



CDP Research Update -- June 2, 2016

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<http://www.ptsd.va.gov/professional/newsletters/research-quarterly/V27N2.pdf>

PTSD Research Quarterly -- Group Treatment for PTSD

Vol. 27(2), 2016

Denise M. Sloan and J. Gayle Beck
National Center for PTSD

Despite the rich history of group treatments for PTSD, there is a surprising lack of methodologically rigorous studies in this domain. We know that at one point, "rap groups" were seen to be the treatment of choice for Vietnam Veterans (Foy et al., 2000) and support groups still play a significant role in many agencies that serve trauma survivors, including Department of Veterans Affairs (VA) settings (Hundt, Robinson, Arney, Stanley, & Cully, 2015). Despite the popularity of support groups for trauma survivors, the group treatment research literature is characterized by open trial (e.g., Ready et al., 2008) or non-randomized designs (e.g., Resick & Schnicke, 1992), which are helpful in the beginning stages of treatment development. However, the number of randomized clinical trials (RCT) is limited. Consequently, there are currently no group treatments for PTSD recognized as evidence-based (e.g., VA & Department of Defense [DoD], 2010). In this article, we will summarize the current knowledge about group treatments for PTSD and highlight areas that deserve greater empirical focus.

<http://implementationscience.biomedcentral.com/articles/10.1186/s13012-016-0417-3>

Assessing mental health clinicians' intentions to adopt evidence-based treatments: reliability and validity testing of the evidence-based treatment intentions scale.

Nathaniel J. Williams

Implementation Science
201611:60
DOI: 10.1186/s13012-016-0417-3

Background

Intentions play a central role in numerous empirically supported theories of behavior and behavior change and have been identified as a potentially important antecedent to successful evidence-based treatment (EBT) implementation. Despite this, few measures of mental health clinicians' EBT intentions exist and available measures have not been subject to thorough psychometric evaluation or testing. This paper evaluates the psychometric properties of the evidence-based treatment intentions (EBTI) scale, a new measure of mental health clinicians' intentions to adopt EBTs.

Methods

The study evaluates the reliability and validity of inferences made with the EBTI using multi-method, multi-informant criterion variables collected over 12 months from a sample of 197 mental health clinicians delivering services in 13 mental health agencies. Structural, predictive, and discriminant validity evidence is assessed.

Results

Findings support the EBTI's factor structure ($\chi^2 = 3.96$, $df = 5$, $p = .556$) and internal consistency reliability ($\alpha = .80$). Predictive validity evidence was provided by robust and significant associations between EBTI scores and clinicians' observer-reported attendance at a voluntary EBT workshop at a 1-month follow-up ($OR = 1.92$, $p < .05$), self-reported EBT adoption at a 12-month follow-up ($R^2 = .17$, $p < .001$), and self-reported use of EBTs with clients at a 12-month follow-up ($R^2 = .25$, $p < .001$). Discriminant validity evidence was provided by small associations with clinicians' concurrently measured psychological work climate perceptions of functionality ($R^2 = .06$, $p < .05$), engagement ($R^2 = .06$, $p < .05$), and stress ($R^2 = .00$, ns).

Conclusions

The EBTI is a practical and theoretically grounded measure of mental health clinicians' EBT intentions. Scores on the EBTI provide a basis for valid inferences regarding mental health clinicians' intentions to adopt EBTs. Discussion focuses on research and practice applications.

<http://implementationscience.biomedcentral.com/articles/10.1186/s13012-016-0432-4>

Assessing fidelity of cognitive behavioral therapy in rural VA clinics: design of a randomized implementation effectiveness (hybrid type III) trial.

Michael A. Cucciare, Geoffrey M. Curran, Michelle G. Craske, Traci Abraham, Michael B. McCarthur, Kathy Marchant-Miros, Jan A. Lindsay, Michael R. Kauth, Sara J. Landes and Greer Sullivan

Implementation Science

201611:65

DOI: 10.1186/s13012-016-0432-4

Background

Broadly disseminating and implementing evidence-based psychotherapies with high fidelity, particularly cognitive behavioral therapy (CBT), has proved challenging for many health-care systems, including the Department of Veterans Affairs, especially in primary care settings such as small or remote clinics. A computer-based tool (based on the coordinated anxiety learning and management (CALM) program) was designed to support primary care-based mental health providers in delivering CBT. The objectives of this study are to modify the CALM tool to meet

the needs of mental health clinicians in veterans affairs (VA) community-based outpatient clinics (CBOCs) and rural "veterans", use external facilitation to implement CBT and determine the effect of the CALM tool versus a manualized version of CALM to improve fidelity to the CBT treatment model, and conduct a needs assessment to understand how best to support future implementation of the CALM tool in routine care.

Methods/design

Focus groups will inform the redesign of the CALM tool. Mental health providers at regional VA CBOCs; CBT experts; VA experts in implementation of evidence-based mental health practices; and veterans with generalized anxiety disorder, panic disorder, social anxiety disorder, posttraumatic stress disorder, "with or without" depression will be recruited. A hybrid type III design will be used to examine the effect of receiving CBT training plus either the CALM tool or a manual version of CALM on treatment fidelity. External facilitation will be used as the overarching strategy to implement both CBT delivery methods. Data will also be collected on symptoms of the targeted disorders. To help prepare for the future implementation of the CALM tool in VA CBOCs, we will perform an implementation need assessment with mental health providers participating in the clinical trial and their CBOC directors.

Discussion

This project will help inform strategies for delivering CBT with high fidelity in VA CBOCs to veterans with anxiety disorders and PTSD with or without depression. If successful, results of this study could be used to inform a national rollout of the CALM tool in VA CBOCs including providing recommendations for optimizing the adoption and sustained use of the computerized CALM tool among mental health providers in this setting.

<https://painmedicine.oxfordjournals.org/content/early/2016/05/15/pm.pnw065>

Chronic Pain Types Differ in Their Reported Prevalence of Post-Traumatic Stress Disorder (PTSD) and There Is Consistent Evidence That Chronic Pain Is Associated with PTSD: An Evidence-Based Structured Systematic Review.

David A. Fishbain MD, FAPA , Aditya Pulikal MD, JD, John E. Lewis PhD, Jinrun Gao MS, MBA

Pain Medicine

First published online: 17 May 2016

DOI: <http://dx.doi.org/10.1093/pm/pnw065>

Objectives.

The hypotheses of this systematic review were the following: 1) Prevalence of post-traumatic stress disorder (PTSD) will differ between various types of chronic pain (CP), and 2) there will be consistent evidence that CP is associated with PTSD.

Methods.

Of 477 studies, 40 fulfilled the inclusion/exclusion criteria of this review and were grouped according to the type of CP. The reported prevalence of PTSD for each grouping was determined by aggregating all the patients in all the studies in that group. Additionally all patients in all groupings were combined. Percentage of studies that had found an association between CP and PTSD was determined. The consistency of the evidence represented by the percentage of studies finding an association was rated according to the Agency for Health Care Policy and Research guidelines.

Results.

Grouping PTSD prevalence differed ranging from a low of 0.69% for chronic low back pain to a high of 50.1% in veterans. Prevalence in the general population with CP was 9.8%. Of 19 studies, 16 had found an association between CP and PTSD (84.2%) generating an A consistency rating (consistent multiple studies). Three of the groupings had an A or B (generally consistent) rating. The veterans grouping received a C (finding inconsistent) rating.

Conclusion.

The results of this systematic review confirmed the hypotheses of this review.

<http://www.tandfonline.com/doi/abs/10.1080/23279095.2016.1172229>

Poor Sleep Predicts Subacute Postconcussion Symptoms Following Mild Traumatic Brain Injury.

Karen A. Sullivan, Sara L. Berndt, Shannon L. Edme , Simon S. Smith, Alicia C. Allan

Applied Neuropsychology: Adult

The primary objective was to determine if poor sleep predicts postconcussion symptoms in the subacute period after mild traumatic brain injury (TBI). The impact of poor sleep pre- and post-injury was examined. The research design was cross-sectional. After screening to detect response invalidity, 61 individuals with a self-reported history of mild TBI 1-to-6 months prior answered an online fixed order battery of standardized questionnaires assessing their sleep (current and preinjury) and persistent postconcussion symptoms (Neurobehavioral Symptom Inventory, minus sleep, and fatigue items). The sleep measures were the Insomnia Severity Index, Epworth Sleepiness Scale, a single Likert-scale pre-injury sleep quality rating, and two PROMIS™ measures (sleep-related impairment and sleep disturbance). After controlling for the effects of preinjury sleep quality and demographics, the combination of the sleep measures made a significant contribution to the outcome ($F[8,58] = 4.013, p = .001, R^2_{change} = .28$). Only current sleep-related impairment ($\beta = .60, p < .05$) made a significant and unique contribution to neurobehavioral symptoms. Preinjury sleep was not a predictor ($\beta = -.19, p > .05$), although it contributed 3% of the variance in NSI scores after controlling for demographics. Sleep-related

impairment is a modifiable factor. As a significant contributor to neurobehavioral symptoms, treatment for post-injury sleep-related impairment warrants further attention.

<http://www.baylor.edu/content/services/document.php/264318.pdf>

Recovering from Moral Injury.

Keith G. Meador, William C. Cantrell, Jason, Nieuwsma

Institute for Faith and Learning at Baylor University, 2016

When combat veterans and others affected by violence suffer moral injury, they can experience personal shame and estrangement from fellow human beings and God. The challenging task of making integrated peace requires faith-ful, patient, loving participation by communities of faith.

<http://www.ncbi.nlm.nih.gov/pubmed/27215880>

US Army Med Dep J. 2016 Apr-Sep;(2-16):128-34

Military Sleep Management: An Operational Imperative.

Mysliwiec V, Walter RJ, Collen J, Wesensten N.

Sleep is critical for military operational readiness but is commonly disregarded during operational planning. The start of combat operations with Operation Iraqi Freedom saw a dramatic rise in diagnosis rates of clinically significant sleep disorders among officers and enlisted. This coincided with a parallel rise in behavioral health disorders. In this article, the etiology of sleep problems and sleep disorders in our military population is reviewed, and guidance is provided for improving sleep health in our military population. It is our view that appropriate sleep planning and management affords military units and commanders a near-term tactical advantage in terms of maintaining alertness, a midterm tactical advantage of decreasing susceptibility to sleep and behavioral health disorders, and a long-term strategic advantage with increased readiness and resiliency of their Soldiers.

<http://www.ncbi.nlm.nih.gov/pubmed/26265671>

Occup Environ Med. 2016 Feb;73(2):75-82. doi: 10.1136/oemed-2015-102961. Epub 2015 Aug 11

The mental health of deployed UK maritime forces.

Whybrow D, Jones N, Evans C, Minshall D, Smith D, Greenberg N

OBJECTIVES:

To establish the level of psychological symptoms and the risk factors for possible decreased mental health among deployed UK maritime forces.

METHODS:

A survey was completed by deployed Royal Navy (RN) personnel which measured the prevalence of common mental disorder (CMD), post-traumatic stress disorder (PTSD) and potential alcohol misuse. Military and operational characteristics were also measured including exposure to potentially traumatic events, problems occurring at home during the deployment, unit cohesion, leadership and morale. Associations between variables of interest were identified using binary logistic regression to generate ORs and 95% CIs adjusted for a range of potential confounding variables.

RESULTS:

In total, 41.2% (n=572/1387) of respondents reported probable CMD, 7.8% (n=109/1389) probable PTSD and 17.4% (n=242/1387) potentially harmful alcohol use. Lower morale, cohesion, leadership and problems at home were associated with CMD; lower morale, leadership, problems at home and exposure to potentially traumatic events were associated with probable PTSD; working in ships with a smaller crew size was associated with potentially harmful alcohol use.

CONCLUSIONS:

CMD and PTSD were more frequently reported in the maritime environment than during recent land-based deployments. Rates of potentially harmful alcohol use have reduced but remain higher than the wider military. Experiencing problems at home and exposure to potentially traumatic events were associated with experiencing poorer mental health; higher morale, cohesion and better leadership with fewer psychological symptoms.

Published by the BMJ Publishing Group Limited.

<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.

http://journals.lww.com/rapm/Abstract/onlinefirst/Stellate_Ganglion_Block_for_the_Treatment_of_99445.aspx

Stellate Ganglion Block for the Treatment of Posttraumatic Stress Disorder: A Randomized, Double-Blind, Controlled Trial.

Hanling, Steven R. MD; Hickey, Anita MD; Lesnik, Ivan MD; Hackworth, Robert Jeremy MD; Stedje-Larsen, Eric MD; Drastal, Carol Anne RN, MPH; McLay, Robert N. MD, PhD

Regional Anesthesia & Pain Medicine:

Post Author Corrections: May 16, 2016

doi: 10.1097/AAP.0000000000000402

Objective:

In this study, we aimed to determine if stellate ganglion block (SGB) could reduce symptoms of posttraumatic stress disorder (PTSD) in comparison with sham therapy in military service members.

Methods:

In a randomized trial in which both participants and assessors were blind, participants with PTSD received either an SGB or a sham procedure. Posttraumatic stress disorder symptoms were measured using the CAPS (Clinician-Administered PTSD Scale) and self-report measures of PTSD, depression, anxiety, and pain. Subjects underwent assessment before the procedure and at 1 week, 1 month, and 3 months after the procedure. Patients receiving sham injections were allowed to cross over to the treatment group, and participants who maintained criteria for PTSD were allowed to receive a second SGB treatment.

Results:

Posttraumatic stress disorder, anxiety, and depression scores all showed improvement across time, but there was no statistically or clinically relevant difference in outcomes between the active and control groups. Individuals who crossed over from sham treatment to SGB similarly showed no greater improvement with the SGB treatment. Improvement in CAPS was greater with a second SGB treatment than after the first treatment.

Conclusions:

Although previous case series have suggested that SGB offers an effective intervention for PTSD, this study did not demonstrate any appreciable difference between SGB and sham treatment on psychological or pain outcomes. Future studies should examine if differences in treatment methods or patient population could allow individuals with PTSD to benefit from SGB, but current evidence does not support widespread or indiscriminant clinical use of the procedure for PTSD.

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[http://www.jad-journal.com/article/S0165-0327\(16\)30133-1/abstract](http://www.jad-journal.com/article/S0165-0327(16)30133-1/abstract)

Retrospective age-of-onset and projected lifetime prevalence of psychiatric disorders among U.S. Army National Guard soldiers.

David S. Fink, Joseph R. Calabrese, Israel Liberzon, Marijo B. Tamburrino, Philip Chan, Greg H. Cohen, Laura Sampson, Philip L. Reed, Edwin Shirley, Toyomi Goto, Nicole D'Arcangelo, Thomas Fine, Sandro Galea

Journal of Affective Disorders

DOI: <http://dx.doi.org/10.1016/j.jad.2016.05.025>

Background

The study of military-related mental health has been disproportionately focused on current symptomology rather than potentially more informative life course mental health. Indeed, no study has assessed age-of-onset and projected lifetime prevalence of disorders among reservists.

Methods

Age-of-onset and projected lifetime DSM-IV anxiety, mood, and substance use disorders were assessed in 671 Ohio Army National Guard soldiers aged 17 to 60 years. Between 2008 and 2012, face-to-face clinical assessments and surveys were conducted using the Structured Clinical Interview for DSM-IV and Clinician-Administered PTSD Scale.

Results

Lifetime prevalence of psychiatric disorders was 61%. Alcohol abuse/dependence (44%) and major depressive disorder (23%) were the most common disorders. The majority (64%) of participants reported disorders antedating enlistment. Median age-of-onset varied with anxiety disorders—particularly phobias and OCD—having the earliest (median = 15 years) and mood disorders the latest median age-of-onset (median = 21 years).

Limitations

The study was limited by both the retrospective investigation of age-of-onset and the location of our sample. As our sample may not represent the general military population, our findings need to be confirmed in additional samples.

Conclusions

Each psychiatric disorder exhibited a distinct age-of-onset pattern, such that phobias and OCD onset earliest, substance use disorders onset during a short interval from late-adolescence to early-adulthood, and mood disorders onset the latest. Our finding that the majority of participants reported disorders antedating enlistment suggests that an assessment of lifetime psychopathology is essential to understanding the mental health burden of both current and former military personnel.

<https://www.hrw.org/report/2016/05/19/booted/lack-recourse-wrongfully-discharged-us-military-rape-survivors>

Booted: Lack of Recourse for Wrongfully Discharged US Military Rape Survivors

Human Rights Watch
May 19, 2016

Based on over 270 in-person and telephone interviews, examination of documents that US government agencies produced in response to public record requests, and data analysis, this report covers the impact of “bad discharges” on military personnel who were separated from the military after reporting a sexual assault. It looks at the lasting impact of bad discharges on sexual assault victims and the remedies available to correct any injustice.

<http://www.ncbi.nlm.nih.gov/pubmed/27214172>

Psychol Addict Behav. 2016 May;30(3):415-21. doi: 10.1037/adb0000154

Prevalence and correlates of cannabis use in an outpatient VA posttraumatic stress disorder clinic.

Gentes EL, Schry AR, Hicks TA, Clancy CP, Collie CF, Kirby AC, Dennis MF, Hertzberg MA, Beckham JC, Calhoun PS

Recent research has documented high rates of comorbidity between cannabis use disorders and posttraumatic stress disorder (PTSD) in veterans. However, despite possible links between PTSD and cannabis use, relatively little is known about cannabis use in veterans who present for PTSD treatment, particularly among samples not diagnosed with a substance use disorder. This study examined the prevalence of cannabis use and the psychological and functional correlates of cannabis use among a large sample of veterans seeking treatment at a Veterans Affairs (VA) PTSD specialty clinic. Male veterans (N = 719) who presented at a VA specialty outpatient PTSD clinic completed measures of demographic variables, combat exposure, alcohol, cannabis and other drug use, and PTSD and depressive symptoms. The associations among demographic, psychological, and functional variables were estimated using logistic regressions. Overall, 14.6% of participants reported using cannabis in the past 6 months. After controlling for age, race, service era, and combat exposure, past 6-month cannabis use was associated with unmarried status, use of tobacco products, other drug use, hazardous alcohol use, PTSD severity, depressive symptom severity, and suicidality. The present findings show that cannabis use is quite prevalent among veterans seeking PTSD specialty treatment and is associated with poorer mental health and use of other substances. It may be possible to identify and treat individuals who use cannabis in specialty clinics (e.g., PTSD clinics) where they are likely to present for treatment of associated mental health issues. (PsycINFO Database Record (c) 2016 APA, all rights reserved).

<http://www.ncbi.nlm.nih.gov/pubmed/27195939>

Cogn Behav Ther. 2016 May 19:1-12. [Epub ahead of print]

An examination of the roles of trauma exposure and posttraumatic stress disorder on emotion regulation strategies of Operation Iraqi Freedom, Operation Enduring Freedom, and Operation New Dawn veterans.

Sippel LM, Roy AM, Southwick SM, Fichtenholtz HM

Theories of posttraumatic stress disorder (PTSD) implicate emotional processes, including difficulties utilizing adaptive emotion regulation strategies, as critical to the etiology and maintenance of PTSD. Operation Iraqi Freedom, Operation Enduring Freedom, and Operation New Dawn (OIF/OEF/OND) veterans report high levels of combat exposure and PTSD. We aimed to extend findings suggesting that emotion regulation difficulties are a function of PTSD, rather than combat trauma exposure or common comorbidities, to OIF/OEF/OND veterans, in order to inform models of PTSD risk and recovery that can be applied to returning veterans. We tested differences in emotion regulation, measured with the Difficulties in Emotion Regulation Scale and Emotion Regulation Questionnaire, among trauma-exposed veterans with (n = 24) or without PTSD (n = 22) and healthy civilian comparison participants (n = 27) using multivariate analyses of covariance, adjusting for major depressive disorder, anxiety disorders, and demographic variables (age, sex, and ethnicity). Veterans with PTSD reported more use of expressive suppression and more difficulties with emotion regulation than veterans without PTSD and healthy comparison participants. Groups did not differ on cognitive reappraisal. Findings suggest the key role of PTSD above and beyond trauma exposure, depression, and anxiety in specific aspects of emotion dysregulation among OIF/OEF/OND veterans. Interventions that help veterans expand and diversify their emotion regulation skills may serve as helpful adjunctive treatments for PTSD among OIF/OEF/OND veterans.

<http://www.ncbi.nlm.nih.gov/pubmed/27191777>

J Trauma Stress. 2016 May 18. doi: 10.1002/jts.22104. [Epub ahead of print]

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, Vogt D

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.ncbi.nlm.nih.gov/pubmed/27183044>

Psychol Assess. 2016 May 16. [Epub ahead of print]

The Influence of Different Criteria for Establishing Optimal Cutoff Scores on Performance of Two Self-Report Measures for Warzone PTSD.

Ho CL, Schlenger WE, Kulka RA, Marmar CR.

Posttraumatic stress disorder (PTSD) has been regarded as a signature injury of war and elevated to one of the major behavioral health problems faced by military service members and veterans deployed to warzones. In PTSD diagnosis, self-report measures have often been used with a cutoff score to identify those with an elevated likelihood of having PTSD prior to conducting a second-tier diagnostic interview. With an attempt to guide the selection of cutoffs in self-report PTSD measures for various purposes, this study examined how five common criteria for establishing an optimal cutoff influenced the performance of self-report measures for warzone PTSD in relation to the Clinician Administered PTSD Scale for Diagnostic and Statistical Manual of Mental Disorders, 5th edition (DSM-5) and whether the influence differed for the PTSD Checklist for DSM-5 and the Mississippi Scale for Combat-Related PTSD. Using a probability sample of Vietnam theater veterans in the National Vietnam Veterans Longitudinal Study, results showed that in both self-report measures, the Youden Index criterion yielded the optimal cutoff that led to better test performance. (PsycINFO Database Record (c) 2016 APA, all rights reserved).

<http://archpsyc.jamanetwork.com/article.aspx?articleID=2517515>

Efficacy of Mindfulness-Based Cognitive Therapy in Prevention of Depressive Relapse: An Individual Patient Data Meta-analysis From Randomized Trials.

Willem Kuyken, PhD; Fiona C. Warren, PhD; Rod S. Taylor, PhD; Ben Whalley, PhD; Catherine Crane, PhD; Guido Bondolfi, MD, PhD; Rachel Hayes, PhD; Marloes Huijbers, MSc; Helen Ma, PhD; Susanne Schweizer, PhD; Zindel Segal, PhD; Anne Speckens, MD; John D. Teasdale, PhD; Kees Van Heeringen, PhD; Mark Williams, PhD; Sarah Byford, PhD; Richard Byng, PhD; Tim Dalgleish, PhD

JAMA Psychiatry

June 2016, Vol 73, No. 6; 565-574

doi:10.1001/jamapsychiatry.2016.0076

Importance

Relapse prevention in recurrent depression is a significant public health problem, and antidepressants are the current first-line treatment approach. Identifying an equally efficacious nonpharmacological intervention would be an important development.

Objective

To conduct a meta-analysis on individual patient data to examine the efficacy of mindfulness-based cognitive therapy (MBCT) compared with usual care and other active treatments, including antidepressants, in treating those with recurrent depression.

Data Sources

English-language studies published or accepted for publication in peer-reviewed journals identified from EMBASE, PubMed/Medline, PsycINFO, Web of Science, Scopus, and the Cochrane Controlled Trials Register from the first available year to November 22, 2014. Searches were conducted from November 2010 to November 2014.

Study Selection

Randomized trials of manualized MBCT for relapse prevention in recurrent depression in full or partial remission that compared MBCT with at least 1 non-MBCT treatment, including usual care.

Data Extraction and Synthesis

This was an update to a previous meta-analysis. We screened 2555 new records after removing duplicates. Abstracts were screened for full-text extraction (S.S.) and checked by another researcher (T.D.). There were no disagreements. Of the original 2555 studies, 766 were evaluated against full study inclusion criteria, and we acquired full text for 8. Of these, 4 studies were excluded, and the remaining 4 were combined with the 6 studies identified from the previous meta-analysis, yielding 10 studies for qualitative synthesis. Full patient data were not available for 1 of these studies, resulting in 9 studies with individual patient data, which were included in the quantitative synthesis.

Results

Of the 1258 patients included, the mean (SD) age was 47.1 (11.9) years, and 944 (75.0%) were female. A 2-stage random effects approach showed that patients receiving MBCT had a reduced risk of depressive relapse within a 60-week follow-up period compared with those who did not receive MBCT (hazard ratio, 0.69; 95% CI, 0.58-0.82). Furthermore, comparisons with active treatments suggest a reduced risk of depressive relapse within a 60-week follow-up period (hazard ratio, 0.79; 95% CI, 0.64-0.97). Using a 1-stage approach, sociodemographic (ie, age, sex, education, and relationship status) and psychiatric (ie, age at onset and number of previous episodes of depression) variables showed no statistically significant interaction with MBCT treatment. However, there was some evidence to suggest that a greater severity of

depressive symptoms prior to treatment was associated with a larger effect of MBCT compared with other treatments.

Conclusions and Relevance

Mindfulness-based cognitive therapy appears efficacious as a treatment for relapse prevention for those with recurrent depression, particularly those with more pronounced residual symptoms. Recommendations are made concerning how future trials can address remaining uncertainties and improve the rigor of the field.

See also (editorial): [Mindfulness-Based Cognitive Therapy and the Prevention of Depressive Relapse -- Measures, Mechanisms, and Mediators.](#)

<http://archpsyc.jamanetwork.com/article.aspx?articleID=2515957>

Alcohol Use Disorder and Mortality Across the Lifespan: A Longitudinal Cohort and Co-relative Analysis.

Kenneth S. Kendler, MD; Henrik Ohlsson, PhD; Jan Sundquist, MD, PhD; Kristina Sundquist, MD, PhD

JAMA Psychiatry

June 2016, Vol 73, No. 6; 575-581

doi:10.1001/jamapsychiatry.2016.0360

Importance

Excess alcohol consumption and alcohol use disorders (AUDs) are associated with substantially increased mortality. Efforts to reduce this toll require an understanding of their causes.

Objective

To clarify the degree to which the excess mortality associated with AUDs arises (1) from the predispositions of the person who develops AUD (and which would likely be shared by close relatives) and (2) as a direct result of AUD itself.

Design, Setting, and Participants

A prospective cohort and co-relative design study involving all individuals born in Sweden from 1940 to 1965 who had neither died nor migrated prior to 1973 or age 15 years (N = 2 821 036). They were followed up from January 1, 1973, until December 31, 2010. Alcohol use disorder was assessed from medical, criminal, and pharmacy registries. Half-siblings, full-siblings, and monozygotic twin pairs discordant for AUD were obtained from the Multi-Generation and Twin Register.

Main Outcome and Measure

Death obtained from the Swedish Death registry.

Results

Our cohort (1 447 887 males and 1 373 149 females) included 131 895 males and 42 163 females registered with AUD. The mean (SD) age at first AUD registration was 39 (13.4) years. We ascertained 127 347 and 76 325 deaths in the male and female subsamples, respectively. Controlling for sex, educational status, and year of birth, the mortality hazard ratio associated with AUD was 5.83 (95% CI, 5.76-5.90) and varied—with an inverted U-shaped function—by age. Examining the AUD-mortality association in the general population and in relative pairs discordant for AUD exposure demonstrated substantial familial confounding in early to mid-adulthood: the AUD-associated mortality hazard ratio was much lower in discordant close relatives than in the general population. In middle to late adulthood, evidence for familial confounding decreased with increasing evidence for a direct effect of AUD on elevated mortality. In the oldest age group (65-70 years), the mortality hazard ratios were similar across the population and all relative pairs, suggesting that the excess mortality was largely a result of having AUD. Adding years since onset of AUD to the model showed that both increasing age and increasing years of duration of AUD contributed to the reduction of familial confounding in the association between AUD and elevated mortality.

Conclusions and Relevance

Excess mortality associated with AUD arises both from the predispositions of the person who develops AUD and the direct result of having AUD. The effect of predisposition is more prominent early in the life course and in the early years of AUD. The direct effect of AUD becomes progressively more important later in life and with longer duration of AUD. These results have implications for interventions seeking to reduce the elevated AUD-associated mortality.

See also (editorial): [Alcohol as an Environmental Mortality Hazard](#)

<http://archpsyc.jamanetwork.com/article.aspx?articleid=2515956>

Differential Risk for Homelessness Among US Male and Female Veterans With a Positive Screen for Military Sexual Trauma.

Emily Brignone, BS; Adi V. Gundlapalli, MD, PhD, MS; Rebecca K. Blais, PhD; Marjorie E. Carter, MSPH; Ying Suo, MS; Matthew H. Samore, MD; Rachel Kimerling, PhD; Jamison D. Fargo, PhD, MS

JAMA Psychiatry

June 2016, Vol 73, No. 6; 582-589

doi:10.1001/jamapsychiatry.2016.0101

Importance

Military sexual trauma (MST) is associated with adverse physical and mental health outcomes following military separation. Recent research suggests that MST may be a determinant in several factors associated with postdeployment homelessness.

Objective

To evaluate MST as an independent risk factor for homelessness and to determine whether risk varies by sex.

Design, Setting, and Participants

A retrospective cohort study of US veterans who used Veterans Health Administration (VHA) services between fiscal years 2004 and 2013 was conducted using administrative data from the Department of Defense and VHA. Included in the study were 601 892 US veterans deployed in Iraq or Afghanistan who separated from the military between fiscal years 2001 and 2011 and subsequently used VHA services.

Exposure

Positive response to screen for MST administered in VHA facilities.

Main Outcomes and Measures

Administrative evidence of homelessness within 30 days, 1 year, and 5 years following the first VHA encounter after last deployment.

Results

The mean (SD) age of the 601 892 participants was 38.9 (9.4) years, 527 874 (87.7%) were male, 310 854 (51.6%) were white, and 382 361 (63.5%) were enlisted in the Army. Among veterans with a positive screen for MST, rates of homelessness were 1.6% within 30 days, 4.4% within 1 year, and 9.6% within 5 years, more than double the rates of veterans with a negative MST screen (0.7%, 1.8%, and 4.3%, respectively). A positive screen for MST was significantly and independently associated with postdeployment homelessness. In regression models adjusted for demographic and military service characteristics, odds of experiencing homelessness were higher among those who screened positive for MST compared with those who screened negative (30-day: adjusted odds ratio [AOR], 1.89; 95% CI, 1.58-2.24; 1-year: AOR, 2.27; 95% CI, 2.04-2.53; and 5-year: AOR, 2.63; 95% CI, 2.36-2.93). Military sexual trauma screen status remained independently associated with homelessness after adjusting for co-occurring mental health and substance abuse diagnoses in follow-up regression models (30-day: AOR, 1.62; 95% CI, 1.36-1.93; 1-year: AOR, 1.49; 95% CI, 1.33-1.66; and 5-year: AOR, 1.39; 95% CI, 1.24-1.55). In the fully adjusted models, the interaction between MST status and sex was significant in the 30-day and 1-year cohorts (30-day: AOR, 1.54; 95% CI, 1.18-2.02; and 1-year: AOR, 1.46; 95% CI, 1.23-1.74), denoting higher risk for homelessness among males with a positive screen for MST.

Conclusions and Relevance

A positive screen for MST was independently associated with postdeployment homelessness, with male veterans at greater risk than female veterans. These results underscore the importance of the MST screen as a clinically important marker of reintegration outcomes among veterans. These findings demonstrate significant long-term negative effects and inform our understanding of the public health implications of sexual abuse and harassment.

See also (editorial): [Preventing Veteran Homelessness by Reducing Military Sexual Trauma -- Ensuring a Welcome Home](#)

<http://onlinelibrary.wiley.com/doi/10.1111/jsr.12431/abstract>

The effect of sleep deprivation on leadership behaviour in military officers: an experimental study.

Olsen, O. K., Pallesen, S., Torsheim, T. and Espevik, R.

Journal of Sleep Research

Version of Record online: 27 MAY 2016

DOI: 10.1111/jsr.12431

While several studies show that leaders frequently lack sleep, little is known about how this influences leadership behaviour. The present study encompasses an experiment that investigated how three main types of leadership behaviour: transformational (four sub-facets); transactional (two sub-facets); and passive-avoidant (two sub-facets) leadership differed across a rested and a long-term, partially sleep-deprived condition. A total of 16 military naval officers participated. In both conditions, the leaders managed a team of three subordinates in a navy navigation simulator, instructed to complete a specific mission (A or B). Both sleep state (rested or sleep deprived) and mission were counterbalanced. Leadership behaviour was video recorded and subsequently rated on the three leadership behaviours. Overall, the scores on transformational leadership (and on two of four sub-facets) and transactional leadership (on both sub-facets) decreased from the rested to sleep-deprived condition, whereas scores on passive-avoidant leadership overall (and on both sub-facets) increased from the rested to sleep-deprived condition. This study underscores the importance of including sleep as a potentially important determinant when assessing leadership effectiveness.

<http://journals.plos.org/plosone/article?id=10.1371/journal.pone.0154203>

Are There Spillover Effects from the GI Bill? The Mental Health of Wives of Korean War Veterans.

Anusha M. Vabl , Ichiro Kawachi, David Canning, M. Maria Glymour, Marcia P. Jimenez, S. V. Subramanian

PLOS ONE

Published: May 17, 2016

<http://dx.doi.org/10.1371/journal.pone.0154203>

Background

The Korean War GI Bill provided economic benefits for veterans, thereby potentially improving their health outcomes. However potential spillover effects on veteran wives have not been evaluated.

Methods

Data from wives of veterans eligible for the Korean War GI Bill (N = 128) and wives of non-veterans (N = 224) from the Health and Retirement Study were matched on race and coarsened birth year and childhood health using coarsened exact matching. Number of depressive symptoms in 2010 (average age = 78) were assessed using a modified, validated Center for Epidemiologic Studies-Depression Scale. Regression analyses were stratified into low (mother < 8 years schooling / missing data, N = 95) or high (mother ≥ 8 years schooling, N = 257) childhood socio-economic status (cSES) groups, and were adjusted for birth year and childhood health, as well as respondent's educational attainment in a subset of analyses.

Results

Husband's Korean War GI Bill eligibility did not predict depressive symptoms among veteran wives in pooled analysis or cSES stratified analyses; analyses in the low cSES subgroup were underpowered (N = 95, $\beta = -0.50$, 95% Confidence Interval: (-1.35, 0.35), $p = 0.248$, power = 0.28).

Conclusions

We found no evidence of a relationship between husband's Korean War GI Bill eligibility and wives' mental health in these data, however there may be a true effect that our analysis was underpowered to detect.

<http://www.tandfonline.com/doi/abs/10.1080/23279095.2016.1166111>

Performance on the Defense Automated Neurobehavioral Assessment Across Controlled Environmental Conditions.

F. Jay Haran , Michael N. Dretsch , Joseph Bleiberg

Applied Neuropsychology: Adult
Published online: 16 May 2016
DOI:10.1080/23279095.2016.1166111

Neurocognitive assessment tools (NCAT) are commonly used to screen for changes in cognitive functioning following a mild traumatic brain injury and to assist with a return to duty decision. As such, it is critical to determine if performance on the Defense Automated Neurobehavioral Assessment (DANA) is adversely affected by operationally-relevant field environments. Differences in DANA performance between a thermoneutral environment and three simulated operationally-relevant field environments across the thermal stress continuum were calculated for 16 healthy U.S. Navy service members. Practice effects associated with brief test-retest intervals were calculated within each environmental condition. There were no significant differences between the simulated environmental conditions suggesting that performance on the DANA Brief is not impacted by thermal stress. Additionally, there were no significant differences in performance within each simulated environmental condition associated with repeated administrations.

<http://www.jsad.com/doi/abs/10.15288/jsad.2016.77.509>

Associations of Posttraumatic Stress Disorder Symptoms With Marijuana and Synthetic Cannabis Use Among Young Adult U.S. Veterans: A Pilot Investigation.

Sean Grant, D.Phil., Eric R. Pedersen, Ph.D., & Clayton Neighbors, Ph.D.

Journal of Studies on Alcohol and Drugs
77(3), 509–514 (2016)
DOI: <http://dx.doi.org/10.15288/jsad.2016.77.509>

Objective:

This study involves a pilot investigation of associations between marijuana and synthetic cannabis use with PTSD symptoms among a young adult sample of U.S. veterans.

Method:

In a cross-sectional survey of a community sample of 790 young adult U.S. veterans, we assessed demographics, combat severity, marijuana and synthetic cannabis use, expectancies of marijuana use, and PTSD symptoms.

Results:

Overall, 61.8% and 20.4% of our sample reported lifetime and past-month marijuana use, whereas 17.0% and 3.4% reported lifetime and past-month synthetic cannabis use. Veterans screening positive for PTSD were more likely to use marijuana and synthetic cannabis in their lifetime and in the past month. Positive PTSD screens, as well as greater expectancies that

marijuana leads to relaxation and tension reduction, were associated with past-month marijuana use in logistic regression analyses. Expectancies moderated the relationship between PTSD and marijuana use, such that those with positive PTSD screens reporting higher levels of relaxation and tension-reduction expectancies were most likely to report past-month marijuana use.

Conclusions:

Our findings suggest an association of PTSD symptoms with marijuana and synthetic cannabis use among young adult U.S. veterans. Future research should further investigate the link between PTSD and marijuana use, as well as the rates and consequences of synthetic cannabis use among veterans.

<http://www.tandfonline.com/doi/abs/10.1080/19371918.2016.1160340>

Intervention Efficacy in Engaging Black and White Veterans with Post-traumatic Stress Disorder into Treatment.

Tracy Stecker , Leslie Adams , Elizabeth Carpenter-Song , Joanne Nicholson , Nicholas Streltsov , Haiyi Xie

Social Work in Public Health

Published online: 21 May 2016

DOI:10.1080/19371918.2016.1160340

This study examined racial differences among Black and White Veterans who screened positive for post-traumatic stress disorder (PTSD) but were not in PTSD treatment and were participating in an intervention trial. Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF) Veterans with PTSD but not yet engaged in treatment were recruited and randomly assigned to control or intervention conditions. Intervention participants received a cognitive-behavioral engagement intervention by phone. All participants received follow-up calls to assess symptoms and utilization of treatment. Black and White participants were compared to assess differences in treatment utilization. Intervention session notes were analyzed qualitatively for explanatory themes. Participants of both races who received the intervention had higher PTSD treatment initiation than their respective control groups (Blacks: 85% vs. 58% and Whites: 53% vs. 45%, respectively). However, Blacks completed fewer PTSD treatment sessions compared to Whites overall ($M = 2.06$ [$SD = 2.3$] vs. $M = 3.77$ [$SD = 9.9$]; $p < .05$). Within the intervention condition, Blacks were significantly more likely to initiate treatment (odds ratio = 2.3, $p < .04$), and had a greater reduction in PTSD symptom compared to Whites (PTSD Checklist - Military Version [PCL] scores: 12.75 vs. 9.68). Based on qualitative analysis of intervention session notes, themes emerged that may suggest cultural differences involving social connection, attitudes towards treatment, and the desire to appear “okay.” Blacks had a higher initiation rate and greater reduction in PTSD severity but completed fewer treatment

sessions than Whites. These are promising results with respect to other studies which demonstrate that Black Veterans are less likely to seek treatment for PTSD.

<http://www.tandfonline.com/doi/abs/10.1080/23761407.2016.1166841>

Animal Assisted Therapy and Trauma Survivors.

Journal of Evidence-Informed Social Work

Published online: 21 May 2016

DOI:10.1080/23761407.2016.1166841

Animal therapy is making strides in the treatment of posttraumatic stress disorder (PTSD). For years, animals have been used with great benefit in the treatment of the aged and the terminally ill. Now animal assisted therapy is benefitting sufferers of PTSD. The results of animal assisted therapy in the treatment of PTSD patients have seen significant results. In one study of the effect of dogs with patients, psychologists noted an 82% reduction in symptoms. One particular case noted that interacting with the dog for as little as one week, enabled a patient to decrease the amount of anxiety and sleep medications by half.

http://www.cjcj.org/uploads/cjcj/documents/jpj_moral_injury.pdf

Moral Injury as a Collateral Damage Artifact of War in American Society: Serving in war to serving time in jail and prison.

William B. Brown, Robert Stanulis and Gerrad McElroy

Justice Policy Journal

Volume 13, Number 1 (Spring)

Within a period of what seems to be a perpetual war there are factors that have been previously referred to as the invisible wounds of war. Those wounds include Posttraumatic Stress Disorder, Traumatic Brain Injury, and Moral Injury. We begin this article with a brief overview of the extensive period of American military involvement, followed by a section that exposes some of the experiences of veterans who have been to war. Moral injury is then addressed, differentiating between social and institutional morality, and the problems many veterans encounter in the aftermath of serving in a war zone and experiencing the actual horrors that only war can produce. Following a comprehensive explanation of Posttraumatic Stress and Traumatic Brain Injury, we begin the explanation of how these hidden injuries of war attribute to veterans becoming entangled in criminal justice. Ultimately, it is the intention of the authors to

advance cultural competency regarding the psychological, neurological, and moral dilemmas veterans, who become entangled in the criminal justice system, are often confronted with.

<http://www.tandfonline.com/doi/full/10.1080/08854726.2016.1171598>

Help-Seeking Behaviors Among Active-Duty Military Personnel: Utilization of Chaplains and Other Mental Health Service Providers.

Jessica Kelley Morgan , Laurel Hourani , Marian E. Lane , Stephen Tueller

Journal of Health Care Chaplaincy

Published online: 18 May 2016

DOI:10.1080/08854726.2016.1171598

Military chaplains not only conduct religious services, but also provide counseling and spiritual support to military service members, operating as liaisons between soldiers and mental health professionals. In this study, active-duty soldiers (N = 889) reported help-seeking behaviors and mental health. Using logistic regressions, we describe the issues for which soldiers reported seeking help, then outline the characteristics of those who are most likely to seek help from a chaplain. Of the soldiers who sought help from a chaplain within the previous year, 29.9% reported high levels of combat exposure, 50.8% screened positive for depression, 39.1% had probable PTSD, and 26.6% screened positive for generalized anxiety disorder. The participant's unit firing on the enemy, personally firing on the enemy, and seeing dead bodies or human remains predicted seeing a chaplain. Future research should examine ways to engage soldiers who have had more combat experiences with the chaplain community to address spiritual issues.

https://www.researchgate.net/profile/Jeff_Guina/publication/291336125_DSM-5_Criteria_and_Its_Implications_for_Diagnosing_PTSD_in_Military_Service_Members_and_Veterans/links/57006d9f08ae1408e15df47c.pdf

DSM-5 Criteria and its Implications for Diagnosing PTSD in Military Service Members and Veterans.

2016

Capt Jeffrey Guina, MD, USAF, Lt Col Randon S. Welton, MD, USAF Retired, Maj Pamela J. Broderick, MD, USAF, Terry L. Correll, DO, Ryan P. Peirson, MD

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

<http://www.sciencedirect.com/science/article/pii/S1932227516000045>

Advancing the Pain Agenda in the Veteran Population.

Rollin M. Gallagher, MD, MPH

Pain Management

Volume 34, Issue 2, June 2016, Pages 357–378

doi:10.1016/j.anclin.2016.01.003

KEY POINTS

- Pain is more prevalent and more complex in Veterans whose wounds from severe injuries, including blasts, are also frequently complicated by posttraumatic stress disorder and traumatic brain injury.
- Pain management should begin as soon as possible after injury to prevent the chronification of pain.
- Pain management should be continuous and multimodal, reflecting the influence of somatic, psychological, and social factors on pain perception, psychological response, and treatment outcomes.
- The Stepped Care Model is an evidence-based approach to providing patient-centered biopsychosocial pain care at the level of the veteran's needs based on complexity, comorbidity, refractoriness, and risk.
- Methods to provide outcomes measurement to assist real-time clinical decision making are needed.

<http://www.sciencedirect.com/science/article/pii/S0303720716301654>

Role of neuroinflammation and sex hormones in war-related PTSD.

Cristhian Mendoza, George E. Barreto, Marco Ávila-Rodríguez, Valentina Echeverría

Molecular and Cellular Endocrinology

Available online 20 May 2016

doi:10.1016/j.mce.2016.05.016

The susceptibility to develop posttraumatic stress disorder (PTSD) is greatly influenced by both innate and environmental risk factors. One of these factors is gender, with women showing higher incidence of trauma-related mental health disorders than their male counterparts. The evidence so far links these differences in susceptibility or resilience to trauma to the neuroprotective actions of sex hormones in reducing neuroinflammation after severe stress exposure. In this review, we discuss the impact of war-related trauma on the incidence of PTSD in civilian and military populations as well as differences associated to gender in the incidence and recovery from PTSD. In addition, the mutually influencing role of inflammation, genetic, and sex hormones in modulating the consequences derived from exposure to traumatic events are discussed in light of current evidence.

<http://link.springer.com/article/10.1007/s11920-016-0680-7>

Ketamine for Treatment of Suicidal Ideation and Reduction of Risk for Suicidal Behavior.

Faryal Mallick, Cheryl B. McCullum-Smith

Current Psychiatry Reports

Complex Medical-Psychiatric Issues (MB Riba, Section Editor)

June 2016, 18:61

DOI 10.1007/s11920-016-0680-7

Ketamine, an NMDA receptor antagonist with efficacy as a rapid anti-depressant, has early evidence for action to reduce suicidal ideation. This review will explore several important questions that arise from these studies. First, how do we measure reductions in suicidal ideation that occur over minutes to hours? Second, are the reductions in suicidal ideation after ketamine treatment solely a result of its rapid anti-depressant effect? Third, is ketamine only effective in reducing suicidal ideation in patients with mood disorders? Fourth, could ketamine's action lead us to a greater understanding of the neurobiology of suicidal processes? Last, do the reductions in depression and suicidal ideation after ketamine treatment translate into decreased risk for suicidal behavior? Our review concludes that ketamine treatment can be seen as a double-edged sword, clinically to help provide treatment for acutely suicidal patients and experimentally to explore the neurobiological nature of suicidal ideation and suicidal behavior.

Links of Interest

Sleep Disorders and Psychiatric Illness: A Complex Clinical Challenge

<http://www.empr.com/features/sleep-disorders-and-psychiatric-illness-a-complex-clinical-challenge/article/498858/>

No Talking, No Drugs—Spec-Ops Vets Pioneer Quiet PTSD Therapy

<http://www.thedailybeast.com/articles/2016/05/30/no-talking-no-drugs-spec-ops-vets-pioneer-quiet-ptsd-therapy.html>

Study finds that VA treats PTSD better than the private sector

<http://www.tampabay.com/news/military/veterans/study-finds-that-va-treats-ptsd-better-than-the-private-sector/2279534>

Does PTSD affect your ability to get life insurance?

<http://www.airforcetimes.com/story/military/advice/consumer-watch/2016/05/23/does-ptsd-affect-your-ability-get-life-insurance/84512758/>

U.S. service member hospitalizations for mental health disorders drops to lowest level in seven years

<http://www.health.mil/News/Articles/2016/05/27/US-service-member-hospitalizations-for-mental-health-disorders-drops-to-lowest-level-in-seven-years>

ACP recommends cognitive behavioral therapy for chronic insomnia

<http://www.healio.com/internal-medicine/sleep-medicine/news/online/%7B366103d7-dcd1-47d1-8795-90dc3281e2b4%7D/acp-recommends-cognitive-behavioral-therapy-for-chronic-insomnia>

Accurate veterans suicide data not expected for months

<http://www.militarytimes.com/story/veterans/2016/05/12/accurate-data-veterans-suicide-not-expected-months/84296632/>

VA Expands Telehealth Access for Veterans

<http://mhealthintelligence.com/news/va-expands-telehealth-access-for-veterans>

Resource of the Week -- [Profile of Post-9/11 Veterans: 2014](#)

Released last month by the National Center for Veterans Analysis and Statistics

This profile uses data from the 2014 American Community Survey and USVETS (2014) data to compare the demographic and socioeconomic characteristics of Post-9/11

Veterans with non-Post-9/11 Veterans and with non-Veterans. It also illustrates utilization differences between Post-9/11 Veterans and other Veterans.

Introduction

Post-9/11 Veterans are the youngest cohort being served by the Department of Veterans Affairs (VA). The National Center for Veterans Analysis and Statistics (NCVAS) produced this profile to meet the demands for data and understanding of the Post-9/11 Veteran population. As of 2014, there are 2.6 million Post-9/11 Veterans. As an end date to the Gulf War Era has not been established, the Post-9/11 cohort will continue to grow. VA projects a Post-9/11 Veteran population of just under 3.5 million by 2019.

VA continues to deliver a wide array of benefits and services Veterans, eligible dependents, and survivors to help to ease the transition from the military to civilian life and to improve quality of life. These programs are overseen by three administrations:

- Veterans Health Administration (VHA) provides health care and Pharmacy services.
- Veterans Benefits Administration (VBA) provides Compensation and Pension disability benefits, Education Assistance, Life Insurance, Vocational Rehabilitation/employment services, and Home Loan Guaranty assistance.
- National Cemetery Administration (NCA) provides memorial benefits including graves, markers, flags, medallions, and burial allowance.

Key questions addressed in this profile are:

- How many Post-9/11 Veterans used VA benefits? How many did not?
- Which programs do Post-9/11 Veterans use most?
- What are the demographic and socio-economic characteristics of Post-9/11 Veterans and how do they differ from other Veterans and non-Veterans?
 - Gender
 - Age
 - Race
 - Marital Status
 - Education
 - Employment
 - Occupation
 - Health Insurance
 - Poverty
 - income

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