



CDP Research Update -- November 3, 2016

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<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
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[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.

Funding: Partly funded by the Naval Research Program.

See also -- [Comment: Death by suicide in US military during the Afghanistan and Iraq wars](#)

<http://psycnet.apa.org/journals/mil/28/5/331/>

Generalizability of evidence-based PTSD psychotherapies to suicidal individuals: A review of the Veterans Administration and Department of Defense clinical practice guidelines.

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Military Psychology
Vol 28(5), Sep 2016, 331-343
<http://dx.doi.org/10.1037/mil0000130>

Posttraumatic stress disorder (PTSD) is strongly associated with suicide. The 2010 Department of Veterans Affairs/Department of Defense Clinical Practice Guidelines for PTSD (VA/DoD CPG) endorse cognitive therapy and its variants as empirically supported PTSD treatments. However, we lack an understanding about whether these treatments are generalizable to patients with suicidal ideation and/or behaviors. Randomized controlled trials (RCTs) cited in the VA/DoD CPGs were systematically reviewed for methodology, suicide-related content, and adverse event reporting. Thirty-eight RCTs were reviewed. Twenty-three reported suicide-related exclusion criteria, 15 made no mention of suicide-related inclusion/exclusion criteria. Thirty-six RCTs included depression assessments containing suicide-related items, but no suicide-relevant data were reported. Two RCTs outlined suicide risk monitoring procedures. Suicidal PTSD participants are underrepresented in PTSD RCTs and suicide risk assessment procedures were inconsistently reported. Standardized reporting of RCT methods pertaining to suicide risk to determine generalizability and safety of empirically supported PTSD treatments to this clinical population is needed. (PsycINFO Database Record (c) 2016 APA, all rights reserved)

<http://link.springer.com/article/10.1007/s40501-016-0099-0>

Safety Planning for Suicide Prevention.

Deborah J. Kayma, Marjorie F. Goldstein, Jaime Wilsnack, Marianne Goodman

Current Treatment Options in Psychiatry

First Online: 24 October 2016

DOI: 10.1007/s40501-016-0099-0

The Safety Plan was developed to help individuals at risk of suicide to prevent and/or manage suicidal crises. The risk of suicide is elevated for people with serious mental illness, that is, a mental illness that interferes with the ability to carry out one or more major life activities. Serious mental illness makes it difficult to think clearly, make decisions, and take positive action. In other words, it impairs executive functioning. A wide variety of diagnoses, including depression (unipolar or bipolar), borderline personality disorder, post-traumatic stress disorder, and schizophrenia, are associated with this kind of impairment. A Safety Plan in easy reach reduces the burden of problem-solving when a crisis is looming and the ability to think clearly is impaired. There is no need to figure out what to do to interrupt a darkening mood, because strategies that may help are already written out. There is no need to look up emergency

contact information, because it has already been compiled. Essential as this information can be, a well-constructed Safety Plan is more than just a list of strategies and contacts. When the items are individualized and described in detail, they can be potent reminders of cherished memories, simple pleasures that give comfort, and people who care who are in reach and can be counted on to respond when needed. In other words, a well-constructed Safety Plan can reassure its owner that s/he is neither helpless nor alone. Since 2008, the construction of a Safety Plan has been mandated for every patient at risk of suicide at every facility under the auspices of the Department of Veterans Affairs (VA). Today, 8 years since the issuance of this mandate, VA clinicians have not only become accustomed to developing and reviewing Safety Plans in the medical record but also, as this review will suggest, begun to discover for themselves how helpful a Safety Plan can be. As it is not yet known which patients (e.g., with respect to age, sex, or diagnosis) are likeliest to benefit, or whether the impact varies with the timing of its construction (e.g., at time of discharge, or the day before), setting, (e.g., in the emergency department or the inpatient unit), and/or mode of delivery (e.g., in group or individual sessions), these and other questions that aim to optimize Safety Plan effectiveness merit further investigation.

[http://www.jad-journal.com/article/S0165-0327\(16\)30735-2/abstract](http://www.jad-journal.com/article/S0165-0327(16)30735-2/abstract)

An in-depth look into PTSD-depression comorbidity:A longitudinal study of chronically-exposed Detroit residents.

Danny Horesh, Allison E. Aiello, Karestan C. Koenen, Monica Uddin

Journal of Affective Disorders

Published online: October 24, 2016

DOI: <http://dx.doi.org/10.1016/j.jad.2016.08.053>

Background

Although PTSD-major depressive disorder (MDD) co-morbidity is well-established, the vast majority of studies have examined comorbidity at the level of PTSD total severity, rather than at the level of specific PTSD symptom clusters. This study aimed to examine the long-term associations between MDD and PTSD symptom clusters (intrusion, avoidance, hyperarousal), and the moderating role of gender in these associations.

Methods

942 residents of urban Detroit neighborhoods were interviewed at 3 waves, 1 year

apart. At each wave, they were assessed for PTSD, depression, trauma exposure, and stressful life events.

Results

At all waves, hyperarousal was the PTSD cluster most strongly correlated with MDD. For the full sample, a reciprocal relationship was found between MDD and all three PTSD clusters across time. Interestingly, the relative strength of associations between MDD and specific PTSD clusters changed over time. Women showed the same bidirectional MDD-PTSD pattern as in the entire sample, while men sometimes showed non-significant associations between early MDD and subsequent PTSD clusters.

Limitations

First, our analyses are based on DSM-IV criteria, as this was the existing edition at the time of this study. Second, although this is a longitudinal study, inferences regarding temporal precedence of one disorder over another must be made with caution.

Conclusions

Early identification of either PTSD or MDD following trauma may be crucial in order to prevent the development of the other disorder over time. The PTSD cluster of hyperarousal may require special therapeutic attention. Also, professionals are encouraged to develop more gender-specific interventions post-trauma.

<http://acn.oxfordjournals.org/content/early/2016/10/21/arclin.acw093.abstract>

Consistency of Self-Reported Neurocognitive Symptoms, Post-Traumatic Stress Disorder Symptoms, and Concussive Events From End of First Deployment to Veteran Health Administration Comprehensive Traumatic Brain Injury Evaluation by Operations Enduring Freedom/Iraqi Freedom/New Dawn Veterans.

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Archives of Clinical Neuropsychology
First published online: October 24, 2016
doi: 10.1093/arclin/acw093

Objective

This study examined the consistency of self-reported symptoms and concussive events in combat veterans who reported experiencing concussive events.

Method

One hundred and forty, single deployed, Operation Enduring Freedom, Operation Iraqi Freedom and Operation New Dawn combat veterans with Veteran Health Administration (VHA) Comprehensive Traumatic Brain Injury Evaluations (CTBIE) and no post-deployment head injury were examined to assess consistency of self-reported (a) traumatic brain injury (TBI)-related symptoms, (b) post-traumatic stress disorder (PTSD)-related symptoms, and (c) TBI-related concussive events from soon after deployment to time of VHA CTBIE.

Results

Compared to their self-report of symptoms and traumatic events at the time of their Post-Deployment Health Assessment, at the time of their comprehensive VHA evaluation, subjects reported significantly greater impairment in concentration, decision making, memory, headache, and sleep. In addition, although half the subjects denied any PTSD symptoms post-deployment, approximately three quarters reported experiencing all four PTSD screening symptoms near the time of the VHA CTBIEs. At the latter time, subjects also reported significantly more TBI-related concussive events, as well as more post-concussive sequelae such as loss of consciousness immediately following these concussive events. Finally, although 84% reported a level of impairment so severe as to render all but the simplest activity doable, the vast majority simultaneously reported working and/or attending college.

Conclusions

These findings raise questions regarding the accuracy of veteran self-report of both near and distant traumatic events, and argue for the inclusion of contemporaneous Department of Defense (DOD) records in veteran assessment and treatment planning.

<http://www.sciencedirect.com/science/article/pii/S0165032716312216>

Painful and Provocative Events Scale and Fearlessness about Death among Veterans: Exploratory Factor Analysis.

Erin K. Poindexter, Sarra Nazem, Jeri E. Forster

Journal of Affective Disorders

Available online 24 October 2016

<http://dx.doi.org/10.1016/j.jad.2016.10.030>

The interpersonal theory of suicide suggests three proximal risk factors for suicide: perceived burdensomeness, thwarted belongingness, and acquired capability. Previous literature indicates that repetitive exposure to painful and provocative events is related to increased acquired capability for suicide. Despite this, research related to the assessment of painful and provocative events has been insufficient. Research has inconsistently administered the Painful and Provocative Events Scale (PPES; a painful and provocative events assessment), and no study has examined the factor structure of the English PPES. This study explored the factor structure of the PPES and the relation between factors and fearlessness about death.

<http://onlinelibrary.wiley.com/doi/10.1002/da.22574/full>

Improving outcomes for patients with medication-resistant anxiety: effects of collaborative care with cognitive behavioral therapy.

Campbell-Sills, L., Roy-Byrne, P. P., Craske, M. G., Bystritsky, A., Sullivan, G. and Stein, M. B.

Depression and Anxiety

First published: 24 October 2016

DOI: 10.1002/da.22574

Background

Many patients with anxiety disorders remain symptomatic after receiving evidence-based treatment, yet research on treatment-resistant anxiety is limited. We evaluated effects of cognitive behavioral therapy (CBT) on outcomes of patients with medication-resistant anxiety disorders using data from the Coordinated Anxiety Learning and Management (CALM) trial.

Methods

Primary care patients who met study entry criteria (including DSM-IV diagnosis of generalized anxiety disorder, panic disorder, posttraumatic stress disorder, or social anxiety disorder) despite ongoing pharmacotherapy of appropriate type, dose, and duration were classified as medication resistant ($n = 227$). Logistic regression was used to estimate effects of CALM's CBT program (CALM-CBT; chosen by 104 of 117 medication-resistant patients randomized to CALM) versus usual care (UC; $n = 110$) on response [$\geq 50\%$ reduction of 12-item Brief Symptom Inventory (BSI-12) anxiety and

somatic symptom score] and remission (BSI-12 < 6) at 6, 12, and 18 months. Within-group analyses examined outcomes by treatment choice (CBT vs. CBT plus medication management) and CBT dose.

Results

Approximately 58% of medication-resistant CALM-CBT patients responded and 46% remitted during the study. Relative to UC, CALM-CBT was associated with greater response at 6 months (AOR = 3.78, 95% CI 2.02-7.07) and 12 months (AOR = 2.49, 95% CI 1.36-4.58) and remission at 6, 12, and 18 months (AORs = 2.44 to 3.18). Patients in CBT plus medication management fared no better than those in CBT only. Some evidence suggested higher CBT dose produced better outcomes.

Conclusions

CBT can improve outcomes for patients whose anxiety symptoms are resistant to standard pharmacotherapy.

<http://www.sciencedirect.com/science/article/pii/S0149291816307433>

Acceptability of Medication and Nonmedication Treatment for Insomnia Among Female Veterans: Effects of Age, Insomnia Severity, and Psychiatric Symptoms.

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Clinical Therapeutics

Available online 27 October 2016

<http://dx.doi.org/10.1016/j.clinthera.2016.09.019>

Purpose

Female veterans are at high risk for sleep problems, and there is a need to provide effective treatment for this population who experience insomnia. This study's primary goal was to compare the acceptability of medication versus nonmedication treatments for insomnia among female veterans. In addition, we examined the role of patient age, severity of sleep disturbance, and psychiatric symptoms on acceptability of each treatment approach and on the differences in acceptability between these approaches.

Methods

A large nationwide postal survey was sent to a random sample of 4000 female veterans who had received health care at a Veterans Administration (VA) facility in the previous 6 months (May 29, 2012–November 28, 2012). A total of 1559 completed surveys were returned. Survey items used for the current analyses included: demographic characteristics, sleep quality, psychiatric symptoms, military service experience, and acceptability of medication and nonmedication treatments for insomnia. For analysis, only ratings of “very acceptable” were used to indicate an interest in the treatment approach (vs ratings of “not at all acceptable,” “a little acceptable,” “somewhat acceptable,” and “no opinion/don’t know”).

Findings

In the final sample of 1538 women with complete data, 57.7% rated nonmedication treatment as very acceptable while only 33.5% rated medication treatment as very acceptable. This difference was statistically significant for the group as a whole and when examining subgroups of patients based on age, sleep quality, psychiatric symptoms, and military experience. The percentage of respondents rating medication treatment as very acceptable was higher for women who were younger, had more severe sleep disturbances, had more psychiatric symptoms, who were not combat exposed, and who had experienced military sexual trauma. By contrast, the percentage of respondents rating nonmedication treatment as very acceptable differed only by age (younger women were more likely to find nonmedication treatment acceptable) and difficulty falling asleep.

Implications

Female veterans are more likely to find nonmedication insomnia treatment acceptable compared with medication treatment. Thus, it is important to match these patients with effective behavioral interventions such as cognitive behavioral therapy for insomnia. Efforts to educate providers about these preferences and about the efficacy of cognitive behavioral therapy for insomnia may serve to connect female veterans who have insomnia to the treatment they prefer. These findings also suggest that older female veterans may be less likely to find either approach as acceptable as their younger counterparts.

<http://opensiuc.lib.siu.edu/dissertations/1260/>

The effect of psychiatric service dogs for PTSD symptom amelioration in military veterans.

Megan L. Kloep

Dissertation

Southern Illinois University Carbondale, 2016

This study served as a preliminary investigation of the effectiveness of an understudied complementary (to traditional treatment approaches) intervention for military related PTSD. Specifically, the utilization of a nonprofit organization's intensive three-week training program and use of psychiatric service dogs (PSDs) for PTSD and associated symptom amelioration. The sample included two separate cohorts of military veterans ($n = 7$ and $n = 5$) with prior diagnoses of PTSD. Participants completed a battery of self-report measures assessing PTSD and related symptoms, depression, perception of social support, anger, and overall quality of life. Participants also completed an attention bias task that was utilized to objectively assess changes in attentional bias to threat. Participants completed the measures one month prior to the training (baseline), at arrival to the training site, at the end of each week of the training, and at one and six month follow-up. Results indicated that, for all participants, there was a statistically significant decrease in PTSD and depression symptoms. In addition, for most participants, these decreases were both clinically significant and reliable. Further, participants reported significant reductions in anger and improvement in perceived social support and quality of life. Data from the attentional bias task was inconclusive. Limitations of the study include a lack of control group and small sample size. Despite this, the findings of this study indicate that utilizing PSDs as a complementary treatment for PTSD could yield beneficial results in terms of symptom amelioration and improvement to overall quality of life for veterans suffering from PTSD.

<https://www.ncbi.nlm.nih.gov/pubmed/27780335>

J Clin Psychiatry. 2016 Oct 25. doi: 10.4088/JCP.15m10235. [Epub ahead of print]

A Randomized Trial of Dialectical Behavior Therapy in High-Risk Suicidal Veterans.

Goodman M, Banthin D, Blair NJ, Mascitelli KA, Wilsnack J, Chen J, Messenger JW, Perez-Rodriguez MM, Triebwasser J, Koenigsberg HW, Goetz RR, Hazlett EA, New AS

OBJECTIVE:

Despite advances in suicide prevention implemented throughout the US Department of Veterans Affairs (VA) including the hiring of Suicide Prevention Coordinators (SPCs) at

every VA hospital, enhanced monitoring, and the availability of 24-hour crisis hotline services, suicide by veterans remains a critical problem affecting 20 veterans daily. Few empirically based treatment strategies for suicide prevention for postdeployment military personnel exist. This study aimed to test whether dialectical behavior therapy (DBT), one of the few psychosocial treatments with proven efficacy in diminishing suicidal behavior in individuals with personality disorder, can be applied to veterans irrespective of personality diagnosis.

METHODS:

From January 2010 to December 2014, 91 nonpsychotic veterans at high risk for suicide (61 men, 30 women) were randomly assigned to a 6-month treatment trial at a veterans' medical center comparing standard DBT to treatment as usual (TAU) and followed for 6 months after trial completion. Primary outcome was suicide attempts, measured with the Columbia-Suicide Severity Rating Scale, and secondary outcomes were suicide ideation, depression, hopelessness, and anxiety. There were no exclusions pertaining to substance abuse, homelessness, or medical comorbidity.

RESULTS:

Both DBT and TAU resulted in improvements in suicidal ideation, depression, and anxiety during the course of the 6-month treatment trial that did not differ between treatment arms. Survival analyses for suicide attempts and hospitalizations did not differ between treatment arms. However, DBT subjects utilized significantly more individual mental health services than TAU subjects (28.5 ± 19.6 vs 14.7 ± 10.9 , $F_{1,77} = 11.60$, $P = .001$).

CONCLUSIONS:

This study is the first to examine 6-month DBT in a mostly male, veteran population. Increased mental health treatment service delivery, which included enhanced monitoring, outreach, and availability of a designated SPC, did not yield statistically significant differences in outcome for veterans at risk for suicide in TAU as compared to the DBT treatment arm. However, both treatments had difficulty with initial engagement post-hospitalization. Future studies examining possible sex differences and strategies to boost retention in difficult-to-engage, homeless, and substance-abusing populations are indicated.

TRIAL REGISTRATION:

ClinicalTrials.gov identifier: NCT02462694.

<http://onlinelibrary.wiley.com/doi/10.1002/da.22558/full>

What people with PTSD symptoms do (and do not) know about PTSD: A national survey.

Harik, J. M., Matteo, R. A., Hermann, B. A. and Hamblen, J. L.

Depression and Anxiety

First published: 27 October 2016

DOI: 10.1002/da.22558

Background

If people do not recognize posttraumatic stress disorder (PTSD) symptoms, they may not realize they are suffering from the disorder. Likewise, if people do not know that effective treatments exist, they may be unlikely to seek care. This study examined what people with PTSD symptoms know about PTSD and its treatment. We hypothesized that military service and prior receipt of PTSD treatment would be associated with greater PTSD knowledge.

Methods

We conducted an online survey assessing knowledge in three domains: trauma, PTSD symptoms, and effective PTSD treatments. Participants were 301 adults (50% veterans) who were drawn from a national research panel and screened positive for PTSD.

Results

When asked to identify items from a list, participants had better recognition for traumatic events ($M = 72.2\%$ of items correct) and PTSD symptoms ($M = 62.3\%$) than for effective PTSD treatments ($M = 37.9\%$). Across domains, participants often identified false items as true. Most participants thought divorce was a trauma that could cause PTSD, that drug addiction was a PTSD symptom, and that support groups are effective PTSD treatments. Prior receipt of PTSD treatment was associated with better symptom recognition ($b = .86$, $P = .003$). Being a military veteran was associated with better trauma recognition ($b = .56$, $P = .025$), but poorer treatment recognition ($b = -.65$, $P = .034$).

Conclusions

People with PTSD symptoms lack knowledge about the disorder, especially regarding effective treatments. Public education about PTSD is needed so that people recognize when to seek care and which treatments to choose.

<http://onlinelibrary.wiley.com/doi/10.1111/famp.12257/full>

Traumatization, Marital Adjustment, and Parenting among Veterans and Their Spouses: A Longitudinal Study of Reciprocal Relations.

Levin, Y., Bachem, R. and Solomon, Z.

Family Process

First published: 26 October 2016

DOI: 10.1111/famp.12257

Despite considerable research on secondary traumatization, the ramifications of veterans' and their wives' posttraumatic stress symptoms (PTSS) for the family system remain largely uninvestigated. Beginning to fill this gap, the current study aims to investigate the reciprocal relations between both spouses' PTSS and marital adjustment, and the implications these bear for their parental functioning. Two hundred and twenty-five Israeli veterans (mean age = 58.62, SD = 7.6) from the 1973 Yom Kippur War and their wives (mean age = 58.28, SD = 5.79) were examined at two points in time: 30 (T1) and 35–37 years after the war (T2). Analysis included longitudinal actor–partner interdependence modeling and sequential mediation analyses. The results show that higher PTSS among the wives at T1 predicted higher PTSS among husbands at T2, and vice versa, and predicted their husbands' marital adjustment at T2. Moreover, wives' PTSS at T1 had a significant effect on parental overinvolvement of both parents at T2, but neither their PTSS nor their husbands' PTSS had an impact on positive parenting. In the intrapersonal domain, better marital adjustment at T1 predicted positive parenting among both spouses in subsequent measurement. Interpersonally, wives' lower marital adjustment at T1 predicted husbands' higher parental functioning, but not vice versa. Furthermore, marital adjustment mediated the association between PTSS and positive parenting for both spouses. The results emphasize the detrimental ramifications of war trauma on the interpersonal domains in veterans' families. Hence, both marital and parental consequences of trauma should be considered in clinical family interventions.

<http://www.psychiatrist.com/JCP/article/Pages/2016/v77n10/v77n1016.aspx>

Efficacy of Cognitive-Behavioral Therapy for Insomnia Combined With Antidepressant Pharmacotherapy in Patients With Comorbid Depression and Insomnia: A Randomized Controlled Trial.

Rachel Manber, PhD; Daniel J. Buysse, MD; Jack Edinger, PhD; Andrew Krystal, MD; James F. Luther, MA; Stephen R. Wisniewski, PhD; Mickey Trockel, MD, PhD; Helena C. Kraemer, PhD; and Michael E. Thase, MD

Journal of Clinical Psychiatry
2016;77(10):e1316–e1323
DOI 10.4088/JCP.15m10244

Objectives:

The Treatment of Insomnia and Depression (TRIAD) study evaluated the efficacy of combining depression pharmacotherapy (using MED, an ecologically valid and generalizable antidepressant medication algorithm) with cognitive-behavioral therapy for insomnia (CBT-I) among individuals with comorbid insomnia and major depressive disorder (MDD) to determine if change in insomnia severity mediates antidepressant outcome.

Methods: This 16-week, 3-site, randomized controlled trial (RCT) randomly assigned 150 participants (recruited between March 2009 and August 2013), who met DSM-IV-TR criteria for insomnia and MDD and were not receiving treatment for either, to receive depression pharmacotherapy plus 7 sessions of either CBT-I or a credible control therapy for insomnia (CTRL). Depression pharmacotherapy followed a standardized 2-step algorithm, which included escitalopram, sertraline, and desvenlafaxine in a prescribed sequence. Primary measures were the Hamilton Depression Rating Scale and the depression module of the Structured Clinical Interview for DSM-IV Axis I Disorders, Research Version, Nonpatient Edition, administered by raters masked to treatment assignment, and the self-administered Insomnia Severity Index (ISI).

Results:

CBT-I was superior to CTRL in reducing insomnia severity ($P = .028$). The overall difference in depression remission between the treatments was not statistically significant (44% in CBT-I and 36% in CTRL; number needed to treat = 15). However, planned secondary analysis revealed that improvements in insomnia at week 6 mediated eventual remission from depression, with early change in ISI predicting depression remission in the CBT-I ($P = .0002$) but not in the CTRL arm ($P = .26$).

Conclusions:

CBT-I is an efficacious treatment for insomnia comorbid with MDD among patients treated with antidepressant medications. Improvement in insomnia may be related to the change in depression. Future studies should identify which patients are most likely to benefit from the addition of an insomnia-focused therapy to standard antidepressant treatments.

Trial Registration: ClinicalTrials.gov identifier NCT00767624

Links of Interest

Veterans may face higher risk of suicide during first year home

<http://www.reuters.com/article/us-health-veterans-suicide-idUSKCN12R2MT>

VA fails to properly examine thousands of veterans

<http://wncn.com/2016/10/27/va-fails-to-properly-examine-thousands-of-veterans/>

Experts Explore How Combat Roles May Affect Women's Psychological Health

http://www.dcoe.mil/blog/16-10-28/Experts_Explore_How_Combat_Roles_May_Affect_Women_s_Psychological_Health.aspx

Army: Two-star's death ruled a suicide

<https://www.armytimes.com/articles/army-two-stars-death-ruled-a-suicide>

Free Cohen clinics offer real hope for veterans dealing with mental health issues

<http://www.militarytimes.com/articles/free-cohen-clinics-offer-real-hope-for-veterans-dealing-with-mental-health-issues>

Best for Vets: Colleges 2017 — new rankings of 175 schools

<http://www.militarytimes.com/bestforvets-colleges2017>

Expert: Most physicians untrained to handle vets' issues

<http://thetimes-tribune.com/news/expert-most-physicians-untrained-to-handle-vets-issues-1.2111260>

Depression Symptoms Can Increase with Concussion

http://www.dcoe.mil/blog/16-10-31/Depression_Symptoms_Can_Increase_with_Concussion.aspx

The military may relax recruiting standards for fitness and pot use
<http://www.militarytimes.com/articles/recruiting-standards-may-change-secdef-says>

DoD: Protections for transgender youth apply to all facilities, programs
<http://www.militarytimes.com/articles/dod-protections-for-transgender-youth-apply-to-all-facilities-programs>

A soldier battling PTSD reported that he wanted to hurt his commanders. They disciplined him

<http://www.baltimoresun.com/business/federal-workplace/bs-md-ptsd-scott-miller-discipline-20161101-story.htm>

Report: Civilian hiring managers love veterans, but don't always understand them
<http://www.militarytimes.com/articles/hiring-our-heroes-veterans-report>

Film 'Acronym' looks inside alternative PTSD therapies

<http://www.militarytimes.com/articles/film-acronym-looks-inside-alternative-ptsd-therapies>

People trying quit smoking don't always focus on tobacco cessation
<https://www.sciencedaily.com/releases/2016/10/161025114602.htm>

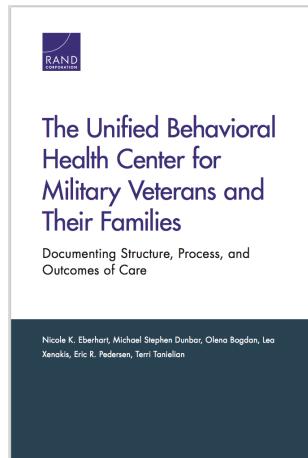
Depression: FDA-Approved Medications May Help
<http://www.fda.gov/ForConsumers/ConsumerUpdates/ucm095980.htm>

Resource of the Week -- The Unified Behavioral Health Center for Military Veterans and Their Families: Documenting Structure, Process, and Outcomes of Care (RAND Corporation)

Many veterans and their families struggle with behavioral health problems, family reintegration difficulties, and relationship problems. Although many veterans are eligible to receive care at Department of Veterans Affairs health facilities, family members are generally not eligible and therefore must seek care elsewhere. This situation can pose a barrier to family members' access to care and also make it more difficult for veterans and families to receive high-quality services that are coordinated across providers.

A new model of behavioral health care is trying to address these barriers: Created by the Northwell Health System and the Northport Veterans Affairs Medical Center, the Unified Behavioral Health Center (UBHC) for Military Veterans and Their Families in New York state is a public-private partnership that is providing colocated and coordinated care for veterans and their families.

RAND evaluated the center's activities to document the implementation of a unique public-private collaborative approach for providing care to veterans and their families. The first component of the evaluation focused on documenting the structures of care (the capacities and resources that the center developed and employed) and the processes of care (the services delivered). The second component focused on outcomes of care. The evaluation suggests that, overall, the model has been successfully implemented by the UBHC and has great potential to be helpful to the veterans and families it serves.



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