



CDP Research Update -- July 7, 2016

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<http://www.sciencedirect.com/science/article/pii/S0165178115306235>

The Burden of Hostility in U.S. Veterans: Results from the National Health and Resilience in Veterans Study.

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Psychiatry Research

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Hostility is associated with substantial mental and physical health consequences. Population-based data regarding the nature and longitudinal course of hostility in U.S. veterans are scarce. We analyzed data from 2,157 U.S. veterans who participated in the National Health and Resilience in Veterans Study, a nationally representative, prospective cohort study of U.S. veterans. We identified the prevalence of longitudinal courses of hostility (chronic, increasing, decreasing, or no hostility). We then evaluated relationships between sociodemographic, risk, and protective correlates measured at baseline and longitudinal courses of two aspects of hostility—aggressive urges and difficulties controlling anger. The majority of veterans (61.2%) reported experiencing difficulties controlling anger and a sizable minority of veterans (23.9%) reported experiencing aggressive urges over a two-year period. Protective psychosocial characteristics (e.g., optimism) and aspects of social connectedness (e.g., secure attachment style) were negatively associated with hostility. Psychological distress predicted all symptomatic hostility courses, while alcohol misuse predicted chronic aggressive urges and all symptomatic courses of difficulties controlling anger. These findings provide the first known population-based evaluation of the prevalence, course, and risk and protective correlates of hostility in U.S. veterans, and suggest targets for prevention and treatment efforts that can help mitigate risk for hostility in this population.

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

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

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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.

<http://www.ncbi.nlm.nih.gov/pubmed/26709427>

Am J Occup Ther. 2016 Jan-Feb;70(1):7001260010p1-7001260010p10. doi: 10.5014/ajot.2016.016519

Protective and Vulnerability Factors Contributing to Resilience in Post-9/11 Veterans With Service-Related Injuries in Postsecondary Education.

Eakman AM, Schelly C, Henry KL

OBJECTIVE:

To examine differences in psychosocial protective factors (social support, meaningful occupation, and academic self-efficacy) and health-related vulnerability factors (posttraumatic stress, depression, and somatic symptoms) contributing to resilience in post-9/11 veterans with service-related injuries and nonveterans in postsecondary education.

METHOD:

A cross-sectional, matched-participants design using propensity score matching was used to test differences in mean levels of protective and vulnerability factors between injured veterans ($n = 26$) and nonveterans ($n = 19$); zero-order correlations explored relationships among study variables.

RESULTS:

The veteran sample demonstrated lower levels of psychosocial protective factors and higher levels of health-related vulnerability factors compared with nonveterans ($|0.49|$ to $|1.56|$). Psychosocial protective factors were consistently negatively associated with health-related vulnerability factors ($-.27$ to $-.63$).

CONCLUSION:

Post-9/11 veterans with service-related injuries are at a substantial disadvantage in terms of resilience; lower protective factors and elevated vulnerability factors may increase their risk for

poor campus integration and impede academic achievement.
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<http://www.ncbi.nlm.nih.gov/pubmed/27045502>

J Spec Oper Med. 2016 Spring;16(1):81-5.

Sleep As A Strategy For Optimizing Performance.

Yarnell AM, Deuster P.

Recovery is an essential component of maintaining, sustaining, and optimizing cognitive and physical performance during and after demanding training and strenuous missions. Getting sufficient amounts of rest and sleep is key to recovery. This article focuses on sleep and discusses (1) why getting sufficient sleep is important, (2) how to optimize sleep, and (3) tools available to help maximize sleep-related performance. Insufficient sleep negatively impacts safety and readiness through reduced cognitive function, more accidents, and increased military friendly-fire incidents. Sufficient sleep is linked to better cognitive performance outcomes, increased vigor, and better physical and athletic performance as well as improved emotional and social functioning. Because Special Operations missions do not always allow for optimal rest or sleep, the impact of reduced rest and sleep on readiness and mission success should be minimized through appropriate preparation and planning. Preparation includes periods of "banking" or extending sleep opportunities before periods of loss, monitoring sleep by using tools like actigraphy to measure sleep and activity, assessing mental effectiveness, exploiting strategic sleep opportunities, and consuming caffeine at recommended doses to reduce fatigue during periods of loss. Together, these efforts may decrease the impact of sleep loss on mission and performance.

<http://www.sciencedirect.com/science/article/pii/S0005789416300259>

A Daily Diary Study of Posttraumatic Stress Symptoms and Romantic Partner Accommodation.

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Behavior Therapy
Available online 3 May 2016
doi:10.1016/j.beth.2016.04.006

Little is known about the role of romantic partner symptom accommodation in PTSD symptom maintenance. To explore the bidirectional associations of posttraumatic stress disorder (PTSD) symptoms and romantic partner symptom accommodation over time, military servicemen (n = 64) with symptoms of PTSD and their co-habiting heterosexual civilian romantic partners (n = 64) completed a 2-week daily diary study. Cross-lagged, autoregressive models assessed the stability of men's PTSD symptoms and partners' accommodation, as well as the prospective associations of earlier PTSD symptoms with later accommodation and vice versa. Analyses used Bayesian estimation to provide point estimates (b) and Credible Intervals (CIs). In all models, PTSD symptoms (total and individual clusters) were highly stable (b = 0.91; CI: 0.88-0.95), and accommodation was moderately stable (b = 0.48; CI: 0.40-0.54). In all models, earlier PTSD symptoms (total and clusters) were significantly, positively associated with later accommodation (b = 0.04; CI: 0.02-0.07). In contrast, earlier accommodation was significantly associated only with later situational avoidance (b = 0.02; CI: 0.00-0.07). Thus, PTSD symptoms may lead to subsequent accommodating behaviors in romantic partners, but partner accommodation seems to contribute only to survivors' future situational avoidance symptoms. The findings reinforce the notion that PTSD symptoms have an impact on relationship behaviors, and that accommodation from partners may sustain avoidant behaviors in particular. Clinicians should attend to romantic partners' accommodating behaviors when working with survivors.

<http://www.tandfonline.com/doi/abs/10.1080/14737175.2016.1205487>

Treatment of persistent post-concussion syndrome due to mild traumatic brain injury: current status and future directions.

Amir Hadanny , Shai Efrati

Expert Review of Neurotherapeutics

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Persistent post-concussion syndrome caused by mild traumatic brain injury has become a major cause of morbidity and poor quality of life. Unlike the acute care of concussion, there is no consensus for treatment of chronic symptoms. Moreover, most of the pharmacologic and non-pharmacologic treatments have failed to demonstrate significant efficacy on both the clinical symptoms as well as the pathophysiologic cascade responsible for the permanent brain injury. This article reviews the pathophysiology of PCS, the diagnostic tools and criteria, the current available treatments including pharmacotherapy and different cognitive rehabilitation programs, and promising new treatment directions. A most promising new direction is the use of hyperbaric oxygen therapy, which targets the basic pathological processes responsible for post-concussion symptoms; it is discussed here in depth.

<http://www.sciencedirect.com/science/article/pii/S1047279716301685>

Population mental health among US military veterans: Results of the Veterans Health Module of the Behavioral Risk Factor Surveillance System, 2011-2012.

John R. Blosnich, Lisa A. Brenner, Robert M. Bossarte

Annals of Epidemiology

Available online 25 June 2016

doi:10.1016/j.annepidem.2016.06.009

Purpose

To examine mental health indicators, in aggregate and stratified by sex, among a population-based sample of US military veterans.

Methods

Data are from veteran who completed the Veterans Health Module (VHM) of the 2011 and 2012 Behavioral Risk Factor Surveillance System (n=10,406). VHM items included lifetime diagnoses of mental illnesses, service in a combat zone, sources of mental health care, and past 12-month suicidal ideation and attempt. We used weighted, multiple logistic regression models, adjusted for socio-demographics, to examine differences in suicidal ideation and attempt among men and women.

Results

Overall, 5.0% of the sample reported recent suicidal ideation and 1.0% reported attempting suicide. Among men, unemployment was positively associated with suicidal ideation and combat exposure was negatively associated with suicidal ideation. Being separated, divorced or widowed was positively associated with suicidal ideation among women. After adjusting for socio-demographic and VHM variables, veterans who sought mental health treatment from both VA and non-VA facilities had more than fourfold increased odds of suicidal ideation than veteran who sought mental health treatment from only VA facilities (aOR=4.02, 95%CI:1.23-13.13).

Conclusions

Correlates of suicidal ideation differ between male and female veterans. Veterans who use both non-VA and VA facilities for mental health services may have greater risk of self-directed violence.

Stress-related biobehavioral responses, symptoms, and physical activity among female veterans in the community: An exploratory study.

Hsiao-Lan Wang, Constance Visovsky, Ming Ji, Maureen Groer

Nurse Education Today

Available online 23 June 2016

doi:10.1016/j.nedt.2016.06.017

Female veterans experience multiple stresses during their lifetime. Some of them seek care in the civilian community. Common physical and psychological symptoms among female veterans include pain, fatigue, sleep quality, and depression. Physical activity has the potential to improve their well-being.

Objectives

This study was guided by the concept of allostasis. The purpose of the study was to determine the associations among stress-related biobehavioral responses and symptoms as well as to determine if physical activity moderated these associations among female veterans.

Design/Settings/Participants/Methods

A cross-sectional and exploratory design was implemented among 82 female veterans (46 ± 10.57 years old) at a community event. Self-reported questionnaires and blood and hair samples were collected. Descriptive statistics and multivariate analyses were applied in this secondary data analysis.

Findings

Female veterans experienced moderate perceived stress and greater body mass index, C-reactive protein, and hair cortisol levels at the same time as they reported moderate levels of pain and fatigue, poor sleep quality, and considerable depressive symptoms. The findings showed that greater body mass index was significantly associated with more severe pain and poor sleep quality. Physical activity negatively moderated the relationship between perceived stress and pain.

Conclusion

Female veterans need services to manage body weight and help them engage in physical activity. Nurse educators are responsible for instructing nurses to properly identify female veterans in the civilian community facility and to provide care in a respectful manner.

Transgender Veterans and the Veterans Health Administration: Exploring the Experiences of Transgender Veterans in the Veterans Affairs Healthcare System.

Rosentel Kris, Hill Brandon J., Lu Connie, and Barnett Joshua Trey

Transgender Health

June 2016, 1(1): 108-116

doi:10.1089/trgh.2016.0006

Purpose:

The Veterans Health Administration (VHA) has provided transgender transition-related care to veterans since 2011. However, little is known about the experiences of transgender veteran patients accessing transgender transition-related healthcare at Veterans Affairs (VA) clinics since the establishment of this care. The purpose of this study was to explore transgender veterans' experiences accessing and utilizing transition-related healthcare through the VA healthcare system.

Methods:

Eleven transgender veterans were recruited using in-person recruitment at the 2013 Southern Comfort Conference (Atlanta, GA). In-depth semistructured interviews were conducted with participants using a qualitative inquiry methodological perspective and experience-centered approach. Interviews were digitally recorded and transcribed verbatim. The transcripts were coded by two independent researchers using ATLAS.ti.©

Results:

Five inter-related themes were identified as key factors impacting the accessibility and quality of care transgender veterans receive through the VA: (1) long delays in receiving care; (2) needing to travel to receive care; (3) lack of patient knowledge regarding the coverage of transition-related care; (4) insensitivity, harassment, and violence among providers; and (5) a general lack of knowledge about transgender patients and care among providers.

Conclusion:

To our knowledge, this study is one of the first to explore the experiences of transgender veterans in accessing and utilizing transgender transition-related care at the VA after the 2011 VHA directive. Our findings suggest that although transgender healthcare coverage is available, additional patient-centered and healthcare system-level interventions are needed to improve the uptake and implementation of the VHA transgender protections and care coverage.

Nocturnal Wakefulness as a Previously Unrecognized Risk Factor for Suicide.

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Journal of Clinical Psychiatry
2016;77(6):e726–e733
10.4088/JCP.15m10131

Objective:

Suicide is a major public health problem and the 10th leading cause of death in the United States. The identification of modifiable risk factors is essential for reducing the prevalence of suicide. Recently, it has been shown that insomnia and nightmares significantly increase the risk for suicidal ideation, attempted suicide, and death by suicide. While both forms of sleep disturbance may independently confer risk, and potentially be modifiable risk factors, it is also possible that simply being awake at night represents a specific vulnerability for suicide. The present analysis evaluates the frequency of completed suicide per hour while taking into account the percentage of individuals awake at each hour.

Methods:

Archival analyses were conducted estimating the time of fatal injury using the National Violent Death Reporting System for 2003–2010 and the proportion of the American population awake per hour across the 24-hour day using the American Time Use Survey.

Results:

The mean \pm SD incident rate from 06:00–23:59 was 2.2% \pm 0.7%, while the mean \pm SD incident rate from 00:00–05:59 was 10.3% \pm 4.9%. The maximum incident rate was from 02:00–02:59 (16.3%). Hour-by-hour observed values differed from those that would be expected by chance ($P < .001$), and when 6-hour blocks were examined, the observed frequency at night was 3.6 times higher than would be expected by chance ($P < .001$).

Conclusions:

Being awake at night confers greater risk for suicide than being awake at other times of the day, suggesting that disturbances of sleep or circadian neurobiology may potentiate suicide risk.

<http://psycnet.apa.org/journals/tra/8/4/520/>

Shame versus trauma-related guilt as mediators of the relationship between PTSD symptoms and aggression among returning veterans.

Crocker, Laura D.; Haller, Moira; Norman, Sonya B.; Angkaw, Abigail C.

Psychological Trauma: Theory, Research, Practice, and Policy

Vol 8(4), Jul 2016, 520-527

<http://dx.doi.org/10.1037/tra0000151>

Objective:

It is well established that posttraumatic stress disorder (PTSD) is associated with various forms of aggression, though the mechanisms by which PTSD is related to aggression are not fully understood. Some research suggests that the tendency to experience shame, but not guilt, contributes to aggression in individuals with a history of interpersonal trauma. This study tested the hypothesis that trait shame but not trauma-related guilt would mediate the relationship between PTSD symptoms and verbal and physical aggression in veterans with combat/military-related trauma seeking PTSD treatment.

Method:

In a sample of 127 returning veterans (95% male, mean age = 32.93), negative binomial path analyses tested multiple mediational models in which shame versus trauma-related guilt (separate models entered the effects of global guilt, guilt cognitions, and guilt distress) were examined as mediators of PTSD symptoms on verbal and physical aggression separately.

Results:

Results indicated that shame partially mediated the association of PTSD symptoms with verbal aggression but not physical aggression when accounting for trauma-related guilt. Although PTSD symptoms were associated with higher scores on all aspects of trauma-related guilt, guilt did not significantly mediate relations between PTSD symptoms and verbal or physical aggression when accounting for shame.

Conclusion:

These results indicate that it is worthwhile to examine whether addressing shame in PTSD treatment may also reduce verbal aggression in returning veterans. (PsycINFO Database Record (c) 2016 APA, all rights reserved)

<http://jhi.sagepub.com/content/early/2016/06/18/1460458216656472.abstract>

A randomized controlled pilot study of CBT-I Coach: Feasibility, acceptability, and potential impact of a mobile phone application for patients in cognitive behavioral therapy for insomnia.

Erin Koffel, Eric Kuhn, Napoleon Petsoulis, Christopher R Erbes, Samantha Anders, Julia E Hoffman, Josef I Ruzek, and Melissa A Polusny

There has been growing interest in utilizing mobile phone applications (apps) to enhance traditional psychotherapy. Previous research has suggested that apps may facilitate patients' completion of cognitive behavioral therapy for insomnia (CBT-I) tasks and potentially increase adherence. This randomized clinical trial pilot study (n = 18) sought to examine the feasibility, acceptability, and potential impact on adherence and sleep outcomes related to CBT-I Coach use. All participants were engaged in CBT-I, with one group receiving the app as a supplement and one non-app group. We found that patients consistently used the app as intended, particularly the sleep diary and reminder functions. They reported that it was highly acceptable to use. Importantly, the app did not compromise or undermine benefits of cognitive behavioral therapy for insomnia and patients in both groups had significantly improved sleep outcomes following treatment.

<http://painmedicine.oxfordjournals.org/content/early/2016/06/27/pm.pnw089.abstract>

Physical Activity Moderates the Association Between Pain and PTSD in Treatment-Seeking Veterans.

Laura E. Bourn PhD, Minden B. Sexton PhD, Katherine E. Porter PhD, Sheila A.M. Rauch PhD

Pain Medicine
27 June 2016
DOI: <http://dx.doi.org/10.1093/pm/pnw089>

Objective.

Posttraumatic stress disorder (PTSD) and pain are frequently comorbid conditions that can result in bidirectional exacerbations. Initial research suggests physical activity may prevent PTSD symptoms or assist with recovery. Unfortunately, Veterans with PTSD are less likely to engage in physical activity, often citing pain as a primary reason. The current study examines the potential role of physical activity as a moderator of the pain and PTSD relationship.

Design.

Data were collected from 239 Veterans who were seeking PTSD treatment at a Veterans Affairs (VA) hospital between 2006 and 2013. Veterans completed the Clinician-Administered PTSD Scale (CAPS) to measure PTSD severity and self-report inventories to measure pain and physical activity. Multiple moderated linear regressions were used to examine the influence of physical activity on the relationship between pain and PTSD symptoms.

Results.

Pain severity and interference were associated with more severe PTSD. Physical activity did not have main effects on PTSD severity. However, it did moderate the relationship between PTSD and pain, such that those who were active, despite high levels of pain severity or pain interference, had fewer PTSD symptoms.

Conclusions.

For Veterans seeking treatment for PTSD, physical activity was particularly salient for those reporting high levels of pain severity and intensity. While assessment of pain is recommended with all Veterans, it may also be beneficial to evaluate physical activity in those with prominent pain complaints. Further examination of the role of exercise in integrated care for pain and PTSD is warranted.

Published by Oxford University Press on behalf of the American Academy of Pain Medicine. 2016. This work is written by US Government employees and is in the public domain in the US.

<http://www.sciencedirect.com/science/article/pii/S0165178115307411>

Nonsuicidal self-injury and suicide attempts in Iraq/Afghanistan war veterans.

Nathan A. Kimbrel, Bryann B. DeBeer, Eric C. Meyer, Suzy B. Gulliver, Sandra B. Morissette

Psychiatry Research

Available online 28 June 2016

doi:10.1016/j.psychres.2016.06.039

The present study examined the association between history of nonsuicidal self-injury (NSSI) and history of suicide attempts (SA) among 292 Iraq/Afghanistan veterans, half of whom carried a lifetime diagnosis of posttraumatic stress disorder (PTSD). Consistent with hypotheses, veterans who reported a history of NSSI were significantly more likely to report a history of SA than veterans without a history of NSSI. In addition, logistic regression demonstrated that NSSI remained a significant predictor of SA even after a wide range of covariates (i.e., combat exposure, traumatic brain injury, PTSD depression, alcohol dependence) were considered. Taken together, these findings suggest that clinicians working with veterans should include NSSI history as part of their standard risk assessment battery.

<http://onlinelibrary.wiley.com/doi/10.1111/jnu.12229/abstract>

Understanding Compassion Fatigue in Healthcare Providers: A Review of Current Literature.

Sorenson, C., Bolick, B., Wright, K. and Hamilton, R.

Journal of Nursing Scholarship

Version of Record online: 28 JUN 2016

DOI: 10.1111/jnu.12229

Purpose

The purpose of this integrative review was to identify, review, synthesize, and analyze the existing literature addressing compassion fatigue (CF) in healthcare providers (HCPs), with careful attention to provider role and practice area. CF needs to be better understood to identify, prevent, and treat it before it becomes problematic for HCPs. CF is representative of the cost of caring and results in physical, emotional, and psychological symptoms that contribute to the decision of the HCP to leave the profession.

Methods

A literature search, guided by search terms related to CF, was conducted using the Cumulative Index to Nursing and Allied Health Literature (CINAHL) and PubMed encompassing publications between 2005 and 2015. The selected literature was then systemically reviewed and synthesized for this narrative review.

Results

These preliminary searches resulted in 307 articles, of which 43 met inclusion criteria. These 43 articles were reviewed and reported that CF and related concepts (CF and RCs) were pervasive and affected a wide variety of HCPs working in many clinical settings; however, advanced practice registered nurses (APRNs), respiratory therapists, physical therapists, and occupational therapists were not well represented. The literature provided information regarding prevalence, risk factors, prevention measures, and symptoms of CF and RCs.

Conclusions

While CF and RCs have been explored in a myriad of medical professionals, there is little published regarding APRNs, respiratory therapists, physical therapists, and occupational therapists. More research is needed to evaluate for the presence of CF in HCPs working in a variety of settings and the degree to which it affects personal and professional well-being, including interactions with patients, patient outcomes, and the quality of professional life. Additionally, as the definition and use of the term compassion fatigue has evolved, a need for a well-developed concept analysis has also become evident.

Clinical Relevance

A better understanding of current research on CF through narrative review, development of a concept analysis, and further exploration of its impact on HCPs has the potential to improve the overall well-being of HCPs, ultimately leading to better patient care and retention within the profession.

<http://scholarworks.waldenu.edu/cgi/viewcontent.cgi?article=3501&context=dissertations>

Veterans' Perceptions of Military Stigma and the Shame Associated with Combat-Related Posttraumatic Stress

Alexander J. Buelna

Walden University, College of Health Sciences
Dissertation, May 2016
Doctor of Philosophy, Public Health

Military stigma is a heavy burden of social stigma internalized by veterans who are diagnosed with posttraumatic stress disorder (PTSD) during post-deployment psychological screening. PTSD is classified as a mental disorder associated with widespread reluctance to seek medical assistance. Among military veterans who suffer from combat-related posttraumatic stress (PTS), military stigma is considered a widespread problem. The purpose of this phenomenological study was to explore veterans' perceptions of various aspects of military stigma, including post-deployment psychological screening, the diagnosis of PTSD, and factors associated with reluctance to seek medical assistance for PTS. In-depth interviews were conducted with a convenience sample of 10 veterans of 2 recent operations in Iraq and Afghanistan. A modified form of labeling theory was applied to address the role of cultural stereotypes in stigma (societal and self-internalized), and the discriminatory factors associated with them. Multiple themes emerged, including a commonly held view that post-deployment health screenings are superficial, inconsistent, and ineffective procedures in which veterans feel the need to lie about their experience for fear of being stigmatized with a mental disorder. The findings confirm that the stigma associated with a diagnosis of PTSD perpetuates veterans' reluctance to seek help for PTS, which results in multiple personal and professional problems. Remedies recommended by these veterans included improved post-deployment medical screening procedures, reclassification of PTSD as a war injury instead of a mental disorder, and PTS-related stigma awareness training.

<http://aquila.usm.edu/cgi/viewcontent.cgi?article=1393&context=dissertations>

Assessing U.S. Veterans' Work Role Functioning: Influences of Posttraumatic Stress, Sense of Coherence, and Vocational Identity

Lauren Kelly Osborne

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Dissertation, August 2016
Doctor of Philosophy, Psychology

Since the beginning of military operations in Iraq and Afghanistan following the September 11, 2001 terrorist attacks that now characterize the Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF) combat eras, unique stressors and conditions have faced service members. Advancements in military medicine have resulted in greater survival rates of combat veterans but have also increased rates of chronic psychological distress (Schnurr, Lunney, Bovin, & Marx, 2009). Research regarding these concerns has increased as these service members are now returning home and re-entering civilian life, and many studies show the detrimental effects of service on psychosocial functioning following combat including employment difficulties. As unemployment among veterans has dropped since the beginning of 2013 (U.S. Department of Labor, 2014), understanding how veterans are functioning in their new civilian work roles is the next step in better understanding their unique experiences of transitions (Strauser, Lustig, Cogdal, & Uruk, 2006). This study assessed the relationship between PTSS and current work role functioning among OIF and OEF veterans, including evaluation of the influence of personal variables such as reports of sense of coherence and vocational identity. Results of the study found PTSS and sense of coherence to predict work role functioning and PTSS to predict vocational identity in line with hypotheses. Further, sense of coherence was found to mediate the relationship between PTSS and work role functioning in support of hypotheses. Results indicate that sense of coherence does not moderate the relationship between PTSS and work role functioning, nor does it moderate the relationship between PTSS and vocational identity. Additionally, vocational identity was not found to moderate the relationship between PTSS and work role functioning. Clinical implications, limitations, and directions for future research are addressed.

<http://www.tandfonline.com/doi/abs/10.1080/00981389.2016.1191582>

The association between unemployment status and physical health among veterans and civilians in the United States.

Thanh V. Tran , Julie Canfield , Keith Chan

Social Work in Health Care

Published online: 27 Jun 2016

DOI:10.1080/00981389.2016.1191582

This study analyzed data from the 2012 Behavioral Risk Factor Surveillance System to examine the association between unemployment status and physical health among a sample of 170,924 civilians and 12,129 veterans (aged 18–50 years). Multivariate regression analysis was used to test the interaction effect between employment status and veteran/civilian status on physical

health. Veterans who were unemployed long term (longer than 27 weeks) reported a significantly greater number of days with poor physical health than civilians who experienced long-term unemployment. Timely prevention and intervention efforts to integrate veterans into the workforce could lead to substantially improved physical health outcomes. Public health policies and programs that are funded to assist veterans in securing and maintaining gainful employment can have lasting implications for their overall improved health and physical well-being.

<http://psycnet.apa.org/journals/tra/8/4/528/>

The role of perceived threat in the emergence of PTSD and depression symptoms during warzone deployment.

Lancaster, Cynthia L.; Cobb, Adam R.; Lee, Han-Joo; Telch, Michael J.

Psychological Trauma: Theory, Research, Practice, and Policy

Vol 8(4), Jul 2016, 528-534

<http://dx.doi.org/10.1037/tra0000129>

Objective:

Numerous studies have shown that level of exposure to combat-related stressors is a robust risk factor for posttraumatic stress disorder (PTSD) and depression among military personnel deployed to a warzone. Threat perception of warzone experiences assessed retrospectively has been consistently linked to increased risk for PTSD and depression months or even years after returning from deployment. However, little is known about concurrent relations between perceived threat, deployment stress, and stress-related symptoms during deployment. Using a novel in-theater web-based assessment system, we investigated the unique and joint contribution of threat perception and deployment stressors in predicting the emergence of PTSD and depression symptoms during deployment.

Method:

Soldiers (N = 150) completed assessments of deployment stressors, perceived threat, PTSD symptoms, and depression symptoms throughout deployment to Iraq.

Results:

Results revealed that perceived threat potentiated the increase in PTSD symptoms as a result of increases in deployment stressors. In contrast, perceived threat, but not warzone stressors, uniquely predicted depression symptoms.

Conclusions:

Results highlight the important role of threat perception as a risk marker for the acute

experience of depression and PTSD symptoms during deployment. (PsycINFO Database Record (c) 2016 APA, all rights reserved)

<http://link.springer.com/article/10.1007/s10862-016-9555-9>

The Underlying Role of Negative Affect in the Association between PTSD, Major Depressive Disorder, and Generalized Anxiety Disorder.

Brianna M. Byllesby, Ruby Charak, Tory A. Durham, Xin Wang, Jon D. Elhai

Journal of Psychopathology and Behavioral Assessment

First online: 25 June 2016

DOI 10.1007/s10862-016-9555-9

Clinicians and researchers have found differential diagnosis to be difficult, particularly for conceptually similar disorders. One category of particular interest has been distress or internalizing disorders, theorized to be related via an underlying construct of generalized distress or negative affect. The present study attempted to address the comorbidity of three distress disorders - posttraumatic stress disorder (PTSD), major depressive disorder (MDD), and generalized anxiety disorder (GAD) - using latent analyses by controlling for the variance attributable to negative affect. The sample consisted of 265 trauma-exposed individuals who completed self-report measures of PTSD, MDD, GAD, and negative affect. Confirmatory factor analysis was used to test initial model fit. Next, the model was re-computed, controlling for negative affect by regressing negative affectivity at the item-level. Results indicated that a significant amount of variance within and between these diagnostic categories is attributable to negative affect at both the item- and factor-level. The hypothesis that MDD's non-somatic/affective factor and the GAD factor would have the highest attenuations in factor loadings after controlling for negative affect was supported. Therefore, negative affect significantly influences the co-occurrence of PTSD, MDD, and GAD clinically, emphasizing the need for transdiagnostic interventions for trauma victims.

<http://link.springer.com/article/10.1007/s10826-016-0471-0>

The Significance of Military Contexts and Culture for Understanding Family Well-Being: Parent Life Satisfaction and Adolescent Outcomes.

Alycia N. DeGraff, Catherine W. O'Neal, Jay A. Mancini

Journal of Child and Family Studies
First online: 25 June 2016
DOI 10.1007/s10826-016-0471-0

Formal systems and informal networks are presumed to be significant contexts that affect military families. Their effects on both parents and adolescents in active duty military families are examined (N = 236 families). Social organization and contextual model of family stress theories are employed as frameworks for the analyses of how dimensions of military culture influence parents' life satisfaction, as well as key developmental outcomes of their adolescents (for example, mental health). Key findings from our analyses included a positive relationship between parents support from military leaders and fellow soldiers and parental well-being findings revealed the importance of civilian parents' satisfaction with military life on adolescent outcomes for families that have experienced stressful military contexts. These findings provide support for the significance of multiple contexts for understanding resilience among military members and their families.

<http://www.tandfonline.com/doi/abs/10.1080/15299732.2016.1205704>

Face-to-Face but not in the Same Place: Pilot Study of Prolonged Exposure Therapy.

C. Laurel Franklin , Lisa-Ann Cuccurullo , Jessica L. Walton , Julie Arseneau , Nancy J. Petersen

Journal of Trauma & Dissociation
Published online: 27 Jun 2016
DOI:10.1080/15299732.2016.1205704

This pilot study examined use of smart-phone technology to deliver prolonged exposure (PE) therapy to patients with posttraumatic stress disorder (PTSD) with geographic limitations hindering in-person therapy. The primary goal was to examine the feasibility and acceptability of using video-teleconferencing (i.e., computer-based and iPhone4 streaming technology), with a secondary goal of examining clinical outcomes of PE delivered via teleconferencing compared with treatment as usual (TAU) on PTSD and depressive/anxious symptom reduction. Rural Veterans (N = 27) were randomized to receive PE by computer teleconferencing at a Veterans Health Administration community clinic; PE by iPhone issued for the duration of the study; or TAU provided by a referring clinician. To examine these goals, the number of referrals to the study, number of patients entering the study, and number completing psychotherapy were collected, along with documentation of pragmatic and technical issues interfering with ability to use teleconferencing to deliver PE; results are discussed. Additionally, measures of symptom change examined clinical outcomes. Results indicated decreases in PTSD symptoms in Veterans who completed PE therapy via teleconferencing; however, there was significantly more attrition in these groups than in TAU.

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

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

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JAMA Psychiatry
2016;73(7):695-704
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 participants with PTSD and 4607 trauma-exposed control individuals; the Pre/Post Deployment Study (PPDS) included 947 unique participants with PTSD and 4969 trauma-exposed controls. The NSS data were collected from February 1, 2011, to November 30, 2012; the PDDS 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.

See also: **The Intersection of Environment and the Genome in Posttraumatic Stress Disorder** (editorial) <http://archpsyc.jamanetwork.com/article.aspx?articleID=2521459>

<http://link.springer.com/article/10.1007/s10488-016-0744-3>

Pre-deployment Year Mental Health Diagnoses and Treatment in Deployed Army Women.

Nikki R. Wooten, Rachel Sayko Adams, Beth A. Mohr, Diana D. Jeffery, Wendy Funk, Thomas V. Williams, Mary Jo Larson

Administration and Policy in Mental Health and Mental Health Services Research

First online: 01 July 2016

DOI 10.1007/s10488-016-0744-3

We estimated the prevalence of select mental health diagnoses (MHDX) and mental health treatment (MHT), and identified characteristics associated with MHT during the pre-deployment year (365 days before deployment) in active duty Army women ($N = 14,633$) who returned from Iraq or Afghanistan deployments in FY2010. Pre-deployment year prevalence estimates were:

26.2 % for any select MHDX and 18.1 % for any MHT. Army women who had physical injuries since FY2002 or any behavioral health treatment between FY2002 and the pre-deployment year had increased odds of pre-deployment year MHT. During the pre-deployment year, a substantial percentage of Army women had MHDX and at least one MHT encounter or stay. Future research should determine if pre-deployment MHDX among Army women reflect vulnerability to future MHDX, or if pre-deployment MHT results in protection from chronic symptoms.

<http://online.liebertpub.com/doi/abs/10.1089/neu.2016.4403>

Female Service Members and Symptom Reporting following Combat and Non-combat Related Mild Traumatic Brain Injury.

Dr. Tracey A Brickell, Dr. Sara Lippa, Dr. Louis M. French, Dr. Jan Kennedy, Dr. Jason Bailie, and Dr. Rael T Lange

Journal of Neurotrauma
July 2016, ahead of print
doi:10.1089/neu.2016.4403

Females are often excluded from military-related mild traumatic brain injury (MTBI) research due to their relatively low prevalence in this population. The purpose of this study was to focus on outcome from mild TBI in female service members, compared to males. Participants were 172 U.S. military service members selected from a larger sample that had sustained a mild TBI, and were evaluated within 24 months of injury (Age: M=28.9, SD=8.1) at one of six military medical centers. Eighty six women were matched to 86 men on nine key variables: TBI severity, mechanism of injury, bodily injury severity, days post-injury, age, number of deployments, theater where wounded, branch of service, and rank. Participants completed the Neurobehavioral Symptom Inventory (NSI) and the Posttraumatic Stress Disorder Checklist (PCL-C). There were no meaningful gender differences across all demographic and injury-related variables ($p > .05$). There were significant group differences and medium effect sizes for the NSI total score and all four NSI cluster scores. Symptoms most affected related to nausea, sensitivity to light, change in taste/smell, change in appetite, fatigue, and poor sleep. There were significant group differences and small-medium effect sizes for the PCL-C total score and two of the three PCL-C cluster scores. Symptoms most affected related to poor concentration, trouble remembering a stressful event, and disturbing memories/thoughts/images. Females consistently endorsed more symptoms than males. As females become more active in combat related deployments, it is critical that future studies place more emphasis on this important military population.

Prospective Memory in Posttraumatic Stress Disorder.

J. Cobb Scott, Steven Paul Woods, Kristen M. Wrocklage, Brian C. Schweinsburg, Steven M. Southwick and John H. Krystal

Journal of the International Neuropsychological Society

Published online: 29 June 2016

DOI: <http://dx.doi.org/10.1017/S1355617716000564>

Objectives:

Neuropsychological studies of posttraumatic stress disorder (PTSD) have revealed deficits in attention/working memory, processing speed, executive functioning, and retrospective memory. However, little is known about prospective memory (PM) in PTSD, a clinically relevant aspect of episodic memory that supports the encoding and retrieval of intentions for future actions.

Methods:

Here we examined PM performance in 40 veterans with PTSD compared to 38 trauma comparison (TC) veterans who were exposed to combat but did not develop PTSD. All participants were administered the Memory for Intentions Test (MIST; Raskin, Buckheit, & Sherrod, 2010), a standardized and validated measure of PM, alongside a comprehensive neurocognitive battery, structured diagnostic interviews for psychiatric conditions, and behavioral questionnaires.

Results:

Veterans with PTSD performed moderately lower than TC on time-based PM, with errors primarily characterized as PM failure errors (i.e., omissions). However, groups did not differ in event-based PM, ongoing task performance, or post-test recognition of PM intentions for each trial. Lower time-based PM performance was specifically related to hyperarousal symptoms of PTSD. Time-based-performance was also associated with neuropsychological measures of retrospective memory and executive functions in the PTSD group. Nevertheless, PTSD was significantly associated with poorer PM above and beyond age and performance in retrospective memory and executive functions.

Discussion:

Results provide initial evidence of PM dysfunction in PTSD, especially in strategic monitoring during time-based PM tasks. Findings have potential implications for everyday functioning and health behaviors in persons with PTSD, and deserve replication and future study.

<http://pb.rcpsych.org/content/early/2016/06/24/pb.bp.115.053017.abstract>

Pokorny's complaint: the insoluble problem of the overwhelming number of false positives generated by suicide risk assessment.

Olav Nielssen, Duncan Wallace, Matthew Large

BJPsych Bulletin

Published 30 June 2016

DOI: 10.1192/pb.bp.115.053017

Alex Pokorny's 1983 prospective study of suicide found that 96.3% of high-risk predictions were false positives, and that more than half of the suicides occurred in the low-risk group and were hence false negatives. All subsequent prospective studies, including the recent US Army Study To Assess Risk and Resilience in Servicemembers (STARSS), have reported similar results. We argue that since risk assessment cannot be a practical basis for interventions aimed at reducing suicide, the alternative is for mental health services to carefully consider what amounts to an adequate standard of care, and to adopt the universal precaution of attempting to provide that to all of our patients.

<http://link.springer.com/article/10.1007/s40675-016-0052-1>

Circadian-Based Therapies for Circadian Rhythm Sleep-Wake Disorders.

Helen J. Burgess, Jonathan S. Emens

Current Sleep Medicine Reports

First Online: 02 July 2016

DOI: 10.1007/s40675-016-0052-1

This review summarizes recent developments relevant to the treatment of circadian rhythm sleep-wake disorders. The clinical practice guidelines for the treatment of intrinsic circadian rhythm sleep-wake disorders are described, followed by recent treatment studies for delayed sleep-wake phase disorder, non-24-hour sleep-wake disorder, irregular sleep-wake disorder, and shift work. New methods to estimate circadian phase, including home saliva collection to estimate the dim light melatonin onset, circadian questionnaires, and general rules to guide light and exogenous melatonin treatments, are described. New developments in light treatment are detailed, including light flashes during sleep and wearable light devices. Substances such as caffeine and alcohol, and devices such as electronic tablets are also considered for their potential to shift circadian timing. Finally, an update on melatonin supplements in the USA is discussed, along with the controversy surrounding the use of melatonin supplements in patients with prediabetes or diabetes.

<http://www.sciencedirect.com/science/article/pii/S0140197116300458>

Social stressors, coping behaviors, and depressive symptoms: A latent profile analysis of adolescents in military families.

Ebony Okafor, Mallory Lucier-Greer, Jay A. Mancini

Journal of Adolescence
Volume 51, August 2016, Pages 133–143
doi:10.1016/j.adolescence.2016.05.010

We investigated the relationship between context-specific social stressors, coping behaviors, and depressive symptoms among adolescents in active duty military families across seven installations (three of which were in Europe) (N = 1036) using a person-centered approach and a stress process theoretical framework. Results of the exploratory latent profile analysis revealed four distinct coping profiles: Disengaged Copers, Troubled Copers, Humor-intensive Copers, and Active Copers. Multinomial logistic regressions found no relationship between military-related stressors (parental separation, frequent relocations, and parental rank) and profile membership. Analysis of variance results revealed significant and meaningful differences between the coping profiles and depressive symptomology, specifically somatic symptoms, depressive affect, positive affect, and interpersonal problems. Post-hoc analyses revealed that Active Copers, the largest profile, reported the fewest depressive symptoms. Accordingly, frequent use of diverse, active coping behaviors was associated with enhanced resilience. Discussion is provided regarding the promotion of adaptive coping behaviors within this developmental period and the context of military family life.

<http://onlinelibrary.wiley.com/doi/10.1111/famp.12234/abstract>

The Impact of Couple Therapy on Service Utilization among Military Veterans: The Moderating Roles of Pretreatment Service Utilization and Premature Termination.

Madsen, J. W., Tomfohr-Madsen, L. M. and Doss, B. D.

Family Process
Version of Record online: 2 JUL 2016
DOI: 10.1111/famp.12234

Couple therapy reduces relational and individual distress and may affect utilization of other health services, particularly among higher service utilizers. Although average decreases in

service utilization are predicted among recipients of couple therapy, low utilizers of services may appropriately increase use. The relationship between couple therapy and service utilization was examined among a sample of 179 U.S. military veterans who received treatment in Veterans Affairs (VA) specialty couple therapy clinics. Consistent with hypotheses, overall mental and physical health visits decreased from the 12 months preceding couple therapy to the 12 months following treatment. Moderator analyses showed that decreases were greatest among individuals who were rated by their therapist as having completed a full course of couple therapy, suggesting that change was attributable to intervention. Pretreatment service utilization also moderated observed change—higher utilizers' use of services decreased substantially, whereas lower utilizers' slightly increased. Cost analyses revealed that the estimated per person mean cost in our sample decreased by \$930.33 in the year following compared to the year prior to couple therapy, as per 2008 VA cost data. As service utilization data were only available for one partner and only for 1 year posttherapy, the true magnitude of this effect may be underestimated. Our findings are relevant to policy makers as they demonstrate that couple therapy reduces average service utilization and associated costs and addresses calls for analyses of cost effectiveness of systemic interventions.

Links of Interest

CBT Boosts Mood But What About Neuropsychological Functioning?

<http://www.psychiatrictimes.com/major-depressive-disorder/cbt-boosts-mood-what-about-neuropsychological-functioning>

Jobs With the Highest Suicide Rates

https://www.nlm.nih.gov/medlineplus/news/fullstory_159646.html

Not blowing smoke: Research finds medical marijuana lowers prescription drug use

<https://www.sciencedaily.com/releases/2016/07/160706172022.htm>

Trauma induces more alcohol craving than stress among veterans with PTSD and co-occurring alcohol dependence

<https://www.sciencedaily.com/releases/2016/07/160701183421.htm>

People with anger disorder have decreased connectivity between regions of the brain

<https://www.sciencedaily.com/releases/2016/07/160706175333.htm>

Gulf War veterans still have high rate of multisymptom illness

<https://www.sciencedaily.com/releases/2016/06/160629130628.htm>

Not only trauma but also the reversal of trauma is inherited

<https://www.sciencedaily.com/releases/2016/06/160623120307.htm>

Resource of the Week: [Assessing the Implications of Allowing Transgender Personnel to Serve Openly](#) (RAND Corporation Report)

Recent U.S. Department of Defense (DoD) policy banned transgender personnel from serving openly in the military. Potential changes to this policy raised questions regarding access to gender transition–related health care, the range of transition-related treatments that DoD will need to provide, the potential costs associated with these treatments, and the impact of these health care needs on force readiness and the deployability of transgender service members. A RAND study identified the health care needs of the transgender population and transgender service members in particular. It also examined the costs of covering transition-related treatments, assessed the potential readiness implications of a policy change, and reviewed the experiences of foreign militaries that permit transgender personnel to serve openly.



Assessing the Implications of Allowing Transgender Personnel to Serve Openly

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