



CDP Research Update -- April 21, 2016

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<http://www.med.navy.mil/sites/nmcsc/nccosc/serviceMembersV2/mindlines/Documents/mindlines-2016-winter.pdf>

Mindlines

Edition 27/Winter 2016

Naval Center for Combat & Operational Stress Control (NCCOSC)

Published quarterly, Mindlines features timely stories about important topics related to the psychological well-being of Sailors and Marines.

<https://content.govdelivery.com/accounts/USVHA/bulletins/1434e8d>

Military Sexual Trauma, PTSD Monthly Update - April 2016

National Center for PTSD

Military sexual trauma (MST) is sexual assault or repeated, threatening sexual harassment that occurs during a Veteran's military service. It is an experience, not a diagnosis, yet is more likely to lead to PTSD than many other types of trauma.

About 1 in 4 women and 1 in 100 men seen for VA health care report a history of MST when screened by a VA provider. Although the percentage among women is much higher, given the far greater number of men in military service, there are significant numbers of both men and women who have experienced MST. In fact, over 40% of the Veterans seen in VA who disclose MST are men.

http://guilfordjournals.com/doi/abs/10.1521/pedi_2016_30_249

Self-Control Capacity as a Predictor of Borderline Personality Disorder Features, Problematic Drinking, and Their Co-Occurrence.

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Journal of Personality Disorders
doi: 10.1521/pedi_2016_30_249

Borderline personality disorder (BPD) and alcohol use disorder (AUD) share impulsivity as an etiological factor. However, impulsivity is ill-defined, often overlapping with self-control capacity. This study attempts to disentangle these constructs and their associations with alcohol use and BPD. Undergraduates ($n = 192$) completed the Five Factor Model Rating Form, which generated two-dimensional scales of BPD, the Self-Control Scale, the UPPS-P (self-reported impulsivity), and the stop-signal and delay discounting tasks (laboratory-measured impulsivity). Self-control appeared as a major predictor of BPD features and drinking, explaining as much or more variance in outcome than impulsivity. Co-occurrence of elevated BPD features and problem drinking was also best explained by self-control. Laboratory measures of impulsivity were not correlated with BPD scales or alcohol use. Self-regulatory capacity may be an important but overlooked factor in BPD and alcohol use and should be considered alongside impulsivity in future research.

<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.

Journal of Traumatic Stress
Volume 29, Issue 2, pages 124–131, April 2016
DOI: 10.1002/jts.22085

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.

<http://onlinelibrary.wiley.com/doi/10.1002/jts.22081/abstract>

Sexual Trauma and Adverse Health and Occupational Outcomes Among Men Serving in the U.S. Military.

Millegan, J., Wang, L., LeardMann, C. A., Miletich, D. and Street, A. E.

Journal of Traumatic Stress

Volume 29, Issue 2, pages 132–140, April 2016

DOI: 10.1002/jts.22081

Although absolute counts of U.S. service men who experience sexual trauma are comparable to service women, little is known about the impact of sexual trauma on men. The association of recent sexual trauma (last 3 years) with health and occupational outcomes was investigated using longitudinal data (2004–2013) from the Millennium Cohort Study. Of 37,711 service men, 391 (1.0%) reported recent sexual harassment and 76 (0.2%) sexual assault. In multivariable models, sexual harassment or assault, respectively, was associated with poorer mental health: AOR = 1.60, 95% CI [1.22, 2.12], AOR = 4.39, 95% CI [2.40, 8.05]; posttraumatic stress disorder: AOR = 2.50, 95% CI [1.87, 3.33], AOR = 6.63, 95% CI [3.65, 12.06]; depression: AOR = 2.37, 95% CI [1.69, 3.33], AOR = 5.60, 95% CI [2.83, 11.09]; and multiple physical symptoms: AOR = 2.22, 95% CI [1.69, 2.92]; AOR = 3.57, 95% CI [1.98, 6.42], after adjustment for relevant covariates. Sexual harassment was also associated with poorer physical health: AOR = 1.68, 95% CI [1.27, 2.22]. Men who reported sexual trauma were more likely to have left military service: AOR = 1.60, 95% CI [1.14, 2.24], and be disabled/unemployed postservice: AOR = 1.76, 95% CI [1.02, 3.02]. Results suggest that sexual trauma was significantly associated with adverse health and functionality extending to postmilitary life. Findings support the need for developing better prevention strategies and services to reduce the burden of sexual trauma on service men.

<http://onlinelibrary.wiley.com/doi/10.1002/jts.22091/abstract>

Treatment of Mental or Physical Health Problems in a Combat Zone: Comparisons of Postdeployment Mental Health and Early Separation From Service.

Journal of Traumatic Stress

Volume 29, Issue 2, pages 149–157, April 2016

DOI: 10.1002/jts.22091

The primary aim of this study was to evaluate whether being treated for mental health or nonbattle physical injury during military combat deployment was associated with higher risk for postdeployment mental disorders and poorer career outcomes than seen in the general combat-deployed population. Service members treated in theater for mental health (n = 964) or noncombat injury (n = 853) were compared with randomly sampled personnel (n = 7,220) from the general deployed population on diagnosed mental disorders and early separation from service. Deployment, medical, and career information were obtained from Department of Defense archival databases. Over half of the personnel who received mental health treatment while deployed were diagnosed with 1 or more mental disorders postdeployment and/or were separated from service before completing their full-term enlistment. This was significantly higher than expected compared to the general deployed group, adjusting for demographic/military characteristics and mental health history (adjusted odds ratios [ORs] ranging 1.62 to 2.96). Frequencies of problems also were higher in the mental health-treated group than in the group treated for nonbattle physical injuries (significant adjusted ORs ranging 1.65 to 2.58). The documented higher risks for postdeployment adjustment problems suggested that especially those treated in theater by mental health providers might benefit from postdeployment risk-reduction programs.

<http://onlinelibrary.wiley.com/doi/10.1002/jts.22086/abstract>

Social Causation Versus Social Erosion: Comparisons of Causal Models for Relations Between Support and PTSD Symptoms.

Shallcross, S. L., Arbisi, P. A., Polusny, M. A., Kramer, M. D. and Erbes, C. R.

Journal of Traumatic Stress

Volume 29, Issue 2, pages 167–175, April 2016

DOI: 10.1002/jts.22086

Social support is a robust correlate of posttraumatic stress disorder (PTSD) symptoms and of general psychological distress (Ozer, Best, Lipsey, & Weiss, 2003). The nature of the causal relationship between support and PTSD remains the subject of debate, with 2 models, social erosion and social causation, often used to explain findings. Despite extensive research using

these models, no studies of which we are aware have included tests of both models within the same series of analyses, across more than 2 time points, in veterans. These competing models were tested in a sample of National Guard soldiers (N = 521) who completed measures of perceived social support and the PTSD Checklist-Military version (Weathers, Litz, Herman, Huska, & Keane, 1993) at 3 months, 15 months, and 27 months following a combat deployment to Iraq. Analyses were run separately for overall PTSD symptoms and the PTSD components of intrusion, trauma-avoidance, dysphoria, and hyperarousal. Both the social erosion (β s ranging from $-.10$ to $-.19$) and social causation (β s ranging from $-.08$ to $-.13$) hypotheses were supported. Results suggested PTSD-specific symptom dimensions may both erode and be influenced by social support, whereas general psychological distress erodes social support. Implications for clinical intervention and research are discussed.

<http://onlinelibrary.wiley.com/doi/10.1002/jts.22083/abstract>

Longitudinal Associations Among Pain, Posttraumatic Stress Disorder Symptoms, and Stress Appraisals.

Vaughan, C. A., Miles, J. N.V., Eisenman, D. P. and Meredith, L. S.

Journal of Traumatic Stress

Volume 29, Issue 2, pages 176–179, April 2016

DOI: 10.1002/jts.22083

Comorbidity of posttraumatic stress disorder (PTSD) and pain is well documented, but the mechanisms underlying their comorbidity are not well understood. Cross-lagged regression models were estimated with 3 waves of longitudinal data to examine the reciprocal associations between PTSD symptom severity, as measured by the Clinician-Administered PTSD Scale (CAPS), and pain, as measured by a brief self-report measure of pain called the PEG (pain intensity [P], interference with enjoyment of life [E], and interference with general activity [G]). We evaluated stress appraisals as a mediator of these associations in a sample of low-income, underserved patients with PTSD (N = 355) at federally qualified health centers in a northeastern metropolitan area. Increases in PTSD symptom severity between baseline and 6-month and 6- and 12-month assessments were independently predicted by higher levels of pain ($\beta = .14$ for both lags) and appraisals of life stress as uncontrollable ($\beta = .15$ for both lags). Stress appraisals, however, did not mediate these associations, and PTSD symptom severity did not predict change in pain. Thus, the results did not support the role of stress appraisals as a mechanism underlying the associations between pain and PTSD.

<http://www.sciencedirect.com/science/article/pii/S0260691716300132>

Resilience, Post-traumatic Stress, and Posttraumatic Growth: Veterans' and Active Duty Military Members' Coping Trajectories following Traumatic Event Exposure.

Caroline M. Angel

Nurse Education Today

Available online 12 April 2016

doi:10.1016/j.nedt.2016.04.001

As part of the "Joining Forces" Initiative ("JFI"), the White House and nursing leaders announced nurses' commitment to recognize symptoms, provide care, and refer veterans and active duty military members for post-traumatic stress disorder ("PTSD"). The JFI is positioned to save lives through nursing education and raising PTSD awareness. Nurses should also be educated to recognize resilience (stable trajectory of healthy functioning across time following a traumatic event) and assess for post-traumatic growth ("PTG") (positive meaning making) alongside PTSD. In veterans who do develop PTSD, nearly three fourths of them with moderate PTSD will also experience PTG. Nurses' frontline contact with veterans in the VA, private sector healthcare settings, and community enable them to educate veterans and active duty military members about these coping trajectories.

<http://onlinelibrary.wiley.com/doi/10.1111/add.13423/abstract>

The burden of alcohol use disorders in U.S. Military veterans: results from the national health and resilience in veterans study.

Brian S. Fuehrlein, Natalie Mota, Albert J. Arias, Louis A. Trevisan, Lorig K. Kachadourian, John H. Krystal, Steven M. Southwick and Robert H. Pietrzak

Addiction

DOI: 10.1111/add.13423

Aims

To analyze data from a large, contemporary, nationally representative sample of U.S. veterans to evaluate: (1) the prevalence of lifetime alcohol use disorder (AUD), and past-year AUD; (2) common psychiatric comorbidities associated with lifetime AUD; and (3) correlates of lifetime and past-year probable AUD.

Design

Data were analyzed from the National Health and Resilience in Veterans Study (NHRVS), a

web-based survey of a random probability sample of a contemporary, nationally representative sample of U.S. military veterans.

Setting
USA.

Participants
Nationally representative sample of 3,157 U.S. veterans aged 21 years and older.

Measurements
Lifetime alcohol abuse and dependence were assessed according to DSM-IV diagnostic criteria using the Mini International Neuropsychiatric Interview, and combined into a single variable: AUD. Past-year probable AUD was assessed using the Alcohol Use Disorders Identification Test-Consumption (AUDIT-C). Correlates of AUD, including psychiatric comorbidities, suicidality, and demographic characteristics, were also assessed.

Findings
The prevalence of lifetime AUD and past-year probable AUD was 42.2% (95% confidence interval [CI] = 40.5%-43.9%), and 14.8% (95%CI = 13.6%-16.0%), respectively. Compared with veterans without AUD, those with lifetime AUD had substantially elevated rates of lifetime and current mood and anxiety disorders (odds ratios [ORs] = 2.6-4.1), drug use disorder (OR = 10.7), lifetime suicide attempt (OR = 4.1) and current suicidal ideation (OR = 2.1). Younger age, male sex, lower education, lower annual household income, and greater number of lifetime traumatic events were independently associated with lifetime AUD. Younger age, male sex, unpartnered marital status, and a lifetime diagnosis of major depressive disorder were independently associated with past-year probable AUD.

Conclusions
More than 40% of U.S. military veterans have a lifetime history of alcohol use disorder (AUD). Veterans with a lifetime history of AUD have substantial comorbid psychiatric burden, including elevated rates of suicidal ideation and attempts. Certain sociodemographic (e.g., younger age, male sex, lower education) and clinical (e.g., trauma burden, history of depression) characteristics are associated with increased risk of AUD.

http://journals.lww.com/jonmd/Abstract/publishahead/Association_of_Spirituality_With_Mental_Health.99671.aspx

Association of Spirituality With Mental Health Conditions in Ohio National Guard Soldiers.

Ganocy, Stephen J. PhD; Goto, Toyomi MA; Chan, Philip K. MS; Cohen, Gregory H. MSW; Sampson, Laura BA; Galea, Sandro MD, DrPH; Liberzon, Israel MD, PhD; Fine, Thomas MA; Shirley, Edwin PhD; Sizemore, James MDiv; Calabrese, Joseph R. MD; Tamburrino, Marijo B. MD

Journal of Nervous & Mental Disease:
Post Author Corrections: April 8, 2016
doi: 10.1097/NMD.0000000000000519

Research exploring spirituality in military populations is a relatively new field with limited published reports. This study used the Spiritual Well-Being Scale to examine the association of spiritual well-being with suicidal ideation/behavior, posttraumatic stress disorder (PTSD), and depression and alcohol use disorders in a randomized sample of Ohio Army National Guard soldiers. The participants were 418 soldiers, mostly white and male, with nearly three-quarters indicating that they had been deployed at least once during their careers. Higher spirituality, especially in the existential well-being subscale, was associated with significantly less lifetime PTSD, depression, and alcohol use disorders and with less suicidal ideation over the past year. Future research in this area may benefit from a longitudinal design that can assess spirituality and mental health behaviors in addition to diagnoses at different time points, to begin to explore spirituality in a larger context.

<http://link.springer.com/article/10.1007/s12671-016-0527-7>

Predictors of Depression and PTSD Treatment Response Among Veterans Participating in Mindfulness-Based Stress Reduction.

Benjamin I. Felleman, David G. Stewart, Tracy L. Simpson, Pia S. Heppner, David J. Kearney

Mindfulness

First online: 11 April 2016

DOI 10.1007/s12671-016-0527-7

Posttraumatic stress disorder (PTSD) and depression are prevalent and often co-occur among veterans. There is growing interest in the effects of mindfulness-based interventions among veterans. This study examined PTSD and depression outcomes, and baseline predictors of response, among veterans who participated in mindfulness-based stress reduction (MBSR). Participants included 116 veterans with PTSD before and after MBSR. Multilevel modeling assessed baseline predictors of change in PTSD and depressive symptoms. There were clinically significant reductions in PTSD and depression symptoms posttreatment and at 4 months follow-up. For PTSD, effect sizes were in the medium range posttreatment ($d = -.63$) and at follow-up ($d = -.69$), and for depression posttreatment ($d = -.58$) and at follow-up ($d = -.70$). Baseline PTSD was a significant predictor of slope ($\beta = .03$, $p = .04$) on PTSD

outcomes; higher baseline PTSD predicted greater rate of reduction in symptoms. For depression ($\beta = .04, p < .01$), those with severe or moderately severe depression exhibited the greatest rate of improvement. However, veterans with high symptom severity did remain symptomatic post-MBSR. These findings show preliminary support for MBSR in facilitating symptom reduction for veterans with severe PTSD and co-occurring depression.

<http://ccs.sagepub.com/content/early/2016/04/12/1534650116643401.abstract>

Comprehensive Treatment: Intensive Exposure Therapy for Combat-Related PTSD and Comorbid Conversion Disorder.

Sandra M. Neer, Benjamin Trachik, Benson G. Munyan, and Deborah C. Beidel

Clinical Case Studies

April 13, 2016

DOI 1534650116643401

This clinical case describes the assessment and treatment of Roger, a 31-year-old veteran who served in Operation Iraqi Freedom. In addition to combat-related post-traumatic stress disorder (PTSD), Roger presented with a conversion disorder (globus pharyngeus) and avoidance of consuming solid food without also consuming alcohol. A multicomponent treatment program for PTSD, trauma management therapy (TMT), was provided 5 times per week over a 3-week period. TMT included daily-exposure therapy (EXP) as well as daily social and emotion regulation (SER) group therapy to target anger, social withdrawal, and depression. In addition to TMT, exposure to food consumption in the absence of alcohol was provided in the final week. PTSD symptoms were assessed via semi-structured interview and self-report measures, while food intake was assessed via behavioral observation. PTSD symptoms as measured by the Clinician-Administered PTSD Scale (CAPS) decreased from 63 at pre-treatment to 17 at post-treatment, indicating that Roger no longer met criteria for PTSD. Exposure to food intake was equally successful with Roger consuming full meals (e.g., hamburger and french fries) without consuming alcohol. This case study exemplifies the successful use of intensive exposure therapy to target comorbid anxiety-based disorders in a short period.

<http://www.jpna.org/index.php/jpna/article/download/65/34>

Veteran Family Reintegration: Strategic Insights to Inform Stakeholders' Efforts.

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Amy Warnick Gawne – U.S. Department of Veterans Affairs

Nathan S. Williamson – U.S. Department of Veterans Affairs

Journal of Public and Nonprofit Affairs
2(1), 48-57
doi:10.20899/jpna2.1.48-57

In 2015, the Department of Veterans Affairs Office of Policy and Planning convened the first of its kind forum to inform stakeholders about national policy needs to advance the outcomes for veterans and their families as they reintegrate back to civilian life after military service. This article reports of the proceedings of the forum, which brought together more than 30 participants from across the federal government, private sector, nongovernmental organizations, and academic institutions. During the forum, participants discussed the need for a conceptual framework and standard lexicon to support veteran family reintegration policy and strategy. Forum participants highlighted the importance of a collaborative relationship between researchers and policy makers, and identified research gaps and emerging topics that will help inform national reintegration outcomes.

<http://www.aasmnet.org/jcsm/ViewAbstract.aspx?pid=30573>

Sleep Disturbances and Nightmares in a Patient Treated with Prazosin.

Sam Kosari, BPharm(Hons), PhD; Mark Naunton, BPharm(Hons), PhD

Journal of Clinical Sleep Medicine
Vol. 12, No. 4; 631–632
<http://dx.doi.org/10.5664/jcsm.5708>

Prazosin is increasingly being used off-label to treat nightmares in patients with posttraumatic stress disorder. The literature about the psychiatric adverse effects of prazosin is very limited. We present a case in which low-dose prazosin was associated with nightmares and sleep disturbances in an elderly patient without previously diagnosed mental illness or coexisting environmental risk factors for nightmares. Insomnia and hallucinations are listed as some of the rare side effects of prazosin by the manufacturer. Prazosin could be associated with rare psychiatric adverse effects and sleep disturbances. Particular attention is required in identifying these adverse effects, which can be difficult to distinguish from other drug-related side effects in the elderly particularly because they are often using multiple medications.

<http://www.aasmnet.org/jcsm/ViewAbstract.aspx?pid=30569>

CBT-I Coach: A Description and Clinician Perceptions of a Mobile App for Cognitive Behavioral Therapy for Insomnia.

Kuhn E, Weiss BJ, Taylor KL, Hoffman JE, Ramsey KM, Manber R, Gehrman P, Crowley JJ, Ruzek JI, Trockel M.

Journal of Clinical Sleep Medicine

Vol. 12, No. 4; 597–606

<http://dx.doi.org/10.5664/jcsm.5700>

Study Objectives

This paper describes CBT-I Coach, a patient-facing smartphone app designed to enhance cognitive behavioral therapy for insomnia (CBT-I). It presents findings of two surveys of U.S. Department of Veterans Affairs (VA) CBT-I trained clinicians regarding their perceptions of CBT-I Coach before it was released (n = 138) and use of it two years after it was released (n = 176).

Methods

VA-trained CBT-I clinicians completed web-based surveys before and two years after CBT-I Coach was publicly released.

Results

Prior to CBT-I Coach release, clinicians reported that it was moderately to very likely that the app could improve care and a majority (87.0%) intended to use it if it were available. Intention to use the app was predicted by smartphone ownership ($\beta = 0.116$, $p < 0.05$) and perceptions of relative advantage to existing CBT-I practices ($\beta = 0.286$, $p < 0.01$), compatibility with their own needs and values ($\beta = 0.307$, $p < 0.01$), and expectations about the complexity of the app ($\beta = 0.245$, $p < 0.05$). Two years after CBT-I Coach became available, 59.9% of participants reported using it with patients and had favorable impressions of its impact on homework adherence and outcomes.

Conclusions

Findings suggest that before release, CBT-I Coach was perceived to have potential to enhance CBT-I and address common adherence issues and clinicians would use it. These results are reinforced by findings two years after it was released suggesting robust uptake and favorable perceptions of its value.

<http://www.tandfonline.com/doi/full/10.1080/21635781.2015.1133350>

Assessment and Evidence-Based Treatments for Patients with Alcohol Use Disorders Treated in Army Behavioral Health Care Settings.

Farifteh F. Duffy , Joshua E. Wilk , Joyce C. West , S. Janet Kuramoto-Crawford , Charles W. Hoge

Military Behavioral Health
Vol. 4, Iss. 2, 2016; pages 126-137
DOI:10.1080/21635781.2015.1133350

This study examines patterns and quality of care for alcohol use disorders (AUDs) provided by U.S. Army behavioral health clinicians (BHCs). Army BHCs (N = 399) completed a clinically detailed Web-based questionnaire on one systematically selected service member patient. Of 399 service member patients, 18% (n = 68) were diagnosed with AUD. Nearly two-thirds received evidence-based (EB) psychopharmacotherapy and/or any psychotherapy. Only 40%, however, received AUD-targeted psychotherapy (e.g., motivational interviewing/enhancement, 12-Step facilitation) and/or psychopharmacotherapy. Army BHCs commonly provide EB care for AUD. However, AUD-targeted psychotherapies are less common. Selected opportunities for improvement in provision of EB care for AUD have been identified.

<http://www.tandfonline.com/doi/full/10.1080/21635781.2015.1133348>

Mental Health Provider Experiences With Utilizing Evidence-Based Treatment for Post-Traumatic Stress Disorder During a Combat Deployment.

Elizabeth A. Penix , Amy B. Adler , Paul Y. Kim , Joshua E. Wilk , Charles W. Hoge
Military Behavioral Health
Vol. 4, Iss. 2, 2016; pages 115-125
DOI:10.1080/21635781.2015.1133348

The present study assesses mental health care staff experiences with evidence-based treatments (EBTs) for post-traumatic stress disorder (PTSD) in a deployed environment. Mental health care providers (n = 19) and technicians (n = 20) were surveyed in Afghanistan concerning EBT delivery, attitudes, and perceived barriers to the implementation of EBTs. Relaxation techniques and supportive psychotherapy were most frequently utilized; exposure therapy techniques were least frequently utilized. Most participants had positive attitudes toward EBTs; however, providers identified unique challenges to delivering EBTs. Modular EBTs may be useful to consider to address provider concerns and improve the implementation of EBTs.

<http://www.tandfonline.com/doi/full/10.1080/21635781.2016.1153539>

Sleep, Agitation, and Irritation: Proxies for Functional Impairment Among Service Members Seeking Mental Health Treatment.

Jamie T. Carreno , Joshua E. Wilk

Military Behavioral Health
Vol. 4, Iss. 2, 2016; pages 108-114
DOI:10.1080/21635781.2016.1153539

Symptoms of depression, anxiety, and post-traumatic stress disorder (PTSD) have a negative effect on occupational, social, and marital/intimate partner functioning. Other problem emotions or behaviors, such as sleep troubles, irritation, or agitation, could also have a similar relationship to a variety of functional impairments. The current study sought to (a) replicate findings supporting a relationship between symptoms of psychopathology and a variety of functional impairments; (b) examine the relationship between sleep disturbances, agitation, and irritation on the same functional impairments; and (c) examine the differences in the strength of the relationships described in (a) and (b). Military providers completed a survey indicating clinical perceptions of the variables of interest for one service member from their clinical caseload. Higher levels of depression, anxiety, and PTSD symptomatology were related to all domains of functional impairment, as were reported levels of sleep disturbances, agitation, and irritation. Few differences were found in the strength of the correlations established for depression/anxiety/PTSD and sleep problems/irritation/agitation. Given the potential hesitation of service members to report symptoms of psychopathology, reports of sleep problems, irritation, and agitation may present unique clinical benefits by providing an additional health touch point for education on behavioral health and available services.

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

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

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

Military Behavioral Health
Vol. 4, Iss. 2, 2016; pages 100-107
DOI:10.1080/21635781.2016.1153540

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

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

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

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

Military Behavioral Health

Vol. 4, Iss. 2, 2016; pages 92-99

DOI:10.1080/21635781.2016.1153541

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

<http://www.ncbi.nlm.nih.gov/pubmed/26244533>

Obstet Gynecol. 2015 Sep;126(3):569-74. doi: 10.1097/AOG.0000000000001003

Association of Spouse Deployment on Pregnancy Outcomes in a U.S. Military Population.

Tarney CM, Berry-Caban C, Jain RB, Kelly M, Sewell MF, Wilson KL.

OBJECTIVE:

To evaluate the association of spousal deployment during the antenatal period on maternal and neonatal outcomes and to estimate whether group prenatal care may be beneficial in reducing adverse outcomes when spouses are deployed.

METHODS:

Primigravid women who delivered at Womack Army Medical Center, Fort Bragg, North Carolina, were prospectively enrolled and selected for participation on a random basis between January 2013 and January 2014. Women whose spouses were deployed to a combat zone during the entire pregnancy (deployed group) were compared with women whose spouses were not deployed during the pregnancy (nondeployed group). Pregnancy and neonatal outcomes were compared between groups.

RESULTS:

Three hundred ninety-seven women were enrolled with 183 (46.1%) in the deployed group and 214 (53.9%) in the nondeployed group. Spouse deployment was associated with increased risk of preterm delivery (38 [20.8%] compared with 16 [7.5%], $P < .001$) and postpartum depression (30 [16.4%] compared with 13 [6.1%], $P = .001$) when compared with women in the nondeployed group. There were no differences in the incidence of preterm delivery and postpartum depression for women in the deployed group who participated in group prenatal care when compared with women participating in traditional care (preterm delivery 6 [14.6%] compared with 32 [22.5%], $P = .38$; postpartum depression 4 [9.8%] compared with 26 [18.3%], $P = .24$).

CONCLUSION:

Women who have a spouse deployed during their pregnancy are at increased risk for preterm birth and postpartum depression. Larger studies are needed to evaluate whether spouse deployment during pregnancy has other perinatal effects and whether group prenatal care may have a positive effect on adverse perinatal outcomes in this population.

LEVEL OF EVIDENCE: II.

<http://www.ncbi.nlm.nih.gov/pubmed/27086743>

Epidemiol Psychiatr Sci. 2016 Apr 18:1-10. [Epub ahead of print]

Prevalence and severity of mental disorders in military personnel: a standardised comparison with civilians.

Trautmann S, Goodwin L, Höfler M, Jacobi F, Strehle J, Zimmermann P, Wittchen HU

AIMS:

Provision and need for mental health services among military personnel are a major concern across nations. Two recent comparisons suggest higher rates of mental disorders in US and UK military personnel compared with civilians. However, these findings may not apply to other nations. Previous studies have focused on the overall effects of military service rather than the separate effects of military service and deployment. This study compared German military

personnel with and without a history of deployment to sociodemographically matched civilians regarding prevalence and severity of 12-month DSM-IV mental disorders.

METHOD:

1439 deployed soldiers (DS), 779 never deployed soldiers (NS) and 1023 civilians were assessed with an adapted version of the Munich Composite International Diagnostic interview across the same timeframe. Data were weighted using propensity score methodology to assure comparability of the three samples.

RESULTS:

Compared with adjusted civilians, the prevalence of any 12-month disorder was lower in NS (OR: 0.7, 95% CI: 0.5-0.99) and did not differ in DS. Significant differences between military personnel and civilians regarding prevalence and severity of individual diagnoses were only apparent for alcohol (DS: OR: 0.3, 95% CI: 0.1-0.6; NS: OR: 0.2, 95% CI: 0.1-0.6) and nicotine dependence (DS: OR: 0.5, 95% CI: 0.3-0.6; NS: OR: 0.5, 95% CI: 0.3-0.7) with lower values in both military samples. Elevated rates of panic/agoraphobia (OR: 2.7, 95% CI: 1.4-5.3) and posttraumatic stress disorder (OR: 3.2, 95% CI: 1.3-8.0) were observed in DS with high combat exposure compared with civilians.

CONCLUSIONS:

Rates and severity of mental disorders in the German military are comparable with civilians for internalising and lower for substance use disorders. A higher risk of some disorders is reduced to DS with high combat exposure. This finding has implications for mental health service provision and the need for targeted interventions. Differences to previous US and UK studies that suggest an overall higher prevalence in military personnel might result from divergent study methods, deployment characteristics, military structures and occupational factors. Some of these factors might yield valuable targets to improve military mental health.

<http://www.ncbi.nlm.nih.gov/pubmed/27070244>

J Clin Sleep Med. 2016 Mar 21. pii: jc-00297-15. [Epub ahead of print]

Obese Veterans Enrolled in a Veterans Affairs Medical Center Outpatient Weight Loss Clinic Are Likely to Experience Disordered Sleep and Posttraumatic Stress.

Mayer SB, Levy JR, Farrell-Carnahan L, Nichols MG, Raman S.

STUDY OBJECTIVES:

This cross-sectional study aimed to characterize sleep patterns, the quality and duration of sleep, and estimate the prevalence of common sleep disorders and posttraumatic stress disorder (PTSD) in a hospital-based Veterans Affairs MOVE! (Managing Overweight Veterans Everywhere) clinic.

METHODS:

Participants completed five instruments: the Pittsburgh Sleep Quality Index (PSQI), Smith's Measure of Morningness/ Eveningness, Restless Legs Syndrome Rating Scale, the STOP Questionnaire, and the Posttraumatic Stress Disorder (PTSD) Checklist - Civilian Version (PCL-C).

RESULTS:

Enrolled Veterans (n = 96) were mostly male (78%), African American (49%), mean age 58 (SD 10.6) years, and mean body mass index (BMI) 38.4 kg/m² (SD 8.4). By PSQI, 89% rated sleep quality as "poor" (M = 11.1, SD = 5.1), consistent with severely impaired sleep. Most were at high risk for sleep disorders including restless leg syndrome (53%), obstructive sleep apnea (66%), and circadian sleep disorders (72%). Forty-seven percent endorsed clinically significant symptoms of PTSD. Hypotheses-generating regression models suggest sleep latency (minutes before falling asleep) was associated with BMI (p = 0.018). Bedtime, getting up time, hours of sleep, waking up in the middle of the night or early morning, having to get up to use the bathroom, inability to breathe comfortably, cough or snore loudly, feeling too cold or too hot, having bad dreams, pain, and frequency of having trouble sleeping, were not significantly associated with BMI.

CONCLUSIONS:

Our cross-sectional study suggests that sleep difficulties are common among Veterans referred to a weight loss program at a Veterans Affairs Hospital. Controlled studies are needed to investigate whether the results are generalizable and whether obesity among veterans is a risk factor for sleep disorders and PTSD.

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<http://link.springer.com/article/10.1007/s11910-016-0657-2>

The Risk of Sleep Disorder Among Persons with Mild Traumatic Brain Injury.

Tatyana Mollayeva, Shirin Mollayeva, Angela Colantonio

Current Neurology and Neuroscience Reports

June 2016, 16:55

DOI 10.1007/s11910-016-0657-2

Sleep disorders and mild traumatic brain injury (mTBI) are among the most commonly occurring neurological problems clinicians encounter simultaneously. Each can cause the other, and both share common predisposing factors. An important question that remains to be addressed is whether high-risk groups can be defined. We observed an accumulation of considerable knowledge on sleep dysfunction in mTBI in recently published works. The results highlight sleep disturbances in mTBI as the product of diverse internal and external influences, acting on a

genetically determined substrate. This may partially explain the clinical heterogeneity of mTBI, pointing to the importance of establishing an accurate history on the onset and course of a specific sleep disorder in the early stages post-mTBI in the individual patient. Such an approach will aid not only diagnosis and treatment but may also lead to identification of disorders whose symptoms mimic those of TBI and thereby direct the most suitable treatment and management.

<http://www.tandfonline.com/doi/abs/10.1080/21635781.2016.1175980>

Comparison of the Functional Health Limitations of Veterans Deployed to Iraq or Afghanistan to Veterans Deployed to Desert Shield/Storm with Chronic Fatigue Syndrome.

Lisa M. McAndrew , Helena K. Chandler , Jorge M. Serrador , Karen S. Quigley , Benjamin Natelson , Gudrun Lange

Military Behavioral Health

Accepted author version posted online: 13 Apr 2016

DOI:10.1080/21635781.2016.1175980

The majority of studies to examine the levels of physical symptoms after OEF/OIF deployment have found veterans experience high levels of physical symptoms after deployment. What is not known is if the physical symptoms experienced by OEF/OIF veterans meet criteria for CFS, as was seen after Desert Shield/Desert Storm. This would require a medical evaluation to rule out medical conditions that may explained the symptoms. Further, it is not well known if the physical symptoms experienced by OEF/OIF Veterans are causing significant functional impairment. We compared OEF/OIF veterans with CFS to Desert Shield/Storm veterans with CFS seen at a post-deployment VA clinic soon after their respective deployments. We found 17.6% of OEF/OIF veterans met criteria for CFS. Compared to Desert Shield/Storm veterans with CFS, the OEF/OIF veterans with CFS demonstrated worse mental health function and similar physical health function.

<http://onlinelibrary.wiley.com/doi/10.1002/jts.22086/abstract>

Social Causation Versus Social Erosion: Comparisons of Causal Models for Relations Between Support and PTSD Symptoms.

Shallcross, S. L., Arbisi, P. A., Polusny, M. A., Kramer, M. D. and Erbes, C. R.

Journal of Traumatic Stress

Volume 29, Issue 2, pages 167–175, April 2016

DOI: 10.1002/jts.22086

Social support is a robust correlate of posttraumatic stress disorder (PTSD) symptoms and of general psychological distress (Ozer, Best, Lipsey, & Weiss, 2003). The nature of the causal relationship between support and PTSD remains the subject of debate, with 2 models, social erosion and social causation, often used to explain findings. Despite extensive research using these models, no studies of which we are aware have included tests of both models within the same series of analyses, across more than 2 time points, in veterans. These competing models were tested in a sample of National Guard soldiers (N = 521) who completed measures of perceived social support and the PTSD Checklist-Military version (Weathers, Litz, Herman, Huska, & Keane, 1993) at 3 months, 15 months, and 27 months following a combat deployment to Iraq. Analyses were run separately for overall PTSD symptoms and the PTSD components of intrusion, trauma-avoidance, dysphoria, and hyperarousal. Both the social erosion (β s ranging from $-.10$ to $-.19$) and social causation (β s ranging from $-.08$ to $-.13$) hypotheses were supported. Results suggested PTSD-specific symptom dimensions may both erode and be influenced by social support, whereas general psychological distress erodes social support. Implications for clinical intervention and research are discussed.

<http://onlinelibrary.wiley.com/doi/10.1002/9781118540190.wbeic126/abstract>

Communication in Military Families.

Knobloch, L. K. and Wilson, S. R.

The International Encyclopedia of Interpersonal Communication

Published Online: 1 DEC 2015

DOI: 10.1002/9781118540190.wbeic126

Because United States military families make substantial sacrifices in service to their country, they represent a distinctive and important domain for understanding the dynamics of interpersonal communication. Recent years has seen a surge in scholarly attention paid to the communication of US military families during a post-9/11 era of war. One strand of research illuminates how the military context provides a unique backdrop for communication among military personnel, their romantic partners, and their children. Other lines of work describe the communication tasks facing military families during each stage of the deployment cycle. Several avenues for additional work are essential for scholars to tackle into the future.

<http://tobaccocontrol.bmj.com/content/early/2016/04/15/tobaccocontrol-2015-052829.abstract>

Perspectives of US military commanders on tobacco use and tobacco control policy.

Walker S C Poston, Christopher K Haddock, Sara A Jahnke, Nattinee Jitnarin, Ruth E Malone, Elizabeth A Smith

Tobacco Control

Published Online First 15 April 2016

doi:10.1136/tobaccocontrol-2015-052829

Background

Tobacco use among members of the US military service is unacceptably high, resulting in substantial healthcare and personnel costs. Support of military command is critical to the success of tobacco control policies because line commanders are responsible for implementation and enforcement. This study is the first to examine US military line commanders' perspectives about current tobacco control policies and the impact of tobacco on readiness.

Methods

We conducted key-informant interviews with 20 officers at the US Army's Command and General Staff College about military tobacco use and tobacco control policy.

Results

Participants identified the long-term impact of tobacco use on military members, but were unaware of proximal effects on health and readiness other than lost productivity due to smoke breaks. Officers also discussed nicotine addiction and the logistics of ensuring that an addicted population had access to tobacco. Regarding policy, most knew about regulations governing smoke-free areas and were open to stronger restrictions, but were unaware of current policies governing prevention, intervention and product sales.

Conclusions

Findings suggest that strong policy that takes advantage of the hierarchical and disciplined nature of the military, supported by senior line and civilian leadership up to and including the secretaries of the services and the Secretary of Defense, will be critical to substantially diminishing tobacco use by military personnel.

<http://www.tandfonline.com/doi/abs/10.1080/21635781.2016.1175980>

Comparison of the Functional Health Limitations of Veterans Deployed to Iraq or Afghanistan to Veterans Deployed to Desert Shield/Storm with Chronic Fatigue Syndrome.

Lisa M. McAndrew , Helena K. Chandler , Jorge M. Serrador , Karen S. Quigley , Benjamin Natelson , Gudrun Lange

Military Behavioral Health

Accepted author version posted online: 13 Apr 2016

DOI:10.1080/21635781.2016.1175980

The majority of studies to examine the levels of physical symptoms after OEF/OIF deployment have found veterans experience high levels of physical symptoms after deployment. What is not known is if the physical symptoms experienced by OEF/OIF veterans meet criteria for CFS, as was seen after Desert Shield/Desert Storm. This would require a medical evaluation to rule out medical conditions that may explained the symptoms. Further, it is not well known if the physical symptoms experienced by OEF/OIF Veterans are causing significant functional impairment. We compared OEF/OIF veterans with CFS to Desert Shield/Storm veterans with CFS seen at a post-deployment VA clinic soon after their respective deployments. We found 17.6% of OEF/OIF veterans met criteria for CFS. Compared to Desert Shield/Storm veterans with CFS, the OEF/OIF veterans with CFS demonstrated worse mental health function and similar physical health function.

<http://focus.psychiatryonline.org/toc/foc/14/2>

Focus: The Journal of Lifelong Learning in Psychiatry

Volume 14, Issue 2, Spring 2016

Depression: Challenges and Treatments

Evidence-Based Applications of Combination Psychotherapy and Pharmacotherapy for Depression

Boadie W. Dunlop

14(2), pp. 156–173

10.1176/appi.focus.20150042

Innovative Psychological Treatments for Depression

Steven D. Hollon, Christopher J. Williams

14(2), pp. 174–179

10.1176/appi.focus.20150044

Adjunctive Therapy With Second-Generation Antipsychotics: The New Standard for Treatment-Resistant Depression?

Michael E. Thase

14(2), pp. 180–183

10.1176/appi.focus.20150041

Deconstructing Diabetes and Depression: Clinical Context, Treatment Strategies, and New Directions

Jonathan M. Gregory, Joshua D. Rosenblat, Roger S. McIntyre

14(2), pp. 184–193

10.1176/appi.focus.20150040

Cognitive Dysfunction in Major Depressive Disorder: Assessment, Impact, and Management

Trisha Chakrabarty, George Hadjipavlou, Raymond W. Lam

14(2), pp. 194–206

10.1176/appi.focus.20150043

Treatment for Major Depression With Psychotic Features (Psychotic Depression)

Anthony J. Rothschild

14(2), pp. 207–209

10.1176/appi.focus.20150045

Recurrent Major Depressive Disorder of a Young Woman

Ian A. Cook

14(2), pp. 210–213

10.1176/appi.focus.20150047

Ethical Issues in the Treatment of Depression

Honor Hsin, John Torous

14(2), pp. 214–218

10.1176/appi.focus.20150046

Defeating Depression: The Healing Power of the Therapeutic Relationship

Dorothy E. Stubbe

14(2), pp. 219–221

10.1176/appi.focus.20160004

Suicide Prevention in Health Care

Yad M. Jabbarpour

14(2), pp. 222–224

10.1176/appi.focus.20160003

Bibliography: Depression: Challenges and Treatments

14(2), pp. 225–226

10.1176/appi.focus.140206

Abstracts: Depression: Challenges and Treatments

14(2), pp. 227–228

10.1176/appi.focus.140205

Comparative Efficacy of Seven Psychotherapeutic Interventions for Patients with Depression: A Network Meta-Analysis

Jürgen Barth, Thomas Munder, Heike Gerger, Eveline Nüesch, Sven Trelle, Hansjörg Znoj, Peter Jüni, Pim Cuijpers

14(2), pp. 229–243

10.1176/appi.focus.140201

Adjunctive Atypical Antipsychotic Treatment for Major Depressive Disorder: A Meta-Analysis of Depression, Quality of Life, and Safety Outcomes

Glen I. Spielmans, Margit I. Berman, Eftihia Linardatos, Nicholas Z. Rosenlicht, Angela Perry, Alexander C. Tsai

14(2), pp. 244–265

10.1176/appi.focus.140202

Major Depressive Disorder: New Clinical, Neurobiological, and Treatment Perspectives

David J Kupfer, Ellen Frank, Mary L Phillips

14(2), pp. 266–276

10.1176/appi.focus.140208

Long-Term Efficacy of Repeated Daily Prefrontal Transcranial Magnetic Stimulation (TMS) In Treatment-Resistant Depression

Antonio Mantovani, Martina Pavlicova, David Avery, Ziad Nahas, William M. McDonald, Chandra D. Wajdik, Paul E. Holtzheimer III, Mark S. George, Harold A. Sackeim, Sarah H. Lisanby

14(2), pp. 277–282

10.1176/appi.focus.140204

Nonpharmacological Versus Pharmacological Treatments for Adult Patients With Major Depressive Disorder

14(2), pp. 283–293

10.1176/appi.focus.140203

<http://www.tandfonline.com/doi/abs/10.1080/13811118.2016.1175395>

Discussing Firearm Ownership and Access as Part of Suicide Risk Assessment and Prevention: “Means Safety” Versus “Means Restriction”

Ian H. Stanley , Melanie A. Hom , Megan L. Rogers , Michael D. Anestis , Thomas E. Joiner

Archives of Suicide Research

Accepted author version posted online: 13 Apr 2016

DOI:10.1080/13811118.2016.1175395

Objectives:

To describe the relative utility of the terms “means safety” versus “means restriction” in counseling individuals to limit their access to firearms in the context of a mock suicide risk assessment.

Method:

Overall, 370 participants were randomized to read a vignette depicting a clinical scenario in which managing firearm ownership and access was discussed either using the term “means safety” or “means restriction.”

Results:

Participants rated the term “means safety” as significantly more acceptable and preferable than “means restriction.” Participants randomized to the “means safety” condition reported greater intentions to adhere to clinicians’ recommendations to limit access to a firearm for safety purposes ($F[1,367] = 7.393, p = .007, \eta^2 = .020$).

Conclusions:

The term “means safety” may be more advantageous than “means restriction” when discussing firearm ownership and access in clinical settings and public health-oriented suicide prevention efforts.

<http://journals.plos.org/plosone/article?id=10.1371/journal.pone.0152285>

A Systematic Assessment of Smartphone Tools for Suicide Prevention.

Mark Erik Larsen, Jennifer Nicholas, Helen Christensen

PLOS ONE

April 13, 2016

<http://dx.doi.org/10.1371/journal.pone.0152285>

Background

Suicide is a leading cause of death globally, and there has been a rapid growth in the use of new technologies such as mobile health applications (apps) to help identify and support those at risk. However, it is not known whether these apps are evidence-based, or indeed contain potentially harmful content. This review examines the concordance of features in publicly available apps with current scientific evidence of effective suicide prevention strategies.

Methods

Apps referring to suicide or deliberate self-harm (DSH) were identified on the Android and iOS app stores. Systematic review methodology was employed to screen and review app content. App features were labelled using a coding scheme that reflected the broad range of evidence-based medical and population-based suicide prevention interventions. Best-practice for suicide prevention was based upon a World Health Organization report and supplemented by other reviews of the literature.

Results

One hundred and twenty-three apps referring to suicide were identified and downloaded for full review, 49 of which were found to contain at least one interactive suicide prevention feature. Most apps focused on obtaining support from friends and family (n = 27) and safety planning (n = 14). Of the different suicide prevention strategies contained within the apps, the strongest evidence in the literature was found for facilitating access to crisis support (n = 13). All reviewed apps contained at least one strategy that was broadly consistent with the evidence base or best-practice guidelines. Apps tended to focus on a single suicide prevention strategy (mean = 1.1), although safety plan apps provided the opportunity to provide a greater number of techniques (mean = 3.9). Potentially harmful content, such as listing lethal access to means or encouraging risky behaviour in a crisis, was also identified.

Discussion

Many suicide prevention apps are available, some of which provide elements of best practice, but none that provide comprehensive evidence-based support. Apps with potentially harmful content were also identified. Despite the number of apps available, and their varied purposes, there is a clear need to develop useful, pragmatic, and multifaceted mobile resources for this population. Clinicians should be wary in recommending apps, especially as potentially harmful content can be presented as helpful. Currently safety plan apps are the most comprehensive and evidence-informed, for example, "Safety Net" and "MoodTools—Depression Aid".

<http://www.ncbi.nlm.nih.gov/pubmed/27073116>

Int Psychogeriatr. 2016 Apr 13:1-8. [Epub ahead of print]

Sedative hypnotic use among veterans with a newly reported mental health disorder.

DiNapoli EA, Bramoweth AD, Cinna C, Kasckow J.

BACKGROUND:

This study compared sedative hypnotic use by type of mental health diagnosis and determined factors associated with use among older veterans (65+ years) with a newly reported mental health disorder.

METHODS:

This study used data from veterans who received primary care services at VA Pittsburgh Healthcare System (VAPHS) from January 1, 2007 to December 31, 2011 (n = 879).

RESULTS:

Sedative hypnotics were commonly used in older veterans within 12-months following a newly reported mental health disorder (19.9%), particularly amongst those with insomnia (41.7%). The number of newly reported mental health disorders was a significant factor associated with sedative hypnotic use, with the odds of use increasing by more than 200% in older adults with two newly reported disorders compared to those with one newly reported mental health disorder.

CONCLUSIONS:

Continued efforts are needed to improve provider and patient awareness of the risks associated with sedative hypnotic use in older adults, as well as to increase access to and receipt of non-pharmacological mental health treatments for this vulnerable population.

<http://link.springer.com/article/10.1007/s11916-016-0572-x>

Concussion in the Military: an Evidence-Base Review of mTBI in US Military Personnel Focused on Posttraumatic Headache.

Matthew D Holtkamp, Jamie Grimes, Geoffrey Ling

Current Pain and Headache Reports

June 2016, 20:37

DOI 10.1007/s11916-016-0572-x

Traumatic brain injury (TBI) is defined as an alteration in brain function caused by an external force. Mild TBI or concussion is now well recognized to be a risk of military service as well as participation in athletic sports such as football. Posttraumatic headache (PTH) is the most common symptom after mTBI in US service members. PTH most commonly presents with migraine-like headache features. The following is an overview of the epidemiology, pathophysiology, clinical course, prognosis, complications, and treatment of mTBI and associated comorbidities with a focus on PTH. There is a particular emphasis on emerging evidence-based clinical practice. One important medical consequence of the recognition that mTBI is a highly prevalent among military service members is that the Department of Defense (DoD) is dedicating significant financial and intellectual resources to better understanding and developing treatments for TBI. The identification of the importance of TBI among the US military population has had the added benefit of increasing awareness of this condition among civilian populations, particularly those engaged in both professional and youth sports. The NIH and NSF are also supporting important TBI research. President Obama's Brain Initiative is also providing

additional impetus for these efforts. Unfortunately, the understanding of the acute and chronic effects of mTBI on the brain remains limited. Gratefully, there is hope that through innovative research, there will be advances in elucidating the underlying pathophysiology, which will lead to clinical and prognostic indicators, ultimately resulting in new treatment options for this very complicated set of disorders.

<http://www.ncbi.nlm.nih.gov/pubmed/26148977>

Am J Community Psychol. 2015 Sep;56(1-2):69-78. doi: 10.1007/s10464-015-9726-y

The Role of Natural Support Systems in the Post-deployment Adjustment of Active Duty Military Personnel.

Welsh JA, Olson J, Perkins DF, Travis WJ, Ormsby L.

This study examined the relations among three different types of naturally occurring social support (from romantic partners, friends and neighbors, and unit leaders) and three indices of service member well-being (self reports of depressive symptoms, satisfaction with military life, and perceptions of unit readiness) for service members who did and did not report negative experiences associated with military deployment. Data were drawn from the 2011 Community Assessment completed anonymously by more than 63,000 USAF personnel. Regression analyses revealed that higher levels of social support was associated with better outcomes regardless of negative deployment experiences. Evidence of moderation was also noted, with all forms of social support moderating the impact of negative deployment experiences on depressive symptoms and support from unit leaders moderating the impact of negative deployment experience on satisfaction with military life. No moderation was found for perceptions of unit readiness. Subgroup analyses revealed slightly different patterns for male and female service members, with support providing fewer moderation effects for women. These findings may have value for military leaders and mental health professionals working to harness the power of naturally occurring relationships to maximize the positive adjustment of service members and their families. Implications for practices related to re-integration of post-deployment military personnel are discussed.

Links of Interest

Giving all they can: Army Family boasts two Military Children of Year

http://www.army.mil/article/166077/Giving_all_they_can_Army_Family_boasts_two_Military_Children_of_Year/

TRICARE improves mental health care and treatment

<http://www.health.mil/News/Articles/2016/04/15/TRICARE-Improves-Mental-Health-Care-and-Treatment>

UCMJ change emphasizes suicide attempts aren't crimes

<http://www.armytimes.com/story/military/2016/03/31/ucmj-change-suicide-crime/82470708/>

New study reports on suicidal thinking among US veterans

<https://www.sciencedaily.com/releases/2016/04/160405161346.htm>

Air Force surgeon general weighs in on stress, suicide, healthy bases

<http://www.airforcetimes.com/story/military/2016/04/03/q-and-a-air-force-surgeon-general-it-gen-mark-ediger/82070304/>

At once-stodgy VFW, a new portrait of America's changing military

<http://www.csmonitor.com/USA/Military/2016/0331/At-once-stodgy-VFW-a-new-portrait-of-America-s-changing-military>

Empathy, Emotion Essential for Naval Hospital Bremerton Victim Advocates

<http://www.health.mil/News/Articles/2016/04/18/Empathy-emotion-essential-for-victim-advocates>

These Elite Troops Spent 15 Years At War. This Program Tries To Prepare Their Minds And Bodies For The Next 15

http://www.huffingtonpost.com/entry/special-forces-preservation-force-family_us_5710180ae4b0018f9cb991d0

New study finds shifted sleep-wake cycles affect women more than men

<https://www.sciencedaily.com/releases/2016/04/160418161622.htm>

Study identifies specific work factors that predict sleep problems

<https://www.sciencedaily.com/releases/2016/04/160419081720.htm>

Creating A Culture Of Whole Health: A Realistic Framework For Advancing Behavioral Health And Primary Care Together

<http://healthaffairs.org/blog/2016/04/14/creating-a-culture-of-whole-health-a-realistic-framework-for-advancing-behavioral-health-and-primary-care-together/>

Resource of the Week -- [Connecting Veterans With PTSD With Service Dogs](#) (Hearing, U.S. House of Representatives Committee on Oversight and Government Reform).

PURPOSE:

- To examine the benefits service dogs can provide to veterans with Post-Traumatic Stress Disorder (PTSD).
- To question the Department of Veterans Affairs (VA) on its existing policy and issues related to its problematic study.

BACKGROUND:

- The FY2010 National Defense Authorization Act authorized the VA to conduct a three-year study on the costs and benefits of providing service dogs to veterans with PTSD and other mental-health problems.
- According to the VA, the study has undergone “multiple significant and unexpected challenges.”
- To date, the VA has only paired 40 dogs with veterans.

Witnesses and Testimonies

- Dr. Michael Fallon

Chief Veterinary Medical Officer

Office of Research and Development, Department of Veterans Affairs

- Rory Diamond

Executive Director

K9s for Warriors

- Cole Lyle

Veteran with PTSD

- Steve Feldman

Executive Director

Human Animal Bond Research Initiative (HARBI) Foundation

The hearing was held on April 14, 2016. A video recording is available.



CONNECTING VETERANS WITH PTSD WITH SERVICE DOGS

Subcommittee on National Security

HEARING DATE: APRIL 14, 2016 2:00 PM | 2154 RAYBURN HOUSE OFFICE BUILDING



RELATED UPDATES

HEARING

THE BEST AND WORST PLACES TO WORK IN THE FEDERAL GOVERNMENT

HEARING

EXAMINING MANAGEMENT PRACTICES AND MISCONDUCT AT TSA: PART I

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