



## CDP Research Update -- October 13, 2016

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- Links of Interest
- Resource of the Week: Mindfulness Meditation for Chronic Pain (RAND)

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<https://content.govdelivery.com/accounts/USVHA/bulletins/16a883c>

## **PTSD and Accelerated Aging**

Erica J. Wolf, PhD

PTSD Research Quarterly  
Vol. 27 (3), 2016

For hundreds of years, scientists have recognized that the human body is highly sensitive to the external environment. Recently, evidence has pointed to PTSD being associated with premature development of physical health problems.

This issue of the PTSD Research Quarterly reviews the implementation science literature regarding the testing of methods to promote greater utilization of EBTs by health care practitioners, program directors and policy makers.

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<http://onlinelibrary.wiley.com/wol1/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 and Sarah C. Voss Horrell

Journal of Traumatic Stress  
Volume 29, Issue 5, pages 474–477, October 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.

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<http://onlinelibrary.wiley.com/doi/10.1111/jrh.12221/full>

## **Utilization of Mental Health Services by Veterans Living in Rural Areas.**

Judith Teich MSW, Mir M. Ali PhD, Sean Lynch PhD, LCSW, Ryan Mutter PhD

Journal of Rural Mental Health

First published: September 2016

DOI: 10.1111/jrh.12221

### **Purpose**

There is concern that veterans living in rural areas may not be receiving the mental health (MH) treatment they need. This study uses recent national survey data to examine the utilization of MH treatment among military veterans with a MH condition living in rural areas, providing comparisons with estimates of veterans living in urban areas.

### **Methods**

Multivariable logistic regression is utilized to examine differences in MH service use by urban/rural residence, controlling for other factors. Rates of utilization of inpatient and outpatient treatment, psychotropic medication, any MH treatment, and perceived unmet need for MH care are examined.

### **Findings**

There were significant differences in MH treatment utilization among veterans by rural/urban residence. Multivariate estimates indicate that compared to veterans with a MH condition living in urban areas, veterans in rural areas had 70% lower odds of receiving any MH treatment. Veterans with a MH condition in rural areas have approximately 52% and 64% lower odds of receiving outpatient treatment and prescription medications, respectively, compared to those living in urban areas. Differences in perceived unmet need for mental health treatment were not statistically significant.

## Conclusions

While research indicates that recent efforts to improve MH service delivery have resulted in improved access to services, this study found that veterans' rates of MH treatment are lower in rural areas, compared to urban areas. Continued efforts to support the provision of behavioral health services to rural veterans are needed. Telemedicine, using rural providers to their maximum potential, and engagement with community stakeholder groups are promising approaches.

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<https://www.ncbi.nlm.nih.gov/pubmed/26437144>

J Fam Psychol. 2016 Feb;30(1):52-62. doi: 10.1037/fam0000152. Epub 2015 Oct 5.

### **Relationship of service members' deployment trauma, PTSD symptoms, and experiential avoidance to postdeployment family reengagement.**

Brockman C, Snyder J, Gewirtz A, Gird SR, Quattlebaum J, Schmidt N, Pauldine MR, Elish K, Schrepferman L, Hayes C, Zettle R, DeGarmo D

This research examined whether military service members' deployment-related trauma exposure, posttraumatic stress disorder (PTSD) symptoms, and experiential avoidance are associated with their observed levels of positive social engagement, social withdrawal, reactivity-coercion, and distress avoidance during postdeployment family interaction. Self reports of deployment related trauma, postdeployment PTSD symptoms, and experiential avoidance were collected from 184 men who were deployed to the Middle East conflicts, were partnered, and had a child between 4 and 13 years of age. Video samples of parent-child and partner problem solving and conversations about deployment issues were collected, and were rated by trained observers to assess service members' positive engagement, social withdrawal, reactivity-coercion, and distress avoidance, as well as spouse and child negative affect and behavior. Service members' experiential avoidance was reliably associated with less observed positive engagement and more observed withdrawal and distress avoidance after controlling for spouse and child negative affect and behavior during ongoing interaction. Service members' experiential avoidance also diminished significant associations between service members' PTSD symptoms and their observed behavior. The results are discussed in terms of how service members' psychological acceptance promotes family resilience and adaptation to the multiple contextual challenges and role transitions associated with military deployment. Implications for parenting and marital interventions are described. (c) 2016 APA, all rights reserved).

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<http://guilfordjournals.com/doi/abs/10.1521/jscp.2016.35.8.693>

**Social Support, Depressive Symptoms, and Hazardous Alcohol Use Among Navy Members: An Examination of Social Support as a Protective Factor Across Deployment.**

Adrian J. Bravo, Michelle L. Kelley, Brittany F. Hollis

Journal of Social and Clinical Psychology

Vol. 35, No. 8, pp. 693-704

doi: 10.1521/jscp.2016.35.8.693

The current study replicated and extended recent research findings on the effects of social support on rates of depression and hazardous alcohol use. Participants were 63 U.S. Navy members assigned to an Arleigh Burke-class destroyer who experienced an 8-month deployment after Operational Enduring Freedom (OEF)/Operation Iraqi Freedom (OIF). Approximately 6 weeks prior to deployment, 6 weeks after deployment, and 6 months postdeployment, participants completed measures that assessed social support, depressive symptoms, and hazardous drinking facets (i.e., alcohol use, dependency symptoms, and alcohol-related problems). Four independent piecewise latent growth models were conducted in which the structural paths assessed if social support influenced outcomes (i.e., depressive symptoms and hazardous drinking facets) or their growth over time. At postdeployment, increases in social support significantly predicted decreases in depressive symptoms, alcohol dependency symptoms, and alcohol-related problems. For depressive symptoms, these effects continued to persist as increases in social support significantly predicted decreases in depressive symptoms at 6-month reintegration. The current study found that social support acted as a buffer against depressive symptoms at pre- and postdeployment, as well as 6-month reintegration. These findings have important clinical implications in the utilization of social support systems for military personnel experiencing high levels of deployment post OEF/OIF.

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<http://publications.amsus.org/doi/abs/10.7205/MILMED-D-15-00585>

**Preventing PTSD and Depression and Reducing Health Care Costs in the Military: A Call for Building Resilience Among Service Members.**

Kartavya J. Vyas; Susan F. Fesperman; Bonnie J. Nebeker; Steven K. Gerard; Nicholas D. Boyd; Eileen M. Delaney; Jennifer A. Webb-Murphy; Scott L. Johnston

Military Medicine

181(10), pp. 1240–1247

DOI: <http://dx.doi.org/10.7205/MILMED-D-15-00585>

The present study investigates the role of psychological resilience in protecting against the development of post-traumatic stress disorder (PTSD), depression, and comorbid PTSD and depression; and estimates the percent reductions in incidence of, and associated treatment cost savings for, each condition as a function of increasing resilience. A retrospective cohort of mental health care-seeking service members ( $n = 2,171$ ) completed patient-reported outcome measures approximately every 10 weeks as part of the Psychological Health Pathways program. Patients with low resilience were at significantly greater odds for developing physical, behavioral, and mental health conditions, particularly sleep disorder (adjusted odds ratio [AOR] = 2.60, 95% confidence interval [CI] = 1.81–3.73), perceived stress (AOR = 2.86, 95% CI = 1.05–7.75), and depression (AOR = 2.89, 95% CI = 2.34–3.57) compared to patients with moderate/high resilience. Increasing resilience across services by 20% is estimated to reduce the odds of developing PTSD, depression, and comorbid PTSD and depression by 73%, 54%, and 93%, respectively; the incidence by 32%, 19%, and 61%, respectively; and save approximately \$196, \$288, and \$597 million in annual treatment costs, respectively, or approximately \$1.1 billion total (a 35% reduction in costs). Using resilience as a preventive model may reduce health care utilization and costs in an already overtaxed health care system.

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<https://www.ncbi.nlm.nih.gov/pubmed/27690479>

Neuropsychology. 2016 Oct 3. [Epub ahead of print]

### **Sleep Quality Affects Cognitive Functioning in Returning Combat Veterans Beyond Combat Exposure, PTSD, and Mild TBI History.**

Martindale SL, Morissette SB, Rowland JA, Dolan SL.

The purpose of this study was to determine how sleep quality affects cognitive functioning in returning combat veterans after accounting for effects of combat exposure, posttraumatic stress disorder (PTSD), and mild traumatic brain injury (mTBI)

history. This was a cross-sectional assessment study evaluating combat exposure, PTSD, mTBI history, sleep quality, and neuropsychological functioning. One hundred and nine eligible male Iraq/Afghanistan combat veterans completed an assessment consisting of a structured clinical interview, neuropsychological battery, and self-report measures. Using partial least squares structural equation modeling, combat experiences and mTBI history were not directly associated with sleep quality. PTSD was directly associated with sleep quality, which contributed to deficits in neuropsychological functioning independently of and in addition to combat experiences, PTSD, and mTBI history. Combat experiences and PTSD were differentially associated with motor speed. Sleep affected cognitive function independently of combat experiences, PTSD, and mTBI history. Sleep quality also contributed to cognitive deficits beyond effects of PTSD. An evaluation of sleep quality may be a useful point of clinical intervention in combat veterans with cognitive complaints. Improving sleep quality could alleviate cognitive complaints, improving veterans' ability to engage in treatment. (PsycINFO Database Record (c) 2016 APA, all rights reserved).

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<http://link.springer.com/article/10.1007/s11910-016-0697-7>

### **Post-Concussive Syndrome: a Focus on Post-Traumatic Headache and Related Cognitive, Psychiatric, and Sleep Issues.**

Mia T Minen, Alexandra Boubour, Harjasleen Walia, William Barr

Current Neurology and Neuroscience Reports

First Online: 05 October 2016

DOI: 10.1007/s11910-016-0697-7

#### **Purpose of Review**

Post-traumatic headache (PTH) is a secondary headache disorder following traumatic brain injury. We sought to examine the recent literature on PTH and associated cognitive, psychiatric, and sleep conditions to understand the latest findings about the associated conditions and available screening tools, and to understand the available treatment options for PTH.

#### **Recent Findings**

Up to one third of PTH patients may have depression and about one quarter may have insomnia. Anxiety and cognitive issues are also common. While there are few studies examining abortive medications for PTH, recent studies of preventive medications



examine the efficacy of topiramate, and topiramate may be better than other oral preventive medications. Other currently investigated treatments include nerve blocks, onabotulinum toxin A, transcranial magnetic stimulation, and behavioral therapy (biofeedback).

#### Summary

Due to an expanded focus on and knowledge of concussion and PTH, comorbid psychiatric, cognitive, and sleep issues have become more widely acknowledged and studied. However, more high-quality studies must be conducted to examine the underlying pathophysiology of PTH and associated symptoms and to determine the most effective abortive and preventive treatment options.

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<http://onlinelibrary.wiley.com/doi/10.1111/acer.13217/full>

### **Alcohol Dependence and Its Relationship With Insomnia and Other Sleep Disorders.**

Subhajit Chakravorty, Ninad S. Chaudhary, Kirk J. Brower

Alcoholism: Clinical and Experimental Research

First published: 5 October 2016

DOI: 10.1111/acer.13217

Sleep-related complaints are widely prevalent in those with alcohol dependence (AD). AD is associated not only with insomnia, but also with multiple sleep-related disorders as a growing body of literature has demonstrated. This article will review the various aspects of insomnia associated with AD. In addition, the association of AD with other sleep-related disorders will be briefly reviewed. The association of AD with insomnia is bidirectional in nature. The etiopathogenesis of insomnia has demonstrated multiple associations and is an active focus of research. Treatment with cognitive behavioral therapy for insomnia is showing promise as an optimal intervention. In addition, AD may be associated with circadian abnormalities, short sleep duration, obstructive sleep apnea, and sleep-related movement disorder. The burgeoning knowledge on insomnia associated with moderate-to-severe alcohol use disorder has expanded our understanding of its underlying neurobiology, clinical features, and treatment options.

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<http://bjpo.rcpsych.org/content/2/5/314.full>

## **Missed opportunity to screen and diagnose PTSD and depression among deploying shipboard US military personnel.**

Judith Harbertson, Braden R. Hale, Nelson L. Michael, Paul T. Scott

British Journal of Psychiatry Open

Oct 2016, 2 (5) 314-317

DOI: 10.1192/bjpo.bp.116.003038

### Background

Depression and post-traumatic stress disorder (PTSD) are significant risks for suicide and other adverse events among US military personnel, but prevalence data among ship-assigned personnel at the onset of deployment are unknown.

### Aims

To determine the prevalence of shipboard personnel who screen positive for PTSD and/or major depressive disorder (MDD) at the onset of deployment, and also those who reported these diagnoses made by a physician or healthcare professional in the year prior to deployment.

### Method

Active-duty ship-assigned personnel (N = 2078) completed anonymous assessments at the beginning of deployment. Depression was measured using the Center for Epidemiologic Studies Depression Scale (CES-D; score of  $\geq 22$ ), and PTSD was assessed using the PTSD Checklist–Civilian Version (PCL-C; both score and symptom criteria were used).

### Results

In total, 7.3% (n = 151 of 2076) screened positive for PTSD and 22% (n = 461 of 2078) for MDD at deployment onset. Only 6% and 15% of those who screened positive for PTSD or MDD, respectively, had been diagnosed by a healthcare professional in the past year.

### Conclusions

Missed opportunities for mental healthcare among screen-positive shipboard personnel reduce the benefits associated with early identification and linkage to care. Improved methods of mental health screening that promote early recognition and referral to care may mitigate psychiatric events in theatre.

#### Declaration of interest

This work was performed as part of the official duties of the authors as military service members or employees of the US Government.

#### Copyright and usage

This work was prepared by military service members or employees of the US Government as part of their official duties. As such, copyright protection is not available for this work (Title 17, USC, §105).

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<http://publications.amsus.org/doi/abs/10.7205/MILMED-D-15-00583>

### **Military Deployments and Mental Health Utilization Among Spouses of Active Duty Service Members.**

Todd C. Leroux; Hye-Chung Kum; Alan Dabney; Rebecca Wells

Military Medicine

181(10), pp. 1269–1274

DOI: <http://dx.doi.org/10.7205/MILMED-D-15-00583>

Since the onset of the wars in Iraq and Afghanistan attention has increased on the importance of mental health with military service members. An integral component, although far less studied, are the ties between mental health and military spouses. Military deployments place considerable stress on military families. This study analyzed the mental health utilization of military spouses of active duty service members assigned to an aircraft carrier between 2011 and 2014. A negative binomial generalized estimating equation was used to examine the rate of change in mental health utilization over time against various deployment phases. Associations emerged between select deployment phases (i.e., deployment 1, between deployments, deployment 2) with increases in mental health utilization ranging between 12% and 20% for military spouses. This study demonstrated, for military spouses, the in between deployment phase has associations with mental health utilization rates similar to actual deployed periods. As a result, military leaders should continue to monitor the well-being of their service members' families throughout all deployment phases.

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<http://publications.amsus.org/doi/abs/10.7205/MILMED-D-15-00460>

## **Exploring the Prevalence of Adverse Childhood Experiences in Soldiers Seeking Behavioral Health Care During a Combat Deployment.**

Larry Applewhite, PhD; COL Derrick Arincorayan, MS USA; CAPT Barry Adams, MSC USN

Military Medicine

Volume 181 Issue 10, October 2016, pp. 1275-1280

DOI: <http://dx.doi.org/10.7205/MILMED-D-15-00460>

This exploratory study examines the prevalence of adverse childhood experiences (ACEs) in soldiers who sought behavioral health support during a combat deployment. We conducted a secondary analysis of data extracted from two studies on the basis of retrospective reviews of behavioral health records of soldiers deployed to Iraq or Afghanistan. Of 162 clinical samples, 135 (83%) reported at least one type of childhood adversity. ACE scores ranged from 0 to 9 with a mean of 3 (standard deviation = 2.4) and mode of 0. A total of 65 (40%) experienced four or more ACEs. Parental divorce or separation was the most frequently reported childhood experience and was associated with witnessing domestic violence, having a member of the household abuse substances, and being physically and psychologically abused as a child. A sizeable proportion lived with a household member who had been in prison. Soldiers with an extensive history of ACEs may benefit from additional mentoring from frontline leaders and prevention measures instituted by unit behavioral health personnel.

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<http://www.sciencedirect.com/science/article/pii/S2352250X1630121X>

## **Theory-driven models of self-directed violence among individuals with PTSD.**

Craig J. Bryan, Jeremy L. Grove, Nathan A. Kimbrel

Current Opinion in Psychology

Available online 5 October 2016

<http://dx.doi.org/10.1016/j.copsyc.2016.09.007>

PTSD is a well-established risk factor for the full range of self-directed violence (SDV). It is also one of the few psychological conditions that distinguishes those who think about suicide from those who attempt suicide. Despite considerable evidence supporting these points, very little is understood about the mechanisms by which PTSD increases the risk for SDV at the present time. This knowledge gap is largely due to the absence of research driven by empirically-supported models of suicide. More recently, this knowledge gap has been slowly filled by a growing number of studies informed by two particular conceptual models: the fluid vulnerability theory and the interpersonal psychological theory. Findings supporting each model are discussed, as are implications for future research.

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<http://publications.amsus.org/doi/abs/10.7205/MILMED-D-15-00552>

### **Firearm Ownership Among Military Veterans With PTSD: A Profile of Demographic and Psychosocial Correlates.**

Adrienne J. Heinz; Nicole L. Cohen; Lori Holleran; Jennifer A. Alvarez; Marcel O. Bonn-Miller

Military Medicine

181(10), pp. 1207–1211

DOI: <http://dx.doi.org/10.7205/MILMED-D-15-00552>

Post-traumatic stress disorder (PTSD), a condition that disproportionately affects military veterans, is associated with heightened rates of aggression and suicide. Although experience with firearms is common among this population, virtually nothing is known regarding who is more likely to own a firearm and whether firearm ownership is differentially associated with psychological and behavioral risk factors among veterans with PTSD. Of 465 veterans (79% male) entering PTSD treatment, 28% owned a firearm (median number of firearms among owners = 3, range = 1–40). Firearm owners reported higher income were less likely to be unemployed, and were more likely to be male, Caucasian, married, and living in permanent housing. Ownership was associated with higher combat exposure and driving aggression, yet lower rates of childhood and military sexual trauma, suicidal ideation, and incarceration. Ownership was not associated with previous suicide attempt, arrest history, number of traumas experienced, PTSD symptoms, or depression. Together, among a sample of treatment-seeking military veterans with PTSD, those who owned a firearm appeared to demonstrate greater stability across a number of domains of functioning. Importantly

though, routine firearm safety discussions (e.g., accessibility restrictions; violence risk assessments) and bolstering of anger management skills remain critical when working with this high-risk population.

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<http://onlinelibrary.wiley.com/doi/10.1111/sltb.12303/full>

### **Postdeployment Suicide Risk Increases Over a 6-month Period: Predictors of Increased Risk among Midwestern Army National Guard Soldiers.**

Hyungjin Myra Kim ScD, Debra Siegel Levine PhD, Paul N. Pfeiffer MD, Adrian J. Blow PhD, Christopher Marchiondo PhD, Heather Walters MS, Marcia Valenstein MD

Suicide and Life-Threatening Behavior

First published: 5 October 2016

DOI: 10.1111/sltb.12303

National Guard (NG) soldiers returning from deployments in Iraq and Afghanistan were surveyed at 6 and 12 months following their return (N = 970). The overall prevalence of suicide risk at 6 and 12 months following their return was assessed, as were changes in suicide risk among soldiers initially at high or low risk. Factors associated with changes in risk were assessed. The percentage of NG soldiers with high suicide risk increased from 6.8% at 6 months to 9.2% at 12 months (odds ratio = 1.7, p = .02). In the 882 soldiers initially at low risk, 5.9% (52/882) became high risk at 12 months; in the 64 soldiers initially at high risk, 46.9% (30/64) became low risk at 12 months. Initial levels of depressive symptoms were predictive of changing to high risk; this association appeared to be partially explained by soldier reports of increased search in the meaning in life and higher levels of perceived stress. Because suicide risk increases over the first 12 months, continued risk assessments during this time period should be considered. Supporting soldiers to find meaning in their life after deployment and enhancing their capacity to cope with perceived stress may help prevent increases in suicide risk over time.

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<http://publications.amsus.org/doi/abs/10.7205/MILMED-D-15-00445>

### **Post-Traumatic Stress Disorder, Depression, and Binge Drinking in the Reserve Component of the U.S. Armed Forces.**

Robert J. Ursano; Jing Wang; Holly Ramsawh; Dale Russell; Natasha Benfer; Robert K. Gifford; Gregory H. Cohen; Sandro Galea; Carol S. Fullerton

Military Medicine

181(10), pp. 1287–1293

DOI: <http://dx.doi.org/10.7205/MILMED-D-15-00445>

#### Objectives:

We documented the prevalence of post-traumatic stress disorder (PTSD), depression, and binge drinking in U.S. Reserve and National Guard (Reserve Component [RC]) personnel for each service and branch by rank, gender, and deployment status.

#### Methods:

Structured interviews were conducted with a nationally representative sample of RC personnel (n = 2,003). We used weighted descriptive statistics to examine the prevalence of PTSD, depression, and binge drinking.

#### Results:

The prevalence of PTSD was 6.7%, depression was 6.8%, and binge drinking was 11.5%. The prevalence of having one or more mental health problems investigated in this study was 19.8%. The prevalence of binge drinking was higher for enlisted men (14.8%) than enlisted women (2.6%). Having one or more mental health problems was nearly twice as high for enlisted men (23.4%) vs. enlisted women (12.9%). For deployed personnel, the prevalence of PTSD or having one or more mental health problems was approximately twice that of never-deployed personnel.

#### Conclusions:

Prevalence of mental health problems can inform prevention and treatment for RC personnel. Further research is needed to identify risk factors for PTSD, depression, and binge drinking. Interventions for RC personnel should consider service and branch, rank, gender, and deployment status.

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<http://www.sciencedirect.com/science/article/pii/S0260691716302258>

**Integration of Military and Veteran Health in a Psychiatric Mental Health BSN Curriculum: A Mindful Analysis.**

Edna Ruiz Magpantay-Monroe, Ed.D., A.P.R.N

Nurse Education Today

Available online 6 October 2016

<http://dx.doi.org/10.1016/j.nedt.2016.09.020>

The military and veteran populations in the U. S. state of Hawaii have a strong presence in the local communities. It was this substantial presence that provided the impetus to integrate military and veteran health into a Bachelor's of Science in Nursing (BSN) curriculum. This exploratory study investigated the relationship between the integration of military and veteran health into a psychiatric mental health BSN curriculum and nursing students' understanding of the many facets of military veterans' health. The concepts related to military and veterans' health was infused in didactic, seminar, simulation and clinical instruction. Examples of approaches to teaching include guest speakers from military clinical partners, inclusion of military/military families in simulation, the reading of evidence-based articles focusing on the military and veteran population, use of identification of problem based learning and clinical placements in hospital(s) and community agencies specific to servicing military and veterans and their families. Students were encouraged to record their reflections which provided some insight on the value of integration of this important segment into the curriculum. Classroom discussions and reflections were analyzed using an exploratory method of inquiry by categorizing themes which revealed some biases about the military and veteran population and how working with this population helped students to understand their health needs. Although the data is limited, it an important foundation for further exploration into the significance of the integration of military and veterans' health in a psychiatric mental health BSN nursing curriculum. The recommendation is to further include military and veterans' health across the curriculum in order to help future nursing graduates understand and evaluate their role in working with this distinctive population, recognize challenges and opportunities in working with this population and identify available evidence-based resources to inform their practice.

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[http://repository.upenn.edu/edissertations\\_sp2/84/](http://repository.upenn.edu/edissertations_sp2/84/)

### **Combat-related stress and depression in female OEF/OIF/OND Veterans**

Holly A. Sairsingh



University of Pennsylvania

Doctorate in Social Work (DSW) Dissertations. Paper 84. (2017)

Objective:

A cross-sectional design and four-model regression analysis were used to test the hypotheses that higher levels of combat-related stress (combat exposure and comrade loss) would predict higher levels of depressive symptoms and that social support and adaptive coping style would moderate the relationship between combat exposure and depression in a sample of female OEF/OIF/OND veterans.

Methods:

128 female OEF/OIF/OND veterans completed an online survey consisting of the Combat Experiences Scale, Brief COPE, Postdeployment Social Support Scale, Patient Health Questionnaire, a one-item question about loss of comrades to combat, and demographic questions. Several control variables were included.

Results:

There was no significant relationship between combat-related stress and depression, although a majority (64.9%) of respondents identified losing one or more comrades to combat. Social support and adaptive coping style did not significantly moderate the relationship between combat exposure and depression. Higher levels of social support, being financially comfortable, and use of antidepressants were significantly correlated with lower levels of depression, while being employed part time was significantly correlated with higher levels of depression. A majority (67.2%) of respondents identified having a past experience of military sexual trauma (MST). The amount of variance in depression scores explained across the four regression models ranged from 54% to 61%.

Conclusion:

Results point to the importance of screening and intervening in mental health treatment with depressed female OEF/OIF/OND veterans around financial and employment concerns, as well as referring to psychopharmacology. As women increasingly serve in combat positions and experience high rates of MST, researchers should focus on identifying unique deployment-related stressors experienced by female veterans serving in combat positions and work to isolate those factors most strongly associated with depression following deployment.

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<http://publications.amsus.org/doi/abs/10.7205/MILMED-D-15-00559>

## **Military Considerations in Transsexual Care of the Active Duty Member.**

Lt Col Irene Folaron , USAF MC; Lt Col Monica Lovasz , USAF MC

Military Medicine

Volume 181 Issue 10, October 2016, pp. 1182-1186

DOI: <http://dx.doi.org/10.7205/MILMED-D-15-00559>

Retention standards and policies applied to active duty members in the U.S. military who identify as transgender have recently been in evolution. The Secretary of Defense recently released a new directive allowing transgender members to serve openly with the option to transition gender while in active duty, abrogating the old policy disqualifying transgender members from continued service. There is a reasonable expectation that some may pursue medical and surgical options toward gender transition. The clinical pathway for gender transition relies heavily on Mental Health and Endocrinology services. This article highlights the medical aspects of gender transition and how they can affect readiness and the delivery of military health care.

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<http://www.sciencedirect.com/science/article/pii/S2352250X16301208>

## **Cognitive Factors in the Development, Maintenance, and Treatment of Post-Traumatic Stress Disorder.**

Stefanie T. LoSavio, Kirsten H. Dillon, Patricia A. Resick

Current Opinion in Psychology

Available online 4 October 2016

<http://dx.doi.org/10.1016/j.copsyc.2016.09.006>

Cognitive content and processes are central to theories of Post-Traumatic Stress Disorder (PTSD). In this paper, we highlight recent findings on cognitive factors in PTSD. Evidence for the role of negative post-traumatic cognitions in PTSD has continued to mount, with cognitions mediating PTSD symptoms and predicting PTSD over and above other key predictors. Researchers have also continued to implicate cognitive processes like rumination in the development and maintenance of PTSD.

Finally, we review how cognitive-behavioral therapies interrupt dysfunctional cognitive processes in PTSD and highlight research supporting the theory that changes in cognitions are the mechanism of these treatments.

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<http://onlinelibrary.wiley.com/wol1/doi/10.1002/jts.22129/abstract>

### **Posttraumatic Stress Disorder Symptoms, Intimate Partner Violence, and Relationship Functioning: A Meta-Analytic Review.**

Birkley, E. L., Eckhardt, C. I. and Dykstra, R. E.

Journal of Traumatic Stress

Volume 29, Issue 5, pages 397–405, October 2016

DOI: 10.1002/jts.22129

This meta-analysis was the first study of which we are aware to investigate the association between Diagnostic and Statistical Manual of Mental Disorders (4th ed., text rev.; DSM-IV-TR; American Psychiatric Association, 2000) PTSD symptom clusters and parent, child, family, and marital/partner functioning problems (e.g., intimate partner violence [IPV] and intimacy). Of the 23 studies that met inclusion criteria, the sample was predominantly male (83.8%), Caucasian (65.0%), and from the military (98.9%). The average age was 43.65 years old (SD = 6.27); the average sample size was 397.4 (SD = 416.9; total N = 9,935). PTSD symptom clusters were assessed primarily by self-report (87.0%), with 8.7% using a rating by a clinician. We used fixed analysis following Fisher's  $r$  to  $z$  transformation and an unbiased weighing and summing of effect sizes within samples and across studies. We found a small association between hyperarousal and IPV ( $z = .20$ ). We also found two moderate associations for the emotional numbing and avoidance symptom clusters: (a) with parent, child, and family functioning ( $z = .32$ ,  $z = .28$ , respectively); and (b) with intimacy problems ( $z = .35$ ,  $z = .42$ , respectively). We found two large associations for emotional numbing: marital and parent problems ( $z = .47$ ) and parent, child, and family functioning problems ( $z = .32$ , respectively). Our findings suggested that treatments aim to lessen the effect on those who have close relationships with the individual with PTSD.

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<http://www.sciencedirect.com/science/article/pii/S0022395616304794>

**Mild traumatic brain injury and suicide risk among a clinical sample of deployed military personnel: Evidence for a serial mediation model of anger and depression.**

Ian H. Stanley, Thomas E. Joiner, Craig J. Bryan

Journal of Psychiatric Research

Volume 84, January 2017, Pages 161–168

<http://dx.doi.org/10.1016/j.jpsychires.2016.10.004>

Research has demonstrated a robust link between traumatic brain injuries (TBIs) and suicide risk. Yet, few studies have investigated factors that account for this link. Utilizing a clinical sample of deployed military personnel, this study aimed to examine a serial mediation model of anger and depression in the association of mild TBI and suicide risk. A total of 149 military service members referred for evaluation/treatment of a suspected head injury at a military hospital participated in the present study (92.6% male; Mage = 27.9y). Self-report measures included the Suicidal Behaviors Questionnaire—Revised (SBQ-R), Automated Neuropsychological Assessment Metrics (ANAM) anger and depression subscales, and Behavioral Health Measure-20 depression subscale. A current mild TBI diagnosis was confirmed by a licensed clinical psychologist/physician. Overall, 84.6% (126/149) of participants met diagnostic criteria for a current mild TBI. Bootstrapped serial mediation analyses indicated that the association of mild TBI and suicide risk is serially mediated by anger and depression symptoms (bias-corrected 95% confidence interval [CI] for the indirect effect = 0.044, 0.576). An alternate serial mediation model in which depression symptoms precede anger was not statistically significant (bias-corrected 95% CI for the indirect effect = -0.405, 0.050). Among a clinical sample of military personnel, increased anger and depression statistically mediated the association of mild TBI and suicide risk, and anger appears to precede depression in this pathway. Findings suggest that therapeutically targeting anger may serve to thwart the trajectory to suicide risk among military personnel who experience a mild TBI. Future research should investigate this conjecture within a prospective design to establish temporality.

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<https://www.ncbi.nlm.nih.gov/pubmed/27707436>

J Clin Sleep Med. 2016 Sep 29. pii: jc-00140-16. [Epub ahead of print]

## **Treatment of OSA with CPAP is Associated with Improvement in PTSD Symptoms among Veterans.**

Orr JE, Smales C, Alexander TH, Stepnowsky C, Pillar G, Malhotra A, Sarmiento KF.

### **STUDY OBJECTIVES:**

Posttraumatic stress disorder (PTSD) is common among veterans of the military, with sleep disturbance as a hallmark manifestation. A growing body of research has suggested a link between obstructive sleep apnea and PTSD, potentially due to obstructive sleep apnea (OSA) related sleep disruption, or via other mechanisms. We examined the hypothesis that treatment of OSA with positive airway pressure would reduce PTSD symptoms over 6 months.

### **METHODS:**

A prospective study of Veterans with confirmed PTSD and new diagnosis of OSA not yet using PAP therapy were recruited from a Veteran's Affairs sleep medicine clinic. All subjects were instructed to use PAP each night. Assessments were performed at 3 and 6 months. The primary outcome was a reduction in PTSD symptoms at 6 months.

### **RESULTS:**

Fifty-nine subjects were enrolled; 32 remained in the study at 6 months. A significant reduction in PTSD symptoms, measured by PCL-S score was observed over the course of the study ( $60.6 \pm 2.7$  versus  $52.3 \pm 3.2$  points;  $p < 0.001$ ). Improvement was also seen in measures of sleepiness, sleep quality, and daytime functioning, as well as depression and quality of life. Percentage of nights in which PAP was used, but not mean hours used per night, was predictive of improvement.

### **CONCLUSIONS:**

Treatment of OSA with PAP therapy is associated with improvement in PTSD symptoms, although the mechanism is unclear. Nonetheless, PAP should be considered an important component of PTSD treatment for those with concurrent OSA. Improving PAP compliance is a challenge in this patient population warranting further investigation.

CLINICALTRIALS.GOV ID: NCT02019914

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<https://www.ncbi.nlm.nih.gov/pubmed/27710006>

Psychol Trauma. 2016 Oct 6. [Epub ahead of print]

**A Randomized Clinical Trial of a Postdeployment Parenting Intervention for Service Members and Their Families With Very Young Children.**

DeVoe ER, Paris R, Emmert-Aronson B, Ross A, Acker M.

**Objective:**

Parenting through the deployment cycle presents unique stressors for military families. To date, few evidence-based and military-specific parenting programs are available to support parenting through cycles of deployment separation and reintegration, especially for National Guard/Reserve members. The purpose of this research was to test the efficacy of a parenting program developed specifically to support military families during reintegration.

**Method:**

Within 1 year of returning from deployment to Afghanistan or Iraq, 115 service members with very young children were randomly assigned to receive either the Strong Families Strong Forces Parenting Program at baseline or after a 12-week waiting period. Using a home-based modality, service members, at-home parents, and their young child were assessed at baseline, 3 months posttreatment/wait period, and 6 months from baseline.

**Results:**

Service member parents in Strong Families evidenced greater reductions in parenting stress and mental health distress relative to those in the waitlist comparison group. Service members with more posttraumatic stress symptoms reported higher levels of perceived parental efficacy in the intervention group than service members in the comparison group. Intervention also resulted in enhanced parental reflective capacity, including increased curiosity and interest in the young child among those in the intervention group relative to comparison.

**Conclusion:**

Service member parents and their spouses demonstrated high interest in participating in a postdeployment parenting program targeting families with very young children. Findings point to the feasibility, appeal, and efficacy of Strong Families in this initial trial

and suggest promise for implementation in broader military and community service systems. (PsycINFO Database Record (c) 2016 APA, all rights reserved).

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### **Links of Interest**

Alcoholism worsens insomnia, but there is hope

<https://www.sciencedaily.com/releases/2016/10/161006092315.htm>

Mental illness genetically linked to drug use and misuse

<https://www.sciencedaily.com/releases/2016/10/161006103242.htm>

Deployments can be 'significant stressor' for families but help is available

<http://www.health.mil/News/Articles/2016/10/07/Deployments-can-be-significant-stressor-for-families-but-help-is-available>

Study: Vaping and traditional tobacco usage closely linked in teens, potential recruits

<http://www.militarytimes.com/articles/is-vaping-a-gateway-to-smoking>

Dunford: Military families key to national security

[www.militarytimes.com/articles/joint-chiefs-chairman-speaks-to-military-family-organization](http://www.militarytimes.com/articles/joint-chiefs-chairman-speaks-to-military-family-organization)

How Veterans Can Address Substance Misuse

<http://www.realwarriors.net/veterans/treatment/substanceabuse.php>

Behavior therapy linked to less stress from insomnia

<https://www.yahoo.com/news/behavior-therapy-linked-less-stress-insomnia-175918929.html>

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### **Resource of the Week: [Mindfulness Meditation for Chronic Pain](#)**

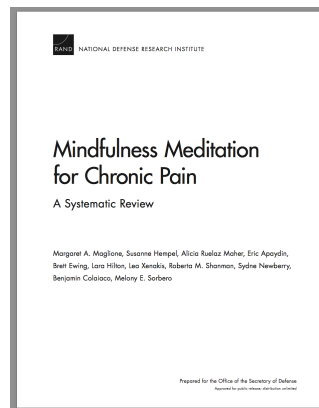
This recently published RAND Corporation report takes a look at:

What are the efficacy and safety of mindfulness meditation interventions, as an adjunctive or monotherapy, for adults with chronic pain due to migraine, headache, back pain, osteoarthritis, or neuralgic pain compared with treatment as usual, waitlists, no treatment, or other active treatments?

According to the researchers:

### Mindfulness Meditation Is Associated with a Small Effect of Improved Pain Symptoms, but the Quality of Evidence is Low

- Of 28 included randomized controlled trials on the efficacy of mindfulness meditation for chronic pain, 24 reported continuous pain measures. Results of pooled analysis indicated a statistically significant reduction of pain symptoms, but the quality of evidence that mindfulness meditation is associated with a decrease in chronic pain compared with control is low overall.
- In subgroup analyses of comparators, mindfulness meditation significantly reduced pain scale scores compared with treatment as usual, but not compared with passive controls, such as waitlists, or with education or support groups.
- There is high quality evidence that mindfulness meditation to treat chronic pain significantly reduced depressive symptoms, & there is moderate quality evidence that it improves physical and mental health-related quality of life.
- The efficacy of mindfulness meditation did not differ significantly when given as monotherapy or adjunctive therapy or by type of intervention, medical condition, or frequency or duration of treatment.



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