



## CDP Research Update -- November 17, 2016

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- Links of Interest

- Resource of the Week: Current Cigarette Smoking Among Adults — United States, 2005–2015 (CDC)

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[http://www.ptsd.va.gov/professional/newsletters/ctu-online/ctu\\_v10n5.pdf](http://www.ptsd.va.gov/professional/newsletters/ctu-online/ctu_v10n5.pdf)

### **Clinician's Trauma Update Online (CTU-Online)**

National Center for PTSD (VA)

October 2016 Issue: Vol. 10(5)

CTU-Online includes brief updates on the latest clinically relevant research. Content on treatment and assessment is emphasized. Publications on other topics are included if the content has significant clinical implications.

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<http://guilfordjournals.com/doi/abs/10.1521/jscp.2016.35.9.705>

### **Reciprocal Relationships Between Stressors and Mental Health Problems in Military Veterans.**

Emily A. Schmied, Gerald E. Larson, Robyn M. Highfill-McRoy, Cynthia J. Thomsen

Journal of Social and Clinical Psychology

November 2016

doi: 10.1521/jscp.2016.35.9.705

Growing research recognizes the reciprocal relationship between stressful life events and psychiatric health, yet this topic has seldom been examined in military populations. This study examined the reciprocal relationships between psychological symptoms and stressful life events over time among veterans of Operations Iraqi Freedom and Enduring Freedom. Service members (N = 1,599) completed surveys when separating from service and approximately one year later. Surveys assessed demographic characteristics, impulsivity, combat exposure, noncombatrelated stressful life events, and symptoms of PTSD, depression, and substance abuse. Structural equation modeling showed that both depression and PTSD symptoms predicted future stressful life events; this relationship was fully mediated by substance abuse for depression, but

not for PTSD symptoms. Consistent with some previous research, noncombat stressors showed stronger and more pervasive effects on mental health symptoms than did combat exposure. Impulsivity emerged as a shared vulnerability factor for depression, PTSD, substance use, and stressful experiences. Prior to and following separation, service members should receive interventions to improve their response to stressful life events, including coping skills and substance abuse prevention training.

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<http://psycnet.apa.org/journals/mil/28/6/488/>

### **Predictors of support for women in military roles: Military status, gender, and political ideology.**

Laurence, Janice H.; Milavec, Briana L.; Rohall, David E.; Ender, Morten G.; Matthews, Michael D.

Military Psychology

Vol 28(6), Nov 2016, 488-497

<http://dx.doi.org/10.1037/mil0000142>

The repeal of combat restrictions by gender raises the importance of understanding factors related to the acceptance of women serving in the full range of military jobs. Previous research shows military affiliated cadets, especially males, are substantially less approving of women serving in military jobs, especially those involving exposure to direct combat or command positions, than are other college students. The current study extends these findings by considering political ideology in addition to gender and military affiliation, as related to attitudes toward women's roles in the military overall and in combat roles in particular. Survey data from Service Academy cadets (n = 3,116), Reserve Officer Training Corps (ROTC) cadets (n = 1,367), and nonmilitary affiliated college students (n = 2,648), provided measures of whether a woman should or should not be allowed to serve in 9 different military job areas. In addition to overall approval, a scale for combat jobs was created from a subset of 4 of the jobs. Regression analysis indicated that once gender, political party, political position (left/right), and attitudes toward mothers in the workforce overall were controlled, type of college did not add to the prediction of acceptance of women in various military roles. In general, nonmilitary affiliated respondents, women, and those identifying as Democrat offered higher approval scores. Our findings suggest more aggressive programs, designed to educate and socialize these future leaders about women's roles in the military, may require development. (PsycINFO Database Record (c) 2016 APA, all rights reserved)

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<http://asm.sagepub.com/content/early/2016/11/04/1073191116676363.abstract>

### **Implicit Measures of Suicide Risk in a Military Sample.**

Bruno Chiurliza, Christopher R. Hagan, Megan L. Rogers, Matthew C. Podlogar, Melanie A. Hom, Ian H. Stanley, and Thomas E. Joiner

Assessment

Published online before print November 7, 2016

doi: 10.1177/1073191116676363

Suicide has become an issue of great concern within the U.S. military in recent years, with recent reports indicating that suicide has surpassed combat related deaths as the leading cause of death. One concern regarding suicide risk in the military is that existing self-report measures allow service members to conceal or misrepresent current suicidal ideation or suicide plans and preparations. Implicit association tests (IATs) are computer-based, reaction time measures that have been shown to be resilient to such masking of symptoms. The death/suicide implicit association test (d/s-IAT) is an empirically supported IAT that is specific to death and suicide. The present study examined whether the performance of 1,548 U.S. military service members on the d/s-IAT significantly predicted lifetime suicidal ideation and depression. Zero-inflated negative binomial regression analyses were used to test these associations. Results indicated that the d/s-IAT was neither associated with history of suicidal ideation nor history of depression.

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[https://www.researchgate.net/profile/Sharlene\\_Leong/publication/309679218\\_Personalizing\\_Delivering\\_and\\_Monitoring\\_Behavioral\\_Health\\_Interventions\\_An\\_Annotated\\_Bibliography\\_of\\_the\\_Best\\_Available\\_Apps/links/581ce4e908ae12715af2136f.pdf](https://www.researchgate.net/profile/Sharlene_Leong/publication/309679218_Personalizing_Delivering_and_Monitoring_Behavioral_Health_Interventions_An_Annotated_Bibliography_of_the_Best_Available_Apps/links/581ce4e908ae12715af2136f.pdf)

### **Personalizing, Delivering and Monitoring Behavioral Health Interventions: An Annotated Bibliography of the Best Available Apps.**

Kanesha Simmons, E'leya Garcia, Mary Katherine Howell, MS, and Sharlene Leong, MA

Mobile applications, utilized on smartphones, or “apps,” are just one of many behavioral intervention technologies (BITs) that harness the power of information and communication technology to address behavioral and mental health outcomes. Although this article only reviews selected mobile apps for various mental health concerns, BITs may also include videoconferencing and standard telephone technologies to deliver psychotherapy, web--based interventions, social media, virtual reality, and gaming.

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<http://psycnet.apa.org/journals/mil/28/6/448/>

### **Psychometrics of behavioral health screening scales in military contexts.**

Paniagua, Freddy A.; Black, Sandra A.; Gallaway, M. Shayne

Military Psychology

Vol 28(6), Nov 2016, 448-467

<http://dx.doi.org/10.1037/mil0000140>

A major task for military and civilian mental health practitioners is to screen United States service members/military personnel for an array of mental health problems (e.g., depression, alcohol abuse, suicidal ideation, posttraumatic stress disorder [PTSD]) before further assessment leading to diagnosis of mental disorders. During the assessment of such mental health problems, screening scales should be not only reliable and valid, but also have clinical utility in the military context. Busy clinicians may not have enough time to determine which screening scales meet minimal psychometric standards and proven clinical utility with predeployment or postdeployment soldiers on active duty. A sample of screening scales was identified during a thorough review of the peer-reviewed psychometric literature, textbooks on psychometrics, and the American Psychological Association PsycINFO database. Selection criteria (e.g., acceptable psychometric properties, previously used in the military context) resulted in the identification of 7 core (first-order description) screening scales recommended in the assessment of mental health problems within the military context. Core scales were organized across 4 clinical domains: general mental health functioning (e.g., Behavior and Symptom Identification Scale [BASIS]), self-harm and risk-taking behaviors (e.g., Suicide Intent Scale [SIS]), assessment of PTSD (e.g., PTSD Checklist [PCL]) and Anger Reactions (e.g., Dimension of Anger Reaction Scale [DAR]), and assessment of substance abuse/dependence (e.g., Alcohol Use Disorders Identification Test -AUDIT). For each core scale, alternative scales were also selected using similar selection

criteria. Implications of the study findings for the practice of military and civilian psychologists in the Department of Defense (DoD) are discussed. (PsycINFO Database Record (c) 2016 APA, all rights reserved)

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<https://www.ncbi.nlm.nih.gov/pubmed/26289143>

Neuropsychopharmacology. 2016 Mar;41(4):1156-65. doi: 10.1038/npp.2015.257. Epub 2015 Aug 20

### **Predicting Treatment Outcome in PTSD: A Longitudinal Functional MRI Study on Trauma-Unrelated Emotional Processing.**

van Rooij SJ, Kennis, Vink M, Geuze E

In about 30-50% of patients with posttraumatic stress disorder (PTSD), symptoms persist after treatment. Although neurobiological research has advanced our understanding of PTSD, little is known about the neurobiology underlying persistence of PTSD. Two functional MRI scans were collected from 72 war veterans with and without PTSD over a 6- to 8-month interval, during which PTSD patients received trauma-focused therapy. All participants performed a trauma-unrelated emotional processing task in the scanner. Based on post-treatment symptom severity, a distinction was made between remitted and persistent patients. Behavioral and imaging measures of trauma-unrelated emotional processing were compared between the three groups (remitted patients, N=21; persistent patients, N=22; and combat controls, N=25) with repeated-measures (pre- and post-treatment) analyses. Second, logistic regression was used to predict treatment outcome. Before and after treatment, persistent patients showed a higher dorsal anterior cingulate cortex (dACC) and insula response to negative pictures compared with remitted patients and combat controls. Before treatment, persistent patients showed increased amygdala activation in response to negative pictures compared with remitted patients. The remitted patients and combat controls did not differ on the behavioral or imaging measures. Finally, higher dACC, insula, and amygdala activation before treatment were significant predictors of symptom persistence. Our results highlight a pattern of brain activation that may predict poor response to PTSD treatment. These findings can contribute to the development of alternative or additional therapies. Further research is needed to elucidate the heterogeneity within PTSD and describe how differences in neural function are related to treatment outcome. Such approaches are critical for defining parameters to customize PTSD treatment and improve treatment response rates.

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<http://bjpo.rcpsych.org/content/2/6/359.full>

## **Disturbed EEG sleep, paranoid cognition and somatic symptoms identify veterans with post-traumatic stress disorder.**

Harvey Moldofsky, Lorne Rothman, Robert Kleinman, Shawn G. Rhind, J. Donald Richardson

British Journal of Psychiatry Open

Nov 2016, 2 (6) 359-365

DOI: 10.1192/bjpo.bp.116.003483

### Background

Chronic post-traumatic stress disorder (PTSD) behavioural symptoms and medically unexplainable somatic symptoms are reported to occur following the stressful experience of military combatants in war zones.

### Aims

To determine the contribution of disordered EEG sleep physiology in those military combatants who have unexplainable physical symptoms and PTSD behavioural difficulties following war-zone exposure.

### Method

This case-controlled study compared 59 veterans with chronic sleep disturbance with 39 veterans with DSM-IV and clinician-administered PTSD Scale diagnosed PTSD who were unresponsive to pharmacological and psychological treatments. All had standardised EEG polysomnography, computerised sleep EEG cyclical alternating pattern (CAP) as a measure of sleep stability, self-ratings of combat exposure, paranoid cognition and hostility subscales of Symptom Checklist-90, Beck Depression Inventory and the Wahler Physical Symptom Inventory. Statistical group comparisons employed linear models, logistic regression and chi-square automatic interaction detection (CHAID)-like decision trees.

### Results

Veterans with PTSD were more likely than those without PTSD to show disturbances in non-rapid eye movement (REM) and REM sleep including delayed sleep onset, less efficient EEG sleep, less stage 4 (deep) non-REM sleep, reduced REM and delayed

onset to REM. There were no group differences in the prevalence of obstructive sleep apnoeas/hypopnoeas and periodic leg movements, but sleep-disturbed, non-PTSD military had more EEG CAP sleep instability. Rank order determinants for the diagnosis of PTSD comprise paranoid thinking, onset to REM sleep, combat history and somatic symptoms. Decision-tree analysis showed that a specific military event (combat), delayed onset to REM sleep, paranoid thinking and medically unexplainable somatic pain and fatigue characterise chronic PTSD. More PTSD veterans reported domestic and social misbehaviour.

### Conclusions

Military combat, disturbed REM/non-REM EEG sleep, paranoid ideation and medically unexplained chronic musculoskeletal pain and fatigue are key factors in determining PTSD disability following war-zone exposure.

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<http://onlinelibrary.wiley.com/doi/10.1002/jts.22139/full>

### **Influence of Sleep Disturbance on Global Functioning After Posttraumatic Stress Disorder Treatment.**

Brownlow, J. A., McLean, C. P., Gehrman, P. R., Harb, G. C., Ross, R. J. and Foa, E. B.

Journal of Traumatic Stress

First published: 9 November 2016

DOI: 10.1002/jts.22139

Chronic insomnia and recurrent nightmares are prominent features of posttraumatic stress disorder (PTSD). Evidence from adult research indicates that these sleep disturbances do not respond as well to cognitive-behavioral therapies for PTSD and are associated with poorer functional outcomes. This study examined the effect of prolonged exposure therapy for adolescents versus client-centered therapy on posttraumatic sleep disturbance, and the extent to which sleep symptoms impacted global functioning among adolescents with sexual abuse-related PTSD. Participants included 61 adolescent girls seeking treatment at a rape crisis center. The Child PTSD Symptom Scale-Interview (Foa, Johnson, Feeny, & Treadwell, 2001) was used to assess PTSD diagnosis and severity of symptoms, including insomnia and nightmares. The Children's Global Assessment Scale (Shaffer et al., 1983) was used to assess global functioning. There were significant main effects of time and treatment on



insomnia symptoms. Additionally, there was a main effect of time on nightmares. Results also showed that insomnia and nightmares significantly predicted poorer global functioning posttreatment ( $R^2 = .21$ ). Despite significant improvements in posttraumatic sleep disturbance, there were still clinically significant insomnia symptoms after treatment, suggesting that additional interventions may be warranted to address residual sleep disturbance in PTSD.

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<http://www.psychiatrist.com/jcp/article/Pages/2016/aheadofprint/15m10188.aspx>

### **Probable Posttraumatic Stress Disorder in the US Veteran Population According to DSM-5: Results From the National Health and Resilience in Veterans Study.**

Blair E. Wisco, PhD; Brian P. Marx, PhD; Mark W. Miller, PhD; Erika J. Wolf, PhD; Natalie P. Mota, PhD; John H. Krystal, MD; Steven M. Southwick, MD; and Robert H. Pietrzak, PhD, MPH

Journal of Clinical Psychiatry  
2016  
DOI 10.4088/JCP.15m10188

#### **Objective:**

With the publication of DSM-5, important changes were made to the diagnostic criteria for posttraumatic stress disorder (PTSD), including the addition of 3 new symptoms. Some have argued that these changes will further increase the already high rates of comorbidity between PTSD and other psychiatric disorders. This study examined the prevalence of DSM-5 PTSD, conditional probability of PTSD given certain trauma exposures, endorsement of specific PTSD symptoms, and psychiatric comorbidities in the US veteran population.

#### **Methods:**

Data were analyzed from the National Health and Resilience in Veterans Study (NHRVS), a Web-based survey of a cross-sectional, nationally representative, population-based sample of 1,484 US veterans, which was fielded from September through October 2013. Probable PTSD was assessed using the PTSD Checklist-5.

#### **Results:**

The weighted lifetime and past-month prevalence of probable DSM-5 PTSD was 8.1% (SE = 0.7%) and 4.7% (SE = 0.6%), respectively. Conditional probability of lifetime

probable PTSD ranged from 10.1% (sudden death of close family member or friend) to 28.0% (childhood sexual abuse). The DSM-5 PTSD symptoms with the lowest prevalence among veterans with probable PTSD were trauma-related amnesia and reckless and self-destructive behavior. Probable PTSD was associated with increased odds of mood and anxiety disorders (OR = 7.6–62.8,  $P < .001$ ), substance use disorders (OR = 3.9–4.5,  $P < .001$ ), and suicidal behaviors (OR = 6.7–15.1,  $P < .001$ ).

#### Conclusions:

In US veterans, the prevalence of DSM-5 probable PTSD, conditional probability of probable PTSD, and odds of psychiatric comorbidity were similar to prior findings with DSM-IV–based measures; we found no evidence that changes in DSM-5 increase psychiatric comorbidity. Results underscore the high rates of exposure to both military and nonmilitary trauma and the high public health burden of DSM-5 PTSD and comorbid conditions in veterans.

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<http://jiv.sagepub.com/content/early/2016/11/07/0886260516677290.abstract>

### **Are Gender Differences in DSM-5 PTSD Symptomatology Explained by Sexual Trauma?**

Jeffrey Guina, Ramzi W. Nahhas, Kevin Kawalec, and Seth Farnsworth

Journal of Interpersonal Violence

Published online before print November 8, 2016

doi: 10.1177/0886260516677290

Although many studies have assessed gender differences in posttraumatic stress disorder (PTSD) prevalence, few examine individual PTSD symptoms (PTSSs). Hypothesizing that trauma differences explain many gender differences in symptomatology, this is the first known study to adjust PTSSs for trauma type, and to compare gender differences in those with sexual traumas. Using a cross-sectional survey methodology in a sample of adult outpatients ( $n = 775$ ), we examined gender, trauma type, PTSSs, suicide, alcohol, and tobacco. Among those with trauma ( $n = 483$ ), women generally had more severe symptoms than men, but after adjusting for trauma type, only physical reactivity ( $p = .0002$ ), excessive startle ( $p = .0005$ ), external avoidance ( $p = .0007$ ), internal avoidance ( $p = .0008$ ), psychological reactivity ( $p = .0009$ ), and suicide attempts ( $p = .001$ ) remained significantly worse among women, whereas men more commonly reported alcohol problems ( $p = .007$ ). Among those with

PTSD (n = 164), there were no significant PTSS gender differences. Those with sexual trauma had worse symptoms (particularly amnesia) compared with non-sexual trauma (p < .0001 for PTSD diagnosis and total severity), including within each gender. Among those with sexual trauma (n = 157), men had worse recklessness (p = .004) and more commonly reported tobacco (p = .02), whereas women more commonly attempted suicide (p = .02) and had worse avoidance (p = .04). However, when isolating the effects of sexual trauma beyond other traumas, there were no significant symptom difference-in-differences between genders. Our findings suggest that, while women have higher PTSD rates, men with PTSD present similarly. In addition, while women have higher sexual trauma rates, men may have similarly severe responses. Most gender differences in PTSD presentation appear to be explained by trauma type, particularly women having higher rates of sexual trauma. We discuss potential biopsychosocial explanations.

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<https://www.ncbi.nlm.nih.gov/pubmed/27786514>

Psychol Addict Behav. 2016 Oct 27. [Epub ahead of print]

### **The Mediating Roles of Coping, Sleep, and Anxiety Motives in Cannabis Use and Problems Among Returning Veterans With PTSD and MDD.**

Metrik J, Jackson K, Bassett SS, Zvolensky MJ, Seal K, Borsari B.

Veterans with posttraumatic stress disorder (PTSD) and major depressive disorder (MDD), the 2 most prevalent mental health disorders in the Iraq and Afghanistan veterans, are at increased risk for cannabis use and problems including cannabis use disorder (CUD). The present study examined the relationship of PTSD and MDD with cannabis use frequency, cannabis problems, and CUD as well as the role of 3 coping-oriented cannabis use motives (coping with negative affect, situational anxiety, and sleep) that might underlie this relationship. Participants were veterans (N = 301) deployed post-9/11/2001 recruited from a Veterans Health Administration facility in the Northeast United States based on self-reported lifetime cannabis use. There were strong unique associations between PTSD and MDD and cannabis use frequency, cannabis problems, and CUD. Mediation analyses revealed the 3 motives accounted, in part, for the relationship between PTSD and MDD with 3 outcomes in all cases but for PTSD with cannabis problems. When modeled concurrently, sleep motives, but not situational anxiety or coping with negative affect motives, significantly mediated the association between PTSD and MDD with use. Together with coping motives, sleep

motives also fully mediated the effects of PTSD and MDD on CUD and in part the effect of MDD on cannabis problems. Findings indicate the important role of certain motives for better understanding the relation between PTSD and MDD with cannabis use and misuse. Future work is needed to explore the clinical utility in targeting specific cannabis use motives in the context of clinical care for mental health and CUD. (PsycINFO Database Record (c) 2016 APA, all rights reserved).

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<http://jtt.sagepub.com/content/early/2016/11/11/1357633X16678147.abstract>

### **Economic evaluation of home-based telebehavioural health care compared to in-person treatment delivery for depression.**

Mark Bounthavong, Larry D Pruitt, Derek J Smolenski, Gregory A Gahm, Aasthaa Bansal, and Ryan N Hansen

Journal of Telemedicine and Telecare

Published online before print November 12, 2016

doi: 10.1177/1357633X16678147

#### Introduction

Home-based telebehavioural healthcare improves access to mental health care for patients restricted by travel burden. However, there is limited evidence assessing the economic value of home-based telebehavioural health care compared to in-person care. We sought to compare the economic impact of home-based telebehavioural health care and in-person care for depression among current and former US service members.

#### Methods

We performed trial-based cost-minimisation and cost-utility analyses to assess the economic impact of home-based telebehavioural health care versus in-person behavioural care for depression. Our analyses focused on the payer perspective (Department of Defense and Department of Veterans Affairs) at three months. We also performed a scenario analysis where all patients possessed video-conferencing technology that was approved by these agencies. The cost-utility analysis evaluated the impact of different depression categories on the incremental cost-effectiveness ratio. One-way and probabilistic sensitivity analyses were performed to test the robustness of the model assumptions.

## Results

In the base case analysis the total direct cost of home-based telebehavioural health care was higher than in-person care (US\$71,974 versus US\$20,322). Assuming that patients possessed government-approved video-conferencing technology, home-based telebehavioural health care was less costly compared to in-person care (US\$19,177 versus US\$20,322). In one-way sensitivity analyses, the proportion of patients possessing personal computers was a major driver of direct costs. In the cost-utility analysis, home-based telebehavioural health care was dominant when patients possessed video-conferencing technology. Results from probabilistic sensitivity analyses did not differ substantially from base case results.

## Discussion

Home-based telebehavioural health care is dependent on the cost of supplying video-conferencing technology to patients but offers the opportunity to increase access to care. Health-care policies centred on implementation of home-based telebehavioural health care should ensure that these technologies are able to be successfully deployed on patients' existing technology.

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## Links of Interest

Researchers find vets leave civilian jobs quickly, but for good reasons

<http://www.militarytimes.com/articles/cnas-ey-vets-employment-report>

Veterans Receiving Care at Community Health Centers Up 43 Percent in Less Than 10 Years

<https://gwtoday.gwu.edu/veterans-receiving-care-community-health-centers-43-percent-less-10-years>

VA drops plans to allow sex change surgeries

<http://www.militarytimes.com/articles/va-dumps-plans-sex-change-surgery>

78,000 military email accounts found in adult website hack

<http://www.washingtonexaminer.com/78000-military-email-accounts-found-in-adult-website-hack/article/2607378>

Researchers using virtual reality to help treat PTSD

<http://www.foxnews.com/health/2016/11/14/researchers-using-virtual-reality-to-help-treat-ptsd.html>

The Road to Ward 17: My Battle With PTSD

<http://www.reuters.com/investigates/special-report/ptsd-witness-yates/>

Connecticut first in nation to help PTSD vets upgrade 'bad paper' discharges

<http://www.stripes.com/news/us/connecticut-first-in-nation-to-help-ptsd-vets-upgrade-bad-paper-discharges-1.439615>

First lady makes final push for Joining Forces' future

<http://www.militarytimes.com/articles/joining-forces-final-plea-obama>

Quit the spit: Smokeless tobacco no better than lit

<http://www.health.mil/News/Articles/2016/11/16/Quit-the-spit-Smokeless-tobacco-no-better-than-lit>

Pain is not just a matter of nerves

<https://www.sciencedaily.com/releases/2016/11/161110145702.htm>

Can Talk Therapy Really Help?

<http://blogs.webmd.com/art-of-relationships/2016/11/can-talk-therapy-really-help.html>

Increased smartphone screen-time associated with lower sleep quality

<https://www.sciencedaily.com/releases/2016/11/161110155020.htm>

Arthritis drug boosts effectiveness of antidepressant medication

<https://www.sciencedaily.com/releases/2016/11/161110145921.htm>

Marijuana could help treat drug addiction, mental health, study suggests

<https://www.sciencedaily.com/releases/2016/11/161116102847.htm>

Are Public–Private Partnerships The Future Of Serving Veterans?

<http://healthaffairs.org/blog/2016/11/10/are-public-private-partnerships-the-future-of-serving-veterans/>

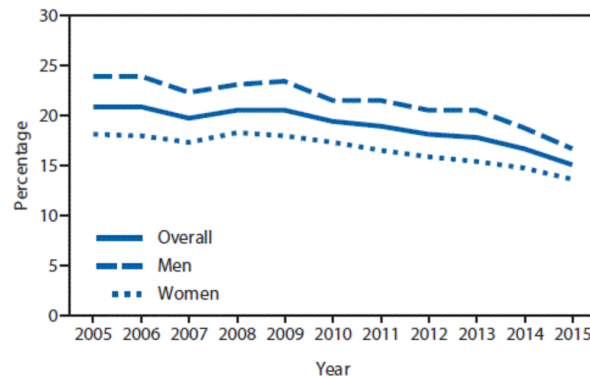
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## Resource of the Week: [Current Cigarette Smoking Among Adults — United States, 2005–2015](#)

Fresh statistics from the Center for Disease Control and Prevention's Morbidity and Mortality Weekly Report.

The proportion of U.S. adults who smoke cigarettes declined from 20.9% in 2005 (45.1 million smokers) to 15.1% in 2015 (36.5 million smokers), and the proportion of daily smokers declined from 16.9% to 11.4%. However, disparities in cigarette smoking persist; for example, in 2015, cigarette smoking prevalence was higher among persons who have serious psychological distress (40.6%) than among persons without serious psychological distress (14.0%).

FIGURE 1. Percentage of adults who were current cigarette smokers,\* overall and by sex — National Health Interview Survey, United States, 2005–2015



\* Persons who reported smoking  $\geq 100$  cigarettes during their lifetime and who, at the time of interview, reported smoking every day or some days.

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