



CDP Research Update -- March 10, 2016

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- Resource of the Week: RAND Corporation: Military Health and Health Care

<http://archpsyc.jamanetwork.com/article.aspx?articleID=2484486>

Association of Child Abuse Exposure With Suicidal Ideation, Suicide Plans, and Suicide Attempts in Military Personnel and the General Population in Canada.

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JAMA Psychiatry. 2016;73(3):229-238
doi:10.1001/jamapsychiatry.2015.2732

Importance

Recent evidence indicates a high prevalence of child abuse exposure in modern US veterans, which may explain in part their higher likelihood of suicide relative to civilians. However, the relationship between child abuse exposure and suicide-related outcomes in military personnel relative to civilians is unknown. Furthermore, the associations among deployment-related trauma, child abuse exposure, and suicide-related outcomes in military personnel have not been examined.

Objectives

To determine whether child abuse exposure is more prevalent in Canadian Armed Forces (CAF) personnel compared with the Canadian general population (CGP); to compare the association between child abuse exposure and suicidal ideation, suicide plans, and suicide attempts among the CAF and CGP; and to determine whether child abuse exposure has an additive or interaction effect on the association of deployment-related trauma and past-year suicidal ideation and suicide plans among Regular Forces personnel.

Data, Setting, and Participants

Data were collected from the following 2 nationally representative data sets: the 2013 Canadian Forces Mental Health Survey (CFMHS) for the CAF (8161 respondents; response rate, 79.8%) and the 2012 Canadian Community Health Survey–Mental Health (CCHS-MH) for the CGP (23 395 respondents; response rate, 68.9% [of these, 15 981 age-matched participants were drawn]). Data were collected from April 15 to August 31, 2013, for the CFMHS and January 2 to December 31, 2012, for the CCHS-MH. Data were analyzed from October 2014 to October 22, 2015. Statistical weights were applied to both data sets.

Main Outcomes and Measures

Child abuse exposure, including physical abuse, sexual abuse, and exposure to intimate partner violence, and deployment-related trauma were assessed in relation to suicide-related outcomes.

Results

Data were analyzed from 24 142 respondents aged 18 to 60 years (Regular Forces, 86.1%

male and 13.9% female; Reserve Forces, 90.6% male and 8.9% female; and CGP, 49.9% male and 50.1% female). Any child abuse exposure was higher in the Regular Forces (47.7%; 95% CI, 46.4%-49.1%) and Afghanistan mission–deployed Reserve Forces (49.4%; 95% CI, 46.3%-51.5%) compared with the CGP (33.1%; 95% CI, 31.8%-34.4%). All types of child abuse exposures were associated with increased odds of suicidal ideation, suicide plans, and suicide attempts in the CGP (range of adjusted odds ratios [AORs], 3.0 [95% CI, 2.3-3.9] to 7.7 [95% CI, 5.7-10.3]; $P < .05$) and CAF (range of AORs, 1.7 [95% CI, 1.0-2.9] to 6.3 [95% CI, 4.2-9.5]; $P < .05$), with many associations significantly weaker in military personnel relative to civilians. Additive effects for past-year suicide ideation (AOR, 2.7; 95% CI, 1.8-4.2) and past-year suicide plans (AOR, 4.6; 95% CI, 2.3-9.2) but not interactive effects for past-year suicide ideation (AOR, 1.2; 95% CI, 0.7-2.2) and past-year suicide plans (AOR, 0.8; 95% CI, 0.3-2.2) were noted between deployment-related trauma and child abuse exposure among Regular Forces personnel.

Conclusions and Relevance

Individuals with a child abuse history may be more likely to enter the military, and child abuse exposure may increase the likelihood of suicide-related outcomes. Prevention efforts targeting child abuse may reduce suicide-related outcomes.

<http://archpsyc.jamanetwork.com/article.aspx?articleID=2484483>

Childhood Abuse and Military Experience—Important Information to Better Serve Those Who Have Served.

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JAMA Psychiatry. 2016;73(3):195-196
doi:10.1001/jamapsychiatry.2015.2736

Afifi et al¹ corroborate results from a recent US study showing higher prevalence of childhood abuse among persons with a history of military service compared with persons who did not serve in the military.² More importantly, Afifi and colleagues show how childhood abuse was differentially associated with suicidal risk among military and nonmilitary samples, and they explore childhood abuse in the context of deployment-related traumatic experiences among military personnel. These important findings have repercussions, from epidemiology through intervention and implementation efforts, for how scientists, health care professionals, and systems tackle the issue of understanding health outcomes, including suicide risk, among individuals who have served in the military.

<http://publications.amsus.org/doi/abs/10.7205/MILMED-D-14-00371>

Spousal Military Deployment During Pregnancy and Adverse Birth Outcomes.

Amy Spieker; Melissa A. Schiff; Beth E. Davis

181(3), pp. 243–249

Published online: February 29, 2016

10.7205/MILMED-D-14-00371

Pregnant women with a military-deployed spouse have increased risk of depression and self-reported stress. In nonmilitary populations, depression and stress during pregnancy are associated with adverse birth outcomes. This study assesses the association between a spouse's military deployment and adverse birth outcomes. We conducted a retrospective cohort study at a large military medicine center in the Northwest and evaluated records of singleton deliveries to dependent Army spouses from September 2001 to September 2011. We used logistic regression to estimate relative risks and 95% confidence intervals (CI) of the associations between deployment and low birth weight (<2,500 g), preterm delivery (<37 weeks), small for gestational age (SGA, <10 percentile for gestational age), and cesarean delivery. We identified 10,536 births; 1,364 (12.9%) spouses were deployed at delivery. No associations were observed in the overall population. Among women with two or more children, we observed an 81% increased risk of SGA (95% CI 1.18–2.79). Women 30 to 34 years old had an 82% (95% CI 1.06–3.14) increased risk of low birth weight and an 84% increased risk of SGA (95% CI 1.13–2.98). Deployment's effects vary by maternal age and the number of children in the household. These findings may inform programs and practitioners to best serve women with military-deployed spouses.

<http://publications.amsus.org/doi/10.7205/MILMED-D-15-00527>

Ethics and Transgender Service Members, Dependents, and Retirees.

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Military Medicine

181(3), pp. 193–194

Published online: February 29, 2016

10.7205/MILMED-D-15-00527

It is estimated that the military currently has approximately 15,500 transgender service members. It has indicated it will soon be accepting openly transgendered members, as it accepted homosexual members a few years ago. This policy change will pose new ethical challenges for service members, military families, clinicians, and policy makers.

This column will discuss several of these ethical challenges. Throughout this discussion, I shall refer to those who want to change their gender or have changed it as service members or persons, not patients, to avoid incorrectly implying that these persons have a disorder rather than a gender identity.

<http://www.tandfonline.com/doi/full/10.1080/15325024.2015.1084851>

Examining Relationships Among Ethnicity, PTSD, Life Functioning, and Comorbidity in Female OEF/OIF Veterans.

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Journal of Loss and Trauma
Published online: 25 Sep 2015
DOI:10.1080/15325024.2015.1084851

There is much literature on posttraumatic stress disorder (PTSD) and male combat veterans, but little on PTSD by gender and ethnicity among women combat veterans. We examine ethnic differences in PTSD and comorbid disorders among 37 Hispanic, 27 White, and 15 Native female Operation Enduring Freedom/Operation Iraqi Freedom (OEF/OIF) combat veterans. Participants completed the Clinician-Administered PTSD Scale (CAPS), the Structured Clinical Interview for DSM-IV, Axis I (SCID-Axis I and II), Life Events Checklist (LEC), Military Stress Exposure Questionnaire (MSEQ), and the Medical Outcomes Study Short Form-36 (SF-36). Hispanics differed from Whites in having less education, more trauma exposure, higher levels of PTSD, mood disorder comorbidity, and poorer physical and emotional functioning. Natives differed from Whites with more trauma exposure, higher levels of PTSD, poorer emotional functioning, and higher rates of Cluster B PDs.

<http://publications.amsus.org/doi/abs/10.7205/MILMED-D-14-00716>

Components and Characteristics of a Psychiatric Partial Hospital Military Program.

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Military Medicine
181(3), pp. 213–218
Published online: February 29, 2016
10.7205/MILMED-D-14-00716

This article describes the components of a psychiatric partial hospital military program and the characteristics of referrals received over the 5-year period from 2009 to 2013. The 5-year study period included ongoing combat operations in Iraq and Afghanistan along with their subsequent troop withdrawals and change in mission. A total of 1,194 service members were referred for this level of care, and even with the changing battlefield conditions, the number of psychiatric referrals remained steady throughout the 5-year period, with a significant spike in admissions in 2013. The principal diagnoses were major depressive disorder and post-traumatic stress disorder. One-third of the admissions came from service members with 4 to 8 years' time in service and slightly more than one-third were employed in direct combat roles or medical support. In terms of gender, females accounted for one-quarter of the admissions.

<http://link.springer.com/article/10.1007/s12207-016-9252-8>

Contribution of Military Organization and Leadership Factors in Perpetuating Generational Cycle of Preventable Wartime Mental Health Crises: Part One.

Mark C. Russell, Sue Nicholson Butkus, Charles R. Figley

Psychological Injury and Law
March 2016, Volume 9, Issue 1, pp 55-72
DOI 10.1007/s12207-016-9252-8

This is the first of a two-part series of the contribution of organizational and leadership factors in perpetuating a generational cycle of preventable wartime behavioral health crises. The current study includes a comprehensive review of government-initiated studies on the policies, leadership, and organizational structure of military mental healthcare. Among other things, the paper reports on the persistent, serious inadequacies within the U.S. Department of Defense including fragmentation, gross inefficiencies, inadequate coordination, lack of leadership accountability and responsibility both within and across military mental health across all branches. It is hypothesized that these problems have led to past and present wartime crises and are linked to ignoring documented lessons learned. These lessons point to the need for an integrated, coordinated organizational structure with a clear chain-of-command and accountable leadership. Such leadership, it is argued, will ensure adequate planning, preparation, and implementation to meet military mental health needs. While first-order changes have been made over the years through several incremental system corrections that have been tried, second-order (structural and systemic) change is necessary to “fix” the system. The latter section of the paper calls for and describes a complete reorganization of military mental health to improve mental healthcare for military populations.

<http://link.springer.com/article/10.1007/s12207-016-9253-7>

Is It Time for a Behavioral Health Corps? Ending the Generational Cycle of Preventable Wartime Mental Health Crises—Part 2.

Mark C. Russell, Sue Nicholson Butkus, Charles R. Figley

Psychological Injury and Law

March 2016, Volume 9, Issue 1, pp 73-86

DOI 10.1007/s12207-016-9253-7

This paper calls for the creation of a unified, integrated Behavioral Health Corps (BHC). Building on previous publications and government reports, the paper reports on the cycle of bad decisions, indecision, and confusion in learning the lessons of previous war-related behavioral health service shortfalls. It is recommended that a special corps of behavioral health specialists be formed within the military that would apply the lessons learned and focus on constructive solutions to end the generational cycle of preventable wartime behavioral health crises. The paper builds on the findings and conclusions of part I of this series of papers. It is noted that this corps would ensure parity with existing corps (i.e., medical corps, and of dentistry, nursing, chaplaincy, judge advocacy, supply, civil engineering, and veterinary). It is noted that the new corps would be charged to implement five critical corrective actions: (1) implement investigative findings into the preventable causes of the current crisis, (2) establish dedicated psychiatric lessons learned policy and programs, (3) create a centralized data collection and reporting system, (4) re-institute President Franklin D. Roosevelt's mandate for reconditioning and social reintegration services prior to military discharge, and (5) adopt a holistic paradigm of health and illness, with a "zero tolerance" policy of mental health stigma, and disparity that ends "trauma-pension" debates. The overarching goal of such transformative changes as a BHC is to assure that the USA never again goes to war grossly unprepared to manage psychological injuries and to serve as a working model for overhauling the private sector.

<http://psycnet.apa.org/journals/pst/53/1/1/>

Help-seeking among airmen in distressed relationships: Promoting relationship well-being.

Snyder, Douglas K.; Balderrama-Durbin, Christina; Cigrang, Jeffrey A.; Talcott, G. Wayne; Smith Slep, Amy M.; Heyman, Richard E.

Psychotherapy

Vol 53(1), Mar 2016, 1-12

<http://dx.doi.org/10.1037/pst0000045>

Although a substantial proportion of service members returning from a combat deployment report individual emotional and behavioral disorders as well as intimate relationship difficulties, previous studies indicate that only a minority actually seek mental health services. Little is known about factors that predict help-seeking in this population. We first review key findings from the literature on help-seeking in military and veteran populations, including mixed findings regarding the role of perceived stigma and attitudes toward mental health treatment. We then present data from a longitudinal study of United States Air Force Security Forces following a year-long high-risk deployment to Iraq—including findings regarding who seeks help, for what problems, and from which providers. We also examine whether these findings differ for Airmen in a married or committed relationship versus nonpartnered Airmen and, for the former group, whether findings differ for those in a distressed versus nondistressed relationship. Finally, we discuss implications of these findings for extending couple-based interventions to service members and veterans, and describe a multitiered “stepped” approach for promoting relationship resiliency. (PsycINFO Database Record (c) 2016 APA, all rights reserved)

<http://psycnet.apa.org/psycinfo/2016-07836-001/>

Enhancing the Perceived Competence and Training of Rural Mental Health Practitioners.

Fifield, Andrea Owens; Oliver, Kenneth J.

Journal of Rural Mental Health

Feb 15 , 2016

<http://dx.doi.org/10.1037/rmh0000040>

This article addresses the competency and training needs of mental health professionals in rural communities, based on feedback from mental health practitioners in rural Illinois. A review of the literature outlines both the challenges and benefits associated with rural mental health practice, as well as issues related to competence and training of rural mental health professionals. A needs assessment survey for rural clinicians is described, and the findings and resulting implications are discussed. Recommendations for enhancing the practice, support, and perceived competency of rural counselors are highlighted, along with suggestions for future research. (PsycINFO Database Record (c) 2016 APA, all rights reserved)

<http://onlinelibrary.wiley.com/doi/10.1002/jclp.22282/abstract>

Offline Versus Online Suicide-Related Help Seeking: Changing Domains, Changing Paradigms.

Amy-Lee Seward and Keith M. Harris

Journal of Clinical Psychology
Article first published online: 29 FEB 2016
DOI: 10.1002/jclp.22282

Objective

Suicidal individuals are among the most reluctant help-seekers, which limits opportunities for treating and preventing unnecessary suffering and self-inflicted deaths. This study aimed to assist outreach, prevention, and treatment efforts by elucidating relationships between suicidality and both online and offline help seeking.

Method

An anonymous online survey provided data on 713 participants, aged 18–71 years. Measures included an expanded General Help-Seeking Questionnaire and the Suicidal Affect-Behavior-Cognition Scale.

Results

General linear modeling results showed that, as predicted, face-to-face help-seeking willingness decreased as risk level increased. However, for emerging adults help-seeking likelihood increased with informal online sources as risk increased, while other online help-seeking attitudes differed little by risk level. Linear regression modeling determined that, for suicidal individuals, willingness to seek help from online mental health professionals and online professional support sites was strongly related ($ps < .001$). Help seeking from social networking sites and anonymous online forums was also interrelated, but more complex, demonstrating the importance of age and social support factors ($ps < .001$).

Conclusion

These findings show that the Internet has altered the suicide-related help-seeking paradigm. Online help seeking for suicidality was not more popular than face-to-face help seeking, even for emerging adults. However, treatment and prevention professionals have good reasons to increase their online efforts, because that is where some of the highest risk individuals are going for help with their most severe personal problems.

<http://www.sciencedirect.com/science/article/pii/S0376871616001058>

Depression, posttraumatic stress, and alcohol misuse in young adult veterans: The transdiagnostic role of distress tolerance.

Stephanie Brooks Holliday, Eric R. Pedersen, Adam M. Leventhal

Drug and Alcohol Dependence
Available online 27 February 2016
doi:10.1016/j.drugalcdep.2016.02.030

Background

Alcohol misuse is common among young adult veterans, and is commonly associated with depression and posttraumatic stress disorder (PTSD). In fact, rates of comorbid depression, PTSD, and problem drinking are high in this population. Although distress tolerance, the capacity to experience and withstand negative psychological states, has been examined as a potential transdiagnostic factor that accounts for the development of mental health disorders, problem drinking, and the comorbidity between these presenting concerns, its role has not been evaluated in a veteran population.

Methods

Young adult veterans were recruited for an online survey related to alcohol use. Participants (n = 783) completed self-report measures of alcohol use, depression and PTSD symptoms, and distress tolerance. Mediation models were conducted to examine whether distress tolerance mediated the relationship between (1) probable PTSD, (2) probable depression, and (3) comorbid probable PTSD and depression with alcohol misuse. Moderated mediation models were conducted to examine gender as a moderator.

Results

Significant bivariate associations were observed among mental health symptoms, distress tolerance, and alcohol misuse. Distress tolerance significantly mediated the relationship between probable depression and PTSD (both alone and in combination) and alcohol misuse. Evidence of moderated mediation was present for probable PTSD and probable comorbid PTSD and depression, such that the indirect effect was stronger among males.

Conclusions

These results suggest that distress tolerance may be a transdiagnostic factor explaining the comorbidity of depression and PTSD with alcohol misuse in young adult veterans. These findings may inform screening and intervention efforts with this high-risk population.

<http://www.tandfonline.com/doi/abs/10.1080/21635781.2016.1153531>

Gender Differences in Social Relationships and Mental Health among Veterans Affairs Patients.

Military Behavioral Health

Clara A. Wagner , Melissa E. Dichter , Shahzad Mavandadi , Johanna Klaus , David W. Oslin
Accepted author version posted online: 26 Feb 2016
DOI:10.1080/21635781.2016.1153531

This study explored gender differences in social relationships and associated symptoms of depression and PTSD among 6,449 Veterans Affairs (VA) primary care patients referred for a behavioral health assessment. Patients provided demographic information, information on social relationships, and mental health symptoms. Multiple regression analyses were conducted to examine associations between gender, social relationships, and symptoms, and to test moderation by gender. Women reported more social interaction and negative social exchanges than men. No gender differences were obtained in perceived social support. Social functioning difficulties were associated with greater symptom severity. Gender did not moderate the strength of these associations. Findings highlight gender differences in experiences of social relationships.

<http://www.sciencedirect.com/science/article/pii/S0005789416000368>

Fidelity to the Cognitive Processing Therapy Protocol: Evaluation of Critical Elements.

Courtney C. Farmer, Karen S. Mitchell, Kelly Parker-Guilbert, Tara E. Galovski

Behavior Therapy

Available online 2 March 2016

doi:10.1016/j.beth.2016.02.009

The contributions of individual therapy elements to the overall efficacy of evidence-based practices for the treatment of posttraumatic stress disorder (PTSD) are not well-understood. This study first examined the extent to which theoretically important treatment components of Cognitive Processing Therapy (CPT; i.e., skill in Socratic questioning; prioritizing assimilation; attention to practice assignments; emphasis on expression of natural affect) were successfully administered across the course of therapy for 68 PTSD-positive survivors of interpersonal trauma. Therapist fidelity in the administration of these four elements was evaluated in 533 taped CPT sessions of study participants included in one of two randomized controlled CPT treatment trials. Second, we examined therapist fidelity to these components as a predictor of session-to-session PTSD and depression symptom change. Third, follow-up analyses examined the influence of high therapist competence for these four components across an entire course of therapy on symptom change from pre- to post-treatment. Results showed consistently high adherence and more variable competence for these four treatment components. There were no significant effects of therapist fidelity on session-to-session symptom change. However, results showed that overall high therapist competence for “skill in Socratic questioning” and “prioritizing assimilation before over-accommodation” were related to greater client improvement in PTSD severity, but “attention to practice assignments” and “emphasis on expression of natural affect”

were not. Overall competence ratings for the four components were not significantly associated with improvement in depressive symptoms. Findings contribute to increased understanding of the relationship between the key treatment components of CPT and symptom change.

<http://www.sciencedirect.com/science/article/pii/S0005789416300016>

Investigating relationships between PTSD symptom clusters within Virtual Reality Exposure therapy for OEF/OIF veterans.

Jessica L. Maples-Keller, Matthew Price, Sheila Raucha, Maryrose Gerardi, Barbara O. Rothbaum

Behavior Therapy

Available online 4 March 2016

doi:10.1016/j.beth.2016.02.011

Several cognitive behavioral therapeutic approaches have been demonstrated to be effective in reducing post-traumatic stress disorder (PTSD) symptoms (Foa, Keane, Friedman, & Cohen, 2008). The bulk of PTSD treatment research has relied on pre-post designs, which are limited in their ability to investigate the therapeutic process over time. The present study investigated the relations between PTSD symptom clusters using symptom assessment at pre-treatment, mid-treatment, and post-treatment using cross-lagged panel design over the course of Virtual Reality Exposure (VRE) treatment. Participants were 156 Iraq and/or Afghanistan veterans who met DSM-IV criteria for PTSD due to military trauma. Using structural equation modeling, the final re-experiencing model demonstrated good fit ($\chi^2(34) = 39.95$, $p = .22$; RMSEA = .034, 90% CI: [0.00, 0.07], CFI = .993), and results suggested that re-experiencing at pre-treatment demonstrated a significant effect on numbing, avoidance, hyperarousal at mid-treatment, and re-experiencing symptoms at mid-treatment demonstrate a significant effect on each of the three symptom clusters at post-treatment. These findings suggest that re-experiencing symptoms are indeed a key aspect of the therapeutic process within exposure therapy for PTSD. Additional research examining the impact of re-experiencing-focused intervention strategies on treatment outcomes is warranted.

<http://www.sciencedirect.com/science/article/pii/S0005789416000356>

Temporal Sequencing of Change in Posttraumatic Cognitions and PTSD Symptom Reduction during Prolonged Exposure Therapy.

Mandy J. Kumpula, Kimberly Z. Pentel, Edna B. Foa, Nicole J. LeBlanc, Eric Bui, Lauren B. McSweeney, Kelly Knowles, Hannah Bosley, Naomi M. Simon, Sheila A.M. Rauch

Behavior Therapy

Available online 3 March 2016

doi:10.1016/j.beth.2016.02.008

Prolonged Exposure (PE) effectively reduces negative cognitions about self, world, and self-blame associated with posttraumatic stress disorder (PTSD), with changes in posttraumatic cognitions being associated with reductions in PTSD symptoms (Foa & Rauch, 2004). Further, recent research has demonstrated that cognitive change is a likely mechanism for PTSD symptom reduction in PE (Zalta et al., 2014). The present study examines temporal sequencing of change in three domains of posttraumatic cognitions (i.e., negative cognitions about the self, negative cognitions about the world, and self-blame) and PTSD symptoms during the course of PE. Adult outpatients meeting diagnostic criteria for PTSD were recruited at 4 sites. Participants (N = 46) received 8 sessions of PE over 4- to 6-weeks. PTSD symptoms and posttraumatic cognitions were assessed at pre-treatment and sessions 2, 4, 6, and 8. PTSD symptom severity and negative cognitions about the self and the world each decreased significantly from pre- to post-treatment, while self-blame cognitions were unchanged. Examination of temporal sequencing of changes during the course of PE via time-lagged mixed effects regression modeling revealed that preceding levels of negative cognitions about the world drove successive severity levels of PTSD symptoms, whereas preceding PTSD symptom severity did not drive subsequent negative cognitions about the world. Reductions in negative cognitions about the self led to subsequent improvement in PTSD. Improvement in PTSD symptoms in prior sessions was related to later reduction in negative cognitions about the self, though the impact of negative cognitions in influencing subsequent symptom change demonstrated a stronger effect. Results support that reductions in negative cognitions about the self and world are mechanisms of change in PE, which may have valuable implications for maximizing treatment effectiveness.

<http://www.ncbi.nlm.nih.gov/pubmed/26184460>

Psychiatry Res. 2015 Aug 30;233(2):194-200. doi: 10.1016/j.psychres.2015.06.012. Epub 2015 Jul 2.

Decreased somatosensory activity to non-threatening touch in combat veterans with posttraumatic stress disorder.

Badura-Brack AS, Becker KM, McDermott TJ, Ryan TJ, Becker MM, Hearley AR, Heinrichs-Graham E, Wilson TW

Posttraumatic stress disorder (PTSD) is a severe psychiatric disorder prevalent in combat veterans. Previous neuroimaging studies have demonstrated that patients with PTSD exhibit abnormal responses to non-threatening visual and auditory stimuli, but have not examined

somatosensory processing. Thirty male combat veterans, 16 with PTSD and 14 without, completed a tactile stimulation task during a 306-sensor magnetoencephalography (MEG) recording. Significant oscillatory neural responses were imaged using a beamforming approach. Participants also completed clinical assessments of PTSD, combat exposure, and depression. We found that veterans with PTSD exhibited significantly reduced activity during early (0-125 ms) tactile processing compared with combat controls. Specifically, veterans with PTSD had weaker activity in the left postcentral gyrus, left superior parietal area, and right prefrontal cortex in response to nonthreatening tactile stimulation relative to veterans without PTSD. The magnitude of activity in these brain regions was inversely correlated with symptom severity, indicating that those with the most severe PTSD had the most abnormal neural responses. Our findings are consistent with a resource allocation view of perceptual processing in PTSD, which directs attention away from nonthreatening sensory information.
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<http://www.ncbi.nlm.nih.gov/pubmed/25955761>

Int J Eat Disord. 2015 Sep;48(6):790-4. doi: 10.1002/eat.22424. Epub 2015 May 8.

Comparison of overweight and obese military-dependent and civilian adolescent girls with loss-of-control eating.

Schvey NA, Sbrocco T1, Stephens M, Bryant EJ, Ress R, Spieker EA, Conforte A, Bakalar JL, Pickworth CK, Barmine M, Klein D, Brady SM, Yanovski JA, Tanofsky-Kraff M

OBJECTIVE:

Limited data suggest that the children of U.S. service members may be at increased risk for disordered-eating. To date, no study has directly compared adolescent military-dependents to their civilian peers along measures of eating pathology and associated correlates. We, therefore, compared overweight and obese adolescent female military-dependents to their civilian counterparts along measures of eating-related pathology and psychosocial functioning.

METHOD:

Adolescent females with a BMI between the 85th and 97th percentiles and who reported loss-of-control eating completed interview and questionnaire assessments of eating-related and general psychopathology.

RESULTS:

Twenty-three military-dependents and 105 civilians participated. Controlling for age, race, and BMI-z, military-dependents reported significantly more binge episodes per month ($p < 0.01$), as well as greater eating-concern, shape-concern, and weight-concern (p 's < 0.01) than civilians. Military-dependents also reported more severe depression ($p < 0.05$).

DISCUSSION:

Adolescent female military-dependents may be particularly vulnerable to disordered-eating compared with civilian peers. This potential vulnerability should be considered when assessing military-dependents. © 2015 Wiley Periodicals, Inc.

<http://onlinelibrary.wiley.com/doi/10.1111/famp.12211/abstract>

Relationship Education for Military Couples: Recommendations for Best Practice.

Bakhurst, M. G., Loew, B., McGuire, A. C.L., Halford, W. K. and Markman, H. J.

Family Process

Article first published online: 2 MAR 2016

DOI: 10.1111/famp.12211

Military couples have a number of distinctive strengths and challenges that are likely to influence their relationship adjustment. Military couples' strengths include stable employment, financial security, and subsidized health and counseling services. At the same time, military couples often experience long periods of separation and associated difficulties with emotional disconnect, trauma symptoms, and reintegrating the family. This paper describes best practice recommendations for working with military couples, including: addressing the distinctive challenges of the military lifestyle, ensuring program delivery is seen as relevant by military couples, and providing relationship education in formats that enhance the accessibility of programs.

<http://www.tandfonline.com/doi/abs/10.1080/15332691.2014.986699>

The Experience of Deployment for Partners of Military Personnel: A Qualitative Meta-Synthesis.

Hannah M. N. Wilson , Craig D. Murray
Journal of Couple & Relationship Therapy
Vol. 15, Iss. 2, 2016
DOI:10.1080/15332691.2014.986699

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studies that met the inclusion and exclusion criteria. The five core concepts to emerge from the meta-synthesis were the multitude of emotions; methods of coping; communication with their partner; relentless responsibilities; and positive outcomes. These findings provide a developed understanding of how challenges of deployment are managed, including negative outcomes and protective psychological responses and behaviors. The limitations of these findings are discussed, as are clinical implications and recommendations for future research.

<http://www.sciencedirect.com/science/article/pii/S0165032715314919>

Nature and determinants of suicidal ideation among U.S. Veterans: results from the national health and resilience in veterans study.

Noelle B. Smith, Natalie Mota, Jack Tsai, Lindsey Monteith, Ilan Harpaz-Rotem, Steven M. Southwick, Robert H. Pietrzak

Journal of Affective Disorders
Available online 2 March 2016
DOI:10.1080/15332691.2014.986699

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<http://www.tandfonline.com/doi/abs/10.1080/15332691.2015.1106998>

The State of Dyadic Methodology: An Analysis of the Literature on Interventions for Military Couples.

Melissa Lewis , Angela Lamson , Mark White

Journal of Couple & Relationship Therapy
Vol. 15, Iss. 2, 2016; pages 135-157

Military members and their spouses experience unique stressors compared with civilian couples, making them distinctively vulnerable to a number of marital and mental health concerns. However, the amount and quality of intervention research to guide treatment for military couples are unknown. Therefore, a systematic literature search of interventions for military couples was completed resulting in 10 articles that met the study's inclusion and exclusion criteria. Further, a rubric to assess dyadic methodology was created and utilized to determine the dyadic quality of the methodology of the sampled articles. The results of the systematic literature review revealed that (a) there are few evidence-based interventions for military couples in which both members of the dyad are included and (b) the methodology by which treatments are evaluated largely do not employ systemic or dyadic measures. Recommendations for future research with military couples includes the need for couple-focused interventions using experimental methodology, systemic theories to guide intervention and research, and appropriate dyadic assessment and analysis tools to determine the effectiveness of couple's interventions for military, reserve, and veteran populations.

<http://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1001968>

A Novel Brief Therapy for Patients Who Attempt Suicide: A 24-months Follow-Up Randomized Controlled Study of the Attempted Suicide Short Intervention Program (ASSIP).

Anja Gysin-Maillart, Simon Schwab, Leila Soravia, Millie Megert, Konrad Michel

PLOS Medicine

March 1, 2016

DOI: 10.1371/journal.pmed.1001968

Background

Attempted suicide is the main risk factor for suicide and repeated suicide attempts. However, the evidence for follow-up treatments reducing suicidal behavior in these patients is limited. The objective of the present study was to evaluate the efficacy of the Attempted Suicide Short Intervention Program (ASSIP) in reducing suicidal behavior. ASSIP is a novel brief therapy based on a patient-centered model of suicidal behavior, with an emphasis on early therapeutic alliance.

Methods and Findings

Patients who had recently attempted suicide were randomly allocated to treatment as usual (n = 60) or treatment as usual plus ASSIP (n = 60). ASSIP participants received three therapy sessions followed by regular contact through personalized letters over 24 months. Participants considered to be at high risk of suicide were included, 63% were diagnosed with an affective disorder, and 50% had a history of prior suicide attempts. Clinical exclusion criteria were

habitual self-harm, serious cognitive impairment, and psychotic disorder. Study participants completed a set of psychosocial and clinical questionnaires every 6 months over a 24-month follow-up period.

The study represents a real-world clinical setting at an outpatient clinic of a university hospital of psychiatry. The primary outcome measure was repeat suicide attempts during the 24-month follow-up period. Secondary outcome measures were suicidal ideation, depression, and health-care utilization. Furthermore, effects of prior suicide attempts, depression at baseline, diagnosis, and therapeutic alliance on outcome were investigated.

During the 24-month follow-up period, five repeat suicide attempts were recorded in the ASSIP group and 41 attempts in the control group. The rates of participants reattempting suicide at least once were 8.3% ($n = 5$) and 26.7% ($n = 16$). ASSIP was associated with an approximately 80% reduced risk of participants making at least one repeat suicide attempt (Wald $\chi^2_{1} = 13.1$, 95% CI 12.4–13.7, $p < 0.001$). ASSIP participants spent 72% fewer days in the hospital during follow-up (ASSIP: 29 d; control group: 105 d; $W = 94.5$, $p = 0.038$). Higher scores of patient-rated therapeutic alliance in the ASSIP group were associated with a lower rate of repeat suicide attempts. Prior suicide attempts, depression, and a diagnosis of personality disorder at baseline did not significantly affect outcome. Participants with a diagnosis of borderline personality disorder ($n = 20$) had more previous suicide attempts and a higher number of reattempts.

Key study limitations were missing data and dropout rates. Although both were generally low, they increased during follow-up. At 24 months, the group difference in dropout rate was significant: ASSIP, 7% ($n = 4$); control, 22% ($n = 13$). A further limitation is that we do not have detailed information of the co-active follow-up treatment apart from participant self-reports every 6 months on the setting and the duration of the co-active treatment.

Conclusions

ASSIP, a manual-based brief therapy for patients who have recently attempted suicide, administered in addition to the usual clinical treatment, was efficacious in reducing suicidal behavior in a real-world clinical setting. ASSIP fulfills the need for an easy-to-administer low-cost intervention. Large pragmatic trials will be needed to conclusively establish the efficacy of ASSIP and replicate our findings in other clinical settings.

<http://ps.psychiatryonline.org/doi/abs/10.1176/appi.ps.201500177>

Mental Health Service Use Among Firefighters With Suicidal Thoughts and Behaviors.

Melanie A. Hom, M.S., Ian H. Stanley, M.S., Fallon B. Ringer, B.S., Thomas E. Joiner, Ph.D.

Psychiatric Services

Accepted: August 28, 2015

<http://dx.doi.org/10.1176/appi.ps.201500177>

This study aimed to characterize rates and correlates of mental health service use, as well as barriers to care, among a sample of firefighters reporting a history of suicide ideation, plans, or attempts during their firefighting careers.

Methods:

Participants (N=483) completed a Web-based survey assessing history of suicidal thoughts and behaviors, prior mental health service utilization, and barriers to treatment.

Results:

Overall, 77% of participants reported receipt of mental health services during their firefighting careers (attempt history, 93%; plan but no attempt, 77%; and ideation only 68%). Firefighters with fewer years of service were less likely than those with more years to have accessed treatment. Service nonusers were more likely than service users to report concerns regarding reputation and embarrassment as barriers to care.

Conclusions:

Findings from this preliminary investigation suggest that the majority of firefighters with a history of elevated suicide risk have received mental health services.

<http://www.tandfonline.com/doi/abs/10.1080/21635781.2016.1153530>

Validation of a Measure of Family Resilience among Iraq and Afghanistan Veterans.

Erin P. Finley , Mary Jo Pugh , Raymond F. Palmer

Military Behavioral Health

Accepted author version posted online: 02 Mar 2016

DOI:10.1080/21635781.2016.1153530

Although interactions within veterans' families may support or inhibit resilient coping to stress and trauma across the deployment cycle, research on family resilience has been hampered by the lack of a brief assessment. Using a three-stage mixed-method study, we developed and conducted preliminary validation of a measure of family resilience tailored for Iraq and Afghanistan veterans (IAV), the Family Resilience Scale for Veterans (FRS-V), which was field-tested using a survey of 151 IAV. Our findings indicate the resulting 6-item measure shows strong initial reliability and validity and support the application of existing models of family resilience in this population.

<http://www.tandfonline.com/doi/abs/10.1080/15332691.2014.938284>

Clinical Application of the Couple Adaptation to Traumatic Stress (CATS) Model: A Pragmatic Framework for Working With Traumatized Couples.

Lauren Oseland , Kami Schwerdtfeger Gallus , Briana S. Nelson Goff

Journal of Couple & Relationship Therapy

Vol. 15, Iss. 2, 2016; pages 83-101

DOI:10.1080/15332691.2014.938284

The authors attempt to apply knowledge of traumatization to clinical practice with couple dyads. Elaborating on the Couple Adaptation to Traumatic Stress (CATS) Model (Nelson Goff & Smith, 2005), the authors have worked to bridge the gap between a general understanding of trauma's impact on the couple relationship and couples' treatment. This article facilitates the application of the CATS Model to clinical work with couples impacted by trauma. Incorporating Herman's (1997) traumatic process with the original CATS Model, the authors created a more specific, clinically useful framework for clinicians. The goal of the current article is to provide clinicians with a pragmatic illustration articulating a clinical framework for understanding and treating posttraumatic symptoms and processes within the couple relationship. The main implication is that clinicians will be able to conduct effectively guided systemic therapy with distressed couples necessary to generate progress in the treatment of symptomatology and couple functioning of trauma survivors and their partners.

<http://csr.sagepub.com/content/early/2016/03/01/1521025116636133.abstract>

The Use of University Services and Student Retention: Differential Links for Student Service Members or Veterans and Civilian Students.

Kenona H. Southwell, Shawn D. Whiteman, Shelley M. MacDermid Wadsworth, and Adam E. Barry

Journal of College Student Retention: Research, Theory & Practice

First published on March 2, 2016

doi:10.1177/1521025116636133

Grounded in research and theory on college student retention, this study assessed differences in the use of various university services and the influence of key personnel on retention-related outcomes of student service members or veterans (SSM/Vs) compared with civilian students. Participants included 386 students, 199 (154 male, 45 female) of which were SSM/Vs and 187

(87 male, 100 female) were civilian students. Data were collected via electronic survey. Analyses revealed that civilian students visited advisors and faculty more frequently than SSM/Vs; no differences were evident for visits to registrars' offices, financial aid offices, or student organizations. Visits to advisors and faculty were positively related to SSM/Vs' expectations for degree completion and perception of university environment, yet unrelated to civilian students' outcomes. Overall, this work suggests that university officials should invest in educating the personnel who are most influential in SSM/Vs outcomes about the unique needs of student veterans.

<http://www.sciencedirect.com/science/article/pii/S0260691716000964>

**Understanding why veterans are reluctant to access help for alcohol problems:
Considerations for nurse education.**

Matthew D. Kiernan, Sandra Moran, Mick Hill

Nurse Education Today
Available online 2 March 2016
doi:10.1016/j.nedt.2016.02.024

Background

To effectively engage veterans with substance misuse services, nurses need to understand their unique needs and the potential barriers that prevent them from accessing care. Nurses need to have an understanding and awareness of the cultural sensitivities associated with having been a member of the armed forces.

Objectives

The aim of this study was to investigate the perceived barriers to care amongst those planning, commissioning and delivering services for veterans with substance misuse problems, and to identify and explore subject areas which nurse educators should consider for inclusion in nursing and health education programmes.

Design

The findings reported in this paper come from one phase of a larger three phase research project and used an applied qualitative research approach based on methods developed for applied social policy research.

Settings

The study was undertaken in the north-east of England

Participants

The study consisted of a purposive sample of planners, commissioners of services, and service providers in the North East of England.

Methods

Data was collected using a semi-structured interview schedule. Framework analysis was used to analyse the data.

Results

Complexity of services and care, complexity of need and a lack of understanding of veterans were identified as factors that made accessing substance misuse care difficult. To help nurses better understand the unique needs of veterans three educational topics were identified for consideration in pre-registration nurse education: Understanding military and veteran culture and the nature of modern warfare, the military 'veteran as institutionalised' hypothesis and stigma.

Conclusions

Health and social services can struggle to truly understand the unique needs and experiences of the veteran community. We have identified three broad subject areas that should be considered as the theoretical basis for a veteran specific education programme within pre and post-registration nurse education.

Links of Interest

VA Announces Additional Changes to Improve Veterans Crisis Line

<http://www.va.gov/opa/pressrel/pressrelease.cfm?id=2752>

A PTSD knockout

http://www.army.mil/article/163661/A_PTSD_knockout/

Are you getting enough ZZZs? Sleep like a baby with these top tips

http://www.army.mil/article/163014/Are_you_getting_enough_ZZZs_Sleep_like_a_baby_with_these_top_tips/

Understanding Anxiety Disorders: When Panic, Fear, and Worries Overwhelm

<https://newsinhealth.nih.gov/issue/Mar2016/Feature1>

Drinkers tend to jump the gun

<https://www.sciencedaily.com/releases/2016/03/160309083257.htm>

Bromances may be good for men's health

<https://www.sciencedaily.com/releases/2016/03/160303145918.htm>

When it comes to predicting depression, race may matter more than was thought, study suggests

<https://www.sciencedaily.com/releases/2016/03/160304093403.htm>

Resource of the Week: RAND Corporation: [Military Health and Health Care](#)

Military health and healthcare is one of the RAND Corporation's policy focus areas. This page provides links to all of their related reports in this topic.

The screenshot shows the RAND Corporation website. The header includes the RAND logo with the tagline "OBJECTIVE ANALYSIS. EFFECTIVE SOLUTIONS." and navigation links for "About", "Support RAND", "Press Room", and "Events". There are also links for "RESEARCH", "LATEST INSIGHTS", "POLICY EXPERTS", "CAPABILITIES", and "GRADUATE SCHOOL". A search bar is visible on the right. The main content area features the title "Military Health and Health Care" and a "FEATURED" section with a text block: "As a large employer in the United States, the Department of Defense faces significant challenges ensuring that all members of the military, as well as their families, receive appropriate health care for everything from general health and well-being to specialized clinical care for deployment related injuries such as amputations, chemically induced illnesses, and post-traumatic stress disorder. Combining its expertise in health and defense policy, RAND examines policy issues surrounding military medical care needs and the systems intended to meet them." Below this text are two images: one showing a hand touching a person's face, and another showing a man in profile. On the right side, there are two purple boxes: "Topics" with sub-sections "Trending" (Veteran Health Care) and "Related" (Combat Medicine, Defense Health Agency, Gulf War Illness, Health and Health Care, Military Affairs, Military Personnel); and "Researcher Spotlight" featuring "John D. Winkler", Director, Forces and Resources Policy Center, RAND National.

Other RAND topic areas worth exploring:

- [Alcohol](#)
- [Depression](#)
- [Enlisted Personnel](#)
- [Evidence-Based Health Practice](#)
- [Gay, Lesbian, Bisexual, and Transgender Populations](#)
- [Health Behaviors](#)
- [Marijuana](#)
- [Marriage and Divorce](#)
- [Mental Health and Illness](#)
- [Mental Health Treatment](#)
- [Military Families](#)
- [Military Officers](#)
- [Military Veterans](#)
- [Pain Management](#)

- [Post Traumatic Stress Disorder](#)
- [Sexual Assault](#)
- [Sexual Harassment](#)
- [Sleep](#)
- [Substance Use](#)
- [Suicide](#)
- [Traumatic Brain Injury](#)

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