



## CDP Research Update -- March 17, 2016

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- Outcomes From Eye Movement Desensitization and Reprocessing in Active-Duty Service Members With Posttraumatic Stress Disorder.
- Links of Interest
- Resource of the Week -- Unfinished Business: Correcting "Bad Paper" for Veterans with PTSD (report)

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<https://content.govdelivery.com/accounts/USVHA/bulletins/13beb06>

### **PTSD Monthly Update: Depression and PTSD**

National Center for PTSD  
March 2016

Depression is common among those who have PTSD. People with PTSD are 3 to 5 times more likely to have depression in those without PTSD.

Telling the difference between depression and PTSD can be difficult because many symptoms of depression overlap with the symptoms of PTSD.

For example, with both PTSD and depression, you may not feel pleasure or interest in things you used to enjoy. Both can also lead to feeling emotionally numb and detached, which can cause you to avoid other people. Find out more about depression and other common reactions after trauma.

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<https://isr.oxfordjournals.org/content/early/2016/03/05/isr.viv009>

## **Hypotheses on Religion in the Military.**

Ron E. Hassner

International Studies Review

First published online: 5 March 2016

DOI: <http://dx.doi.org/10.1093/isr/viv009>

Recent U.S. military engagements in the Middle East have drawn public attention to the thorny issue of religion in the armed forces but the scholarship on religion in the military lags far behind these developments. Scholars have not developed a coherent research program around the challenges that religion faces in the armed forces or the religious issues that soldiers, commanders and military institutions grapple with on a daily basis. This paper seeks to initiate a scholarly conversation about the roles and effects of religion in the armed forces. I propose exploratory hypotheses that touch on some key themes that such a research program might cover, at three levels of analysis. At the institutional level, scholars should interrogate the relationship between religious norms and constitutional challenges in society and in the military. At the unit level, research should explore the impact that chaplains and group rituals have on unit morale. At the individual level, this research program should initiate a comprehensive investigation of the effects of individual religious practices on the mental health of soldiers and, in turn, the impact that participation in combat has on soldiers' religiosity. These illustrative hypotheses are far from exhaustive and should be regarded as invitations for future exploration.

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<http://www.jaapl.org/content/44/1/41.short>

## **Experience and Opinions of Forensic Psychiatrists Regarding PTSD in Criminal Cases.**

Ziv E. Cohen, MD and Paul S. Appelbaum, MD

Journal of the American Academy of Psychiatry and the Law

March 1, 2016 vol. 44 no. 1 41-52

By the end of 2014, 1.5 million veterans of the Second Iraq and Afghan wars were to have returned home, up to 35 percent with PTSD. The potential use of PTSD as the basis for legal claims in criminal defense is therefore a pressing problem. Using a Web-based survey, we examined the experiences and attitudes of members of the American Academy of Psychiatry and the Law (AAPL) regarding PTSD in the criminal forensic setting. Of 238 respondents, 50 percent had been involved in a criminal case involving PTSD, 41 percent in the previous year. Eighty-six percent of cases involved violent crime and 40 percent homicides. Forty-two percent of defendants were soldiers in active service or veterans, of whom 89 percent had had combat

exposure, mostly in the Second Iraq and Afghan wars. Outcomes reported were not guilty by reason of insanity (NGRI) (7%), guilty on the original charge (40%), and pleading guilty to a lesser charge (23%). The findings suggest that many forensic psychiatrists will be asked to evaluate PTSD in the criminal setting, with a growing number of cases related to combat exposure in recent veterans. The implications of these findings for the practice of forensic psychiatry are discussed.

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[http://digitalcommons.odu.edu/psychology\\_etds/18/](http://digitalcommons.odu.edu/psychology_etds/18/)

### **Risk Factors for Military Sexual Trauma: Pre-Military Trauma, Psychological Adjustment, Combat Exposure, and Alcohol Use at the Time of the Trauma.**

Brittany Hollis

Thesis, M.S., Psychology  
Old Dominion University (2015)

Military sexual trauma (MST) is a serious and understudied problem in the military. It may be a particularly important problem for women who have experienced pre-military trauma (i.e., childhood physical or sexual abuse). This study examined the role that premilitary trauma plays in the development of poor psychological adjustment (i.e., depression, anxiety and somatic symptoms) and whether psychological adjustment mediates the relationship between pre-military trauma and MST in a sample of 169 military women recruited from the community. Combat exposure and alcohol use at the time of the trauma by the victim, were examined as potential moderators of the relationship between psychological adjustment and MST. Pre-military trauma was correlated with lower psychological adjustment, but pre-military trauma was not correlated with MST. Additionally, low psychological adjustment did not mediate the relationship between pre-military trauma and MST. Lastly, combat exposure and alcohol use at the time of the trauma did not moderate the relationship between lower psychological adjustment and MST. Although the hypotheses were not confirmed, however, in the present study, 27 percent of women reported MST, therefore, it is vital to study factors that may increase risk of MST, particularly among non-treatment seeking military women.

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<http://onlinelibrary.wiley.com/doi/10.1002/jts.22085/abstract>

### **Psychosocial Pathways Linking Adverse Childhood Experiences to Mental Health in Recently Deployed Canadian Military Service Members.**

Lee, J. E.C., Phinney, B., Watkins, K. and Zamorski, M. A.

Multiple pathways have been suggested to account for the relationship of adverse childhood experiences (ACEs) and well-being in adulthood, including interpersonal difficulties, the underestimation of one's sense of mastery, and a greater propensity to experience stressors later in life. This study was conducted to examine the association between ACEs and mental health in Canadian Armed Forces (CAF) personnel, and the possible mediating roles of social support, mastery, and combat stressors in that relationship. The study consisted of a prospective analysis involving 3,319 CAF members upon their return from an overseas deployment. Results were that ACEs were associated with poorer mental health ( $\beta = -.14$ ,  $p < .001$ ) and that approximately 42.6% of this relationship could be explained by the mediating effects of low social support, low mastery, and a greater number of combat stressors. The full model, including the covariates, ACEs, social support, mastery, and combat stressors as correlates of postdeployment mental health, was statistically significant with adjusted  $R^2 = .28$ ,  $F(9, 3309) = 141.96$ ,  $p < .001$ . On the whole, results suggested that social support, mastery, and life stressors may be possible targets for interventions to minimize the impact of ACEs on later mental health in military personnel.

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[http://guilfordjournals.com/doi/abs/10.1521/pedi\\_2016\\_30\\_241](http://guilfordjournals.com/doi/abs/10.1521/pedi_2016_30_241)

### **Personality Disorder Symptoms and Suicidality: Low Desire and High Plans for Suicide in Military Inpatients and Outpatients.**

Carol Chu, Jennifer M. Buchman-Schmitt, Thomas E. Joiner, and M. David Rudd

Journal of Personality Disorders

doi: 10.1521/pedi\_2016\_30\_241

This study characterizes the personality disorder (PD) symptoms of patients who endorse a perplexing combination of low desire and high plans for suicide. Five PD (antisocial, narcissistic, borderline, dependent, avoidant) symptoms were examined at the junction of two suicide risk factors: (a) suicidal desire/ideation and (b) resolved plans/preparations. Participants ( $N = 250$ ) were recruited from U.S. Army Medical Center affiliated sites, including two outpatient clinics, an inpatient facility, and an emergency room. Self-report measures of PD and suicide symptoms were administered. The interaction of desire and plans was entered into multiple regression equations predicting PD symptoms. Patients endorsing low desire and high plans for suicide reported significantly more antisocial and narcissistic symptoms and fewer borderline, avoidant, and dependent PD symptoms. These findings support the existence of patients who endorse suicide plans in the absence of strong suicidal desire and suggest that they display antisocial

and narcissistic personality characteristics. Future directions and clinical implications are discussed.

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<http://www.healio.com/psychiatry/journals/psycann/2016-3-46-3/{b29a91d7-bad0-411e-a91a-ef794058821b}/sleep-disturbances-in-posttraumatic-stress-disorder-updated-review-and-implications-for-treatment>

**Sleep Disturbances in Posttraumatic Stress Disorder: Updated Review and Implications for Treatment. (CME)**

Erin Koffel, PhD; Imran S. Khawaja, MBBS, FAASM; Anne Germain, PhD

Psychiatric Annals

March 2016 - Volume 46 · Issue 3: 173-176

DOI: 10.3928/00485713-20160125-01

Sleep disturbances are common in adults with posttraumatic stress disorder (PTSD) and range from insomnia and nightmares to periodic leg movements and disruptive nocturnal behaviors. Together, these findings suggest profound disturbances in rapid eye movement (REM) and non-REM sleep, although there is a lack of consensus regarding a distinct profile of objective sleep disturbances associated with PTSD. Prospective longitudinal studies have established that sleep disturbances represent a risk factor for the development and course of PTSD, suggesting that sleep is an important neurobiologic mechanism in the etiology and maintenance of this disorder. This research highlights the importance of early identification and treatment of sleep disturbances in at-risk and trauma-exposed populations. A number of psychologic and pharmacologic treatments are effective at treating sleep disturbances in PTSD. Additional research is needed to further develop clinical guidelines informing when and how to integrate sleep-specific treatment with PTSD-focused clinical care.

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<http://www.healio.com/psychiatry/journals/psycann/2016-3-46-3/%7Bc4156e92-deb5-4e7f-a78d-aaf38492047a%7D/the-relationship-between-sleep-disturbance-suicidal-ideation-suicide-attempts-and-suicide-among-adults-a-systematic-review>

**The Relationship Between Sleep Disturbance, Suicidal Ideation, Suicide Attempts, and Suicide Among Adults: A Systematic Review. (CME)**

Wilfred R. Pigeon, PhD; Todd M. Bishop, PhD; Caitlin E. Titus, MS

Psychiatric Annals

March 2016 - Volume 46 · Issue 3: 177-186

DOI: 10.3928/00485713-20160128-01

Suicide is a significant global health concern; identification of modifiable risk factors can guide future research and prevention efforts. A systematic literature review was undertaken to summarize whether disrupted sleep, which has garnered increased attention as a risk factor for suicidal thoughts and behaviors, has continued to be associated with suicide in recent years. The search resulted in 1,806 abstracts with 188 identified for full text review. Limiting studies to 2012–2015 publications with adult participants and an interpretable relationship between sleep and suicide outcomes left 36 articles for the review. Five new articles focused on suicide decedents, eight on veteran/military populations, but relatively few were longitudinal studies (n = 4) and none assessed sleep apnea. A majority of studies used statistical methods to control for psychopathology, strengthening the overall finding that recent work lends further support for disrupted sleep as an important risk factor, and potential warning sign, for suicide.

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<http://link.springer.com/article/10.1007/s11606-015-3563-4>

### **Depression Quality of Care: Measuring Quality over Time Using VA Electronic Medical Record Data.**

Melissa M. Farmer, Lisa V. Rubenstein, Cathy D. Sherbourne, Alexis Huynh, Karen Chu, Christine A. Lam, Jacqueline J. Fickel, Martin L. Lee, Maureen E. Metzger, Lilia Verchinina, Edward P. Post, Edmund F. Chaney

Journal of General Internal Medicine

First online: 07 March 2016

DOI 10.1007/s11606-015-3563-4

#### **BACKGROUND**

The Veterans Health Administration (VA) has invested substantially in evidence-based mental health care. Yet no electronic performance measures for assessing the level at which the population of Veterans with depression receive appropriate care have proven robust enough to support rigorous evaluation of the VA's depression initiatives.

#### **OBJECTIVE**

Our objectives were to develop prototype longitudinal electronic population-based measures of depression care quality, validate the measures using expert panel judgment by VA and non-VA experts, and examine detection, follow-up and treatment rates over a decade (2000–2010). We describe our development methodology and the challenges to creating measures that capture the longitudinal course of clinical care from detection to treatment.

## DESIGN AND PARTICIPANTS

Data come from the National Patient Care Database and Pharmacy Benefits Management Database for primary care patients from 1999 to 2011, from nine Veteran Integrated Service Networks.

## MEASURES

We developed four population-based quality metrics for depression care that incorporate a 6-month look back and 1-year follow-up: detection of a new episode of depression, 84 and 180 day follow-up, and minimum appropriate treatment 1-year post detection. Expert panel techniques were used to evaluate the measure development methodology and results. Key challenges to creating valid longitudinal measures are discussed.

## KEY RESULTS

Over the decade, the rates for detection of new episodes of depression remained stable at 7–8 %. Follow-up at 84 and 180 days were 37 % and 45 % in 2000 and increased to 56 % and 63 % by 2010. Minimum appropriate treatment remained relatively stable over the decade (82–84 %).

## CONCLUSIONS

The development of valid longitudinal, population-based quality measures for depression care is a complex process with numerous challenges. If the full spectrum of care from detection to follow-up and treatment is not captured, performance measures could actually mask the clinical areas in need of quality improvement efforts.

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<http://www.ncbi.nlm.nih.gov/pubmed/26971499>

Curr Psychiatry Rep. 2016 May;18(5):43. doi: 10.1007/s11920-016-0686-1

## **DSM-5 Criteria and Its Implications for Diagnosing PTSD in Military Service Members and Veterans.**

Guina J, Welton RS, Broderick PJ, Correll TL, Peirson RP

This review addresses how changes in the Diagnostic and Statistical Manual of Mental Disorders (DSM)-5 posttraumatic stress disorder (PTSD) criteria has the potential to affect the care and careers of those who have served in the military, where the diagnosis often determines fitness for duty and veterans' benefits. PTSD criteria changes were intended to integrate new knowledge acquired since previous DSM editions. Many believe the changes will improve diagnosis and treatment, but some worry these could have negative clinical, occupational, and legal consequences. We analyze the changes in classification, trauma definition, symptoms, symptom clusters, and subtypes and possible impacts on the military (e.g., over- and under-diagnosis, "drone" video exposure, subthreshold PTSD, and secondary PTSD). We also discuss critiques and proposals for future changes. Our objectives are to improve the screening,



diagnosis, and treatment of those service members who have survived trauma and to improve policies related to the military mental healthcare and disability systems.

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<http://www.ncbi.nlm.nih.gov/pubmed/26959668>

J Head Trauma Rehabil. 2016 Mar-Apr;31(2):147-57. doi: 10.1097/HTR.0000000000000221

**Telephone Problem-Solving Treatment Improves Sleep Quality in Service Members With Combat-Related Mild Traumatic Brain Injury: Results From a Randomized Clinical Trial.**

Vuletic S, Bell KR, Jain S, Bush N, Temkin N, Fann JR, Stanfill KE, Dikmen S, Brockway JA, He F, Ernstrom K, Raman R, Grant G, Stein MB, Gahm GA; CONTACT Investigators.

**OBJECTIVE:**

Evaluate sleep quality, its correlates, and the effect of telephone-based problem-solving treatment (PST) in active duty postdeployment service members with mild traumatic brain injury (mTBI) SETTING:: Randomized clinical trial.

**PARTICIPANTS:**

Active duty service members with combat-related mTBI.

**STUDY DESIGN:**

Education-only (EO) and PST groups (N = 178 each) received printed study materials and 12 educational brochures. The PST group additionally received up to 12 PST telephone calls addressing participant-selected issues. Outcomes were evaluated postintervention (6 months) and at 12 months.

**MAIN MEASURE:**

Pittsburgh Sleep Quality Index.

**RESULTS:**

Sleep quality was manifestly poor in both groups at baseline (Pittsburgh Sleep Quality Index =  $12.5 \pm 4$ ). Overall sleep quality was significantly different between the PST and EO groups at 6 months ( $P = .003$ ) but not at 12 months. Longitudinally, PST significantly improved sleep quality at 6 months ( $P = .001$ ) but not over the follow-up. Low sleep quality was associated with concussion symptoms, pain, depression, and posttraumatic stress disorder at all time points ( $P < .0001$ ).

**CONCLUSIONS:**

Sleep disorders, common in postdeployment service members with mTBI, are strongly associated with the presence of pain, posttraumatic stress disorder, and depression.

Telephone-based PST may be an effective therapeutic approach for reducing sleep disorders in this population. Research should focus on maintenance of treatment gains.

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

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

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

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

#### **CONTEXT:**

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

#### **OBJECTIVES:**

The current study intended to detail the development of the CAM program, its use, and the characteristics of the program's participants.

#### **DESIGN:**

Using a prospective cohort design, this pilot study tracked service use and aspects of physical and mental health for veterans enrolled in the program.

#### **PARTICIPANTS:**

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

#### **OUTCOME MEASURES:**

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

#### **RESULTS:**

Veterans enrolled in the program reported clinically significant depression, stress, insomnia, and pain-related interference in daily activities and deficits in health-related quality of life. Regarding use of the program services, individual acupuncture showed the greatest participation by veterans, followed by group auricular acupuncture and iRest yoga nidra. Of the 226 veterans who enrolled in the program and consented to participate in this study, 165 (73.01%) participated in >1 services in the first year of programming. Broadly speaking, enrollment in

services appeared to be associated with gender and service branch but not with age or symptom severity.

#### CONCLUSIONS:

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

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<http://www.ncbi.nlm.nih.gov/pubmed/26951391>

Sleep. 2016 Feb 29. pii: sp-00323-15. [Epub ahead of print]

#### **Sleep and Health Resilience Metrics in a Large Military Cohort.**

Seelig AD, Jacobson IG, Donoho CJ, Trone DW, Crum-Cianflone NF, Balkin TJ.

#### STUDY OBJECTIVES:

Examine the relationship between self-reported sleep parameters and indicators of resilience in a US military population (n=55,021).

#### METHODS:

Longitudinal analyses (2001-2008) were conducted using subjective data collected from Millennium Cohort Study questionnaires and objective data from military records that included demographics, military health, and deployment information. Subjective sleep duration and insomnia symptoms were collected on the study questionnaire. Resilience metrics included lost work days, self-rated health, deployment, frequency and duration of health care utilization, and early discharge from the military. Generalized estimating equations and survival analyses were adjusted for demographic, military, behavioral, and health covariates in all models.

#### RESULTS:

The presence of insomnia symptoms was significantly associated with lower self-rated health, more lost work days, lower odds of deployment, higher odds of early discharge from military service early, and more health care utilization. Those self-reporting < 6 h (short sleepers) or >8 h (long sleepers) of sleep per night had similar findings, except for the deployment outcome in which those with the shortest sleep were more likely to deploy.

#### CONCLUSIONS:

Poor sleep is a detriment to service members' health and readiness. Leadership should redouble efforts to emphasize the importance of healthy sleep among military service members, and future research should focus on the efficacy of interventions to promote healthy sleep and resilience in this population.

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[http://journals.lww.com/headtraumarehab/Abstract/2016/03000/Telephone\\_Problem\\_Solving\\_Treatment\\_Improves\\_Sleep.8.aspx](http://journals.lww.com/headtraumarehab/Abstract/2016/03000/Telephone_Problem_Solving_Treatment_Improves_Sleep.8.aspx)

**Telephone Problem-Solving Treatment Improves Sleep Quality in Service Members With Combat-Related Mild Traumatic Brain Injury: Results From a Randomized Clinical Trial.**

Vuletic, S. MD; Bell, K. R. MD; Jain, S. PhD; Bush, N. PhD; Temkin, N. PhD; Fann, J. R. MD, MPH; Stanfill, K. E. PhD; Dikmen, S. PhD; Brockway, J. A. PhD; He, F. MS; Ernstrom, K. MS; Raman, R. PhD; Grant, G. MD, FACS; Stein, M. B. MD, MPH; Gahm, G. A. PhD; for the CONTACT Investigators

Journal of Head Trauma Rehabilitation:  
March/April 2016 - Volume 31 - Issue 2 - p 147–157  
doi: 10.1097/HTR.0000000000000221

**Objective:**

Evaluate sleep quality, its correlates, and the effect of telephone-based problem-solving treatment (PST) in active duty postdeployment service members with mild traumatic brain injury (mTBI)

**Setting:**

Randomized clinical trial.

**Participants:**

Active duty service members with combat-related mTBI.

**Study design:**

Education-only (EO) and PST groups (N = 178 each) received printed study materials and 12 educational brochures. The PST group additionally received up to 12 PST telephone calls addressing participant-selected issues. Outcomes were evaluated postintervention (6 months) and at 12 months.

**Main Measure:**

Pittsburgh Sleep Quality Index.

**Results:**

Sleep quality was manifestly poor in both groups at baseline (Pittsburgh Sleep Quality Index =  $12.5 \pm 4$ ). Overall sleep quality was significantly different between the PST and EO groups at 6 months ( $P = .003$ ) but not at 12 months. Longitudinally, PST significantly improved sleep quality at 6 months ( $P = .001$ ) but not over the follow-up. Low sleep quality was associated with concussion symptoms, pain, depression, and posttraumatic stress disorder at all time points ( $P < .0001$ ).

#### Conclusions:

Sleep disorders, common in postdeployment service members with mTBI, are strongly associated with the presence of pain, posttraumatic stress disorder, and depression. Telephone-based PST may be an effective therapeutic approach for reducing sleep disorders in this population. Research should focus on maintenance of treatment gains.

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[http://www.whijournal.com/article/S1049-3867\(16\)00026-8/abstract](http://www.whijournal.com/article/S1049-3867(16)00026-8/abstract)

### **Binge Eating among Women Veterans in Primary Care: Comorbidities and Treatment Priorities.**

Diane L. Rosenbaum, PhD, Rachel Kimerling, PhD, Alyssa Pomernacki, MPH, Karen M. Goldstein, MD, Elizabeth M. Yano, PhD, MSPH, Anne G. Sadler, PhD, RN, Diane Carney, MA, Lori A. Bastian, MD, MPH, Bevanne A. Bean-Mayberry, MD, Susan M. Frayne, MD, MPH

Women's Health Issues

DOI: <http://dx.doi.org/10.1016/j.whi.2016.02.004>

#### Background

Little is known about the clinical profile and treatment priorities of women with binge eating disorder (BED), a diagnosis new to the fifth edition of Diagnostic and Statistical Manual of Mental Disorders. We identified comorbidities and patients' treatment priorities, because these may inform implementation of clinical services.

#### Methods

Data were collected from women veteran primary care patients. Analyses compared those who screened positive for BED (BED+), and those without any binge eating symptoms (BED-).

#### Results

Frequencies of comorbid medical and psychological disorders were high in the BED+ group. The BED+ group's self-identified most common treatment priorities were mood concerns (72.2%), weight loss (66.7%), and body image/food issues (50%). Among those with obesity, a greater proportion of the BED+ group indicated body image/food issues was their top treatment priority (12.9% vs. 2.8%;  $p < .01$ ), suggesting that these patients may be more apt to seek treatment beyond weight management for their problematic eating patterns.

#### Conclusions

Women primary care patients with BED demonstrate high medical and psychological complexity; their subjective treatment priorities often match objective needs. These findings may inform the development of targeted BED screening practices for women with obesity in primary care settings, and the eventual adoption of patient-centered BED treatment resources.

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<http://www.tandfonline.com/doi/abs/10.1080/13811118.2016.1158679>

**The Interactive Effect of Major Depression and Nonsuicidal Self-Injury on Current Suicide Risk and Lifetime Suicide Attempts.**

Anne C. Knorr , Matthew T. Tull , Michael D. Anestis , Katherine L. Dixon-Gordon , Mary F. Bennett , Kim L. Gratz

Archives of Suicide Research

Accepted author version posted online: 08 Mar 2016

DOI:10.1080/13811118.2016.1158679

**Objectives:**

This study examined the main and interactive effects of MDD and lifetime nonsuicidal self-injury (NSSI) on current suicide risk and past suicide attempts. We predicted that individuals with a history of NSSI and current MDD would be at greater suicide risk than those with either risk factor alone. An interaction between lifetime MDD and NSSI was hypothesized for past suicide attempts.

**Methods:**

204 substance dependent inpatients completed self-report measures and a diagnostic interview.

**Results:**

Patients with both a history of NSSI and current MDD, relative to all other groups, had the greatest suicide risk. No support was found for the lifetime MDD by NSSI interaction.

**Conclusion:**

Findings suggest the relevance of both NSSI and MDD in suicide risk.

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<https://stti.confex.com/stti/nln16/webprogram/Paper78311.html>

**A Systematic Review of Suicide Prevention Programs for Operation Enduring Freedom and Operation Iraq Veterans.**

L. Casale, AS/BHS, RN

Mental Health Acute Inpatient, Nurses Organization of Veterans Affairs, Atlantis, FL

2016 Nursing Education Research Conference

April 7-9, 2016; Washington, DC

#### Background:

In this country, there is concern for the mental health of the returning OEF/OIF Veterans who have been sent to participate in the present conflict. According to Veterans Health Administration (VHA), everyday twenty-two Veterans take their own lives ("About Cochrane systematic reviews and protocols," 2014). Important variables that contribute to poor mental health in veterans include: a debilitating physical injury or exposure to stressful environments, loss of institutional structure that necessitates decision-makings, and lack of a home or family to assist with integration back into society. Frequently these situations contribute to suicidal thoughts and behavioral conditions such as anxiety, Post-Traumatic Stress Disorder (PTSD), depression, and chronic pain (Bossarte, Claassen, & Knox, 2010). Therefore, reviewing the literature for ways to reducing OEF/OIF Veterans suicide is essential given the increase rate of Veterans suicides.

#### Aims:

The aim of this study is to identify what suicide assessment and prevention intervention programs can help reduce suicide in OEF/OIF Veteran patients.

#### Design:

Systematic Review Search strategies: A literature search was performed using a variety of electric databases. CINHALL, OVID, MEDLINE, and Cochrane database of system reviews and Cochrane library were searched from 2010-2015 using key words suicide prevention programs, OEF/OIF Veterans, suicide in Veterans, PTSD in Veterans, and depression in Veterans. In the search, the terms were individually searched and also in various combinations. Studies were selected based on inclusion – exclusion criteria that were formulated. Data was selected independently from their methodological quality assessed using the Caldwell framework.

#### Results:

Of the 303 citations identified from searching the databases and 3 were manually searched, 294 studies were retrieved for full review; 7 met the inclusion criteria and were reviewed while 53 were excluded for not meeting inclusion criteria. Findings: Seven studies fell within the inclusion criteria were then submitted to a data extraction and appraisal process based on a framework developed by Caldwell (Bettany-Saltikov, 2012). The Caldwell framework involves a checklist of the following seven steps: author, aim of study, sample size, design, data collection, analysis, and findings (Bettany-Saltikov, 2012).

#### Conclusion:

Upon completion of an extensive Systematic Review, the existing literature reveals Veterans may not always receive high-quality care. Providers working with Veterans in the VHA were more inclined to meet the VA standard of care. The literature recommended community providers are offered training on suicide prevention to expand access to evidence- based approaches to have a positive impact on suicide prevention in the future in the Veterans population (Bagalman, 2015).

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[http://journals.lww.com/headtraumarehab/Abstract/2016/03000/Actigraphic\\_and\\_Sleep\\_Diary\\_Measures\\_in\\_Veterans.7.aspx](http://journals.lww.com/headtraumarehab/Abstract/2016/03000/Actigraphic_and_Sleep_Diary_Measures_in_Veterans.7.aspx)

**Actigraphic and Sleep Diary Measures in Veterans With Traumatic Brain Injury: Discrepancy in Selected Sleep Parameters.**

Nazem, Sarra PhD; Forster, Jeri E. PhD; Brenner, Lisa A. PhD; Matthews, Ellyn E. PhD, AOCNS, CBSM

Section Editor(s): Nakase-Richardson, Risa PhD

Journal of Head Trauma Rehabilitation:  
March/April 2016 - Volume 31 - Issue 2 - p 136–146  
doi: 10.1097/HTR.0000000000000225

**Objective:**

To examine the discrepancy between sleep diary and actigraphic measures of sleep in Veterans with moderate-severe post-acute traumatic brain injury (TBI) and to explore whether these discrepancies vary according to participant characteristics.

**Setting:**

VA Medical Center in the Rocky Mountain United States.

**Participants:**

Nineteen males with moderate-severe post-acute TBI and insomnia symptoms as measured by the Insomnia Severity Index.

**Design:**

Descriptive, cross-sectional.

**Main Measures:**

Sleep diary, wrist actigraphy, Ohio State University TBI-Identification Method, Insomnia Severity Index, and Hospital Anxiety and Depression Scale.

**Results:**

There was poor agreement between actigraphic and sleep diary measurements of (1) total sleep time, (2) wake after sleep onset, and (3) sleep onset latency. On average, actigraphy measured greater duration of all 3 sleep parameters. Discrepancies were not found to be associated with specific TBI characteristics or mood-related symptoms.

**Conclusion:**

When measuring sleep-related outcomes among Veterans with moderate-severe post-acute



TBI, notable mismatches were found between actigraphic and self-reported sleep diary data. Knowledge regarding measure-related limitations is important for both clinical and research practices among those with moderate-severe post-acute TBI.

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<http://www.ncbi.nlm.nih.gov/pubmed/26673383>

Annu Rev Nurs Res. 2016;34:199-226. doi: 10.1891/0739-6686.34.199

### **Postdeployment Reintegration: The Ethics of Embodied Personal Presence and the Formation of Military Meaning.**

Jeschke EA.

In 2014, the Institute of Medicine published a meta-analysis on current military reintegration programs, suggesting they have failed to improve postdeployment behavioral health. In this chapter, I explore some of the issues associated with the two paradigm reintegration programs supported by the Department of Defense (DoD), namely, BATTLEMIND postdeployment debriefings and Master Resilience Training. My discussion will be located within a subpopulation of military personnel I call warriors, particularly those men who have been exposed to combat. In performing a normative analysis of current reintegration programs, I rely on an ethics of embodied personal presence as a derivative focus of both nursing ethics and the just war tradition. Using an interdisciplinary approach to evaluate warriors' experiences of training across the military life cycle illustrates how reintegration challenges have been construed as potential pathology because disembodied reintegration programs do not consider the influence of military training and lifestyle in the development of certain health behaviors. When compared to the warrior's lived experience, a broader set of reintegration challenges emerge that cannot be fully captured by the symptoms of posttraumatic stress. Therefore, new reintegration programs need to be developed. Although I do not provide explicit details concerning what these reintegration programs should look at, I suggest that the DoD turn to something akin to the Healthy People campaign.

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<http://www.ncbi.nlm.nih.gov/pubmed/26673379>

Annu Rev Nurs Res. 2016;34:109-17. doi: 10.1891/0739-6686.34.109

### **Military Serving at What Cost? The Effects of Parental Service on the Well-Being Our Youngest Military Members.**

Rossiter AG, D'Aoust R, Shafer MR.

Since the onset of war in Iraq and Afghanistan in April 2002, much attention has been given to the effect of war on servicemen and servicewomen who have now been serving in combat for over thirteen years, the longest sustained war in American history. Many service members have served multiple tours in Iraq and Afghanistan and suffered from the visible and invisible wounds of war. Much work has been done in the Veterans Administration, the Department of Defense, and the civilian sector after observing the effects of multiple deployments and overall military service on the service member. A survey of the literature revealed that the ethics of conducting research on programs to assist these brave men and women is fraught with ethical concerns based on a military culture that often precludes autonomy and privacy. While strides have been made in developing strategies to assist service members deal with their military service issues, a serious lack of information exists on the impact of a parent's service on the health and well-being of military children. A discussion of current research on services for children is presented with an analysis of the ethical problems that have precluded adequate study of those who need society's help the most.

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<http://www.ncbi.nlm.nih.gov/pubmed/26673375>

Annu Rev Nurs Res. 2016;34:35-49. doi: 10.1891/0739-6686.34.35

### **Family Impact of Military Mental Health Stigma: A Narrative Ethical Analysis.**

Gibbons SW, Howe ER.

Our past lessons from war trauma have taught us that mental health-care stigma and other issues surrounding mental health-seeking behaviors can negatively impact the healing trajectory and long-term function for service members and their families. It can take years to decades before a service member seeks professional help for psychological distress, if he or she seeks it at all. Unfortunately, signs of personal and family problems can be subtle, and consequences, such as suicide, tragic. In this chapter, we consider the story one military health-care provider submitted in response to a study solicitation that read: Please provide your personal story telling me about any psychological distress you may have experienced after returning from deployment and your personal challenges accessing care and/or remaining in treatment. This story is analyzed to explore the moral implications of his experience for the military and for other service members. The main points to be highlighted are that altruism can leave altruists more vulnerable, military mental health stigma may exacerbate this risk, and military families may profoundly be affected.

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<http://psycnet.apa.org/psycinfo/2016-12355-001/>

## **Outcomes From Eye Movement Desensitization and Reprocessing in Active-Duty Service Members With Posttraumatic Stress Disorder.**

McLay, Robert N.; Webb-Murphy, Jennifer A.; Fesperman, Susan F.; Delaney, Eileen M.; Gerard, Steven K.; Roesch, Scott C.; Nebeker, Bonnie J.; Pandzic, Ines; Vishnyak, Elizabeth A.; Johnston, Scott L.

Psychological Trauma: Theory, Research, Practice, and Policy

Mar 10 , 2016

<http://dx.doi.org/10.1037/tra0000120>

### **Objective:**

Eye movement desensitization and reprocessing (EMDR) is one of the therapy interventions recommended by the Veterans Affairs and Department of Defense Clinical Practice Guidelines. However, the literature concerning the effectiveness of this treatment modality in military service members is sparse. This study investigated the efficacy of EMDR in active-duty service members.

### **Method:**

We conducted an effectiveness study with a record review from active-duty military mental health clinics where clinical outcomes had been monitored over a 10-week period using self-report measures of posttraumatic stress and disability. Symptom scores were examined over time in 331 service members who met presumptive criteria for the disorder on the PTSD Checklist—Military Version (PCL–M), who were in psychotherapy, and who received (n = 46) or didn't receive (n = 285) EMDR.

### **Results:**

Results indicated that patients receiving EMDR had significantly fewer therapy sessions over 10 weeks but had significantly greater gains in their PCL–M scores than did individuals not receiving EMDR.

### **Conclusions:**

Randomized, controlled trials are still needed, but these findings provide further support for the use of EMDR in service members with PTSD. (PsycINFO Database Record (c) 2016 APA, all rights reserved)

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### **Links of Interest**

Military mental health services must be easier to get, service officials say

<http://www.armytimes.com/story/military/benefits/health-care/2016/03/09/mental-health-service-sexual-assault-policies-military-retention/81525210/>

Legislation would halt bad military discharges due to PTSD, TBI

<http://www.airforcetimes.com/story/military/2016/03/07/bad-paper-discharges-ptsd-tbi/81445920/>

VA Announces Additional Steps to Reduce Veteran Suicide

<http://www.va.gov/opa/pressrel/pressrelease.cfm?id=2761>

Scaling mental resilience more effectively

<https://www.sciencedaily.com/releases/2016/03/160316085115.htm>

Mobile apps emerging as essential population health tools

<http://www.healthcareitnews.com/news/mobile-apps-emerging-essential-population-health-tools>

Hope for veterans with an overlooked form of post-traumatic stress disorder

<https://www.sciencedaily.com/releases/2016/03/160317084553.htm>

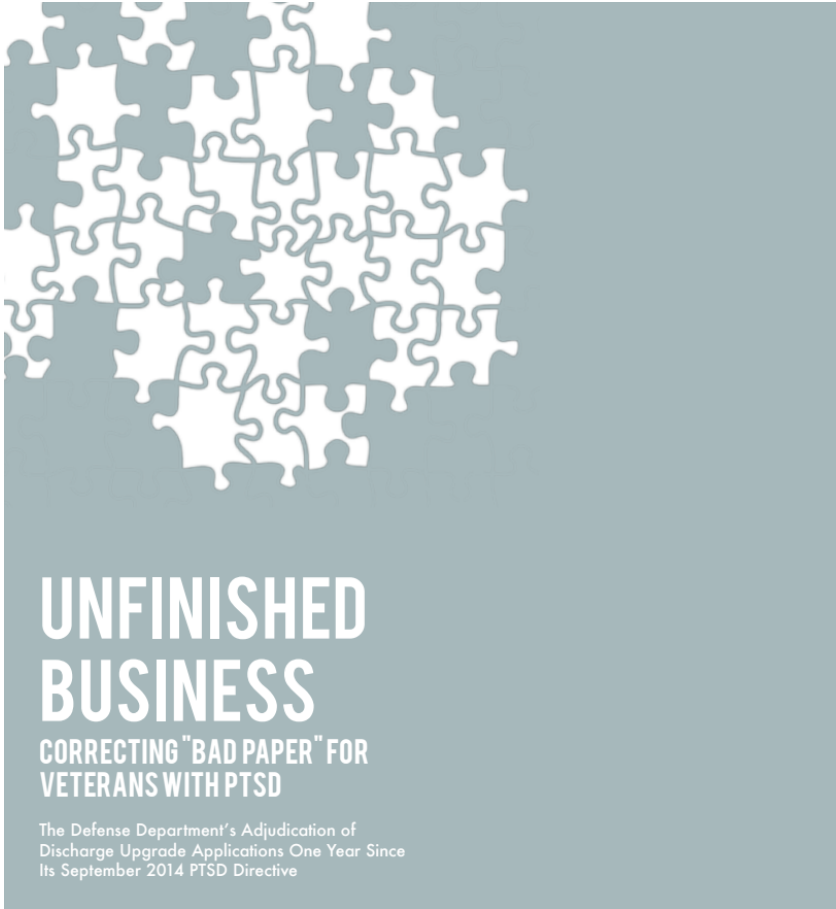
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**Resource of the Week -- [Unfinished Business: Correcting “Bad Paper” for Veterans with PTSD](#) (PDF)**

In September 2014, following criticism by veterans’ organizations and the media, congressional scrutiny led by Senator Richard Blumenthal, and class-action litigation, Secretary of Defense Chuck Hagel ordered the boards to grant “liberal consideration” to applications from veterans with PTSD. This “PTSD Upgrade Memo” also required the boards to create a comprehensive public messaging campaign to inform veterans who have long suffered the stigma of bad paper of this new opportunity for redress. The PTSD Upgrade Memo sought to provide a legitimate chance at obtaining a record correction for hundreds of thousands of veterans who had received bad paper discharges when the effects of PTSD were unknown, as in the Vietnam War, or not fully understood.



To monitor implementation of the PTSD Upgrade Memo, Vietnam Veterans of America (VVA) and the National Veterans Council for Legal Redress (NVCLR) requested records from the Department of Defense (DOD) in December 2014 and June 2015. When DOD failed to disclose these records, the organizations brought suit under the Freedom of Information Act. Eventually, during the course of litigation, the Army released hundreds of pages of records. The Navy, which adjudicates applications for both the Navy and the Marines, and the Air Force have disclosed few responsive records. This report is based on the records newly-obtained by VVA and NVCLR and presents the first detailed look at compliance with the adjudication and outreach requirements of the PTSD Upgrade Memo.

This report is issued by the [Veterans Legal Services Clinic](#), Jerome N. Frank Legal Services Organization of Yale Law School.



**UNFINISHED  
BUSINESS**  
CORRECTING "BAD PAPER" FOR  
VETERANS WITH PTSD

The Defense Department's Adjudication of  
Discharge Upgrade Applications One Year Since  
Its September 2014 PTSD Directive



Prepared for  
**Vietnam Veterans of America**  
**National Veterans Council for Legal Redress**  
by  
Sundiata Sidibe & Francisco Unger  
Veterans Legal Services Clinic  
Jerome N. Frank Legal Services Organization at Yale Law School

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Shirl Kennedy  
Research Editor  
Center for Deployment Psychology  
[www.deploymentpsych.org](http://www.deploymentpsych.org)  
[skennedy@deploymentpsych.org](mailto:skennedy@deploymentpsych.org)  
301-816-4749