have shown that individuals with posttraumatic stress disorder (PTSD) display reduced performances on neuropsychological tests, although most prior research has not adequately accounted for comorbidities or performance validity concerns that are common in this population and could partially account for the observed neurocognitive findings. Moreover, few studies have examined the functional implications of neuropsychological results in PTSD.

METHODS:

We examined neuropsychological functioning in 44 veterans with PTSD and 40 veteran trauma comparison (TC) participants with combat exposure and no PTSD.

RESULTS:

After excluding four veterans with PTSD for performance validity concerns, multivariate

analyses of variance by neurocognitive domain revealed significantly worse performance by the PTSD group in the domains of speed of information processing ($p=.035$) and executive functions ($p=.017$), but no group differences in attention/working memory, verbal/language functioning, visuoconstruction, or episodic memory. Group differences by PTSD status were still present after covarying for depression, a history of head injuries, and substance use disorders. Executive functioning performance was associated with poorer self-reported occupational functioning and physical health-related quality of life, while speed of information processing performance was associated with poorer physical health-related quality of life.

DISCUSSION:

These results are generally consistent with a fronto-limbic conceptualization of PTSD-associated neuropsychological dysfunction and show that cognitive functioning may be associated with critical functional outcomes. Taken together, results suggest that consideration of neurocognitive functioning may enhance the clinical management of individuals with PTSD. (JINS, 2016, 22, 1-13).

<http://www.tandfonline.com/doi/abs/10.1080/21635781.2016.1153541>

Mental Health Literacy in U.S. Soldiers: Knowledge of Services and Processes in the Utilization of Military Mental Health Care.

Jeffrey L. Thomas , Amanda L. Adrian , Elizabeth A. Penix , Joshua E. Wilk , Amy B. Adler

Military Behavioral Health

Accepted author version posted online: 17 Feb 2016

DOI:10.1080/21635781.2016.1153541

Despite the prevalence of mental health problems reported by soldiers and challenges in ensuring soldiers access care, there is a knowledge gap in what soldiers know about accessing mental health care. The present study assesses predictors of 'mental health literacy' in 2,048 U.S. soldiers. The frequency of mental health literacy responses ranged from 27% to 74% correct (i.e., correct answers representing knowledge about referrals, confidentiality rules, and resources) with a large percentage reporting either incorrect responses or that they did not know the answer. Comparisons found that soldiers with senior rank and with more combat deployments provided higher correct response percentages. Those with mental health problems reported higher percentages of correct responses on three of the six mental health literacy items. Among those with mental health problems, no differences were found between those seeking treatment and those not seeking treatment on mental health literacy. The study was the first to document the mental health literacy of soldiers and provides potential targets for education and outreach. Future studies should further examine the full range of factors and correlates of mental health literacy.

<http://link.springer.com/article/10.1007/s40429-016-0083-1>

Assessing and Treating Insomnia Related to Alcohol Use Disorders.

Kirk J. Brower

Current Addiction Reports

March 2016, Volume 3, Issue 1, pp 98-108

DOI 10.1007/s40429-016-0083-1

Insomnia is a frequent complaint and may persist despite abstinence in patients with alcohol use disorders (AUDs). The association of insomnia with relapse and suicidal behaviors underlies the importance of proper assessment and treatment, which is the focus of this review. Contributory factors to insomnia in AUD patients include premorbid insomnia; effects of alcohol on sleep regulatory systems; co-occurring medical, psychiatric, and other sleep disorders; other substances and medications; stress; environmental factors; and suboptimal sleep hygiene. Polysomnography is recommended to rule out other sleep disorders (e.g., sleep apnea and periodic limb movement disorder) when suggested by history or treatment-resistant insomnia. Sleep will improve in most patients with sobriety, which remains the first line of treatment. Nevertheless, insomnia may also be thought of as a comorbid disorder with AUDs, requiring its own treatment for many patients. Randomized controlled studies support efficacy with behavioral therapies and medications. Melatonin agonists as well as sedating antidepressants, anticonvulsants, and antipsychotics are potentially effective and non-addictive.

<http://link.springer.com/article/10.1007/s10597-016-9997-2>

Motivational Interviewing and the Transtheoretical Model of Change: Under-Explored Resources for Suicide Intervention.

Janet Hoy, Aravindhan Natarajan, Megan M. Petra

Community Mental Health Journal

First online: 17 February 2016

DOI 10.1007/s10597-016-9997-2

Motivational interviewing (MI) is a robust evidence-based intervention that has been used to evoke intrinsic motivation to change behaviors. MI as an intervention focuses on facilitating movement through the stages of the transtheoretical model of change. A study by Coombs et al. (Substance abuse treatment and the stages of change: Selecting and planning interventions, Guilford Press, New York, 2001) demonstrated that suicidal individuals move through such

stages toward suicidal behavior, yet research and applications of MI for suicide have been minimal. In hopes of generating increased exploration of MI for suicidality, this article reviews the theoretical rationale and existing empirical research on applications of MI with suicidal individuals. Potential uses of MI in suicide risk assessment/crisis intervention, as well as an adjunct to longer-term treatment, are discussed.

<http://www.tandfonline.com/doi/abs/10.1080/07481187.2016.1150920>

Self-Report Depressive Symptoms Do Not Directly Predict Suicidality in Nonclinical Individuals: Contributions toward a More Psychosocial Approach to Suicide Risk.

Rui C. Campos , Ronald R. Holden , Patrícia Laranjeira , Talia Troister , Ana Rita Oliveira , Fátima Costa , Marta Abreu , Natália Fresca

Death Studies

Accepted author version posted online: 18 Feb 2016

DOI:10.1080/07481187.2016.1150920

Although suicidality is associated with mental illness in general and depression in particular, many depressed individuals do not attempt suicide and some individuals who attempt to or do die by suicide do not present depressive symptoms. This paper aims to contribute to a more psychosocial approach to understanding suicide risk in nonclinical populations. In advocating a psychosocial perspective rather than a depression-focused approach, this paper presents four diverse studies that demonstrate sampling and measurement invariance in findings across different populations and specific measures. Study 1 tests the mediation effects of two interpersonal variables, thwarted belongingness and perceived burdensomeness, in the association between depressive symptoms and recent suicidality. Studies 2 and 3 evaluate the contribution of hopelessness and psychache, beyond depressive symptoms, to suicidality. Study 4 tests the contribution of life events behind depressive symptoms, and other relevant socio-demographic and clinical variables, to the estimation of “future suicidality”. Overall, results demonstrate that depressive symptoms do not directly predict suicidality in nonclinical individuals, but that other psychosocial variables mediate the association between depressive symptoms and suicidality or predict suicidality when statistically controlling for depressive symptoms. The paper contributes to understanding some of the non-psychopathological factors that potentially link depressive symptoms to suicide risk and that might themselves contribute to suicidality, even when controlling for depressive symptoms.

Gender, Position of Authority, and the Risk of Depression and Posttraumatic Stress Disorder among a National Sample of U.S. Reserve Component Personnel.

Gregory H. Cohen, Laura A. Sampson, David S. Fink, Jing Wang, Dale Russell, Robert Gifford, Carol Fullerton, Robert Ursano, Sandro Galea

Women's Health Issues

Available online 18 February 2016

doi:10.1016/j.whi.2016.01.001

Background

Recent U.S. military operations in Iraq and Afghanistan have seen dramatic increases in the proportion of women serving and the breadth of their occupational roles. General population studies suggest that women, compared with men, and persons with lower, as compared with higher, social position may be at greater risk of posttraumatic stress disorder (PTSD) and depression. However, these relations remain unclear in military populations. Accordingly, we aimed to estimate the effects of 1) gender, 2) military authority (i.e., rank), and 3) the interaction of gender and military authority on a) risk of most recent deployment-related PTSD and b) risk of depression since most recent deployment.

Methods

Using a nationally representative sample of 1,024 previously deployed Reserve Component personnel surveyed in 2010, we constructed multivariable logistic regression models to estimate effects of interest.

Results

Weighted multivariable logistic regression models demonstrated no statistically significant associations between gender or authority, and either PTSD or depression. Interaction models demonstrated multiplicative statistical interaction between gender and authority for PTSD (beta = -2.37 ; $p = .01$), and depression (beta = -1.21 ; $p = .057$). Predicted probabilities of PTSD and depression, respectively, were lowest in male officers (0.06, 0.09), followed by male enlisted (0.07, 0.14), female enlisted (0.07, 0.15), and female officers (0.30, 0.25).

Conclusions

Female officers in the Reserve Component may be at greatest risk for PTSD and depression after deployment, relative to their male and enlisted counterparts, and this relation is not explained by deployment trauma exposure. Future studies may fruitfully examine whether social support, family responsibilities peri-deployment, or contradictory class status may explain these findings.

<http://www.sciencedirect.com/science/article/pii/S0306460316300624>

Alcohol issues prior to training in the United States Air Force.

Karen J. Derefinko, Robert C. Klesges, Zoran Bursac, Melissa A. Little, Ann Hryshko-Mullen, Gerald W. Talcott

Addictive Behaviors

Available online 18 February 2016

doi:10.1016/j.addbeh.2016.02.028

The negative impact of alcohol is a significant concern to the US military given the costs associated with alcohol-related offenses. Despite considerable research in active duty personnel, relatively little is known about the current extent of alcohol use among incoming recruits. We examined the history of alcohol use and harmful patterns of alcohol consumption among recruits entering the United States Air Force (USAF; N = 50,549) over the span of 4 years (2010–2014). Across all years, drinking rates reflected national average trends for those aged 18–24 (NIDA, 2014). However, when abstainers were excluded, those under 21 (n = 10,568) reported an average of 18.4 drinks per week, whereas those age 21 and over (n = 14,188) reported an average of 14.1 drinks per week, suggesting that for those who drink, those under 21 are exhibiting more risky drinking rates. Alcohol Use Disorders Identification Task (AUDIT) scores for drinkers reflected these same trends. For those under 21, 58% scored in risk categories of 2 or higher (risky drinking warranting attention), compared with 40% for those age 21 and over. These scores indicate that for recruits in the USAF, approximately half report alcohol use immediately prior to basic training, resulting in the inheritance of these potential alcohol related issues for those conducting training of these recruits. Based upon these numbers, brief alcohol interventions could have a potential positive impact on individuals in their initial training stages of the USAF to prevent these baseline issues from resulting in problems later in their military careers.

<http://link.springer.com/article/10.1007%2Fs11606-016-3588-3>

Impact of Collaborative Care for Underserved Patients with PTSD in Primary Care: a Randomized Controlled Trial.

Lisa S. Meredith, David P. Eisenman, Bing Han, Bonnie L. Green, Stacey Kaltman, Eunice C. Wong, Melony Sorbero, Christine Vaughan, Andrea Cassells, Douglas Zatzick, Claudia Diaz, Scot Hickey, Jeremy R. Kurz, Jonathan N. Tobin

Journal of General Internal Medicine

First online: 05 February 2016

DOI 10.1007/s11606-016-3588-3

OBJECTIVE

We compared the effectiveness of minimally enhanced usual care (MEU) versus collaborative care for PTSD with a care manager (PCM).

DESIGN

This was a multi-site patient randomized controlled trial of PTSD care improvement over 1 year.

PARTICIPANTS

We recruited and enrolled 404 patients in six FQHCs from June 2010 to October 2012. Patients were eligible if they had a primary care appointment, no obvious physical or cognitive obstacles to participation, were age 18–65 years, planned to continue care at the study location for 1 year, and met criteria for a past month diagnosis of PTSD.

MAIN MEASURES

The main outcomes were PTSD diagnosis and symptom severity (range, 0–136) based on the Clinician-Administered PTSD Scale (CAPS). Secondary outcomes were medication and counseling for mental health problems, and health-related quality of life assessed at baseline, 6 months, and 12 months.

KEY RESULTS

Patients in both conditions improved similarly over the 1-year evaluation period. At 12 months, PTSD diagnoses had an absolute decrease of 56.7 % for PCM patients and 60.6 % for MEU patients. PTSD symptoms decreased by 26.8 and 24.2 points, respectively. MEU and PCM patients also did not differ in process of care outcomes or health-related quality of life. Patients who actually engaged in care management had mental health care visits that were 14 % higher ($p < 0.01$) and mental health medication prescription rates that were 15.2 % higher ($p < 0.01$) than patients with no engagement.

CONCLUSIONS

A minimally enhanced usual care intervention was similarly effective as collaborative care for patients in FQHCs.

<http://online.liebertpub.com/doi/abs/10.1089/lgbt.2015.0097>

Posttraumatic Stress Disorder Symptom Severity and Relationship Functioning Among Partnered Heterosexual and Lesbian Women Veterans.

Caska-Wallace Catherine M., Katon Jodie G., Lehavot Keren, McGinn Meghan M., and Simpson Tracy L.

LGBT Health

February 2016, ahead of print

doi:10.1089/lgbt.2015.0097

Purpose:

Few studies have examined associations of posttraumatic stress disorder (PTSD) and relationship satisfaction among women Veterans, and no research has explored these factors in lesbian women Veterans, a large subgroup that may have unique concerns. This study examined the link between PTSD and relationship satisfaction in partnered heterosexual and lesbian women Veterans and evaluated potential moderation by sexual orientation, partner support, and conflict.

Methods:

Women Veterans (heterosexual n = 260; lesbian n = 128) were recruited nationally to complete a cross-sectional online survey. Multiple linear regression models were used to evaluate moderation, using two- and three-way interactions.

Results:

Partner support moderated the association between PTSD symptoms and relationship satisfaction to a different degree for heterosexual and lesbian women Veterans, playing a more prominent role in this association for lesbian women. Specifically, for lesbians with low partner support, as PTSD symptoms worsened, relationship satisfaction decreased at a steeper rate than for heterosexual women with low partner support. On the other hand, for lesbians with high partner support, as PTSD symptoms worsened, relationship satisfaction decreased less sharply than for heterosexual women with high partner support. Degree of conflict was highly correlated with relationship satisfaction and also appeared to moderate these relations differently by sexual orientation.

Conclusion:

These findings suggest that women Veterans with PTSD experience impairments in their romantic relationships, which vary by sexual orientation, partner support, and conflict. Partner support and conflict may be important targets in assessment and therapy for women Veterans with PTSD, and especially so for sexual minorities.

<http://psycnet.apa.org/journals/ccp/84/3/191>

Is supervision necessary? Examining the effects of internet-based CBT training with and without supervision.

Rakovshik, Sarah G.; McManus, Freda; Vazquez-Montes, Maria; Muse, Kate; Ougrin, Dennis

Journal of Consulting and Clinical Psychology

Vol 84(3), Mar 2016, 191-199
<http://dx.doi.org/10.1037/ccp0000079>

Objective:

To investigate the effect of Internet-based training (IBT), with and without supervision, on therapists' (N = 61) cognitive-behavioral therapy (CBT) skills in routine clinical practice.

Method:

Participants were randomized into 3 conditions: (1) Internet-based training with use of a consultation worksheet (IBT-CW); (2) Internet-based training with CBT supervision via Skype (IBT-S); and (3) "delayed-training" controls (DTs), who did not receive the training until all data collection was completed. The IBT participants received access to training over a period of 3 months. CBT skills were evaluated at pre-, mid- and posttraining/wait using assessor competence ratings of recorded therapy sessions.

Results:

Hierarchical linear analysis revealed that the IBT-S participants had significantly greater CBT competence at posttraining than did IBT-CW and DT participants at both the mid- and posttraining/wait assessment points. There were no significant differences between IBT-CW and the delayed (no)-training DTs.

Conclusions:

IBT programs that include supervision may be a scalable and effective method of disseminating CBT into routine clinical practice, particularly for populations without ready access to more-traditional "live" methods of training. There was no evidence for a significant effect of IBT without supervision over a nontraining control, suggesting that merely providing access to IBT programs may not be an effective method of disseminating CBT to routine clinical practice. (PsycINFO Database Record (c) 2016 APA, all rights reserved)

Links of Interest

Online insomnia therapy may help ease depression symptoms

<http://www.reuters.com/article/us-health-insomnia-internet-help-idUSKCN0VS2O2>

Reducing Mental Health Risk for Kids in Military Families

<http://health.usnews.com/health-news/health-wellness/articles/2016-02-18/reducing-mental-health-risk-for-kids-in-military-families?int=98e708>

Veterans Want Past Discharges to Recognize Post-Traumatic Stress

<http://www.nytimes.com/2016/02/20/us/veterans-seek-greater-emphasis-on-ptsd-in-bids-to-upgrade-discharges.html>

The mind's biology

<http://www.washingtonpost.com/sf/national/2016/02/19/brain-hacking-the-minds-biology/>

The Therapy Our Struggling Vets Can't Get

<http://www.lifezette.com/healthzette/the-therapy-our-struggling-vets-cant-get/>

Many Suicidal People Make Long-Term Recovery, Study Shows

https://www.nlm.nih.gov/medlineplus/news/fullstory_157317.html

Industry initiatives to prevent drinking and driving lack evidence of effectiveness

<https://www.sciencedaily.com/releases/2016/02/160218195645.htm>

That first drink is a learning experience

<https://www.sciencedaily.com/releases/2016/02/160218145223.htm>

Smokers with depression try to quit more often but find it harder

<https://www.sciencedaily.com/releases/2016/02/160218060727.htm>

Potential pathway between insomnia, depression, study of firefighters finds

<https://www.sciencedaily.com/releases/2016/02/160217130703.htm>

Americans Get the Most Sleep in South Dakota, the Least in Hawaii

<http://www.allgov.com/news/unusual-news/americans-get-the-most-sleep-in-south-dakota-the-least-in-hawaii-160220?news=858333>

Gene linking sleep, seasonal affective disorder found

<https://www.sciencedaily.com/releases/2016/02/160222155826.htm>

Oscar-nominated film spotlights death-row veterans, combat PTSD

<http://www.militarytimes.com/story/veterans/2016/02/22/oscar-nominated-film-spotlights-death-row-veterans-combat-ptsd/80622590/>

This veteran has spent nearly a decade trying to get the military to change its practices for discharging vets with PTSD

<http://www.pri.org/stories/2016-02-23/veteran-has-spent-nearly-decade-trying-get-military-change-its-practices>

Resource of the Week: [Population Representation in the Armed Services 2014](#)

Published annually by the Office of the Assistant Secretary of Defense for Personnel and Readiness, the Population Representation in the Military Services report's goal is "to provide the most comprehensive, reliable, and consistent data tabulations on military personnel for policy-makers, the media, and the general public."

This summary report highlights recent and historical personnel trends in the DOD services (the Army, Navy, Marine Corps, and Air Force) and the U.S. Coast Guard, which is part of the Department of Homeland Security. It examines both the active component (AC) and the reserve component (RC) in all services. It describes demographic characteristics of applicants, accessions, enlisted personnel, and officers, referencing data from the tables in the technical appendixes, as well as from previous Pop Rep reports. Finally, it includes information on the socioeconomic characteristics of the neighborhoods of those AC non-prior-service (NPS) recruits accessed into the military in FY14.

The remainder of this report is organized as follows: In section I, we present an overall summary of the armed services. Section II covers DOD's AC. Section III is a special section on AC diversity where we examine representation by racial and ethnic backgrounds separately for male and female servicemembers. Section IV describes the RC. In section V, we discuss the U.S. Coast Guard. Section VI presents concluding highlights.

The FY14 technical appendixes (A through E), located on this website, provide current data on the demographics—including education and aptitude—of new recruits, enlisted personnel, and officers of the AC and RC, as well as historical data on their selected demographic and service-related characteristics. Except where otherwise noted, data are provided by the Defense Manpower Data Center (DMDC), and all data are derived from the technical appendixes.

Office of the Under Secretary of Defense, Personnel and Readiness

Population Representation in the Military Services

Fiscal Year 2014

Summary
Contents
Download
Links
FAQ



2014



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