



CDP Research Update -- October 6, 2016

What's Here:

- Psychological Mechanisms of PTSD and Its Treatment.
- Time-varying associations of suicide with deployments, mental health conditions, and stressful life events among current and former US military personnel: a retrospective multivariate analysis.
- Factors that Influence Chaplains' Suicide Intervention Behavior in the Army.
- Effectiveness of Prolonged Exposure and Cognitive Processing Therapy for U.S. Veterans With a History of Traumatic Brain Injury.
- Military and veteran health behavior research and practice: challenges and opportunities.
- The Politics of Trauma Studies: What Can We Learn From Women Combatants' Experiences of Traumatic Events in Conflict Zones?
- Evidence of Distinct Profiles of Posttraumatic Stress Disorder (PTSD) and Complex Posttraumatic Stress Disorder (CPTSD) based on the New ICD-11 Trauma Questionnaire (ICD-TQ).
- A scoping study of moral injury: Identifying directions for social work research.
- Negative Emotions in Veterans Relate to Suicide Risk through Feelings of Perceived Burdensomeness and Thwarted Belongingness.
- Personality traits and combat exposure as predictors of psychopathology over time.
- Exploring the Association between Exposure to Suicide and Suicide Risk among Military Service Members and Veterans.
- Treatment satisfaction of home-based telehealth versus in-person delivery of prolonged exposure for combat-related PTSD in veterans.

- The role of clinical experience, diagnosis, and theoretical orientation in the treatment of posttraumatic and dissociative disorders: A vignette and survey investigation.
- Post-9/11 Veterans and Their Partners Improve Mental Health Outcomes with a Self-directed Mobile and Web-based Wellness Training Program: A Randomized Controlled Trial.
- An Examination of Sleep Quality in Veterans with a Dual Diagnosis of PTSD and Severe Mental Illness.
- Women Veterans with Depression in Veterans Health Administration Primary Care: An Assessment of Needs and Preferences.
- The impact of potentially traumatic events on the mental health of males who have served in the military: Findings from the Australian National Survey of Mental Health and Wellbeing.
- Effectiveness of Prolonged Exposure and Cognitive Processing Therapy for U.S. Veterans With a History of Traumatic Brain Injury.
- The Role of Distress Tolerance in Multiple Facets of Hostility and Willingness to Forgive.
- Prevalence, Correlates, and Predictors of Insomnia in the US Army prior to Deployment.
- Internet-Based Cognitive Behavioral Therapy for Insomnia: A Health Economic Evaluation.
- Links of Interest
- Resource of the Week: 66 military and veteran job fairs through November — events nationwide

<https://link.springer.com/article/10.1007/s11920-016-0735-9>

Psychological Mechanisms of PTSD and Its Treatment.

Rebecca K. Sripada, Sheila A.M. Rauch, Israel Liberzon

Current Psychiatry Reports
November 2016, 18:99
DOI 10.1007/s11920-016-0735-9

Psychological mechanisms can be defined as processes or events that are responsible for specific changes in psychological outcomes. In psychotherapy research, mechanisms are the factors through which interventions produce change. In this article, we explain the importance of identifying psychological mechanisms, describe methods for identifying them, and analyze recent literature on the psychological mechanisms underlying the development and treatment of posttraumatic stress disorder (PTSD). Based on the findings of recent investigations (from 2013 to present), we focus on four putative mechanisms: emotional engagement, extinction and contextualization, distress tolerance, and negative posttraumatic cognitions. Future directions for psychological mechanism research are also outlined, including possible opportunities for capitalizing on the most promising mechanisms identified to date.

<http://www.sciencedirect.com/science/article/pii/S2215036616303042>

Time-varying associations of suicide with deployments, mental health conditions, and stressful life events among current and former US military personnel: a retrospective multivariate analysis.

Yu-Chu Shen, Jesse M Cunha, Thomas V Williams

The Lancet Psychiatry
Available online 30 September 2016
[http://dx.doi.org/10.1016/S2215-0366\(16\)30304-2](http://dx.doi.org/10.1016/S2215-0366(16)30304-2)

Background

US military suicides have increased substantially over the past decade and currently account for almost 20% of all military deaths. We investigated the associations of a comprehensive set of time-varying risk factors with suicides among current and former military service members.

Methods

We did a retrospective multivariate analysis of all US military personnel between 2001 and 2011 (n=110 035 573 person-quarter-years, representing 3 795 823 service members). Outcome was death by suicide, either during service or post-separation. We

used Cox proportional hazard models at the person-quarter level to examine associations of deployment, mental disorders, history of unlawful activity, stressful life events, and other demographic and service factors with death by suicide.

Findings

The strongest predictors of death by suicide were current and past diagnoses of self-inflicted injuries, major depression, bipolar disorder, substance use disorder, and other mental health conditions (compared with service members with no history of diagnoses, the hazard ratio [HR] ranged from 1.4 [95% CI 1.14–1.72] to 8.34 [6.71–10.37]). Compared with service members who were never deployed, hazard rates of suicide (which represent the probability of death by suicide in a specific quarter given that the individual was alive in the previous quarter) were lower among the currently deployed (HR 0.50, 95% CI 0.40–0.61) but significantly higher in the quarters following first deployment (HR 1.51 [1.17–1.96] if deployed in the previous three quarters; 1.14 [1.06–1.23] if deployed four or more quarters ago). The hazard rate of suicide increased within the first year of separation from the military (HR 2.49, 95% CI 2.12–2.91), and remained high for those who had separated from the military 6 or more years ago (HR 1.63, 1.45–1.82).

Interpretation

The increased hazard rate of death by suicide for military personnel varies by time since exposure to deployment, mental health diagnoses, and other stressful life events. Continued monitoring is especially needed for these high-risk individuals. Additional information should be gathered to address the persistently raised risk of suicide among service members after separation.

<https://www.ncbi.nlm.nih.gov/pubmed/26096468>

Suicide Life Threat Behav. 2016 Feb;46(1):35-45. doi: 10.1111/sltb.12170. Epub 2015 Jun 11.

Factors that Influence Chaplains' Suicide Intervention Behavior in the Army.

Ramchand R, Ayer L, Geyer L, Kofner A

We surveyed 868 Army chaplains and 410 chaplain assistants (CAs) about their role in identifying, caring for, and referring soldiers at risk of suicide to behavioral health care. We applied structural equation modeling to identify how behaviors and attitudes related

to intervention behavior. In both samples, reluctance and stigma were related to intervention behaviors; efficacy was correlated with intervention behaviors only among chaplains. Training was associated with increased efficacy and lower levels of stigma among chaplains. Improved training may be warranted, but research needs to identify why chaplains and CAs are reluctant to refer soldiers in distress to behavioral health care. © 2015 The American Association of Suicidology.

<http://onlinelibrary.wiley.com/doi/10.1002/jts.22130/abstract>

Effectiveness of Prolonged Exposure and Cognitive Processing Therapy for U.S. Veterans With a History of Traumatic Brain Injury.

Katie A. Ragsdale, Sarah C. Voss Horrell

Journal of Traumatic Stress

First published: 28 September 2016

doi:10.1002/jts.22130

This retrospective analysis of previously existing nonrandomized clinical data examined the effectiveness of completing prolonged exposure (PE) or cognitive processing therapy (CPT) in a sample of 41 U.S. veterans at a Veterans Affairs medical center. The sample included 19 veterans with diagnoses of posttraumatic stress disorder (PTSD) and traumatic brain injury (TBI) and 22 veterans with PTSD only. Diagnostic groups did not significantly differ on PTSD and depression symptom reduction, $F(2, 36) = 0.05$, $p = .951$; Pillai's trace = 0.00, partial $\eta^2 = .00$. Veterans who completed PE showed greater symptom reduction than those who completed CPT, $F(2, 36) = 12.10$, $p < .001$; Pillai's trace = 0.40, partial $\eta^2 = .40$, regardless of TBI status. Overall, our results suggested that TBI status should not preclude individuals from being offered trauma-focused PTSD treatment.

<http://link.springer.com/article/10.1007/s10865-016-9794-y>

Military and veteran health behavior research and practice: challenges and opportunities.

Jeffrey P. Haibach, Michael Ann Glotfelter, Katherine S. Hall, Robin M. Masheb, Melissa A. Little, Robyn L. Shepardson, Anne C. Dobmeyer, Jennifer S. Funderburk, Christopher L. Hunter, Margaret Dundon, Leslie R.M. Hausmann, Stephen K. Trynosky, David E. Goodrich, Amy M. Kilbourne, Sara J. Knight, Gerald W. Talcott, Michael G. Goldstein

Journal of Behavioral Medicine
First online: 27 September 2016
DOI 10.1007/s10865-016-9794-y

There are 2.1 million current military servicemembers and 21 million living veterans in the United States. Although they were healthier upon entering military service compared to the general U.S. population, in the longer term veterans tend to be of equivalent or worse health than civilians. One primary explanation for the veterans' health disparity is poorer health behaviors during or after military service, especially areas of physical activity, nutrition, tobacco, and alcohol. In response, the Department of Defense and Department of Veterans Affairs continue to develop, evaluate, and improve health promotion programs and healthcare services for military and veteran health behavior in an integrated approach. Future research and practice is needed to better understand and promote positive health behavior during key transition periods in the military and veteran life course. Also paramount is implementation and evaluation of existing interventions, programs, and policies across the population using an integrated and person centered approach.

<http://onlinelibrary.wiley.com/doi/10.1111/pops.12373/abstract>

The Politics of Trauma Studies: What Can We Learn From Women Combatants' Experiences of Traumatic Events in Conflict Zones?

Daphna-Tekoah, S. and Harel-Shalev, A.

Political Psychology
Version of Record online: 25 SEP 2016
DOI: 10.1111/pops.12373

Wars, combat, and political developments triggered the study of trauma. Knowledge about trauma initially emerged from the experiences of men combatants in the battlefield. At a later stage, the study of trauma focused on women and children subject

to violence and abuse. The current research suggests that additional aspects of trauma can be understood through the study of competent women exposed to traumatic events and not merely as victims of war or abuse. The study offers an analysis of women combatants' narratives of their exposure to traumatic events in conflict zones. Data were obtained from two focus groups and a series of 30 personal interviews of women veterans who served in the IDF. Interviewing women combat soldiers revealed a variety of narratives of their war experiences, including the intertwining of the emotional and the physical. The window to understanding the trauma was opened by analysis of the responses of the women combatants to potentially traumatic events rather than by focusing on post-traumatic stress disorder (PTSD) per se. We emphasize the need for a critical perspective in the study of trauma and combat trauma and propose that there is value in engaging with and listening to diverse narratives of trauma.

<http://www.sciencedirect.com/science/article/pii/S0165032716307571>

Evidence of Distinct Profiles of Posttraumatic Stress Disorder (PTSD) and Complex Posttraumatic Stress Disorder (CPTSD) based on the New ICD-11 Trauma Questionnaire (ICD-TQ).

Thanos Karatzias, Mark Shevlin, Claire Fyvie, Philip Hyland, Erifili Efthymiadou, Danielle Wilson, Neil Roberts, Jonathan I Bisson, Chris R. Brewin, Marylene Cloitre

Journal of Affective Disorders
Available online 28 September 2016
<http://dx.doi.org/10.1016/j.jad.2016.09.032>

Background

The WHO International Classification of Diseases, 11th version (ICD-11), has proposed two related diagnoses following exposure to traumatic events; Posttraumatic Stress Disorder (PTSD) and Complex PTSD (CPTSD). We set out to explore whether the newly developed ICD-11 Trauma Questionnaire (ICD-TQ) can distinguish between classes of individuals according to the PTSD and CPTSD symptom profiles as per ICD-11 proposals based on latent class analysis. We also hypothesized that the CPTSD class would report more frequent and a greater number of different types of childhood trauma as well as higher levels of functional impairment. **Methods** Participants in this study were a sample of individuals who were referred for psychological therapy to a National Health Service (NHS) trauma centre in Scotland (N=193). Participants completed the ICD-TQ as well as measures of life events and functioning.

Results

Overall, results indicate that using the newly developed ICD-TQ, two subgroups of treatment-seeking individuals could be empirically distinguished based on different patterns of symptom endorsement; a small group high in PTSD symptoms only and a larger group high in CPTSD symptoms. In addition, CPTSD was more strongly associated with more frequent and a greater accumulation of different types of childhood traumatic experiences and poorer functional impairment.

Limitations

Sample predominantly consisted of people who had experienced childhood psychological trauma or been multiply traumatised in childhood and adulthood.

Conclusions

CPTSD is highly prevalent in treatment seeking populations who have been multiply traumatised in childhood and adulthood and appropriate interventions should now be developed to aid recovery from this debilitating condition.

<http://www.sciencedirect.com/science/article/pii/S0190740916303073>

A scoping study of moral injury: Identifying directions for social work research.

Wendy Haight, Erin Sugrue, Molly Calhoun, James Black

Children and Youth Services Review

Volume 70, November 2016, Pages 190–200

<http://dx.doi.org/10.1016/j.chilyouth.2016.09.026>

This paper presents a scoping study of moral injury that identified directions for social work research. “Moral injury” refers to lasting psychological, spiritual and social harm caused by one's own or others' actions in a high stakes situation that transgress deeply held moral beliefs and expectations. A “scoping study” is a type of systematic review and knowledge synthesis useful when considering complex, emerging areas of research. Results revealed an increasing interest in moral injury over the past five years primarily in psychology/psychiatry. The majority of published articles are conceptual. Empirical studies aim to better understand the experience of moral injury, qualitatively; and develop and evaluate instruments to assess moral injury, quantitatively. Most empirical studies of moral injury involve US war veterans with little attention to moral

injury in other groups, sociocultural contexts, or at different times in development. Failure to address issues of moral injury in social work may leave vulnerable clients struggling with issues of guilt, shame, moral confusion, and an absence of meaning that may persist for years and create obstacles to positive change. In addition, social workers may experience moral injury as they witness morally injurious behavior of others and of systems. If unaddressed, such injuries may diminish effectiveness, or lead to burn out. Social workers need relevant research to understand the extent to which moral injury affects them and their clients, and how to identify and address it.

<http://www.sciencedirect.com/science/article/pii/S016503271631148X>

Negative Emotions in Veterans Relate to Suicide Risk through Feelings of Perceived Burdensomeness and Thwarted Belongingness.

Megan L. Rogers, Jessica Kelliher-Rabon, Christopher R. Hagan, Jameson K. Hirsch, Thomas E. Joiner

Journal of Affective Disorders
Available online 28 September 2016
<http://dx.doi.org/10.1016/j.jad.2016.09.038>

Background

Suicide rates among veterans are disproportionately high compared to rates among the general population. Veterans may experience a number of negative emotions (e.g., anger, self-directed hostility, shame, guilt) during periods of postwar adjustment and reintegration into civilian life that may uniquely confer risk for suicide. Mechanisms of these associations, however, are less well studied. The purpose of the present study was to examine the relationship between negative emotions and suicide risk in veterans through the theoretical framework of the interpersonal theory of suicide.

Methods

A large sample of veterans (N = 541) completed measures assessing their negative emotions, perceived burdensomeness, thwarted belongingness, and suicide risk.

Results

Self-directed hostility and shame related indirectly to suicide risk through both perceived burdensomeness and thwarted belongingness. Thwarted belongingness accounted for

the association between anger and suicide risk, whereas perceived burdensomeness accounted for the relationship between guilt and suicide risk.

Limitations

This study had a cross-sectional design and relied solely on self-report measures.

Conclusions

These findings provide evidence for the role of negative emotions in conferring risk for suicide in veterans. Clinical implications, limitations, and future research directions are discussed.

<https://www.ncbi.nlm.nih.gov/pubmed/26347314>

Psychol Med. 2016 Jan;46(1):209-20. doi: 10.1017/S0033291715001798. Epub 2015 Sep 8

Personality traits and combat exposure as predictors of psychopathology over time.

Koffel E, Kramer MD, Arbisi PA, Erbes CR, Kaler M, Polusny MA

BACKGROUND:

Research suggests that personality traits have both direct and indirect effects on the development of psychological symptoms, with indirect effects mediated by stressful or traumatic events. This study models the direct influence of personality traits on residualized changes in internalizing and externalizing symptoms following a stressful and potentially traumatic deployment, as well as the indirect influence of personality on symptom levels mediated by combat exposure.

METHOD:

We utilized structural equation modeling with a longitudinal prospective study of 522 US National Guard soldiers deployed to Iraq. Analyses were based on self-report measures of personality, combat exposure, and internalizing and externalizing symptoms.

RESULTS:

Both pre-deployment Disconstraint and externalizing symptoms predicted combat exposure, which in turn predicted internalizing and externalizing symptoms. There was a significant indirect effect for pre-deployment externalizing symptoms on post-

deployment externalizing via combat exposure ($p < 0.01$). Negative Emotionality and pre-deployment internalizing symptoms directly predicted post-deployment internalizing symptoms, but both were unrelated to combat exposure. No direct effects of personality on residualized changes in externalizing symptoms were found.

CONCLUSIONS:

Baseline symptom dimensions had significant direct and indirect effects on post-deployment symptoms. Controlling for both pre-exposure personality and symptoms, combat experiences remained positively related to both internalizing and externalizing symptoms. Implications for diagnostic classification are discussed.

<http://www.sciencedirect.com/science/article/pii/S016503271631254X>

Exploring the Association between Exposure to Suicide and Suicide Risk among Military Service Members and Veterans.

Melanie A. Hom, Ian H. Stanley, Peter M. Gutierrez, Thomas E. Joiner Jr.

Journal of Affective Disorders
Available online 28 September 2016
<http://dx.doi.org/10.1016/j.jad.2016.09.043>

Background

Past research suggests that suicide has a profound impact on surviving family members and friends; yet, little is known about experiences with suicide bereavement among military populations. This study aimed to characterize experiences with suicide exposure and their associations with lifetime and current psychiatric symptoms among military service members and veterans

Methods

A sample of 1,753 United States military service members and veterans completed self-report questionnaires assessing experiences with suicide exposure, lifetime history of suicidal thoughts and behaviors, current suicidal symptoms, and perceived likelihood of making a future suicide attempt

Results

The majority of participants (57.3%) reported knowing someone who had died by suicide, and of these individuals, most (53.1%) reported having lost a friend to suicide.

Chi-square tests, one-way ANOVAs, and logistic regression analyses revealed that those who reported knowing a suicide decedent were more likely to report more severe current suicidal symptoms and a history of suicidal thoughts and behaviors compared to those who did not know a suicide decedent. Hierarchical linear regression analyses indicated that greater self-reported interpersonal closeness to a suicide decedent predicted greater self-reported likelihood of a future suicide attempt, even after controlling for current suicidal symptoms and prior suicidal thoughts and behaviors

Limitations

This study utilized cross-sectional data, and information regarding degree of exposure to suicide was not collected

Conclusions

Military personnel and veterans who have been bereaved by suicide may themselves be at elevated risk for suicidal thoughts and behaviors. Additional work is needed to delineate the relationship between these experiences.

<http://jtt.sagepub.com/content/early/2016/09/25/1357633X16671096.abstract>

Treatment satisfaction of home-based telehealth versus in-person delivery of prolonged exposure for combat-related PTSD in veterans.

Daniel F Gros, Cynthia Luethcke Lancaster, Cristina M López, and Ron Acierno

Journal of Telemedicine and Telecare

September 26, 2016

doi: 10.1177/1357633X16671096

Introduction

Although there is growing support that evidence-based psychotherapies (EBPs) delivered in-person and through telehealth are equivalent in terms of symptom reduction for posttraumatic stress disorder (PTSD), there has been far less investigation comparing these treatment modalities in terms of patient satisfaction. The present study investigated participant satisfaction and perception of the quality of service delivery within a clinical trial comparing the delivery of an EBP, Prolonged Exposure (PE) for PTSD, through home-based telehealth and in-person services.

Methods

Veterans (N = 67) with PTSD were randomized to receive PE via video telehealth technology (n = 27) or via in-person delivery (n = 40). Participants completed service demographic questions, PTSD symptom assessments, and satisfaction and service delivery perception questionnaires.

Results

Analyses of covariance were used to investigate the influence of treatment modality on patient satisfaction and perceived quality of service delivery, while controlling for demographics and PTSD symptoms. No differences were observed on the majority of measures, with the exception of participants in the telehealth condition endorsing willingness to drive further for telehealth services as compared with participants in the in-person condition.

Discussion

Findings illustrate participant satisfaction and acceptance of EBPs delivered via telehealth at a level consistent with that of in-person services. Preliminary findings suggest that the experience of receiving telehealth services may be associated with increased willingness to participate in telehealth services again. Together, these findings of patient satisfaction and acceptance of telehealth services support the ongoing delivery of EBPs via telehealth as well as their future expansion.

<http://www.tandfonline.com/doi/full/10.1080/15299732.2016.1225626>

The role of clinical experience, diagnosis, and theoretical orientation in the treatment of posttraumatic and dissociative disorders: A vignette and survey investigation.

Martin J. Dorahy, Roberto Lewis-Fernández, Christa Krüger, Bethany L. Brand, Vedat Şar, Jan Ewing, Alfonso Martínez-Taboas, Pam Stavropoulos, and Warwick Middleton

Journal Of Trauma & Dissociation

Published online: 27 Sep 2016

<http://dx.doi.org/10.1080/15299732.2016.1225626>

Controversy exists regarding the merits of exposure-based treatments for posttraumatic stress disorder (PTSD) versus a phased approach when prominent dissociative symptoms are present. The first aim of this study was to examine the degree to which

diagnosing dissociation in two traumatized patients' vignettes influenced clinicians' preference for phase-oriented treatment and whether clinicians' treatment experience contributed to their treatment preference. The second aim was to assess the extent to which participants had observed traumatized patients worsen when treated with exposure therapy or phase-oriented therapy and whether the theoretical orientation and treatment experience of the clinician were related to the observed deterioration. In the tradition of expert and practitioner surveys, 263 clinicians completed a survey of their diagnoses and treatment preferences for two vignettes and their treatment experience, theoretical orientation, and observations of patients' deterioration. When a marked degree of dissociation was noted in the PTSD vignette, respondents favored phased approaches regardless of the diagnosis given. Reports of having observed patient deterioration during both exposure and phased therapy were predicted by years of experience. Psychodynamic therapists reported more observations of worsening during exposure therapy than cognitive behavior therapy therapists. Clinical experience treating PTSD may heighten awareness of negative therapeutic effects, potentially because experienced clinicians have a lower threshold for detecting such effects and because they are referred more challenging cases.

<https://www.jmir.org/2016/9/e255/>

Post-9/11 Veterans and Their Partners Improve Mental Health Outcomes with a Self-directed Mobile and Web-based Wellness Training Program: A Randomized Controlled Trial.

Kahn JR, Collinge W, Soltysik R

Journal of Medical Internet Research

2016;18(9):e255

DOI: 10.2196/jmir.5800

Background:

Veterans with history of deployment in the Global War on Terror face significant and ongoing challenges with high prevalences of adverse psychological, physical, spiritual, and family impacts. Together, these challenges contribute to an emerging public health crisis likely to extend well into the future. Innovative approaches are needed that reach veterans and their family members with strategies they can employ over time in their daily lives to promote improved adjustment and well-being.

Objective:

The objective of this study was to evaluate effects of use of a Web-based, self-directed program of instruction in mind- and body-based wellness skills to be employed by Global War on Terror veterans and their significant relationship partners on mental health and wellness outcomes associated with postdeployment readjustment.

Methods:

We recruited 160 veteran-partner dyads in 4 regions of the United States (San Diego, CA; Dallas, TX; Fayetteville, NC; and New York, NY) through publicity by the Iraq and Afghanistan Veterans of America to its membership. Dyads were randomly allocated to 1 of 4 study arms: Mission Reconnect (MR) program alone, MR plus the Prevention and Relationship Enhancement Program (PREP) for Strong Bonds weekend program for military couples, PREP alone, and waitlist control. We administered a battery of standardized and investigator-generated instruments assessing mental health outcomes at baseline, 8 weeks, and 16 weeks. Dyads in the MR arms were provided Web-based and mobile app video and audio instruction in a set of mindfulness-related stress reduction and contemplative practices, as well as partner massage for reciprocal use. All participants provided weekly reports on frequency and duration of self-care practices for the first 8 weeks, and at 16 weeks.

Results:

During the first 8-week reporting period, veterans and partners assigned to MR arms used some aspect of the program a mean of 20 times per week, totaling nearly 2.5 hours per week, with only modest declines in use at 16 weeks. Significant improvements were seen at 8 and 16 weeks in measures of posttraumatic stress disorder, depression, sleep quality, perceived stress, resilience, self-compassion, and pain for participants assigned to MR arms. In addition, significant reductions in self-reported levels of pain, tension, irritability, anxiety, and depression were associated with use of partner massage.

Conclusions:

Both veterans and partners were able to learn and make sustained use of a range of wellness practices taught in the MR program. Home-based, self-directed interventions may be of particular service to veterans who are distant from, averse to, or prohibited by schedule from using professional services. Leveraging the partner relationship may enhance sustained use of self-directed interventions for this population. Use of the MR program appears to be an accessible, low-cost approach that supports well-being and reduces multiple symptoms among post-9/11 veterans and their partners.

Trial Registration: Clinicaltrials.gov NCT01680419;
<https://clinicaltrials.gov/ct2/show/NCT01680419>

<http://www.sciencedirect.com/science/article/pii/S0165178116304462>

An Examination of Sleep Quality in Veterans with a Dual Diagnosis of PTSD and Severe Mental Illness.

Psychiatry Research

Available online 30 September 2016

<http://dx.doi.org/10.1016/j.psychres.2016.07.062>

Poor sleep quality is one of the most frequently reported symptoms by veterans with Posttraumatic Stress Disorder (PTSD) and by veterans with severe mental illness (SMI; i.e., schizophrenia spectrum disorders, bipolar disorder, major depression with or without psychotic features). However, little is known about the compounding effects of co-occurring PTSD/SMI on sleep quality in this population. Given the high rates of comorbidity and poor functional outcomes associated with sleep dysfunction, there is a need to better understand patterns of poor sleep quality in this population. The present study provides a description of sleep quality in veterans with a dual diagnosis of PTSD/SMI relative to veterans with PTSD only. Results indicated that, despite similar reports of PTSD symptom severity between the groups, veterans with PTSD/SMI reported higher levels of poor sleep quality than veterans only diagnosed with PTSD. Specifically, veterans with PTSD/SMI reported significantly greater difficulties with sleep onset and overall more sleep disturbance than their non-SMI counterparts. Implications of the findings are discussed within the context of an existing model of insomnia and suggest that more comprehensive sleep assessment and the provision of targeted sleep interventions may be helpful for those with a dual diagnosis of PTSD/SMI.

<http://www.sciencedirect.com/science/article/pii/S1049386716300925>

Women Veterans with Depression in Veterans Health Administration Primary Care: An Assessment of Needs and Preferences.

Teri D. Davis, Duncan G. Campbell, Laura M. Bonner, Cory R. Bolkan, Andrew Lanto, Edmund F. Chaney, Thomas Waltz, Kara Zivin, Elizabeth M. Yano, Lisa V. Rubenstein,

Women's Health Issues

Available online 30 September 2016

<http://dx.doi.org/10.1016/j.whi.2016.08.001>

Objective

Depression is the most prevalent mental health condition in primary care (PC). Yet as the Veterans Health Administration increases resources for PC/mental health integration, including integrated care for women, there is little detailed information about depression care needs, preferences, comorbidity, and access patterns among women veterans with depression followed in PC.

Methods

We sampled patients regularly engaged with Veterans Health Administration PC. We screened 10,929 (10,580 men, 349 women) with the two-item Patient Health Questionnaire. Of the 2,186 patients who screened positive (2,092 men, 94 women), 2,017 men and 93 women completed the full Patient Health Questionnaire-9 depression screening tool. Ultimately, 46 women and 715 men with probable major depression were enrolled and completed a baseline telephone survey. We conducted descriptive statistics to provide information about the depression care experiences of women veterans and to examine potential gender differences at baseline and at seven month follow-up across study variables.

Results

Among those patients who agreed to screening, 20% of women (70 of 348) had probable major depression, versus only 12% of men (1,243 of 10,505). Of the women, 48% had concurrent probable posttraumatic stress disorder and 65% reported general anxiety. Women were more likely to receive adequate depression care than men (57% vs. 39%, respectively; $p < .05$); 46% of women and 39% of men reported depression symptom improvement at the 7-month follow-up. Women veterans were less likely than men to prefer care from a PC physician ($p < .01$) at baseline and were more likely than men to report mental health specialist care ($p < .01$) in the 6 months before baseline.

Conclusion and Implications for Practice

PC/mental health integration planners should consider methods for accommodating women veterans unique care needs and preferences for mental health care delivered by health care professionals other than physicians.

<http://anp.sagepub.com/content/early/2016/09/29/0004867416671413.abstract>

The impact of potentially traumatic events on the mental health of males who have served in the military: Findings from the Australian National Survey of Mental Health and Wellbeing.

Darryl Wade, Louise Mewton, Tracey Varker, Andrea Phelps, and David Forbes

Australian & New Zealand Journal of Psychiatry
Published online before print September 30, 2016
doi: 10.1177/0004867416671413

Objective:

The study investigated the impact of potentially traumatic events on mental health outcomes among males who had ever served in the Australian Defence Force.

Method: Data from a nationally representative household survey of Australian residents, the 2007 National Survey of Mental Health and Wellbeing, were used for this study.

Results:

Compared with community members, Australian Defence Force males were significantly more likely to have experienced not only deployment and other war-like events but also accidents or other unexpected events, and trauma to someone close. For non-deployed males, Australian Defence Force members were at increased risk of accidents or other unexpected events compared to community members. After controlling for the effect of potentially traumatic events that were more prevalent among all Australian Defence Force members, the increased risk of mental disorders among Australian Defence Force members was no longer evident. For non-deployed males, Australian Defence Force and community members were at comparable risk of poor mental health outcomes. A significant minority of Australian Defence Force members had onset of a mental disorder prior to their first deployment.

Conclusions:

Deployment and other potentially traumatic events among Australian Defence Force members can help to explain their increased vulnerability to mental disorders compared with community members. Providers should routinely enquire about a range of potentially traumatic events among serving and ex-serving military personnel.

<http://onlinelibrary.wiley.com/doi/10.1002/jts.22130/full>

Effectiveness of Prolonged Exposure and Cognitive Processing Therapy for U.S. Veterans With a History of Traumatic Brain Injury.

Katie A. Ragsdale, Sarah C. Voss Horrell

Journal of Traumatic Stress

First published: 28 September 2016

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This retrospective analysis of previously existing nonrandomized clinical data examined the effectiveness of completing prolonged exposure (PE) or cognitive processing therapy (CPT) in a sample of 41 U.S. veterans at a Veterans Affairs medical center. The sample included 19 veterans with diagnoses of posttraumatic stress disorder (PTSD) and traumatic brain injury (TBI) and 22 veterans with PTSD only. Diagnostic groups did not significantly differ on PTSD and depression symptom reduction, $F(2, 36) = 0.05$, $p = .951$; Pillai's trace = 0.00, partial $\eta^2 = .00$. Veterans who completed PE showed greater symptom reduction than those who completed CPT, $F(2, 36) = 12.10$, $p < .001$; Pillai's trace = 0.40, partial $\eta^2 = .40$, regardless of TBI status. Overall, our results suggested that TBI status should not preclude individuals from being offered trauma-focused PTSD treatment.

<http://link.springer.com/article/10.1007/s10608-016-9808-7>

The Role of Distress Tolerance in Multiple Facets of Hostility and Willingness to Forgive.

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Distress tolerance (DT) is a transdiagnostic construct linked to multiple psychiatric disorders. Identification of behaviors and attitudes associated with DT may provide helpful information regarding the construct and provide a clearer lens through which to

view the interpersonal difficulties of individuals with low DT. Two studies were conducted to investigate the relationship between DT and hostile attitudes. In Study 1 (N = 76), lower DT was related to less forgiveness, after controlling for anxiety and depression in an unselected student sample. Study 2 examined a clinical sample seeking treatment for problematic anger (N = 131). Lower DT was related to less forgiveness and greater hostile ideation and hostile interpretation bias, independent of depression and anxiety. The observed relationships between DT and these dysfunctional interpersonal qualities provide support for the potential relevance of hostile cognitions to the study of DT.

<http://www.journalsleep.org/ViewAbstract.aspx?pid=30797>

Prevalence, Correlates, and Predictors of Insomnia in the US Army prior to Deployment.

Taylor DJ, Pruiksma KE, Hale WJ, Kelly K, Maurer D, Peterson AL, Mintz J, Litz BT, Williamson DE, STRONG STAR Consortium

SLEEP

2016;39(10):1795–1806

<http://dx.doi.org/10.5665/sleep.6156>

Study Objectives:

To determine the prevalence, correlates, and predictors of insomnia in US Army personnel prior to deployment.

Methods:

Cross-sectional cohort design assessing insomnia and other psychosocial variables in active duty service members (n = 4,101), at Fort Hood, Texas, prior to military deployment. Insomnia was defined as an Insomnia Severity Index ≥ 15 .

Results:

The prevalence of insomnia was 19.9%. Enlisted personnel were five times more likely to report insomnia than officers (odds ratio [OR] = 5.17). Insomnia was higher among American Indian/Alaskan Natives than other groups (ORs = 1.86–2.85). Those in the Insomnia Group were older, had longer military careers, and reported more marriages, children, and military deployments (ds = 0.13–0.34) than the No Insomnia group. The Insomnia Group reported more severe mental health symptoms, more recent stressful

life events, greater childhood abuse, and lower levels of trait resilience, social support, and unit cohesion (Cohen $d_s = 0.27-1.29$). After controlling for covariates, the Insomnia Group was more likely to have a history of head injuries and clinically significant posttraumatic stress disorder (PTSD), anxiety, depression, alcohol use problems, back pain, extremity pain, headaches, and fatigue (ORs = 1.40–3.30). A simultaneous logistic regression found that greater PTSD, depression, fatigue, stressful life events, headaches, anxiety, alcohol use problems, extremity pain, history of head injury, childhood physical neglect, back pain, number of times married, and lower leader support/unit cohesion and tangible social support were statistically significant predictors of insomnia status.

Conclusions:

Insomnia occurs in about one of five service members prior to a military deployment and is associated with a wide array of psychosocial stressors and mental and physical health problems.

<http://www.journalsleep.org/ViewAbstract.aspx?pid=30795>

Internet-Based Cognitive Behavioral Therapy for Insomnia: A Health Economic Evaluation.

Thiart H, Ebert DD, Lehr D, Nobis S, Buntrock C, Berking M, Smit F, Riper H

SLEEP

2016;39(10):1769–1778

<http://dx.doi.org/10.5665/sleep.6152>

Study Objectives:

Lost productivity caused by insomnia is a common and costly problem for employers. Although evidence for the efficacy of Internet-based cognitive behavioral therapy for insomnia (iCBT-I) already exists, little is known about its economic effects. This study aims to evaluate the cost-effectiveness and cost-benefit of providing iCBT-I to symptomatic employees from the employer's perspective.

Methods:

School teachers (N = 128) with clinically significant insomnia symptoms and work-related rumination were randomized to guided iCBT-I or a waitlist-control-group, both with access to treatment as usual. Economic data were collected at baseline and 6-mo

follow-up. We conducted (1) a cost-effectiveness analysis with treatment response (Reliable Change [decline of 5.01 points] and Insomnia Severity Index < 8 at 6-month follow-up) as the outcome and (2) a cost-benefit analysis. Because both analyses were performed from the employer's perspective, we focused specifically on absenteeism and presenteeism costs. Statistical uncertainty was estimated using bootstrapping.

Results:

Assuming intervention costs of €200 (\$245), cost-effectiveness analyses showed that at a willingness-to-pay of €0 for each positive treatment response, there is an 87% probability that the intervention is more cost effective than treatment as usual alone. Cost-benefit analyses led to a net benefit of €418 (95% confidence interval: -593.03 to 1,488.70) (\$512) per participant and a return on investment of 208% (95% confidence interval: -296.52 to 744.35). The reduction in costs was mainly driven by the effects of the intervention on presenteeism and to a lesser degree by reduced absenteeism.

Conclusions:

Focusing on sleep improvement using iCBT-I may be a cost-effective strategy in occupational health care.

Clinical Trials Registration:

Title: Online Recovery Training for Better Sleep in Teachers with High Psychological Strain. German Clinical Trial Register (DRKS), URL: https://drks-neu.uniklinik-freiburg.de/drks_web/navigate.do?navigationId=trial.HTML&TRIAL_ID=DRKS0000470. Identifier: DRKS00004700.xt

Links of Interest

20 Percent of Army Kids Will Need Mental Health Treatment

<http://www.defensenews.com/articles/researchers-officials-highlight-needs-and-programs-for-military-children>

Congress fails to pass VA medical marijuana provision

<http://www.militarytimes.com/articles/congress-fails-to-pass-va-medical-marijuana-provision>

Lawmakers push VA for evidence of suicide hotline fixes

<http://thehill.com/policy/defense/299410-lawmakers-push-va-on-fixes-to-veterans-suicide-hotline>

TRICARE to expand access to mental health care and substance use disorder treatment

<http://www.health.mil/News/Articles/2016/09/29/TRICARE-to-expand-access-to-mental-health-care-and-substance-use-disorder-treatment>

Alcohol shown to act in same way as rapid antidepressants

<https://www.sciencedaily.com/releases/2016/09/160928153538.htm>

New treatment for depressed smokers trying to quit

<https://www.sciencedaily.com/releases/2016/09/160920104749.htm>

More difficult to achieve controlled drinking than to give up alcohol entirely

<https://www.sciencedaily.com/releases/2016/09/160914090314.htm>

Fish oil may help improve mood in veterans

<https://www.sciencedaily.com/releases/2016/09/160922104406.htm>

Mourning the loss of a loved one from suicide

<http://www.health.mil/News/Articles/2016/10/04/Mourning-the-loss-of-a-loved-one-from-suicide>

Study Links Sailors' Porn Use, Sexual Dysfunction

<http://www.military.com/daily-news/2016/10/04/study-links-sailors-porn-use-sexual-dysfunction.html>

Stigmatizing PTSD

<http://www.baltimoresun.com/news/opinion/editorial/bs-ed-ptsd-20161004-story.html>

Depression in Women: 5 Things You Should Know

<https://www.nimh.nih.gov/health/publications/depression-in-women-tr-16-4779/index.shtml>

Military Families May See More Financial Challenges, Petraeus Says

<http://www.defensenews.com/articles/federal-agencies-others-work-to-improve-military-families-financial-strength>

Sleep is key to curing chronic pain

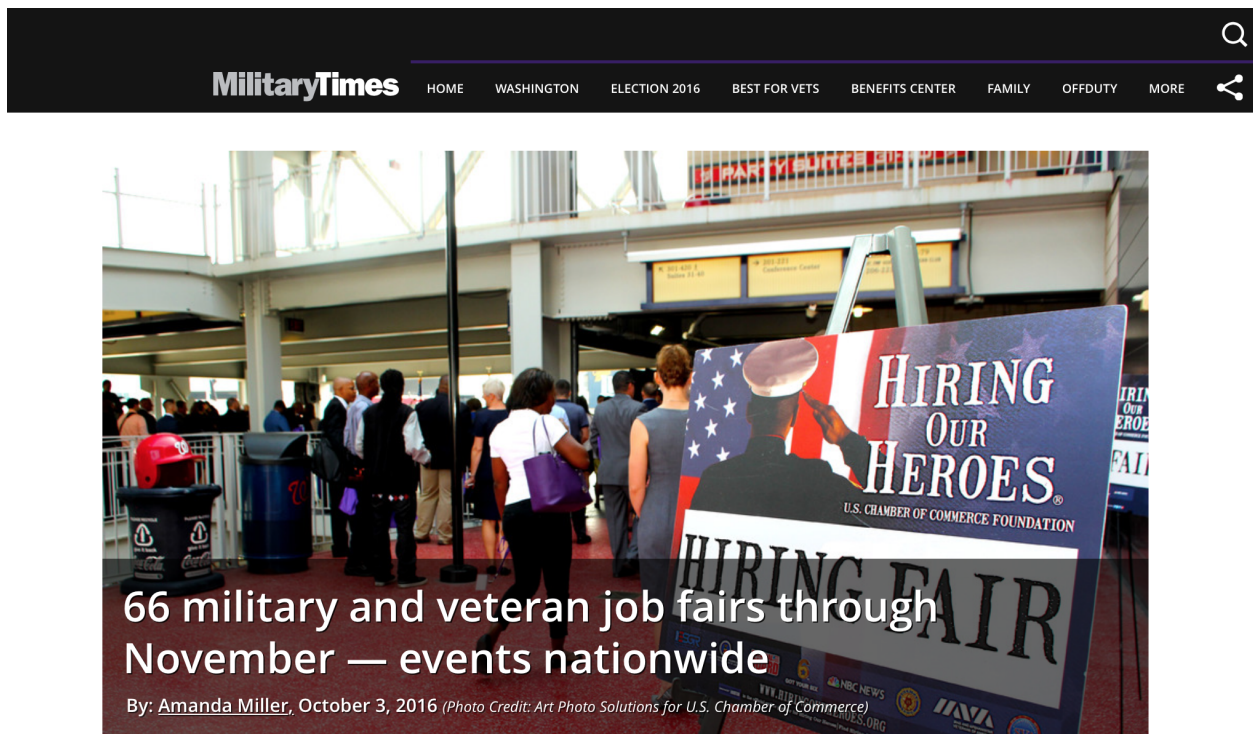
<https://www.sciencedaily.com/releases/2016/09/160921084808.htm>

Why don't antidepressants work in some patients?

<https://www.sciencedaily.com/releases/2016/09/160920083019.htm>

Resource of the Week: [66 military and veteran job fairs through November — events nationwide](#)

The following are upcoming job fairs for service members, veterans and/or military spouses. Go to the website for an event before attending to find out whether you should register in advance. In some cases, you'll be able to see which employers have signed up. Others are by invitation only.



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