



## CDP Research Update -- May 26, 2016

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<https://content.govdelivery.com/accounts/USVHA/bulletins/1492664>

## **PTSD and Families: PTSD Monthly Update, May 2016**

National Center for PTSD

Family can be a source of support and strength. But Posttraumatic Stress Disorder (PTSD) can take a toll on the most caring family.

Living with someone who is easily startled, has nightmares, feels detached from others, and avoids social situations can be difficult and stressful.

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<http://www.med.navy.mil/sites/nmcsc/nccosc/publications/research-quarterly/2016/winter/research-quarterly-2016-winter.pdf>

## **Combat & Operational Stress Research Quarterly**

Volume 8, Number 1; Winter 2016

Naval Center for Combat & Operational Stress Control (NCCOSC)

The Combat & Operational Stress Research Quarterly is a compilation of recent studies on combat and operational stress, including relevant findings on the etiology, course and treatment of posttraumatic stress disorder (PTSD).

The Research Quarterly facilitates translational research by providing busy clinicians with up-to-date findings, with the potential to guide and inform evidence-based treatment.

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<http://www.akademai.com/doi/full/10.1556/2006.5.2016.027>

## **Investigating Veterans' Pre-, Peri-, and Post-Deployment Experiences as Potential Risk Factors for Problem Gambling.**

Seth W. Whiting, Marc N. Potenza, Crystal L. Park, Sherry A. McKee, Carolyn M. Mazure, Rani A. Hoff

Journal of Behavioral Addictions

Published Online: May 09, 2016

DOI: <http://dx.doi.org/10.1556/2006.5.2016.027>

## Background and aims

Gambling disorder and its comorbid diagnoses are observed at higher rates in military veterans than in the general population. A significant research gap exists regarding the relationships of veterans' life and service experiences to problematic gambling. The present study explored pre-, peri-, and post-deployment factors associated with problem gambling in veterans.

## Methods

Veterans of Operation Iraqi Freedom, Operation Enduring Freedom, and Operation New Dawn (n = 738; 463 males, and 275 females) completed questionnaires via structured telephone interview. We conducted bivariate and multinomial logistic regression analyses exploring associations among problem-gambling severity and socio-demographic variables, psychiatric comorbidities, and 10 scales of the Deployment Risk and Resilience Inventory measuring experiences pre-, peri-, and post-deployment.

## Results

Approximately 4.2% of veterans indicated at-risk or probable pathological gambling (ARPG) post-deployment (two or more DSM-IV criteria for pathological gambling). Bivariate analyses found more severe gambling in males, higher frequencies of post-traumatic stress disorder, substance dependence, traumatic brain injury, panic disorder, and depression in veterans with ARPG, and higher general harassment during deployment, and lower social support and more stressful life events post-deployment in those with ARPG. In multivariable models, both post-deployment factors remained significantly associated with ARPG.

## Discussion

The study suggests that problem gambling among veterans is related to service experiences, and particularly to life experiences post-deployment.

## Conclusions

Adverse service and life experiences and lack of social support may contribute to the risk of problem gambling in military veterans. Investigation of how Veterans Affairs clinical settings may serve veterans following deployment to prevent behavioral addictions is warranted.

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<http://www.sciencedirect.com/science/article/pii/S0029655416300550>

## **Evaluation of Brief Treatment of Symptoms of Psychological Trauma among Veterans Residing in a Homeless Shelter by Use of Accelerated Resolution Therapy (ART).**

Kevin E. Kip, Rita F. D'Aoust, Diego F. Hernandez, Sue Ann Girling, Barrett Cuttino, Mary Kathryn Long, Paola Rojas, Trudy Wittenberg, Alisha Abhayakumar, Laney Rosenzweig

Nursing Outlook

Available online 7 May 2016

doi:10.1016/j.outlook.2016.04.006

## Background

Post-traumatic stress disorder (PTSD) is prevalent in both homeless and non-homeless veterans, however, unique characteristics of being homeless may influence PTSD treatment completion and clinical success.

## Methods

Twenty-three veterans who were homeless and residing in a homeless shelter, along with 94 veterans from the community, were enrolled to receive 1-5 sessions of Accelerated Resolution Therapy (ART), an emerging trauma-focused therapy for symptoms of PTSD. Rates of treatment completion with ART and acute and 6-month change in symptoms of PTSD were compared in an observational (non-randomized) manner by housing status.

## Results

Compared to veterans recruited from the community, veterans residing in the homeless shelter were older and presented with more extensive psychopathology, yet had less combat exposure while being more likely to have experienced sexual assault. Rates of treatment completion were 52.2% (12 of 23) among homeless veterans compared to 81.9% (77 of 94) among veterans from the community ( $p=0.005$ ). Among treatment completers, both groups received an average of 4 sessions of ART. Reduction of symptoms of PTSD was substantial and non-significantly greater among homeless veterans versus those treated from the community ( $p=0.14$ ), as were comorbidity reductions in depression, anxiety, sleep quality, pain, and improved quality of life. Results at 6-month post-treatment follow-up were similar.

## Conclusions

While limited by small sample size and a non-randomized design, ART appears to be an effective, brief treatment for symptoms of PTSD among veterans residing in a homeless shelter. However, development of effective strategies to maximize treatment completion among homeless veterans is needed.

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<http://www.sciencedirect.com/science/article/pii/S0022395616300929>

**Insomnia brings soldiers into mental health treatment, predicts treatment engagement, and outperforms other suicide-related symptoms as a predictor of major depressive episodes.**

Melanie A. Hom, Ingrid C. Lim, Ian H. Stanley, Bruno Chiurliza, Matthew C. Podlogar, Matthew S. Michaels, Jennifer M. Buchman-Schmitt, Caroline Silva, Jessica D. Ribeiro, Thomas E. Joiner Jr.

Given the high rates of suicide among military personnel and the need to characterize suicide risk factors associated with mental health service use, this study aimed to identify suicide-relevant factors that predict: (1) treatment engagement and treatment adherence, and (2) suicide attempts, suicidal ideation, and major depressive episodes in a military sample. Army recruiters (N = 2596) completed a battery of self-report measures upon study enrollment. Eighteen months later, information regarding suicide attempts, suicidal ideation, major depressive episodes, and mental health visits were obtained from participants' military medical records. Suicide attempts and suicidal ideation were very rare in this sample; negative binomial regression analyses with robust estimation were used to assess correlates and predictors of mental health treatment visits and major depressive episodes. More severe insomnia and agitation were significantly associated with mental health visits at baseline and over the 18-month study period. In contrast, suicide-specific hopelessness was significantly associated with fewer mental health visits. Insomnia severity was the only significant predictor of major depressive episodes. Findings suggest that assessment of sleep problems might be useful in identifying at-risk military service members who may engage in mental health treatment. Additional research is warranted to examine the predictive validity of these suicide-related symptom measures in a more representative, higher suicide risk military sample.

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<http://www.sciencedirect.com/science/article/pii/S0031938416302165>

### **The Impact of Posttraumatic Stress Disorder Versus Resilience on Nocturnal Autonomic Nervous System Activity as Functions of Sleep Stage and Time of Sleep.**

Ihori Kobayashi, Joseph Lavela, Kimberly Bell, Thomas A. Mellman

Physiology & Behavior

Available online 8 May 2016

doi:10.1016/j.physbeh.2016.05.005

Posttraumatic stress disorder (PTSD) has been associated with sleep disturbances including alterations in sleep stages and recently, elevated nocturnal autonomic nervous system (ANS) arousal (i.e., dominance of the sympathetic nervous system over the parasympathetic nervous system). Data suggest that sleep contributes to the regulation of ANS activity. In our previous ambulatory heart rate variability (HRV) monitoring study, strong relationships between sleep and nocturnal ANS activity in resilient participants (i.e., individuals who had never had PTSD despite exposure to high-impact trauma) were not seen with PTSD. In this study, we examined the impact of PTSD vs. resilience on ANS activity as a function of sleep stage and time of sleep.

Participants (age 18–35) with current PTSD (n = 38) and resilience (n = 33) completed two overnight polysomnography recordings in a lab setting. The second night electrocardiogram was analyzed for frequency domain HRV parameters and heart rate within rapid-eye-movement (REM) and non-REM (NREM) sleep periods. Results indicated that ANS arousal indexed by HRV was greater during REM compared with NREM sleep and that the REM-NREM difference was greater in the PTSD than in the resilient participants. This effect of PTSD was reduced to non-significance when analyses controlled for REM sleep percentage, which was lower with PTSD. Exploratory analyses revealed that the REM-NREM difference in HRV was correlated with REM sleep percentage in resilient participants, but not with PTSD. In contrast with our data from home settings, the present study did not find increased overall nocturnal ANS arousal with PTSD. Analyses did reveal higher heart rate during initial NREM sleep with more rapid decline over the course of NREM sleep with PTSD compared with resilience. Findings suggest that elevated ANS arousal indexed by heart rate with PTSD is specific to the early part of sleep and possible impairment in regulating ANS activity with PTSD related to REM sleep.

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<http://www.tandfonline.com/doi/abs/10.1080/15402002.2016.1173551>

### **Where are the Behavioral Sleep Medicine Providers and Where are They Needed? A Geographic Assessment.**

Arthur Thomas , Michael Grandner , Sara Nowakowski , Genevieve Nesom , Charles Corbitt , Michael L. Perlis

Behavioral Sleep Medicine

Published online: 09 May 2016

DOI:10.1080/15402002.2016.1173551

Although it is widely acknowledged that there are not enough clinicians trained in either Behavioral Sleep Medicine (BSM) in general or in Cognitive Behavioral Therapy for Insomnia (CBT-I) in specific, what is unclear is whether this problem is more acute in some regions relative to others. Accordingly, a geographic approach was taken to assess this issue. Using national directories as well as e-mail listservs (Behavioral Sleep Medicine group and Behavioral Treatment for Insomnia Roster), the present study evaluated geographic patterning of CBSM and BSM providers by city, state, and country. Overall, 88% of 752 BSM providers worldwide live in the United States (n = 659). Of these, 58% reside in 12 states with  $\geq 20$  providers (CA, NY, PA, IL, MA, TX, FL, OH, MI, MN, WA, and CO), and 19% reside in just 2 states (NY and CA). There were 4 states with no BSM providers (NH, HI, SD, and WY). Of the 167 U.S. cities with a population of  $> 150,000$ , 105 cities have no BSM providers. These results clearly suggest that a targeted effort is needed to train individuals in both the unserved and underserved areas.

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<http://www.ncbi.nlm.nih.gov/pubmed/27160543>

Clin Psychol Psychother. 2016 May 10. doi: 10.1002/cpp.2022. [Epub ahead of print]

## **Therapist Effects on and Predictors of Non-Consensual Dropout in Psychotherapy.**

Zimmermann D, Rubel J, Page AC, Lutz W

### **BACKGROUND:**

Whereas therapist effects on outcome have been a research topic for several years, the influence of therapists on premature treatment termination (dropout) has hardly been investigated. Since dropout is common during psychological treatment, and its occurrence has important implications for both the individual patient and the healthcare system, it is important to identify the factors associated with it.

### **METHOD:**

Participants included 707 patients in outpatient psychotherapy treated by 66 therapists. Multilevel logistic regression models for dichotomous data were used to estimate the impact of therapists on patient dropout. Additionally, sociodemographic variables, symptoms, personality style and treatment expectations were investigated as potential predictors.

### **RESULTS:**

It was found that 5.7% of variance in dropout could be attributed to therapists. The therapist's effect remained significant after controlling for patient's initial impairment. Furthermore, initial impairment was a predictor of premature termination. Other significant predictors of dropout on a patient level were male sex, lower education status, more histrionic and less compulsive personality style and negative treatment expectations.

### **CONCLUSIONS:**

The findings indicate that differences between therapists influence the likelihood of dropout in outpatient psychotherapy. Further research should focus on variables, which have the potential to explain these inter-individual differences between therapists (e.g., therapist's experience or self-efficacy).

### **KEY PRACTITIONER MESSAGES:**

There are substantial differences between therapists concerning their average dropout rates. At the patient level, higher initial impairment, male sex, lower education, less compulsive personality style, more histrionic personality style and low treatment expectations seem to be risk factors of non-consensual treatment termination. Psychometric feedback during the course of treatment should be used to identify patients who are at risk for dropout.

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<http://www.sciencedirect.com/science/article/pii/S0005789416300272>

**Longitudinal Associations between PTSD Symptoms and Dyadic Conflict Communication Following a Severe Motor Vehicle Accident.**

Steffany J. Fredman, J. Gayle Beck, Philippe Shnaider, Yunying Le, Nicole D. Pukay-Martin, Kimberly Z. Pentel, Candice M. Monson, Naomi M. Simon, Luana Marques

Behavior Therapy

Available online 9 May 2016

doi:10.1016/j.beth.2016.05.001

There are well-documented associations between PTSD symptoms and intimate relationship impairments, including dysfunctional communication at times of relationship conflict. To date, the extant research on the associations between PTSD symptom severity and conflict communication has been cross-sectional and focused on military and veteran couples. No published work has evaluated the extent to which PTSD symptom severity and communication at times of relationship conflict influence one another over time or in civilian samples. The current study examined the prospective bidirectional associations between PTSD symptom severity and dyadic conflict communication in a sample of 114 severe motor vehicle accident (MVA) survivors in a committed intimate relationship at the time of the accident. PTSD symptom severity and dyadic conflict communication were assessed at 4 and 16 weeks post-MVA, and prospective associations were examined using path analysis. Total PTSD symptom severity at 4 weeks prospectively predicted greater dysfunctional communication at 16 weeks post MVA but not vice versa. Examination at the level of PTSD symptom clusters revealed that effortful avoidance at 4 weeks prospectively predicted greater dysfunctional communication at 16 weeks, whereas dysfunctional communication 4 weeks after the MVA predicted more severe emotional numbing at 16 weeks. Findings highlight the role of PTSD symptoms in contributing to dysfunctional communication and the importance of considering PTSD symptom clusters separately when investigating the dynamic interplay between PTSD symptoms and relationship functioning over time, particularly during the early posttrauma period. Clinical implications for the prevention of chronic PTSD and associated relationship problems are discussed.

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<http://www.sciencedirect.com/science/article/pii/S0306460316301794>

**Adequate Sleep Moderates the Prospective Association between Alcohol Use and Consequences.**

Mary Beth Miller, Angelo M. DiBello, Sarah A. Lust, Michael P. Carey, Kate B. Carey

## Addictive Behaviors

Available online 7 May 2016

doi:10.1016/j.addbeh.2016.05.005

### Objective

Inadequate sleep and heavy alcohol use have been associated with negative outcomes among college students; however, few studies have examined the interactive effects of sleep and drinking quantity in predicting alcohol-related consequences. This study aimed to determine if adequate sleep moderates the prospective association between weekly drinking quantity and consequences.

### Method

College students (N = 568) who were mandated to an alcohol prevention intervention reported drinks consumed per week, typical sleep quantity (calculated from sleep/wake times), and perceptions of sleep adequacy as part of a larger research trial. Assessments were completed at baseline and one-, three-, and five-month follow-ups.

### Results

Higher baseline quantities of weekly drinking and inadequate sleep predicted alcohol-related consequences at baseline and one-month follow-up. Significant interactions emerged between baseline weekly drinking quantity and adequate sleep in the prediction of alcohol-related consequences at baseline, one-, three-, and five-month assessments. Simple slopes analyses revealed that weekly drinking quantity was positively associated with alcohol-related consequences for those reporting both adequate and inadequate sleep, but this association was consistently stronger among those who reported inadequate sleep.

### Conclusion

Subjective evaluation of sleep adequacy moderates both the concurrent and prospective associations between weekly drinking quantity and consequences, such that heavy-drinking college students reporting inadequate sleep experience more consequences as a result of drinking. Research needs to examine the mechanism(s) by which inadequate sleep affects alcohol risk among young adults.

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<http://jmvfh.utpjournals.press/doi/abs/10.3138/jmvfh.3627>

### **Measures of spirituality for use in military contexts: a scoping review.**

Suzette Brémault-Phillips, Lori-Ann R. Sacrey, Joanne Olson, Jeanne Weis, Terry Cherwick

Journal of Military, Veteran and Family Health

Volume 2 No. 1, April 2016

#### Introduction:

The purpose of this scoping review is to identify measures of spiritual fitness that can be used in a military context.

#### Methods:

Two independent reviewers applied post-hoc inclusion and exclusion criteria for the identification of relevant articles, reviews, and assessments. Each reviewer independently recorded criteria met using a jointly developed form, considering relevant spiritual fitness screening and assessment tools based on clinical experience. When two reviewers were in disagreement, a third blinded reviewer was used to create consensus.

#### Results:

35 assessments with psychometric properties were identified that could be administered by military chaplains, health care professionals, or military personnel (through self-reporting) to evaluate spiritual fitness over time among those in the military service. The assessments were compiled into a table to isolate differing properties of each assessment, including target population, length/time to complete, measurement of affective, behavioural, and cognitive aspects of spiritual fitness, psychometric properties, and example questions.

#### Discussion:

There is now an opportunity to further identify and evaluate spiritual fitness screening and assessment tools that will appropriately and effectively determine the spiritual fitness and resilience of individuals serving in the military as well as their families.

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<http://www.sciencedirect.com/science/article/pii/S0260691716300454>

#### **Military veterans and canine assistance for post-traumatic stress disorder: A narrative review of the literature.**

Cheryl A. Krause-Parello, Sarah Sarni, Eleni Padden

Nurse Education Today

Available online 11 May 2016

doi:10.1016/j.nedt.2016.04.020

#### Background

Veterans with post-traumatic stress disorder (PTSD) are a vulnerable population at high risk for depression, isolation, and suicide. A substantial body of anecdotal evidence exists supporting the use of canines as an effective adjunct treatment for this population. However, a comprehensive review of its use based on scientific literature has thus far not been conducted.

## Methods

A narrative literature review was conducted to examine the current state of the science on canine assistance for veterans diagnosed with PTSD in order to synthesize current empirical knowledge on the subject. Articles were retrieved among the small body of recent literature using computerized database searches. Inclusion criteria included peer-reviewed journal publications published through October 1st, 2015. Only originally published articles that examined the outcomes of canine assistance on veterans with PTSD were examined. Additionally, each included article was specific to veterans, dogs, and, PTSD in combination rather than article that discuss the concepts separately. Exclusion criteria included symposia and conference material, dissertations, media articles, and no mention of canines as a treatment modality. 563 articles were retrieved; 6 met the criteria. When evaluating data, information and themes were extracted into an Excel table; this table was employed in the synthesis of information into manuscript form.

## Results

The following themes were explored within the selected publications: What is Canine Assistance; Why Use Canine Assistance for PTSD in Veterans; Concerns; and Future Directions. The literature endorsed canine assistance for PTSD in veterans as a promising modality. Authors also raised concerns about lack of protocols, cost and availability barriers, and animal welfare calling for additional, rigorous research to advance its use as a treatment for veterans with PTSD.

## Conclusions

PTSD continues to pose significant psychological, health, and welfare challenges to veterans and the multi-disciplinary providers who treat them. Analysis of this literature should expand knowledge and outline future directions for healthcare professions and improve health and wellness for veterans with PTSD through the use of canine assistance.

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<http://journal.frontiersin.org/article/10.3389/fpsy.2016.00085/full>

## **The Chaos of Combat: An Overview of Challenges in Military Mild Traumatic Brain Injury Research.**

Nicholas D. Davenport

Frontiers in Psychiatry

13 May 2016

<http://dx.doi.org/10.3389/fpsy.2016.00085>

Mild traumatic brain injury (mTBI), or concussion, is among the most common injuries affecting Veterans of recent combat deployments. Military mTBI differs from civilian mTBI in fundamental ways that make assessment and diagnosis difficult, including a reliance on retrospective self-

report and the potential influence of comorbid psychopathology. These unique features and their implications for research and clinical practice are summarized, and neuroimaging studies are discussed in the context of these complicating factors.

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<http://onlinelibrary.wiley.com/doi/10.1111/joca.12109/abstract>

### **Comparing Military and Civilian Household Finances: Descriptive Evidence from Recent Surveys.**

William L. Skimmyhorn

Journal of Consumer Affairs

Version of Record online: 11 MAY 2016

DOI: 10.1111/joca.12109

Despite significant media and policy attention to the financial conditions of military and civilian households in American over the past few years, little is known about their relative standing and decision making. Using data from large national surveys, this analysis provides descriptive evidence on key differences for comparable young, low-moderate income and education military and civilian respondents. I find that military members have more types of savings accounts, more problematic credit card behaviors, and equivalent use of alternative financial services. I briefly discuss directions for future research and some policy implications.

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<http://top.sagepub.com/content/early/2016/05/12/0098628316649483.abstract>

### **A Pilot Test of a Graduate Course in Suicide Theory, Risk Assessment, and Management.**

Robert J. Cramer, Claire N. Bryson, Caroline H. Stroud, and Brittany E. Ridge

Teaching of Psychology

First published on May 13, 2016

doi:10.1177/0098628316649483

The present discussion outlines the design and initial implementation of a semester-long graduate course in suicide theory, risk assessment, and management. While the structure of the course is adaptable in light of various considerations (e.g., targeted group of students and availability of resources), we review suicide risk assessment core competencies and course structure and provide sample evidence-based applied and interactive assignments. An initial empirical test of the course yielded a number of encouraging findings, including increased factual knowledge concerning suicide risk assessment and management, and improved

objectively assessed student accuracy in estimating chronic and acute suicide risk in response to a mock case vignette. We offer suggested next steps for modification and testing of the course in undergraduate and graduate training contexts.

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<http://www.tandfonline.com/doi/abs/10.1080/13803395.2016.1172558>

### **Suicidal thoughts and emotion competence.**

Sergio Paradiso , Janelle N. Beadle , Vanessa Raymont , Jordan Grafman

Journal of Clinical and Experimental Neuropsychology

Published online: 12 May 2016

DOI:10.1080/13803395.2016.1172558

#### Background.

During deployment and upon returning home, veterans experience emotional challenges that test their social and psychological adaptation and place them at risk for suicidal thinking. Individual variability in skill-based capacity to adaptively perceive, understand, correctly use, and manage emotions (called emotional competence) may play a role in the development of psychological suffering and suicidal thinking. Based on research in healthy and clinical samples, poor emotional competence was predicted to be associated with suicidal thinking among returning veterans.

#### Method.

Participants were selected from the W. F. Caveness Vietnam Head Injury Study (VHIS) registry, which in the late 1960s began prospectively assessing 1221 veterans). The study sample was composed of veterans examined between 2003 and 2006 and included 185 participants who at the time of assessment with the Beck Depression Inventory (BDI) did (N= 46) or did not endorse (N= 139) suicidal thinking then or during the previous two weeks and received performance-based measures of emotional competence (Mayer–Salovey–Caruso Emotional Intelligence Test; MSCEIT, Version 2.0) and theory of mind. MSCEIT subtests and theory of mind tasks were condensed via principal component analysis: Component 1 (Emotion Processing) included use, understand, and manage emotions tasks, and Component 2 (Emotion Perception) included perceive emotions.

#### Results.

Veterans endorsing suicidal thoughts showed poorer emotion processing whereas emotion perception and theory of mind tasks did not show significant group effects. In addition, veterans who endorsed thoughts of suicide were deployed at a younger age, had lower education, and tended to report more negative experiences in social interactions upon return to the United States.

Conclusions.

The capacity to understand, use, and manage emotionally charged stimuli and situations may represent risk factors for suicidal thinking among veterans.

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[http://archtrauma.com/?page=article&article\\_id=33051](http://archtrauma.com/?page=article&article_id=33051)

### **Nightmare Frequency, Nightmare Distress and the Efficiency of Trauma-Focused Cognitive Behavioral Therapy for Post-Traumatic Stress Disorder.**

Katia Levrier; Andre Marchand; Genevieve Belleville; Beaulieu-Prevost Dominic; and Stephane Guay

Archives of Trauma Research

epub: May 12, 2016

DOI: 10.5812/at.33051

Background:

Up to 71% of trauma victims diagnosed with PTSD have frequent nightmares (NM), compared to only 2% to 5% of the general population.

Objectives:

The present study examined whether nightmares before the beginning of cognitive behavior therapy (CBT) for post-traumatic stress disorder (PTSD) could influence overall PTSD symptom reduction for 71 individuals with PTSD and different types of traumatic events.

Patients and Methods:

Participants received a validated CBT of 20 weekly individual sessions. They were evaluated at five measurement times: at pre-treatment, after the third and ninth session, at post-treatment, and at 6 months follow-up.

Results:

The presence of nightmares did not impact overall CBT efficiency. Specific CBT components were efficient in reducing the frequency and distress of nightmares.

Conclusions:

Most participants no longer had PTSD but some still had nightmares.

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<http://onlinelibrary.wiley.com/doi/10.1002/jts.22104/abstract>

## **Deployment Experiences, Social Support, and Mental Health: Comparison of Black, White, and Hispanic U.S. Veterans Deployed to Afghanistan and Iraq.**

Muralidharan, A., Austern, D., Hack, S. and Vogt, D.

Journal of Traumatic Stress

Version of Record online: 18 MAY 2016

DOI: 10.1002/jts.22104

Compared to their White counterparts, Black and Hispanic Vietnam-era, male, combat veterans in the United States have experienced discrimination and increased trauma exposure during deployment and exhibited higher rates of postdeployment mental health disorders. The present study examined differences in deployment experiences and postdeployment mental health among male and female Black, Hispanic, and White veterans deployed in support of Operation Enduring Freedom in Afghanistan and Operation Iraqi Freedom in Iraq. Data were drawn from a national survey of veterans (N = 924) who had returned from deployment within the last 2 years. Ethnoracial minority veterans were compared to White veterans of the same gender on deployment experiences and postdeployment mental health. The majority of comparisons did not show significant differences; however, several small group differences did emerge ( $.02 < \eta^2 < .04$ ). Ethnoracial minority veterans reported greater perceived threat in the warzone and more family-related concerns and stressors during deployment than White veterans of the same gender. Minority female veterans reported higher levels of postdeployment symptoms of anxiety than their White counterparts, which were accounted for by differences in deployment experience. These differences call for ongoing monitoring.

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<http://www.sciencedirect.com/science/article/pii/S0005789416300302>

## **The Role of Social Support in Cognitive-Behavioral Conjoint Therapy for Posttraumatic Stress Disorder.**

Philippe Shnaider, Iris Sijercic, Sonya G. Wanklyn, Michael K. Suvak, Candice M. Monson

Behavior Therapy

Available online 21 May 2016

doi:10.1016/j.beth.2016.05.003

The current study examined the effect of total, as well as different sources (i.e., family, friends, significant other) of, pre-treatment/baseline social support on posttraumatic stress disorder (PTSD) severity and treatment response to cognitive-behavioral conjoint therapy (CBCT) for PTSD. Thirty-six patients were randomized to receive treatment immediately or to a waitlist



condition. Those in the treatment condition were offered CBCT for PTSD, a couple-based therapy aimed at reducing PTSD symptoms and improving relationship functioning. PTSD symptoms were assessed at pre-/baseline, mid-/4 weeks of waiting, and post-treatment/12 weeks of waiting using the Clinician-Administered PTSD Scale, and patients self-reported on their levels of pre-treatment/baseline social support using the Multidimensional Scale of Perceived Social Support. Total support, as well as social support from family and friends, was not associated with initial PTSD severity or treatment response. However, there was a significant positive association between social support from a significant other and initial PTSD severity ( $g = .92$ ). Additionally, significant other social support moderated treatment outcomes, such that higher initial significant other support was associated with larger decreases in PTSD severity for those in the treatment condition ( $g = -1.14$ ) but not the waitlist condition ( $g = -.04$ ). Social support from a significant other may influence PTSD treatment outcomes within couple therapy for PTSD. The inclusion of intimate partners and other family members may be a fruitful avenue for improving PTSD treatment outcomes; however, future studies are needed to examine whether support can be increased with treatment and whether those improvements lead to greater PTSD symptom response.

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<http://www.sciencedirect.com/science/article/pii/S0022395616300875>

### **The long-term burden of military deployment on the health care system.**

Iris Eekhout, Elbert Geuze, Eric Vermetten

Journal of Psychiatric Research  
Volume 79, August 2016, Pages 78–85  
doi:10.1016/j.jpsychires.2016.05.004

Health care providers need to be aware that stress complaints that result from deployment can emerge even after many years. This has important implications for health care policies. The main aim of this study is to investigate the relation between the development of posttraumatic stress and other mental health complaints and the burden on (mental) health care after a deployment. For this study we used data from a large prospective cohort study on stress-factors related to deployment in 1007 Dutch soldiers, who were deployed to Afghanistan. Participants were assessed at six follow up times up until five years after deployment. In a Generalized Estimated Equations model we estimated the relation between mental health complaints and the utilization of psychological treatment and a general practitioner, respectively. Moreover, we studied the relation between mental health complaints and health care costs using bootstrap techniques. The results showed that higher scores for PTSD, depression and fatigue relate to increased use of a psychologist. And lower PTSD scores and higher depression, anxiety and somatization scores relate to increased odds to visit a GP. Furthermore, mental health complaints relate to higher costs. In conclusion, monitoring soldiers is important in order to be informed on the current demand for (mental) health care to satisfy the health care need of

veterans. Early treatment, which is enabled by lowering barriers to care, relates to positive results and therefore, lower health care costs.

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<http://sw.oxfordjournals.org/content/early/2016/05/10/sw.sww033.abstract>

### **Toward Complete Inclusion: Lesbian, Gay, Bisexual, and Transgender Military Service Members after Repeal of Don't Ask, Don't Tell.**

Brandon Alford and Shawna J. Lee

Social Work (2016)

doi: 10.1093/sw/sww033

First published online: May 10, 2016

The 2010 repeal of Don't Ask, Don't Tell (DADT) is one example of how U.S. public policy has shifted toward greater inclusion of lesbian, gay, and bisexual (LGB) individuals. The repeal of DADT reversed the practice of discharging LGB service members on the basis of sexual identity. LGB service members may now serve their country without fear of direct repercussions stemming from sexual identity. Though it is a statutory step toward parity, DADT repeal does not address a number of cultural and institutional inequities that continue to hinder full inclusion of sexual minority service members. Notably, as discussed in this article, DADT largely ignores issues facing the transgender population. This study examines remaining inequities and their ramifications for lesbian, gay, bisexual, and transgender service members and their families. The article concludes with practice and policy recommendations for culturally competent social work practice with military service members across the sexual identity spectrum.

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<http://archpsyc.jamanetwork.com/article.aspx?articleid=2521460>

### **Genome-wide Association Studies of Posttraumatic Stress Disorder in 2 Cohorts of US Army Soldiers.**

Murray B. Stein, MD, MPH; Chia-Yen Chen, ScD; Robert J. Ursano, MD; Tianxi Cai, ScD; Joel Gelernter, MD; Steven G. Heeringa, PhD; Sonia Jain, PhD; Kevin P. Jensen, PhD; Adam X. Maihofer, MS; Colter Mitchell, PhD; Caroline M. Nievergelt, PhD; Matthew K. Nock, PhD; Benjamin M. Neale, PhD; Renato Polimanti, PhD; Stephan Ripke, MD; Xiaoying Sun, MS; Michael L. Thomas, PhD; Qian Wang, PhD; Erin B. Ware, PhD; Susan Borja, PhD; Ronald C. Kessler, PhD; Jordan W. Smoller, MD, ScD; for the Army Study to Assess Risk and Resilience in Servicemembers (STARRS) Collaborators

JAMA Psychiatry

Published online May 11, 2016

doi:10.1001/jamapsychiatry.2016.0350

### Importance

Posttraumatic stress disorder (PTSD) is a prevalent, serious public health concern, particularly in the military. The identification of genetic risk factors for PTSD may provide important insights into the biological foundation of vulnerability and comorbidity.

### Objective

To discover genetic loci associated with the lifetime risk for PTSD in 2 cohorts from the Army Study to Assess Risk and Resilience in Servicemembers (Army STARRS).

### Design, Setting, and Participants

Two coordinated genome-wide association studies of mental health in the US military contributed participants. The New Soldier Study (NSS) included 3167 unique patients with PTSD and 4607 trauma-exposed control individuals; the Pre/Post Deployment Study (PPDS) included 947 unique patients with PTSD and 4969 trauma-exposed controls. The NSS data were collected from February 1, 2011, to November 30, 2012; the PPDS data, from January 9 to April 30, 2012. The primary analysis compared lifetime DSM-IV PTSD cases with trauma-exposed controls without lifetime PTSD. Data were analyzed from March 18 to December 27, 2015.

### Main Outcomes and Measures

Association analyses for PTSD used logistic regression models within each of 3 ancestral groups (European, African, and Latino American) by study, followed by meta-analysis. Heritability and genetic correlation and pleiotropy with other psychiatric and immune-related disorders were estimated.

### Results

The NSS population was 80.7% male (6277 of 7774 participants; mean [SD] age, 20.9 [3.3] years); the PPDS population, 94.4% male (5583 of 5916 participants; mean [SD] age, 26.5 [6.0] years). A genome-wide significant locus was found in ANKRD55 on chromosome 5 (rs159572; odds ratio [OR], 1.62; 95% CI, 1.37-1.92;  $P = 2.34 \times 10^{-8}$ ) and persisted after adjustment for cumulative trauma exposure (adjusted OR, 1.64; 95% CI, 1.39-1.95;  $P = 1.18 \times 10^{-8}$ ) in the African American samples from the NSS. A genome-wide significant locus was also found in or near ZNF626 on chromosome 19 (rs11085374; OR, 0.77; 95% CI, 0.70-0.85;  $P = 4.59 \times 10^{-8}$ ) in the European American samples from the NSS. Similar results were not found for either single-nucleotide polymorphism in the corresponding ancestry group from the PPDS sample, in other ancestral groups, or in transancestral meta-analyses. Single-nucleotide polymorphism-based heritability was nonsignificant, and no significant genetic correlations were observed between PTSD and 6 mental disorders or 9 immune-related disorders. Significant evidence of pleiotropy was observed between PTSD and rheumatoid arthritis and, to a lesser extent, psoriasis.

## Conclusions and Relevance

In the largest genome-wide association study of PTSD to date, involving a US military sample, limited evidence of association for specific loci was found. Further efforts are needed to replicate the genome-wide significant association with ANKRD55—associated in prior research with several autoimmune and inflammatory disorders—and to clarify the nature of the genetic overlap observed between PTSD and rheumatoid arthritis and psoriasis.

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<http://archpsyc.jamanetwork.com/article.aspx?articleid=2524845>

## **Risk Factors, Methods, and Timing of Suicide Attempts Among US Army Soldiers.**

Robert J. Ursano, MD; Ronald C. Kessler, PhD; Murray B. Stein, MD, MPH; James A. Naifeh, PhD; Pablo A. Aliaga, MS; Carol S. Fullerton, PhD; Gary H. Wynn, MD; Patti L. Vegella, MS, MA; Tsz Hin Hinz Ng, MPH; Bailey G. Zhang, MS; Christina L. Wryter, BA; Nancy A. Sampson, BA; Tzu-Cheg Kao, PhD; Lisa J. Colpe, PhD, MPH; Michael Schoenbaum, PhD; James E. McCarroll, PhD, MPH; Kenneth L. Cox, MD, MPH; Steven G. Heeringa, PhD; for the Army STARRS Collaborators

JAMA Psychiatry

Published online May 25, 2016

doi:10.1001/jamapsychiatry.2016.0600

### Importance

Suicide attempts in the US Army have risen in the past decade. Understanding the association between suicide attempts and deployment, as well as method and timing of suicide attempts, can assist in developing interventions.

### Objective

To examine suicide attempt risk factors, methods, and timing among soldiers currently deployed, previously deployed, and never deployed at the time this study was conducted.

### Design, Setting, and Participants

This longitudinal, retrospective cohort study of Regular Army—enlisted soldiers on active duty from 2004 through 2009 used individual-level person-month records to examine risk factors (sociodemographic, service related, and mental health), method, and time of suicide attempt by deployment status (never, currently, and previously deployed). Administrative data for the month before each of 9650 incident suicide attempts and an equal-probability sample of 153 528 control person-months for other soldiers were analyzed using a discrete-time survival framework.

## Main Outcomes and Measures

Suicide attempts and career, mental health, and demographic predictors were obtained from administrative and medical records.

## Results

Of the 9650 enlisted soldiers who attempted suicide, 86.3% were male, 68.4% were younger than 30 years, 59.8% were non-Hispanic white, 76.5% were high school educated, and 54.7% were currently married. The 40.4% of enlisted soldiers who had never been deployed (n = 12 421 294 person-months) accounted for 61.1% of enlisted soldiers who attempted suicide (n = 5894 cases). Risk among those never deployed was highest in the second month of service (103 per 100 000 person-months). Risk among soldiers on their first deployment was highest in the sixth month of deployment (25 per 100 000 person-months). For those previously deployed, risk was highest at 5 months after return (40 per 100 000 person-months). Currently and previously deployed soldiers were more likely to attempt suicide with a firearm than those never deployed (currently deployed: OR, 4.0; 95% CI, 2.9-5.6; previously deployed: OR, 2.7; 95% CI, 1.8-3.9). Across deployment status, suicide attempts were more likely among soldiers who were women (currently deployed: OR, 3.4; 95% CI, 3.0-4.0; previously deployed: OR, 1.5; 95% CI, 1.4-1.7; and never deployed: OR, 2.4; 95% CI, 2.3-2.6), in their first 2 years of service (currently deployed: OR, 1.9; 95% CI, 1.5-2.3; previously deployed: OR, 2.2; 95% CI, 1.9-2.7; and never deployed: OR, 3.1; 95% CI, 2.7-3.6), and had a recently received a mental health diagnosis in the previous month (currently deployed: OR, 29.8; 95% CI, 25.0-35.5; previously deployed: OR, 22.2; 95% CI, 20.1-24.4; and never deployed: OR, 15.0; 95% CI, 14.2-16.0). Among soldiers with 1 previous deployment, odds of a suicide attempt were higher for those who screened positive for depression or posttraumatic stress disorder after return from deployment and particularly at follow-up screening, about 4 to 6 months after deployment (depression: OR, 1.4; 95% CI, 1.1-1.9; posttraumatic stress disorder: OR, 2.4; 95% CI, 2.1-2.8).

## Conclusions and Relevance

Identifying the timing and risk factors for suicide attempt in soldiers requires consideration of environmental context, individual characteristics, and mental health. These factors can inform prevention efforts.

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<http://link.springer.com/article/10.1007/s12207-016-9258-2>

## **Exploring Options Including Class Action to Transform Military Mental Healthcare and End the Generational Cycle of Preventable Wartime Behavioral Health Crises.**

Mark C. Russell, Bonnie Zinn, Charles R. Figley

Psychological Injury and Law

First online: 21 May 2016

DOI 10.1007/s12207-016-9258-2

This article examines three major options for transforming military mental healthcare in order to end the pattern of self-inflicted and largely preventable wartime behavioral health crises plaguing American veterans, their families, and broader society since the turn of the twentieth century. Evidence is provided that the first option of maintaining the status quo consisting of internal incremental changes has proven largely ineffectual in addressing the broader issues responsible for perpetuating wartime crises. The second option describes necessary transformative changes required to end the cycle of mental health neglect and preventable crises. However, there are no signs that responsible government agencies are inclined to compel the military to overhaul its system. Lastly, we offer a legal analysis for an unprecedented class action against the Department of Defense to effect change. After reviewing the history of tort law and the US military's immunity from the Feres Doctrine, we examine legal precedents both domestic and aboard. Legal strategies are described in detail from a landmark class action by British soldiers against the Ministry of Defense (MoD) or *Multiple Claimants v. MoD* (2003) who sued for failure to properly identify and treat predictable war stress injury like post-traumatic stress disorder. The successful claims from individual military plaintiffs have been instrumental in compelling the MoD to implement necessary reforms of its mental health services and possibly end their cycle of neglect and preventable wartime crises. If successful, the proposed American class action will establish a critical precedent to elevate the importance of mental healthcare on equal footing with physical medicine both within and outside of the military.

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<http://onlinelibrary.wiley.com/doi/10.1111/jsr.12416/abstract>

### **Winter is coming: nightmares and sleep problems during seasonal affective disorder.**

Sandman, N., Merikanto, I., Määttänen, H., Valli, K., Kronholm, E., Laatikainen, T., Partonen, T. and Paunio, T.

Journal of Sleep Research

Version of Record online: 13 MAY 2016

DOI: 10.1111/jsr.12416

Sleep problems, especially nightmares and insomnia, often accompany depression. This study investigated how nightmares, symptoms of insomnia, chronotype and sleep duration associate with seasonal affective disorder, a special form of depression. Additionally, it was noted how latitude, a proxy for photoperiod, and characteristics of the place of residence affect the prevalence of seasonal affective disorder and sleep problems. To study these questions, data from FINRISK 2012 study were used. FINRISK 2012 consists of a random population sample of Finnish adults aged 25–74 years ( $n = 4905$ ) collected during winter from Finnish urban and rural areas spanning the latitudes of 60°N to 66°N. The Seasonal Pattern Assessment Questionnaire was used to assess symptoms of seasonal affective disorder. Participants with symptoms of seasonal affective disorder had significantly increased odds of experiencing frequent

nightmares and symptoms of insomnia, and they were more often evening chronotypes. Associations between latitude, population size and urbanicity with seasonal affective disorder symptoms and sleep disturbances were generally not significant, although participants living in areas bordering urban centres had less sleep problems than participants from other regions. These data show that the prevalence of seasonal affective disorder was not affected by latitude.

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<http://www.sciencedirect.com/science/article/pii/S1389945716300119>

### **Personality differences in delayed sleep-wake phase disorder and non-24-hour sleep-wake rhythm disorder patients relative to healthy sleepers.**

Gorica Micic, Nicole Lovato, Michael Gradisar, Leon C. Lack

Sleep Medicine

Available online 11 May 2016

doi:10.1016/j.sleep.2016.04.002

#### Objective/Background

Delayed Sleep-Wake Phase Disorder (DSWPD) is associated with a delayed timing of circadian rhythms and this delay is suggested to be the basis of the disorder. However, this has been questioned due to frequent relapses following treatment based on this etiology. Recent studies have emerged suggesting personality factors may contribute to sleeping patterns in DSWPD. The aim of this study was to further investigate circadian and personality factors in DSWPD as well as Non-24-Hour Sleep-Wake Rhythm Disorder (N24SWD) patients relative to control sleepers.

#### Patients/Methods

This sample comprised 16 DSWPD (age=21.1±2.8, 10m, 7f), and 3 N24SWD patients (age=24.0±4.4, 2m, 1f). Controls were 7 males and 7 females (age=23.4±5.9). Prior to commencement of an 80-hr modified constant routine, eligible participants' sleeping patterns were monitored for a week and they completed a personality questionnaire (NEO-PI-R). An ultradian routine with alternating 20-min sleep opportunities and 40-min of enforced wakefulness was used to measure the timing of endogenous circadian temperature and melatonin rhythms.

#### Results

Compared to controls, DSWPD patients reported higher neuroticism, significantly lower extraversion, conscientiousness, and agreeableness. Similarly, N24SWD patients' patterns of personality traits were similar to that of DSWPD. Conscientiousness, in particular, was associated with phase timings of circadian rhythms as well as sleep measures and lifestyle factors within the DSWPD group.

## Conclusions

These findings suggest that Circadian Rhythm Sleep Wake Disorders (CRSWD) may not only stem from circadian abnormalities but personality factors may also drive lifestyle choices, including sleep timing.

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<http://jmvfh.utpjournals.press/doi/full/10.3138/jmvfh.3394>

## **Learning from the Deschamps Report: why military and Veteran researchers ought to pay attention to gender.**

Maya Eichler

Journal of Military, Veteran and Family Health

Volume 2 No. 1

April 2016

DOI: <http://dx.doi.org/10.3138/jmvfh.3394>

On April 30, 2015, the External Review into Sexual Misconduct and Sexual Harassment in the Canadian Armed Forces (Deschamps Report) was publically released.<sup>1</sup> In her report, former Supreme Court of Canada Justice Marie Deschamps documents a sexualized culture within the Canadian Armed Forces (CAF) that is hostile toward female and lesbian, gay, bisexual, transgender, and queer/questioning (LGBTQ) members. Deschamps finds an “environment characterized by the frequent use of sexualized language, sexual jokes, innuendos, discriminatory comments with respect to the abilities of female members of the military, and less serious but unwelcome sexual touching.”(p.14) The prevailing sexualized culture, she argues, increases the risk of “more serious incidents of sexual harassment and sexual assault.”(p.21) Deschamps links this sexualized culture to the challenges surrounding women's integration into the CAF, and she views increasing women's representation, especially among the senior leadership, as one of the key strategies for cultural change. Most significantly, the report recommends the creation of an independent accountability centre to handle sexual assault and harassment complaints by CAF members. In response, the Chief of the Defence Staff released a CAF Action Plan on Inappropriate Sexual Behaviour, set up a Sexual Misconduct Response Centre, and announced Operation Honour. Efforts to address the findings and recommendations of the Deschamps Report and change the military's sexualized culture are ongoing and will need to be sustained.

At the same time that the report calls for policy action, it also signals a need for research action. The findings of the report ought to make researchers pay more attention to the effects of a gendered and sexualized military culture on the health and well-being of military members and Veterans. As civilian and military researchers in Canada begin to contemplate what kind of research to conduct in response to the Deschamps Report, this article argues that what is



required is a broader gendering of Canadian military and Veteran research and not just a focus on female military members or sexualized violence in the military.

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<http://www.tandfonline.com/doi/abs/10.1080/13803395.2016.1172558>

### **Suicidal thoughts and emotion competence.**

Sergio Paradiso, Janelle N. Beadle, Vanessa Raymond, Jordan Grafman

Journal of Clinical and Experimental Neuropsychology

Published online: 12 May 2016

DOI:10.1080/13803395.2016.1172558

#### **Background.**

During deployment and upon returning home, veterans experience emotional challenges that test their social and psychological adaptation and place them at risk for suicidal thinking. Individual variability in skill-based capacity to adaptively perceive, understand, correctly use, and manage emotions (called emotional competence) may play a role in the development of psychological suffering and suicidal thinking. Based on research in healthy and clinical samples, poor emotional competence was predicted to be associated with suicidal thinking among returning veterans.

#### **Method.**

Participants were selected from the W. F. Caveness Vietnam Head Injury Study (VHIS) registry, which in the late 1960s began prospectively assessing 1221 veterans). The study sample was composed of veterans examined between 2003 and 2006 and included 185 participants who at the time of assessment with the Beck Depression Inventory (BDI) did (N= 46) or did not endorse (N= 139) suicidal thinking then or during the previous two weeks and received performance-based measures of emotional competence (Mayer–Salovey–Caruso Emotional Intelligence Test; MSCEIT, Version 2.0) and theory of mind. MSCEIT subtests and theory of mind tasks were condensed via principal component analysis: Component 1 (Emotion Processing) included use, understand, and manage emotions tasks, and Component 2 (Emotion Perception) included perceive emotions.

#### **Results.**

Veterans endorsing suicidal thoughts showed poorer emotion processing whereas emotion perception and theory of mind tasks did not show significant group effects. In addition, veterans who endorsed thoughts of suicide were deployed at a younger age, had lower education, and tended to report more negative experiences in social interactions upon return to the United States.

Conclusions.

The capacity to understand, use, and manage emotionally charged stimuli and situations may represent risk factors for suicidal thinking among veterans.

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<http://www.sciencedirect.com/science/article/pii/S0163834316300718>

**From impulse to action among military personnel hospitalized for suicide risk: alcohol consumption and the reported transition from suicidal thought to behavior.**

Craig J. Bryan, Eric L. Garland, M. David Rudd

General Hospital Psychiatry

Volume 41, July–August 2016, Pages 13–19

doi:10.1016/j.genhosppsy.2016.05.001

Objective

Alcohol use is associated with unplanned or impulsive suicide attempts. Although unplanned suicide attempts assume a rapid transition for suicidal impulse to action, many studies do not quantify the time elapsed from suicidal impulse to action. The current study was designed to clarify how alcohol use facilitates the transition from suicidal impulse to action among U.S. Army personnel. We hypothesized that alcohol consumption during the 24 h preceding a suicide attempt would be associated with significantly faster transition from suicidal impulse to action but would be unrelated to medical lethality.

Method

A total of 119 active duty U.S. Army Soldiers who made a total of 175 suicide attempts during military service, 121 of which occurred during the preceding year, completed clinician-administered structured interviews focused on psychiatric diagnosis and the contextual characteristics of their suicide attempts.

Results

Alcohol use during the 24 h prior to a suicide attempt was associated with significantly faster transition from suicidal impulse to action. Among suicide attempts in the past year, lethality significantly increased as the length of time since the last alcoholic drink increased. Drug use during the 24 h prior to a suicide attempt was unrelated to speed of transition or attempt lethality.

Conclusions

Soldiers acted upon their suicidal impulses more quickly when they had been drinking on the day of their suicide attempts. This rapid transition may contribute to the selection of less lethal suicide methods during periods of active drinking as compared to methods selected after the discontinuation of alcohol consumption.

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<http://onlinelibrary.wiley.com/doi/10.1002/jts.22102/abstract>

### **Desired Involvement in Treatment Decisions Among Adults with PTSD Symptoms.**

Harik, J. M., Hundt, N. E., Bernardy, N. C., Norman, S. B. and Hamblen, J. L.

Journal of Traumatic Stress

Version of Record online: 12 MAY 2016

DOI: 10.1002/jts.22102

Most medical patients want to be involved in decisions about their care. Whether this is true for people with posttraumatic stress disorder (PTSD)—a disorder characterized by avoidance of trauma-related discussions—is unknown. We conducted an online survey assessing preferences for involvement in PTSD treatment decisions (level of control, timing) and information about PTSD treatment (content, format). Adults who screened positive for possible PTSD (N = 301) were recruited from a large online survey panel representative of the U. S. population. Virtually all respondents (97.3%) desired involvement in treatment decisions; two thirds (67.8%) wanted primary responsibility for decisions. Most (64.2%) wanted 30–60 minutes to learn about treatments and 80.1% wanted at least 1–3 days to consider their options. Respondents expressed more interest in informational content on treatment effectiveness and side effects than any other topic. In-person discussion with a provider was preferred more than other learning formats (e.g., websites, brochures). Results suggested that people with symptoms of PTSD want involvement in decisions about their treatment and want to discuss treatment options with their provider. Providers may wish to prioritize information about effectiveness and side effects, and should expect that many patients will need several days after their visit to make a decision.

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<http://www.tandfonline.com/doi/full/10.1080/15402002.2016.1173550>

### **Trauma Sequelae are Uniquely Associated with Components of Self-Reported Sleep Dysfunction in OEF/OIF/OND Veterans.**

Joseph DeGutis , Christopher Chiu , Michelle Thai , Michael Esterman , William Milberg , Regina McGlinchey

Behavioral Sleep Medicine

Published online: 16 May 2016

DOI:10.1080/15402002.2016.1173550

While the associations between psychological distress (e.g., posttraumatic stress disorder [PTSD], depression) and sleep dysfunction have been demonstrated in trauma-exposed populations, studies have not fully explored the associations between sleep dysfunction and the wide range of common physical and physiological changes that can occur after trauma exposure (e.g., pain, cardiometabolic risk factors). We aimed to clarify the unique associations of psychological and physical trauma sequelae with different aspects of self-reported sleep dysfunction. A comprehensive psychological and physical examination was administered to 283 combat-deployed trauma-exposed Operation Enduring Freedom/Operation Iraqi Freedom/Operation New Dawn (OEF/OIF/OND) veterans. The Pittsburgh Sleep Quality Index (PSQI) and PSQI Addendum for PTSD (PSQI-A) were administered along with measures of PTSD, depression, anxiety, pain, traumatic brain injury, alcohol use, nicotine dependence, and cardiometabolic symptoms. We first performed a confirmatory factor analysis of the PSQI and then conducted regressions with the separate PSQI factors as well as the PSQI-A to identify unique associations between trauma-related measures and the separate aspects of sleep. We found that the PSQI global score was composed of three factors: Sleep Efficiency (sleep efficiency/sleep duration), Perceived Sleep Quality (sleep quality/sleep latency/sleep medication) and Daily Disturbances (sleep disturbances/daytime dysfunction). Linear regressions demonstrated that PTSD symptoms were uniquely associated with the PSQI global score and all three factors, as well as the PSQI-A. For the other psychological distress variables, anxiety was independently associated with PSQI global as well as Sleep Efficiency, Perceived Sleep Quality, and PSQI-A, whereas depression was uniquely associated with Daily Disturbances and PSQI-A. Notably, cardiometabolic symptoms explained independent variance in PSQI global and Sleep Efficiency. These findings help lay the groundwork for further investigations of the mechanisms of sleep dysfunction in trauma-exposed individuals and may help in the development of more effective, individualized treatments.

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### **Links of Interest**

Brain size may determine response to post-traumatic stress disorder treatment

<http://economictimes.indiatimes.com/magazines/panache/brain-size-may-determine-response-to-post-traumatic-stress-disorder-treatment/articleshow/52267291.cms>

Online CBT and Support Groups Better Than Standard Care for Depression and Anxiety

<http://psychcentral.com/news/2016/05/13/online-cbt-and-support-groups-better-than-standard-care-for-depression-and-anxiety/103254.html>

Psychological flexibility might be the key to better cognitive-behavioral interventions

<https://www.sciencedaily.com/releases/2016/05/160514105729.htm>

TBI patient recovers with help from a canine friend

<http://www.health.mil/News/Articles/2016/05/13/TBI-patient-recovers-with-help-from-a-canine-friend>

Email interventions may offer a way to better wellbeing

<http://uk.reuters.com/article/us-health-internet-wellbeing-idUKKCN0Y92F5>

Web, mobile technology helps MHS beneficiaries assess, improve mental health

<http://www.health.mil/News/Articles/2016/05/25/Web-mobile-technology-helps-MHS-beneficiaries-assess-improve-mental-health>

Predeployment Riskiest Time for Military Suicide Attempts

[https://www.nlm.nih.gov/medlineplus/news/fullstory\\_159029.html](https://www.nlm.nih.gov/medlineplus/news/fullstory_159029.html)

Study examines suicide attempt risk factors, methods and timing, related to deployment among active duty soldiers

<https://www.sciencedaily.com/releases/2016/05/160525114107.htm>

What can Pavlov's dogs tell us about drinking? Researchers explain how fancy glassware, sight of a liquor store can facilitate alcohol addiction

<https://www.sciencedaily.com/releases/2016/05/160525121219.htm>

What the New York Times gets wrong about PTSD

<https://www.sciencedaily.com/releases/2016/05/160519121152.htm>

Symptoms of 'chronic multisymptom illness' may be common in Iraq, Afghanistan vets

<https://www.sciencedaily.com/releases/2016/05/160513130243.htm>

Antidepressants commonly, increasingly prescribed for nondepressive indications

<https://www.sciencedaily.com/releases/2016/05/160524124050.htm>

How depression and antidepressant drugs work

<https://www.sciencedaily.com/releases/2016/05/160518165254.htm>

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**Resource of the Week:** [Over-Valorizing Vets Does More Harm Than Good](#) (an interview with writer and Restrepo director Sebastian Junger)

One problem is that PTSD is a) treatable, and b) a short-term disorder. A disorder is something that disrupts your ability to lead a normal life, and PTSD does that for a lot of people. So it's a disorder as far as I'm concerned. It's treatable and it's usually temporary. Long-term chronic PTSD afflicts a very small fraction of people who've been traumatized. The problem is that on the one hand the VA says, "We can treat your problem. Give it some time, and we will help you." On the other hand, the government — the same government — is giving them lifelong PTSD disability. There's a therapeutic contradiction just in the messages that the government is giving to the soldiers. If you

lose your leg, that's a lifelong issue. It's not going away. PTSD is not a lifelong problem. When you compensate the soldier for life, you're basically telling the soldier, "Look, you're ruined for life, might as well accept it." So, I think one of the problems is that the government itself is incentivizing a view of veterans as psychologically incapacitated.

## TASK & PURPOSE

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### Sebastian Junger: Over-Valorizing Vets Does More Harm Than Good

By ADAM LINEHAN on May 24, 2016

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#### TRENDING



5 Energy-Sector Companies Hiring Veterans Now



Here's The Real Reason You Can't Meet Your Goals

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