



CDP Research Update -- December 1, 2016

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<http://www.samhsa.gov/data/sites/default/files/NSDUH-DR-VeteranTrends-2016/NSDUH-DR-VeteranTrends-2016.pdf>

Prevalence of Past Year Substance Use and Mental Illness by Veteran Status in a Nationally Representative Sample.

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Center for Behavioral Health Statistics and Quality
Substance Abuse and Mental Health Services Administration
November 2016

Objective.

The objectives of this study were to examine differences between veterans of the U.S. military and nonveterans for the prevalence of past year substance use and mental health issues and to determine whether trends in use and disorders have differed by veteran status over time.

Methods.

Data were analyzed from approximately 29,200 veterans and 470,900 nonveteran adults aged 18 years or older who participated in the 2002 to 2012 National Surveys on Drug Use and Health (NSDUHs). Combined 2002 to 2012 data were used to estimate past year use of any illicit drug, marijuana, hallucinogens, or methamphetamine; nonmedical use of psychotherapeutics and pain relievers; and past year dependence or abuse of either illicit drugs or alcohol. Combined 2005 to 2012 data were used to estimate past year major depressive episode (MDE), and combined 2008 to 2012 data were used to estimate past year receipt of treatment for depression among those with MDE, past year any mental illness (AMI), and past year serious mental illness (SMI). The average annual past year prevalence of these measures was calculated for veterans and compared with estimates for nonveterans that had been standardized to match the age group, gender, and race/ethnicity distributions of veterans. Associations were also examined separately in gender and age group strata. To test whether trends over time differed for veterans and nonveterans, multiple logistic regression models that included an interaction term for year by veteran status were run for each substance use and mental health measure.

Results.

Among all adults, past year prevalence was lower for veterans than for nonveterans for illicit drug use (8.4 vs. 10.5 percent), marijuana use (6.3 vs. 7.8 percent), nonmedical use of psychotherapeutics (3.1 vs. 4.0 percent), nonmedical use of pain relievers (2.4

vs. 3.0 percent), and hallucinogen use (0.5 vs. 0.6 percent) after adjusting for age, gender, and race/ethnicity. The lower prevalence for veterans as compared with nonveterans for these substance use measures was found only among males; female veterans and nonveterans had similar substance use estimates. In addition, veterans aged 18 to 25 were more likely to report nonmedical use of pain relievers and use of methamphetamine and to have alcohol abuse or dependence than nonveterans aged 18 to 25, though there were no differences for the total adult population or for other age groups. With respect to mental health issues, veterans had a higher prevalence of SMI than nonveterans in the overall adult population and among males. Female veterans had a higher prevalence of past year MDE than female nonveterans (10.9 vs. 8.5 percent). Among the younger two age groups (18 to 25 and 26 to 54), veterans had higher prevalence estimates of SMI, AMI, and MDE than nonveterans. In the multiple logistic regression models, no trends over time in substance use or mental health prevalence differed by veteran status.

Conclusions.

The overall prevalence of many types of substance use was lower for veterans than for nonveterans, though some specific subgroups of veterans did have a higher prevalence of some types of substance use compared with their nonveteran counterparts. Furthermore, some subgroups of veterans had a higher prevalence of some mental health issues compared with their nonveteran counterparts. Additional findings indicate that trends of substance use and mental health issues among veterans have not differed from trends among nonveterans in recent years. This suggests that along the dimensions researched in this study, changes over time in the behavioral health of veterans were consistent with changes over time for the nation as a whole. Additional research using NSDUH data is needed to further assess parallels in behavioral health and treatment utilization among veterans and nonveterans.

<http://jamanetwork.com/journals/jamapsychiatry/fullarticle/2587076>

Effect of Group vs Individual Cognitive Processing Therapy in Active-Duty Military Seeking Treatment for Posttraumatic Stress Disorder: A Randomized Clinical Trial.

Patricia A. Resick, PhD; Jennifer Schuster Wachen, PhD; Katherine A. Dondanville, PsyD; et al.

JAMA Psychiatry

November 23, 2016

doi:10.1001/jamapsychiatry.2016.2729

Importance

Cognitive processing therapy (CPT), an evidence-based treatment for posttraumatic stress disorder (PTSD), has not been tested as an individual treatment among active-duty military. Group CPT may be an efficient way to deliver treatment.

Objective

To determine the effects of CPT on PTSD and co-occurring symptoms and whether they differ when administered in an individual or a group format.

Design, Setting, and Participants

In this randomized clinical trial, 268 active-duty servicemembers consented to assessment at an army medical center from March 8, 2012, to September 23, 2014, and were randomized to group or individual CPT. Inclusion criteria were PTSD after military deployment and stable medication therapy. Exclusion criteria consisted of suicidal or homicidal intent or psychosis. Data collection was completed on June 15, 2015. Analysis was based on intention to treat.

Interventions

Participants received CPT (the version excluding written accounts) in 90-minute group sessions of 8 to 10 participants (15 cohorts total; 133 participants) or 60-minute individual sessions (135 participants) twice weekly for 6 weeks. The 12 group and individual sessions were conducted concurrently.

Main Outcomes and Measures

Primary measures were scores on the Posttraumatic Symptom Scale–Interview Version (PSS-I) and the stressor-specific Posttraumatic Stress Disorder Checklist (PCL-S); secondary measures were scores on the Beck Depression Inventory–II (BDI-II) and the Beck Scale for Suicidal Ideation (BSSI). Assessments were completed by independent evaluators masked to treatment condition at baseline and 2 weeks and 6 months after treatment.

Results

Among the 268 participants (244 men [91.0%]; 24 women [9.0%]; mean [SD] age, 33.2 [7.4] years), improvement in PTSD severity at posttreatment was greater when CPT was administered individually compared with the group format (mean [SE] difference on the PSS-I, -3.7 [1.4]; Cohen $d=0.6$; $P=.006$). Significant improvements were

maintained with the individual (mean [SE] PSS-I, -7.8 [1.0]; Cohen $d = 1.3$; mean [SE] PCL-S, -12.6 [1.4]; Cohen $d = 1.2$) and group (mean [SE] PSS-I, -4.0 [0.97]; Cohen $d = 0.7$; mean [SE] PCL-S, -6.3 [1.4]; Cohen $d = 0.6$) formats, with no differences in remission or severity of PTSD at the 6-month follow-up. Symptoms of depression and suicidal ideation did not differ significantly between formats.

Conclusions and Relevance

Individual treatment resulted in greater improvement in PTSD severity than group treatment. Depression and suicidal ideation improved equally with both formats. However, even among those receiving individual CPT, approximately 50% still had PTSD and clinically significant symptoms. In the military population, improving existing treatments such as CPT or developing new treatments is needed.

See also:

[Refining Trauma-Focused Treatments for Servicemembers and Veterans With Posttraumatic Stress Disorder: Progress and Ongoing Challenges](#) (editorial)

<http://tcp.sagepub.com/content/early/2016/11/11/0011000016666156.abstract>

Veterans' Perspectives on the Psychosocial Impact of Killing in War.

Natalie Purcell, Christopher J. Koenig, Jeane Bosch, and Shira Maguen

The Counseling Psychologist

November 15, 2016

DOI 0011000016666156

Based on focus group and individual interviews with 26 combat veterans, this qualitative thematic analysis examines the psychosocial and interpersonal consequences of killing in war. It describes the consequences that veterans identify as most relevant in their lives, including postwar changes in emotions, cognitions, relationships, and identity. Furthermore, it illustrates the linked psychological and social dimensions of those consequences—namely, how the impact of killing in war is rooted in the unique perspectives, actions, and experiences of individual veterans, as well as the social worlds they confront upon returning from war. We found that, for many veterans, killing provokes a moral conflict with a lasting impact on their sense of self, spirituality, and

relationships with others. In working with combat veterans, mental health professionals should be sensitive to the complexities of discussing killing and attuned to the psychosocial challenges veterans may face after taking a life in war.

<http://onlinelibrary.wiley.com/doi/10.1111/cdep.12210/full>

U.S. Military Children and the Wartime Deployments of Family Members.

Shelley MacDermid Wadsworth, Keisha M. Bailey, Elizabeth C. Coppola

Child Development Perspectives

First published: 13 November 2016

DOI: 10.1111/cdep.12210

In 2014, 1.8 million American children lived in military families, and they represented only a fraction of the U.S. children exposed directly to parents' wartime deployments over the past 15 years. In this article, we summarize recent research about military children in U.S. families and propose directions for research. Emerging from studies across the country are troubling elevations in levels of risky behaviors and mental health problems in military children, particularly when their parents have been deployed. The experiences of children in military families can help us understand risk and resilience not just in military children but in children in the general population.

<http://ajph.aphapublications.org/doi/abs/10.2105/AJPH.2016.303520>

The Relationship Between US Military Officer Leadership Behaviors and Risk of Sexual Assault of Reserve, National Guard, and Active Component Servicewomen in Nondeployed Locations.

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American Journal of Public Health

Published online ahead of print November 17, 2016: e1–e9.

doi:10.2105/AJPH.2016.303520)

Objectives.

To determine if military leader behaviors are associated with active component and Reserve–National Guard servicewomen’s risk of sexual assault in the military (SAIM) for nondeployed locations.

Methods.

A community sample of 1337 Operation Enduring Freedom and Operation Iraqi Freedom–era Army and Air Force servicewomen completed telephone interviews (March 2010–December 2011) querying sociodemographic and military characteristics, sexual assault histories, and leader behaviors. We created 2 factor scores (commissioned and noncommissioned) to summarize behaviors by officer rank.

Results.

A total of 177 servicewomen (13%) experienced SAIM in nondeployed locations. Negative leader behaviors were associated with increased assault risk, at least doubling servicewomen’s odds of SAIM (e.g., noncommissioned officers allowed others in unit to make sexually demeaning comments; odds ratio = 2.7; 95% confidence interval = 1.8, 4.1). Leader behavior frequencies were similar, regardless of service type. Negative leadership behavior risk factors remained significantly associated with SAIM risk even after adjustment for competing risk. Noncommissioned and commissioned officer factor scores were highly correlated ($r = 0.849$).

Conclusions.

The association between leader behaviors and SAIM indicates that US military leaders have a critical role in influencing servicewomen’s risk of and safety from SAIM.

<http://onlinelibrary.wiley.com/doi/10.1002/jts.22146/abstract>

Mental Health of Transgender Veterans of the Iraq and Afghanistan Conflicts Who Experienced Military Sexual Trauma.

Lindsay, J. A., Keo-Meier, C., Hudson, S., Walder, A., Martin, L. A. and Kauth, M. R.

Journal of Traumatic Stress

First published: 21 November 2016

DOI: 10.1002/jts.22146

Little is known about military sexual trauma (MST) in transgender veterans. To address this gap, we examined archival data regarding transgender veterans from the Iraq and

Afghanistan conflicts. There were 332 transgender veterans treated at the Veterans Health Administration between 2000 and 2013 (78 men, 254 women; mean age 33.86 years), with most being non-Hispanic White. Transgender status and mental health conditions were identified using the International Classification of Diseases, 9th Revision (ICD-9; World Health Organization, 1980) codes and chart review. Men and women were analyzed separately, using contingency tables and χ^2 testing for categorical variables and t tests for continuous variables. Likelihood of having a mental health condition and MST were examined using logistic regression. Among the 15% of participants who experienced MST, MST was associated with the likelihood of posttraumatic stress disorder, adjusted OR = 6.09, 95% confidence interval (CI) [1.22, 30.44] and personality disorder, OR = 3.86, 95% CI [1.05, 14.22] for men and with depressive, OR = 3.33, 95% CI [1.12, 9.93], bipolar, OR = 2.87, 95% CI [1.12, 7.44], posttraumatic stress, OR = 2.42, [1.11, 5.24], and personality disorder, OR = 4.61, 95% CI [2.02, 10.52] for women. Implications include that medical forms should include gender identity and biological gender and that MST treatment should be culturally competent.

<https://www.ncbi.nlm.nih.gov/pubmed/27849485>

Mil Med. 2016 Nov;181(11):e1515-e1531.

Psychological Impact of Deploying in Support of the U.S. Response to Ebola: A Systematic Review and Meta-Analysis of Past Outbreaks.

Vyas KJ, Delaney EM, Webb-Murphy JA, Johnston SL

OBJECTIVE:

To examine the potential psychological impact of deploying in support of the U.S. response to Ebola in west Africa by systematic review and meta-analysis.

METHODS:

Peer-reviewed articles published between January 2000 and December 2014 were identified using PubMed, PsycINFO, and Web of Science. Thirty-two studies involving 26,869 persons were included in the systematic review; 13 studies involving 7,785 persons were included in the meta-analysis. Pooled standardized mean differences (SMD) and 95% confidence intervals (CI) were calculated.

RESULTS:

Reflecting the sociodemographics of the military, those who are younger, single, not

living with family, have fewer years of work experience, lower education, and lower income are at increased risk for psychological distress, alcohol/drug misuse, post-traumatic stress disorder (PTSD), depression, and/or anxiety as a result of their perceived risk of infection. Effect sizes for post-traumatic stress disorder, depressive, and anxiety symptoms were considered small (SMD = 0.12, 95% CI = -0.23 to 0.47), moderate (SMD = 0.40, 95% CI = 0.24-0.51), and small (SMD = 0.08, 95% CI = -0.09 to 0.25), respectively; however, only the effect size for depressive symptoms was statistically significant.

CONCLUSIONS:

Deployed service members may return with clinically significant problems, the most notable of which is depression. Delivering resilience training and fostering altruistic acceptance may protect service members from developing mental health disorders. Reprint & Copyright © 2016 Association of Military Surgeons of the U.S.

<http://www.tandfonline.com/doi/full/10.1080/16506073.2016.1244559>

Associations between lower order anxiety sensitivity dimensions and DSM-5 posttraumatic stress disorder symptoms.

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Cognitive Behaviour Therapy

Published online: 18 Nov 2016

<http://dx.doi.org/10.1080/16506073.2016.1244559>

Anxiety sensitivity (AS), a well-established individual difference variable reflecting a tendency to fear bodily sensations associated with arousal, has been implicated in the development and maintenance of posttraumatic stress disorder (PTSD). Despite these associations, little research has examined the relations between AS subfactors (eg physical, cognitive, and social) and PTSD symptoms and none have examined these associations in the context of DSM-5 (Diagnostic Statistical Manual of Mental Disorders, Fifth Edition) PTSD clusters (ie intrusion, avoidance, negative alterations in cognitions/mood, and arousal). Participants included 50 veterans presenting to an outpatient Veteran Affairs Clinic for psychological services. Upon intake, veterans completed a brief battery of self-report questionnaires to assist with differential diagnosis and treatment planning. Results revealed unique associations between lower order AS dimensions, in particular the cognitive concerns dimension, and all four DSM-5

PTSD symptom clusters. Given the malleable nature of AS cognitive concerns, as well as the growing number of veterans in need of care, future research should determine the extent to which targeting this cognitive risk factor reduces PTSD symptom severity among veterans.

<http://www.tandfonline.com/doi/full/10.1080/16506073.2016.1256347>

A measure of perceived pain and tobacco smoking interrelations: pilot validation of the pain and smoking inventory.

Joseph W. Ditre, Emily L. Zale, Bryan W. Heckman, and Peter S. Hendricks

Cognitive Behaviour Therapy

Published online: 22 Nov 2016

<http://dx.doi.org/10.1080/16506073.2016.1256347>

Mounting evidence indicates that pain can motivate cigarette smoking behavior, smokers have reliably endorsed the use of tobacco to cope with pain, and there is reason to suspect that pain may impede smoking cessation. Smoking-related outcome expectancies are among the best predictors of cigarette consumption and relapse, and the goal of this pilot study was to develop a standardized measure of how tobacco smokers perceive their pain and smoking behavior to be interrelated (i.e. pain as a motivator of smoking, expectancies for smoking as a means of coping with pain, and pain as a barrier to quitting). Participants (N = 75) completed an online survey that was designed to assess interrelations between pain and tobacco smoking. The nine-item Pain and Smoking Inventory (PSI) demonstrated excellent internal consistency ($\alpha = .95$). As expected, PSI scores were higher among smokers with chronic pain (vs. no pain), and were positively associated with established indices of both pain and tobacco smoking dependence. These results corroborate the notion that smokers can effectively communicate perceptions of interrelations between their pain and smoking behavior. Future research is needed to establish reliability and validity of the PSI among larger, more diverse samples of smokers with varying levels of pain. Future work should also examine PSI scores as predictors of smoking cessation outcomes, and whether PSI data may usefully inform the development of tailored interventions for smokers in pain.

<http://www.sciencedirect.com/science/article/pii/S1389945716302738>

Sleep-related cognitive processes, arousal, and emotion dysregulation in insomnia disorder: the role of insomnia-specific rumination.

Laura Palagini, Umberto Moretto, Liliana Dell'Osso, Colleen Carney

Sleep Medicine

Available online 19 November 2016

<http://dx.doi.org/10.1016/j.sleep.2016.11.004>

Objective

Insomnia-specific rumination, has been shown in subjects with insomnia. Research has identified hyperarousal as a key factor, with both trait and state components. It has been shown that emotion dysregulation also plays a role in insomnia. Hence, the aim was to investigate how insomnia rumination is associated with both trait- and state-dependent arousal and emotion dysregulation in insomnia.

Methods

Sixty-eight subjects with insomnia disorder (DSM-5) and 36 good sleepers were evaluated using: Insomnia Severity Index (ISI), Daytime Insomnia Symptom Response Scale (DISRS), Arousal Predisposition Scale (APS), Pre-sleep Arousal Scale (PSAS), and Difficulties in Emotion Regulation Scale (DERS). Univariate and multivariate regression analyses and mediation analyses were performed.

Results

Subjects with insomnia (F_{41} , mean age 50.2 ± 10) presented higher scores than good sleepers (F_{22} , mean age 49.7 ± 14) in all the scales (ISI, DISRS, APS, PSAS, DERS; $p < 0.0001$). Insomnia rumination was directly correlated with trait (APS, $B = 0.22$, $p < 0.0001$) pre-sleep state arousal (PSAS cognitive $B = 0.22$, $p < 0.0001$, PSAS somatic $B = 0.24$, $p < 0.0001$) and emotion dysregulation ($B = 0.5$, $p = 0.03$). It mediated the association between trait and pre-sleep state hyperarousal ($Z = 3.3$, $p = 0.0008$), the bidirectional association between cognitive and somatic arousal ($p = 0.02$), and the association between trait hyperarousal and emotion dysregulation ($Z = 2.3$, $p = 0.04$).

Conclusions

In insomnia, specific rumination is related to both trait predisposition to arousal and to state-dependent arousal. It is also related to emotion dysregulation. Insomnia-specific ruminative response style may modulate the complex association between trait- and state-dependent arousal factors and arousal and emotion regulation in insomnia. In this framework, a broad range of cognitive processes may be considered when dealing with

subjects with insomnia: the use of rumination-oriented psychological strategies could be important.

<http://www.sciencedirect.com/science/article/pii/S0005789416301149>

Moderation of the alliance-outcome association by prior depressive episodes: Differential effects in cognitive-behavioral therapy and short-term psychodynamic supportive psychotherapy.

Lorenzo Lorenzo-Luaces, Ellen Driessen, Robert J. DeRubeis, Henricus L. Van, John R. Keefe, Mariëlle Hendriksen, Jack Dekker

Behavior Therapy

Available online 23 November 2016

<http://dx.doi.org/10.1016/j.beth.2016.11.011>

Prior studies have suggested that the association between the alliance and depression improvement varies as a function of prior history of depression. We sought to replicate these findings and extend them to short-term psychodynamic supportive psychotherapy (SPSP) in a sample of patients who were randomized to one of these treatments and were administered the Helping Alliance Questionnaire (N = 282) at week 5 of treatment. Overall, the alliance was a predictor of symptom change ($d = 0.33$). In SPSP, the alliance was a modest but robust predictor of change irrespective of prior episodes ($d = 0.25-0.33$). By contrast, in CBT, the effects of the alliance on symptom change were large for patients with 0 prior episodes ($d = 0.86$), moderate for those with 1 prior episode ($d = 0.49$) and small for those with 2 + prior episodes ($d = 0.12$). These findings suggest a complex interaction between patient features and common vs. specific therapy processes. In CBT, the alliance relates to change for patients with less recurrent depression whereas other CBT-specific processes may account for change for patients with more recurrent depression.

<http://www.sciencedirect.com/science/article/pii/S016025271630228X>

The many wounds of war: The association of service-related and clinical characteristics with problems with the law in Iraq and Afghanistan veterans.

Autumn Backhaus, Shadi Gholizadeh, Kathryn M. Godfrey, James Pittman, Niloofar Afari

International Journal of Law and Psychiatry
Volume 49, Part B, November–December 2016, Pages 205–213
Psychiatric Injury in Court
<http://dx.doi.org/10.1016/j.ijlp.2016.10.007>

Previous research has demonstrated that veterans with posttraumatic stress disorder (PTSD) are at higher risk for aggression, hostility, and anger, potentially leading to problems with the law or disciplinary action while in the military. There have been calls for increased consideration of the unique aspects of the judicial system in legal matters with veterans involved. The bulk of the research so far has considered the link between PTSD, traumatic brain injury (TBI), and combat exposure, but little is known about the potential role of chronic pain and Military Sexual Trauma (MST) in a veteran's experience of anger, aggression, and discipline while in the military and legal concerns. The present study used retrospective cross-sectional health screening data in a sample of 1250 Iraq and Afghanistan veterans to examine the associations of demographic, service-related, and clinical characteristics with self-reported legal problems. A total of 440 veterans (34.6%) endorsed having experienced some type of problems with the law. Independent logistic regression analyses demonstrated that those who screened positive for PTSD, MST, TBI, and clinical levels of pain were more likely to report legal problems; only the associations with positive PTSD ($p = 0.001$) and MST ($p = 0.007$) screens remained significant in multivariate regression analyses. The findings underscore the need for a thorough psychological evaluation when veterans are involved in the legal system with a special emphasis on factors prevalent to Iraq and Afghanistan veterans.

<http://ps.psychiatryonline.org/doi/abs/10.1176/appi.ps.201600283>

A Virtual Hope Box: Randomized Controlled Trial of a Smartphone App for Emotional Regulation and Coping With Distress.

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Psychiatric Services
Published online: November 15, 2016
<http://dx.doi.org/10.1176/appi.ps.201600283>

Objective:

The purpose of this study was to assess the impact of the Virtual Hope Box (VHB), a smartphone app to improve stress coping skills, suicidal ideation, and perceived reasons for living among patients at elevated risk of suicide and self-harm.

Methods:

The authors conducted a parallel-group randomized controlled trial with two groups of U.S. service veterans in active mental health treatment who had recently expressed suicidal ideation. Between March 2014 and April 2015, 118 patients were enrolled in the study. Participants were assigned to use the VHB (N=58) or to a control group that received printed materials about coping with suicidality (N=60) to supplement treatment as usual over a 12-week period. Three measures—the Coping Self-Efficacy Scale, Beck Scale for Suicidal Ideation, and Brief Reasons for Living Inventory—were collected at baseline (before randomization) and three, six, and 12 weeks. Secondary measures—the Interpersonal Needs Questionnaire, Perceived Stress Scale, and Columbia-Suicide Severity Rating Scale—were collected at baseline and 12 weeks.

Results:

VHB users reported significantly greater ability to cope with unpleasant emotions and thoughts (Coping Self-Efficacy Scale) at three ($b=2.41$, 95% confidence interval [CI]=.29–4.55) and 12 weeks ($b=2.99$, 95% CI=.08–5.90) compared with the control group. No significant advantage was found on other outcome measures for treatment augmented by the VHB.

Conclusions:

The VHB is a demonstrably useful accessory to treatment—an easily accessible tool that can increase stress coping skills. Because the app is easily disseminated across a large population, it is likely to have broad, positive utility in behavioral health care.

<http://www.mdpi.com/2077-0383/5/11/101/htm>

Integrated Exposure-Based Therapy for Co-Occurring Post Traumatic Stress Disorder (PTSD) and Substance Dependence: Predictors of Change in PTSD Symptom Severity.

Katherine L. Mills, Emma L. Barrett, Sabine Merz, Julia Rosenfeld, Philippa L. Ewer, Claudia Sannibale, Amanda L. Baker, Sally Hopwood, Sudie E. Back, Kathleen T. Brady and Maree Teesson

This paper examines factors associated with change in PTSD symptom severity among individuals randomised to receive an integrated exposure-based psychotherapy for PTSD and substance dependence—Concurrent Treatment of PTSD and Substance Use Disorders Using Prolonged Exposure (COPE). Outcomes examined include change in PTSD symptom severity as measured by the Clinician Administered PTSD Scale (CAPS), and the reliability and clinical significance of change in PTSD symptom severity. Factors examined include patient baseline characteristics, treatment characteristics, and events over follow-up. The mean difference in CAPS score was 38.24 (SE 4.81). Approximately half (49.1%) demonstrated a reliable and clinically significant improvement in PTSD symptom severity. No one was classified as having demonstrated clinically significant worsening of symptoms. Three independent predictors of reductions in PTSD symptom severity were identified: baseline PTSD symptom severity (β 0.77, SE 0.23, $p = 0.001$), number of traumas experienced prior to baseline (β -0.30, SE 0.15, $p = 0.049$), and number of sessions attended (β 2.05, SE 0.87, $p = 0.024$). The present study provides further evidence regarding the safety of the COPE treatment and factors associated with improvement in PTSD symptom severity. The identification of only a small number of predictors of the outcome points to the broad applicability of the COPE treatment to PTSD and substance use disorder (SUD) patients.

<http://psycnet.apa.org/psycinfo/2016-40101-001/>

Efficacy of Warrior Renew group therapy for female veterans who have experienced military sexual trauma.

Katz, Lori S.

Psychological Services
Vol 13(4), Nov 2016, 364-372
<http://dx.doi.org/10.1037/ser0000103>

This is a program evaluation of the Warrior Renew treatment protocol delivered in an outpatient therapy group for survivors of military sexual trauma (MST) at a Department of Veterans Affairs medical center. The group was delivered via a manualized protocol

with 12 weekly topics. It includes coping skills for affect management (e.g., triggers and anxiety) and addresses unique aspects of MST including anger/resentments because of injustice and lack of closure, betrayal, and self-blame. It also addresses interpersonal factors such as relationship patterns and healthy interpersonal skills. This evaluation was conducted as part of routine clinical care in a naturalistic setting. Forty-three female veterans started and 34 completed treatment (21% dropout rate). Of the 34 graduates, 32 opted to complete pre- and posttreatment assessments. Findings revealed significant decreases in symptoms of anxiety, depression, posttraumatic negative thinking, and posttraumatic stress disorder (PTSD) all with large effect sizes. In addition, 75% of the sample had a reliable clinical change at the 95% confidence interval. These results are promising and further investigation is warranted to examine Warrior Renew to address the unique issues related to MST. (PsycINFO Database Record (c) 2016 APA, all rights reserved)

<http://gradworks.umi.com/10/16/10163665.html>

A clinician's guide to working with female veterans and their children (dissertation)

Ahmadinia, Deniz, Psy.D.,

PEPPERDINE UNIVERSITY, 2016, 248 pages

The influx of females into the military in recent years has drawn increasing attention to the impact of extended and often repeated deployments on parent-child attachment. The challenges associated with deployment may be particularly taxing on young children due to their emotional and cognitive immaturity, lack of coping skills and dependence on their caregivers for daily functioning. While children's reaction to parental deployment varies by age, the longer and more frequently a parent is deployed, the greater the psychological, health and behavioral risk for the child. These adjustments can be complicated when mothers suffer psychological distress related to combat exposure, military sexual trauma, increasing their risk of suffering from symptoms of Posttraumatic Stress Disorder (PTSD) and depression. These adjustment and mental health issues, in combination with prolonged separation, will all complicate the reestablishment of a secure attachment bond with their children.

This manual seeks to provide clinicians with a comprehensive overview of the unique deployment-related stressors of female veterans, and their impact on mental health and reintegration. With a focus on the parent-child relationship, this manual will utilize attachment theory as the foundation to understand how the change, disruption, stress

and loss experienced during deployment affects young children and their mothers. Moreover, this manual discusses mindfulness-based treatment interventions and practical tools to guide clinicians in aiding female veterans to prepare their children for deployment, cope with deployment, and reestablish the attachment bond upon returning home.

<http://www.sciencedirect.com/science/article/pii/S0306460316303914>

Combat experience and problem drinking in veterans: Exploring the roles of PTSD, coping motives, and perceived stigma.

Stephen M. Miller, Eric R. Pedersen, Grant N. Marshall

Addictive Behaviors

Volume 66, March 2017, Pages 90–95

<http://dx.doi.org/10.1016/j.addbeh.2016.11.011>

Purpose

The current investigation sought to illustrate the etiology of adverse alcohol consequences in young adult veterans using a path analytic framework.

Methods

A total of 312 veterans aged 19–34 were enrolled in a larger intervention study on alcohol use. At baseline, participants completed measures of combat severity, PTSD symptom severity, and drinking motives to cope. At one month follow-up, participants completed measures of perceived stigma of behavioral health treatment seeking and past 30-day alcohol consequences.

Results

After entering the covariates of age, gender, race/ethnicity, and past year behavioral health treatment utilization, a path analytic model demonstrated a good fit to the data predicting alcohol consequences in this population. Further, a separate exploratory analysis confirmed that both drinking motives to cope and perceived stigma of behavioral health treatment seeking mediated the link between PTSD symptom severity and alcohol consequences.

Conclusions

The current model expands upon prior research showing the relationship between combat severity and alcohol use behavior in young adult veterans. Results support the

notion that veterans with PTSD symptoms may drink to cope and that perceived stigma surrounding help seeking may further contribute to alcohol related problems.

<http://ilr.sagepub.com/content/early/2016/11/15/0019793916679601.abstract>

The Effect of Potential Activations on the Employment of Military Reservists Evidence from a Field Experiment.

Theodore F. Figinski

ILR Review

First published on November 15, 2016

doi:10.1177/0019793916679601

U.S. military reservists are primarily employed in the civilian labor market. During periods of military conflict, such as the conflicts in Afghanistan and Iraq, the government may call reservists to full-time military service, requiring reservists to leave their civilian jobs. Federal law requires employers to rehire reservists once their full-time military service ends and also prohibits employers from discriminating against reservists because of their military membership. This article uses a résumé study to examine how the labor market protections provided to reservists and the potential labor market absences affect the employment outcomes of reservists. The results suggest that current membership in the Reserves, as compared to previous membership, reduces the probability of receiving a request for a job interview by 10.7%.

<http://ps.psychiatryonline.org/doi/abs/10.1176/appi.ps.201600080>

Sustained Effectiveness of the Mental Health Environment of Care Checklist to Decrease Inpatient Suicide.

Bradley V. Watts, M.D., M.P.H., Brian Shiner, M.D., M.P.H., Yinong Young-Xu, Sc.D., Peter D. Mills, Ph.D., M.S.

Psychiatric Services

Published online: November 15, 2016

<http://dx.doi.org/10.1176/appi.ps.201600080>

Objective:

The Mental Health Environment of Care Checklist (MHEOCC) has been reported to be effective in decreasing suicide on inpatient mental health units. The authors sought to examine whether the effect of the MHEOCC was sustained.

Methods:

Root cause analysis reports from all Department of Veterans Affairs (VA) hospitals were reviewed to obtain a count of suicides occurring on mental health units from 2000 to 2015. The number of mental health admissions and bed-days of care were obtained for the same period.

Results:

The rate of suicide prior to the implementation of the MHEOCC was 4.2 per 100,000 admissions or 2.72 per million bed-days of care. The rate after implementation was .74 per 100,000 admissions or .69 per million bed-days of care. There was no loss of effect in the seven years after implementation.

Conclusions:

The MHEOCC was associated with a sustained reduction in suicides occurring on inpatient mental health units.

<http://jamanetwork.com/journals/jamainternalmedicine/article-abstract/2582989>

Firearm Laws and Firearm Homicides: A Systematic Review.

Lee LK, Fleegler EW, Farrell C, Avakame E, Srinivasan S, Hemenway D, Monuteaux MC

JAMA Internal Medicine

November 14, 2016

doi:10.1001/jamainternmed.2016.7051

Question

What are the effects of firearm laws on firearm homicides in the United States?

Findings

We found evidence that stronger firearm laws are associated with reductions in firearm homicide rates. The strongest evidence is for laws that strengthen background checks and that require a permit to purchase a firearm. The effect of many of the other specific

types of laws is uncertain, specifically laws to curb gun trafficking, improve child safety, ban military-style assault weapons, and restrict firearms in public places.

Meaning

Given the magnitude and gravity of firearm homicides in the United States, effective legal and public health policies and adequate funding to enable high-quality research are essential.

See also:

- [Temporary Transfer of Firearms From the Home to Prevent Suicide: Legal Obstacles and Recommendations](#)
- [Reducing Suicides Through Partnerships Between Health Professionals and Gun Owner Groups—Beyond Docs vs Glocks](#)

<http://onlinelibrary.wiley.com/doi/10.1002/jts.22135/full>

Exploring Reliability and Validity of the Deployment Risk and Resilience Inventory-2 Among a Nonclinical Sample of Discharged Soldiers Following Mandatory Military Service.

Hagai Maoz, Yiftach Goldwin, Yael Doreen Lewis, Yuval Bloch

Journal of Traumatic Stress

First published: 17 November 2016

DOI: 10.1002/jts.22135

The Deployment Risk and Resilience Inventory (DRRI) is a widely used questionnaire assessing deployment-related risk and resilience factors among war veterans. Its successor, the DRRI-2, has only been validated and used among veterans deployed for overseas military missions, but because many countries still enforce compulsory military service, validating it among nonclinical samples of healthy discharged soldiers following mandatory service is also a necessity. In the current study, a sample of 101 discharged Israeli soldiers (39 males, 62 females; mean time since discharge 13.92, SD = 9.09 years) completed the DRRI-2. There were 52 participants who completed the questionnaire at a second time point (mean time between assessments 19.02, SD = 6.21 days). Both physical and mental health status were examined, as well as symptomatology of depression, anxiety, and posttraumatic stress disorder. Cronbach's α s for all latent variables in the inventory ranged from .47 to .95. The DRRI-2 risk factors were negatively associated with psychological functioning, whereas resilience factors

were positively associated with better self-reported mental health. Test-retest reliability coefficients were generally high (Pearson correlations were .61 to .94, all p values < .01). Our study provides evidence for the reliability and validity of the DRR-2 in assessing salient deployment experiences among a nonclinical sample following mandatory military service.

<http://onlinelibrary.wiley.com/doi/10.1111/jmft.12200/full>

Couple Forgiveness and its Moderating Role in the Intergenerational Transmission of Veterans' Posttraumatic Stress Symptoms.

Xiao Zhou, Yafit Levin, Jacob Y. Stein, Gadi Zerach, Zahava Solomon

Journal of Marital and Family Therapy

First published: 18 November 2016

DOI: 10.1111/jmft.12200

This study examined the moderating effect couple forgiveness (as perceived by the wives/mothers) may have on the intergenerational transmission of posttraumatic stress symptoms (PTSS) among families of combat veterans and former prisoners of war (ex-POWs). The sample included 123 (79 ex-POWs and 44 control combatants) Israeli father–mother–adult offspring triads. Self-report measures were administered at 2008 to veterans, at 2010–2011 to wives, and at 2013–2014 to offspring. The findings indicated that ex-POWs' PTSS were positively related to their offspring's PTSS, while couple forgiveness buffered this effect, particularly, and detrimentally, when couple forgiveness was low. These findings imply that apprehending the quality of the forgiving atmosphere within the marital relationship may be important for understanding the apparatus of intergenerational transmissions of trauma.

<http://jamanetwork.com/journals/jamapsychiatry/fullarticle/2589161>

Effect of a Web-Based Cognitive Behavior Therapy for Insomnia Intervention With 1-Year Follow-up: A Randomized Clinical Trial.

Lee M. Ritterband, PhD; Frances P. Thorndike, PhD; Karen S. Ingersoll, PhD; et al.

JAMA Psychiatry

November 30, 2016

doi:10.1001/jamapsychiatry.2016.3249

Importance

Although cognitive behavior therapy for insomnia (CBT-I) has been established as the first-line recommendation for the millions of adults with chronic insomnia, there is a paucity of trained clinicians to deliver this much needed treatment. Internet-delivered CBT-I has shown promise as a method to overcome this obstacle; however, the long-term effectiveness has not been proven in a representative sample with chronic insomnia.

Objective

To evaluate a web-based, automated CBT-I intervention to improve insomnia in the short term (9 weeks) and long term (1 year).

Design, Setting, and Participants

A randomized clinical trial comparing the internet CBT-I with internet patient education at baseline, 9 weeks, 6 months, and 1 year. Altogether, 303 adults with chronic insomnia self-referred to participate, of whom 151 (49.8%) reported at least 1 medical or psychiatric comorbidity.

Interventions

The internet CBT-I (Sleep Healthy Using the Internet [SHUTi]) was a 6-week fully automated, interactive, and tailored web-based program that incorporated the primary tenets of face-to-face CBT-I. The online patient education program provided nontailored and fixed online information about insomnia.

Main Outcomes and Measures

The primary sleep outcomes were self-reported online ratings of insomnia severity (Insomnia Severity Index) and online sleep diary–derived values for sleep-onset latency and wake after sleep onset, collected prospectively for 10 days at each assessment period. The secondary sleep outcomes included sleep efficiency, number of awakenings, sleep quality, and total sleep time.

Results

Among 303 participants, the mean (SD) age was 43.28 (11.59) years, and 71.9% (218 of 303) were female. Of these, 151 were randomized to the SHUTi group and 152 to the online patient education group. Results of the 3 primary sleep outcomes showed that the overall group \times time interaction was significant for all variables, favoring the SHUTi group (Insomnia Severity Index [$F_{3,1063} = 20.65$, $P < .001$], sleep-onset latency

[F3,1042 = 6.01, P < .001], and wake after sleep onset [F3,1042 = 12.68, P < .001]). Within-group effect sizes demonstrated improvements from baseline to postassessment for the SHUTi participants (range, Cohen d = 0.79 [95% CI, 0.55-1.04] to d = 1.90 [95% CI, 1.62-2.18]). Treatment effects were maintained at the 1-year follow-up (SHUTi Insomnia Severity Index d = 2.32 [95% CI, 2.01-2.63], sleep-onset latency d = 1.41 [95% CI, 1.15-1.68], and wake after sleep onset d = 0.95 [95% CI, 0.70-1.21]), with 56.6% (69 of 122) achieving remission status and 69.7% (85 of 122) deemed treatment responders at 1 year based on Insomnia Severity Index data. All secondary sleep outcomes, except total sleep time, also showed significant overall group × time interactions, favoring the SHUTi group.

Conclusions and Relevance

Given its efficacy and availability, internet-delivered CBT-I may have a key role in the dissemination of effective behavioral treatments for insomnia.

Trial Registration clinicaltrials.gov Identifier: NCT01438697

Links of Interest

The Army has a sleep problem. Here's how to fix it.

<https://www.armytimes.com/articles/the-army-has-a-sleep-problem-heres-how-to-fix-it>

SfN: CBT May Improve PTSD, Depression Through Common Biological Mechanism

<http://www.psychiatryadvisor.com/ptsd-trauma-and-stressor-related/common-underlying-biological-mechanism-of-cbt-in-ptsd-depression/article/574110/>

Adaptive sports help active duty, veterans and families through recovery

<http://www.militarytimes.com/articles/adaptive-sports-help-active-duty-veterans-and-families-through-recovery>

New Peer-Support Service Launches

<http://www.defense.gov/News/Article/Article/1011425/new-peer-support-service-launches>

Individual cognitive therapy effective in relieving PTSD symptoms in active-duty military members

<http://www.news-medical.net/news/20161123/Individual-cognitive-therapy-effective-in-relieving-PTSD-symptoms-in-active-duty-military-members.aspx>

Applicants won't have to disclose all mental health appointments on new security questionnaires

<http://www.militarytimes.com/articles/security-questionnaire-changes-mental-health>

960 regular force military members reported sexual assault in the past year, StatsCan survey finds

<http://www.cbc.ca/news/politics/sexual-misconduct-military-survey-1.3868377>

'A war within myself': One veteran's struggle for life after combat

<http://www.freep.com/story/news/nation/2016/11/28/veteran-fights-for-life-brandon-ketchum-veterans-affairs/93426876/>

A Simpler, Less Costly Behavioral Therapy for Depression

<http://www.medscape.com/viewarticle/871789>

Can't Get to Sleep? Lay Off the Drugs

<http://www.wsj.com/articles/cant-get-to-sleep-lay-off-the-drugs-1480302360>

For Better Talk Therapy, Try Napping

<http://www.wsj.com/articles/for-better-talk-therapy-try-napping-1480352207>

Behavioral Activation: the Depression Therapy You've Likely Never Heard Of

<http://health.usnews.com/wellness/mind/articles/2016-11-24/behavioral-activation-the-depression-therapy-youve-likely-never-heard-of>

Resource of the Week: [DOD Brain Injury Center Launches Podcast for Military Family Caregivers](#)

In recognition of Warrior Care Month and National Family Caregivers Month, Defense and Veterans Brain Injury Center (DVBIC) will launch a new podcast for family caregivers of service members and veterans with traumatic brain injuries (TBI) today.

The podcast, called "[The TBI Family](#)," will focus on providing information about TBI, sharing resources for caregivers and telling caregiver stories.



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DOD Brain Injury Center Launches Podcast for Military Family Caregivers

By Defense and Veterans Brain Injury Center Public Affairs on November 22, 2016

In recognition of Warrior Care Month and National Family Caregivers Month, Defense and Veterans Brain Injury Center (DVBIC) will launch a new podcast for family caregivers of service members and veterans with traumatic brain injuries (TBI) today.

The podcast, called "**The TBI Family**," will focus on providing information about TBI, sharing resources for caregivers and telling caregiver stories.

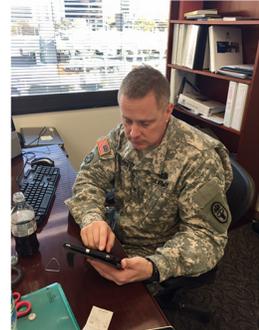
"We know family caregivers don't have a lot of free time, but do need access to information," said Col. (Dr.) Geoffrey Grammer, DVBIC director. "Podcasts are a great way to get our message to caregivers in a way that works for their schedules."

According to a recent study by Rand Corp., there are 5.5 million military family caregivers in the United States and 29 percent of them are helping someone who experienced a TBI. The study found that the term "family caregiver" can be misleading as well. Nearly a quarter of military caregivers are friends and neighbors.

"We really hope this podcast helps caregivers overcome the challenges they face every day," said Grammer, "but the only way we can really be sure is feedback from the caregivers themselves. We hope they'll let us know what they'd like to hear and whether we're providing that."

DVBIC is planning a 10-episode first season.

DVBIC serves active-duty military, their beneficiaries, and veterans with traumatic brain injury through state-of-the-science clinical care, innovative clinical research initiatives and educational programs, and support for force health protection services. Please visit the [DVBIC website](#) for more information.



Col. (Dr.) Geoffrey Grammer, national director of Defense and Veterans Brain Injury Center, submits the first episode of "The TBI Family" to iTunes with the touch of a virtual button. The podcast, which is

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