



CDP Research Update -- January 12, 2017

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<http://journals.sagepub.com/doi/pdf/10.1177/2156587216684999>

A Qualitative Study of Mindfulness Among Veterans With Posttraumatic Stress Disorder: Practices Differentially Affect Symptoms, Aspects of Well-Being, and Potential Mechanisms of Action.

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Journal of Evidence-Based Complementary & Alternative Medicine

2017

DOI: 10.1177/2156587216684999

This qualitative study explored and compared the subjective experiences of 102 veterans with posttraumatic stress disorder (PTSD) who were randomly assigned to 1 of 4 arms: (a) body scan, (b) mindful breathing, (c) slow breathing, or (d) sitting quietly. Qualitative data were obtained via semistructured interviews following the intervention and analyzed using conventional content analysis. The percentage of participants within each intervention who endorsed a specific theme was calculated. Two-proportion z tests were then calculated to determine if the differences among themes endorsed in specific groups were statistically significant. Six core themes emerged from analysis of participant responses across the 4 groups: (a) enhanced present moment awareness, (b) increased nonreactivity, (c) increased nonjudgmental acceptance, (d) decreased physiological arousal and stress reactivity, (e) increased active coping skills, and (f) greater relaxation. More participants in the mindfulness intervention groups reported

improvement in PTSD symptoms when compared to participants in non-mindfulness groups. Different types of intervention targeted different symptoms and aspects of well-being. Furthermore, type of intervention may have also differentially targeted potential mechanisms of action. This article highlights the importance of employing both quantitative and qualitative research methods when investigating the dynamic process of mindfulness and may inform how practices can be tailored to the needs of the veteran with PTSD.

<http://onlinelibrary.wiley.com/doi/10.1002/jcad.12118/full>

Women in the National Guard: Coping and Barriers to Care.

Maung, J., Nilsson, J. E., Berkel, L. A. and Kelly, P.

Journal of Counseling & Development
2017, 95: 67–76
doi:10.1002/jcad.12118

This study involved interviews with 42 women from the National Guard about their experiences of coping during reintegration into civilian life. Data were analyzed using techniques of conventional content analysis. The 1st theme that emerged regarded barriers to seeking and accessing care (institutional barriers, personal barriers, and stigma). The 2nd theme, coping strategies, consisted of 4 categories (seeking or gaining professional help, seeking social support, using routine activities, and using aspects of religion/spirituality). Implications for clinical work with returning female soldiers are discussed.

<http://gamestudies.org/1602/articles/blankscole>

Diversion Drives and Superlative Soldiers: Gaming as Coping Practice among Military Personnel and Veterans.

Jaime Banks, John G. Cole

Game Studies
volume 16 issue 2
December 2016

Existing scholarship highlights the clinical utility of digital games in reducing stress-related pathologies among military personnel. However, since many servicemembers experience service-related stress but do not meet clinical treatment benchmarks, it is prudent to understand how everyday gameplay may function in self-directed coping associated with physical and psychological stressors. To that end, US military and veteran gamers (MVGs) were surveyed regarding their use of digital games and avatars to deal with service-related challenges. Exploratory multi-method analysis revealed that a substantial proportion of MVGs engage in self-directed coping through digital games. Coping practices variably focus on escapism/diversion, managing physical/psychological maladies, receiving social support, and connecting with civilian life; these coping practices were differently associated with broader gameplay motivations. Additional evidence suggests that military-related avatars may function as institutional identity exemplars in stress-coping related to identity negotiation.

<http://ps.psychiatryonline.org/doi/abs/10.1176/appi.ps.201600186>

Primary Care–Mental Health Integration in the VA Health System: Associations Between Provider Staffing and Quality of Depression Care.

Debra S. Levine, John F. McCarthy, Brittany Cornwell, Laurie Brockmann, and Paul N. Pfeiffer

Psychiatric Services

Published online: January 03, 2017

Objectives:

The study examined whether staffing of Primary Care–Mental Health Integration (PCMHI) services in the Department of Veterans Affairs (VA) health system is related to quality of depression care.

Methods:

Site surveys and administrative data from 349 VA facilities for fiscal year 2013 were used to calculate PCMHI staffing (full-time equivalents) per 10,000 primary care patients and discipline-specific staffing proportions for PCMHI psychologists, social workers, nurses, and psychiatric medication prescribers. Multivariable regression analyses were conducted at the facility level and assessed associations between PCMHI staffing ratios

and the following indicators of depression treatment in the three months following a new episode of depression: any antidepressant receipt, adequacy of antidepressant receipt, any psychotherapy receipt, and psychotherapy engagement (three or more visits).

Results:

Higher facility PCMHI staffing ratios were associated with a greater percentage of patients who received any psychotherapy treatment ($B=1.16$, $p<.01$) and who engaged in psychotherapy ($B=.39$, $p<.01$). When analyses controlled for total PCMHI staffing, the proportion of social workers as part of PCMHI was positively correlated with the percentage of patients with adequate antidepressant treatment continuation ($B=3.16$, $p=.03$). The proportion of nurses in PCMHI was negatively associated with the percentage of patients with engagement in psychotherapy ($B=-2.83$, $p=.02$).

Conclusions:

PCMHI programs with greater overall staffing ratios demonstrated better performance on indicators of psychotherapy for depression but not on indicators of antidepressant treatment. Further investigation is needed to determine whether differences in discipline-specific staffing play a causal role in driving associated differences in receipt of treatment.

<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

Volume 30, February 2017, Pages 97–104

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

Objective

Insomnia-specific rumination has presented 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.

<https://www.ncbi.nlm.nih.gov/pubmed/26828770>

J Dual Diagn. 2016;12(1):15-26. doi: 10.1080/15504263.2016.1146384.

Treatment Attendance Among Veterans With Depression, Substance Use Disorder, and Trauma.

Cui R, Haller M, Skidmore JR, Goldsteinholm K, Norman S, Tate SR

OBJECTIVE:

Low attendance in psychotherapy, particularly among individuals with comorbid disorders, is a pervasive challenge. The present study examined predictors of treatment attendance in a sample of veterans with depression, substance use disorder, and trauma.

METHODS:

This is an analysis of data collected as part of a larger clinical trial involving outpatients at a Veterans Administration dual diagnosis clinic. Individuals were excluded if they had significant memory deficits, schizophrenia, bipolar disorder, or substantial travel constraints. Participants (N = 146) received 12 weeks of group-delivered integrated cognitive behavioral therapy for depression and substance use, followed by randomization to 12 additional weeks of individually delivered cognitive behavioral therapy (n = 62) or cognitive processing therapy (n = 61) modified to address substance use and trauma. Participants, therapists, and researchers were not blinded to group assignment. For this study, we included only the 123 participants who were randomized into the second phase, analyzing predictors of treatment attendance categorized into predisposing factors, enabling factors, and need factors.

RESULTS:

Participants were primarily male (89%) and Caucasian (76%) and averaged 47 years old (SD = 12). Forty-four percent had alcohol use disorder, 16% had drug use disorder, and 40% had polysubstance use disorder. Most met criteria for PTSD (82%), with 44% having combat-related trauma, 33% sexual trauma, and 28% other trauma. Treatment attendance did not differ between groups. More education was associated with increased group (r = .19, p = .04) and individual session attendance (r = .28, p = .002). Individuals with chronic housing problems attended fewer group sessions (r = -.19, p = .04), while individuals with sexual trauma, compared to those with other traumas, attended more individual sessions (r = .23, p = .01). Number of group sessions attended was positively associated with individual session attendance.

CONCLUSIONS:

Few variables were significantly predictive of treatment attendance, possibly due to the complex nature of comorbid disorders. Including a focus on trauma was not associated with lower attendance. Special consideration may need to be given to education level, homelessness, and trauma when trying to engage and retain patients with comorbid disorders in treatment. This clinical trial is registered at www.clinicaltrials.gov as NCT00958217.

<http://www.sciencedirect.com/science/article/pii/S0165178116311787>

Impact of Military Trauma Exposures on Posttraumatic Stress and Depression in Female Veterans.

Lizabeth A. Goldstein, Julie Dinh, Rosemary Donalson, Claire L. Hebenstreit, Shira Maguen

Psychiatry Research

Available online 4 January 2017

<http://dx.doi.org/10.1016/j.psychres.2017.01.009>

Previous research has demonstrated the deleterious effects of traumatic military experiences on symptoms of posttraumatic stress disorder (PTSD) and depression in female veterans. However, more research is needed to identify the unique predictors of distressing psychological symptoms when both combat-related and sexual trauma are considered, particularly as women's combat exposure in the military increases. Female veterans who had attended at least one appointment at a large Veterans Health Administration medical center were invited to complete questionnaires about traumatic military exposures and psychiatric symptoms. A total of 403 veterans responded, with 383 respondents' data used in analyses. Multiple regression analyses were conducted with relevant covariates and trauma exposure items predicting symptoms of PTSD and depression. Sexual assault was the strongest predictor of both posttraumatic and depressive symptoms. Sexual assault, sexual harassment, feeling in danger of being killed, and seeing others killed or injured uniquely predicted symptoms of PTSD, but only sexual assault and sexual harassment predicted symptoms of depression, even when accounting for several aspects of combat exposure. Improving assessment for trauma exposure and developing treatments personalized to type of trauma experienced may be important clinical research priorities as female service members' roles in the military expand.

<http://www.sciencedirect.com/science/article/pii/S0022395616302102>

Cannabis use disorder and suicide attempts in Iraq/Afghanistan-Era veterans.

Nathan A. Kimbre, Amie R. Newins, Eric A. Dedert, Elizabeth E. Van Voorhees, Eric B. Elbogen, Jennifer C. Naylor, H. Ryan Wagner, Mira Brancu, Jean C. Beckham, Patrick S. Calhoun

The objective of the present research was to examine the association between lifetime cannabis use disorder (CUD), current suicidal ideation, and lifetime history of suicide attempts in a large and diverse sample of Iraq/Afghanistan-era veterans (N = 3233) using a battery of well-validated instruments. As expected, CUD was associated with both current suicidal ideation (OR = 1.683, $p = 0.008$) and lifetime suicide attempts (OR = 2.306, $p < 0.0001$), even after accounting for the effects of sex, posttraumatic stress disorder, depression, alcohol use disorder, non-cannabis drug use disorder, history of childhood sexual abuse, and combat exposure. Thus, the findings from the present study suggest that CUD may be a unique predictor of suicide attempts among Iraq/Afghanistan-era veterans; however, a significant limitation of the present study was its cross-sectional design. Prospective research aimed at understanding the complex relationship between CUD, mental health problems, and suicidal behavior among veterans is clearly needed at the present time.

<http://www.sciencedirect.com/science/article/pii/S016517811631277X>

Efficacy of psychological pain theory–based cognitive therapy in suicidal patients with major depressive disorder: A pilot study.

Yingmin Zou, Huanhuan Li, Chuan Shi, Yixuan Lin, Hanyu Zhou, Jiaqi Zhang

Psychiatry Research
Volume 249, March 2017, Pages 23–29
<http://dx.doi.org/10.1016/j.psychres.2016.12.046>

The present study aimed to explore the effects of psychological pain theory–based cognitive therapy (PPTBCT) on suicide among depressed patients, compared with a control group who received usual psychological care (UPC). The sample consisted of 32 depressed patients and 32 healthy control subjects. All participants completed the Beck Scale for Suicide Ideation (BSI), Beck Depression Inventory, Three-Dimensional Psychological Pain Scale (TDPPS), and Problem Solving Inventory (PSI), and Automatic Thoughts Questionnaire (ATQ). All measures differed significantly between depressed patients and healthy controls. Then clinical participants were assigned randomly to the PPTBCT (n=19) and control (n=13) groups. During the 8-week intervention, scores related to depression, suicidal ideation, psychological pain, and automatic thoughts

were decreased in both groups at the post-intervention and 4-week follow-up time points, compared with pre-intervention scores. BSI scores remained low at follow up and did not differ significantly from post-intervention scores in the PPTBCT group, but were significantly higher at follow up than at post-intervention in the control group. PPTBCT may effectively reduce suicide risk in patients with major depressive disorder, although the effects of its application need to be confirmed.

<http://www.sciencedirect.com/science/article/pii/S0306460317300072>

Medicinal versus recreational cannabis use: Patterns of cannabis use, alcohol use, and cued-arousal among veterans who screen positive for PTSD.

Mallory Loflin, Mitch Earleywine, Marcel Bonn-Miller

Addictive Behaviors

Available online 6 January 2017

<http://dx.doi.org/10.1016/j.addbeh.2017.01.008>

Introduction

The present study is the first to test whether veterans who use cannabis specifically for the purposes of self-medication for their reported PTSD symptoms differ from veterans who use cannabis medicinally for other reasons, or recreationally, in terms of patterns of cannabis use, use of alcohol, and reactivity to written combat trauma reminders.

Methods

Assessment measures were administered online to a sample of veterans with a history of cannabis use ($n = 1971$). Cued arousal was assessed pre/post via a prompt about combat experiences. Hypotheses were tested using a series of Bonferroni corrected one-way analyses of variance, t-tests, bivariate and partial correlations, and a Chi-square test.

Results

Compared to recreational users, veterans who identify as medicinal cannabis users reported greater combat exposure ($d = 0.56$), PTSD symptoms ($d = 1.02$), subjective arousal when cued ($d = 0.25$), and cannabis use ($d_{\text{frequency}} = 0.40$; $d_{\text{density}} = 0.42$), but less alcohol use ($d = 0.28$). Few differences were observed between medicinal users who reported using for PTSD versus those who reported using for other reasons.

Conclusions

Compared to those who use cannabis recreationally, veterans who report that they use cannabis medicinally use more cannabis and endorse significantly more symptoms of arousal following a prompt about combat trauma experiences.

<http://journals.sagepub.com/doi/abs/10.1177/0095327X16687069>

Sexual Harassment in the Military: Individual Experiences, Demographics, and Organizational Contexts.

Richard J. Harris, Daniel P. McDonald, Corey S. Sparks

Armed Forces & Society

Article first published online: January 4, 2017

DOI: <https://doi.org/10.1177/0095327X16687069>

Purpose:

Sexual harassment remains a persistent problem in the U.S. military despite extensive research and policy initiatives. Theoretical explanations identify individual circumstances (e.g., power differentials) and organizational factors (e.g., climate, culture). However, data constraints limit the capacity to link individual contexts with independent measures of environments.

Data/Methods:

A unique Defense Equality Opportunity Climate Survey allows assessment of organizational climates and individual experiences with multilevel analyses.

Results:

Sexist environmental context increases the likelihood of personal harassment experiences after controlling for individual-level variables. However, unit-level climate, group cohesion, and job satisfaction are not significant.

Conclusion:

Both individual and organizational factors are important. However, the organizational context has less to do with culture or unit cohesion and more to do with tolerance of sexism. Focusing on problem units may be effective for reducing the prevalence and persistence of sexual harassment.

<http://link.springer.com/article/10.1007/s10896-016-9903-2>

Modeling Risk for Intimate Partner Violence among Recent-Era Veteran-Partner Dyads.

Michelle L. Kelley, Hilary G. Montano, Nick Lam, Monica, Hernandez, Marinell M. Miller, VA Mid-Atlantic MIRECC Workgroup

Journal of Family Violence

First Online: 07 January 2017

DOI: 10.1007/s10896-016-9903-2

Using an actor-partner interdependence model, we examined whether veterans' posttraumatic stress symptoms (PTSS) contributed to partners' drug abuse symptoms, whether partners' drug abuse symptoms contributed to intimate partner violence (IPV) perpetration, and whether drug abuse symptoms mediated PTSS-IPV perpetration associations. Participants were recent-era veterans who participated in the Mid-Atlantic Mental Illness Research, Education and Clinical Center Post-Deployment Mental Health study. Veterans who took part at one site and their partners (N = 49 couples) completed a follow-up study in which drug abuse symptoms and IPV perpetration were assessed. Veterans' PTSS contributed to veterans' drug abuse symptoms. Veterans' drug abuse symptoms were associated with their IPV perpetration (i.e., an actor effect) and their partners' IPV perpetration (i.e., a crossover effect). Drug abuse symptoms mediated the association between veterans' PTSS and partners' reports of IPV perpetration. Findings suggest complex relationships between PTSS, drug abuse problems and IPV perpetration among these dyads.

<http://www.sciencedirect.com/science/article/pii/S0010440X16305387>

Alcohol Use and Suicidality in Firefighters: Associations with Depressive Symptoms and Posttraumatic Stress.

Colleen E. Martin, Anka A. Vujanovic, Daniel J. Paulus, Brooke Bartlett, Matthew W. Gallagher, Jana K. Tran

Comprehensive Psychiatry

Available online 7 January 2017

<http://dx.doi.org/10.1016/j.comppsy.2017.01.002>

Both suicidality and alcohol use disorders are significant public health concerns among firefighters, and alcohol use is associated with increased suicide risk. In addition, firefighters endorse high rates of symptoms of depression and posttraumatic stress disorder (PTSD). Thus, the current investigation examined associations between alcohol dependence and suicide risk among a large sample of firefighters. Specifically, this study examined the indirect effects of alcohol dependence on suicidality outcomes via both depression and posttraumatic stress, using structural equation modeling. A total of 2883 male firefighters completed a self-report survey, containing measures of alcohol use, suicidality, PTSD, and depressive symptoms. Results indicated good model fit. The latent alcohol dependence variable was directly related to the latent suicide risk variable. However, when depression and posttraumatic stress latent variables were added into the model, alcohol dependence was no longer associated with suicide risk. Furthermore, alcohol dependence was indirectly related to suicide risk via latent depression and posttraumatic stress variables. Indirect effects were established after controlling for relevant covariates. Clinical implications are discussed.

<http://www.sciencedirect.com/science/article/pii/S0028393217300052>

Dissociation Between Working Memory Performance and Proactive Interference Control in Post-Traumatic Stress Disorder.

Diane Swick, Julien Cayton, Victoria Ashley, And. U. Turken

Neuropsychologia

Available online 7 January 2017

<http://dx.doi.org/10.1016/j.neuropsychologia.2017.01.005>

Deficits in working memory (WM) and cognitive control processes have been reported in post-traumatic stress disorder (PTSD), in addition to clinical symptoms such as hypervigilance, re-experiencing, and avoidance of trauma reminders. Given the uncontrollable nature of intrusive memories, an important question is whether PTSD is associated with altered control of interference in WM. Some studies also suggest that episodic memory shows a material-specific dissociation in PTSD, with greater impairments in verbal memory and relative sparing of nonverbal memory. It is unclear whether this dissociation applies to WM, as no studies have used identical task parameters across material. Here we tested 29 combat Veterans with PTSD and 29 age-matched control Veterans on a recent probes WM task with words and visual patterns in separate blocks. Participants studied four-item sets, followed by a probe

stimulus that had been presented in the previous set (recent probe) or not (nonrecent probe). Participants with PTSD made more errors than controls, and this decrement was similar for verbal and visual stimuli. Proactive interference from items recently presented, but no longer relevant, was not significantly different in the PTSD group and showed no relationship to re-experiencing symptom severity. These results demonstrate that PTSD is not reliably associated with increased intrusions of irrelevant representations into WM when non-emotional stimuli are used. Future studies that use trauma-related material may provide insight into the flashbacks and intrusive thoughts that plague those with PTSD.

http://journals.lww.com/pain/Abstract/publishahead/Impact_of_the_Opioid_Safety_Initiative_on.99344.aspx

Impact of the Opioid Safety Initiative on opioid-related prescribing in veterans.

Lin, Lewei A. M.D.; Bohnert, Amy S.B. Ph.D.; Kerns, Robert D. Ph.D.; Clay, Michael A. M.D.; Ganoczy, Dara M.P.H.; Ilgen, Mark A. Ph.D.

Pain

Post Acceptance: January 04, 2017

doi: 10.1097/j.pain.0000000000000837

The Veterans Healthcare Administration (VHA) designed the Opioid Safety Initiative (OSI) to help decrease opioid prescribing practices associated with adverse outcomes. Key components included disseminating a dashboard tool that aggregates electronic medical record data to audit real-time opioid-related prescribing and identifying a clinical leader at each facility to implement the tool and promote safer prescribing. This study examines changes associated with OSI implementation in October 2013 among all adult VHA patients who filled outpatient opioid prescriptions. Interrupted time series analyses controlled for baseline trends and examined data from October 2012 to September 2014 to determine change after OSI implementation in prescribing of high dosage opioid regimens [total daily dosages > 100 morphine equivalents (MEQ) and > 200 MEQ] and concurrent benzodiazepines. Across VHA facilities nationwide, there was a decreasing trend in high dosage opioid prescribing with 55,722 patients receiving daily opioid dosages > 100MEQ in October 2012, which decreased to 46,780 in September 2014 (16% reduction). The OSI was associated with an additional decrease, compared to pre-OSI trends, of 331 patients per month (95% CI -378 to -284) receiving opioids > 100 MEQ, a decrease of 164 patients per month (95% CI -186 to -142) receiving opioids > 200 MEQ, and a decrease of 781 patients per month (95% CI -969 to -593) receiving

concurrent benzodiazepines. Implementation of a national healthcare system-wide initiative was associated with reductions in outpatient prescribing of risky opioid regimens. These findings provide evidence for the potential utility of large-scale interventions to promote safer opioid prescribing.

<http://link.springer.com/article/10.1007%2Fs00127-016-1321-5>

Consequences of PTSD for the work and family quality of life of female and male U.S. Afghanistan and Iraq War veterans.

Dawne Vogt, Brian N. Smith, Annie B. Fox, Timothy Amoroso, Emily Taverna, Paula P. Schnurr

Social Psychiatry and Psychiatric Epidemiology

First Online: 31 December 2016

DOI: 10.1007/s00127-016-1321-5

Purpose

Although it is well established that combat-related PTSD can lead to reduced quality of life, less is known about the relative effect of PTSD on different aspects of former service members' post-military readjustment. Moreover, research on female veterans' reintegration experiences is limited. This study aimed to document the work and family quality of life of post-9/11 male and female veterans and evaluate the gender-specific impact of PTSD on veterans' work and family outcomes.

Methods

A national sample of 524 post-9/11 veterans completed mailed surveys as part of a longitudinal study. Descriptive and regression-based analyses were gender-stratified and weighted to enhance representativeness to the larger population.

Results

With a few notable exceptions, the majority of post-9/11 U.S. veterans reported high work and family quality of life. PTSD was not associated with either employment or relationship status; however, it did predict poorer work and family functioning and satisfaction for both men and women, with the most consistent negative effects on intimate relationships. Several gender differences were found, primarily with respect to work experiences.

Conclusions

Although most post-9/11 veterans appear to be doing well in both their work and family lives, results support the need for interventions that can mitigate the negative effect of PTSD and other associated mental health conditions on several aspects of work and family quality of life. Findings contribute to research suggesting both similarities and differences in the post-military readjustment of male and female post-9/11 veterans and underscore the need for additional consideration of the unique work-related challenges women experience following military service.

Links of Interest

Only 8% of Marines are women — and the Marine Corps is struggling to change that
<https://news.vice.com/story/only-8-of-marines-are-women-and-the-marine-corps-is-struggling-to-change-that>

Veteran unemployment drops again in 2016

<http://www.militarytimes.com/articles/veteran-unemployment-drops-again-in-2016>

Air Force grants honorable discharge to 91-year-old gay vet

<https://www.airforcetimes.com/articles/air-forces-grants-honorable-discharge-to-91-year-old-gay-vet-air-forces-grants-honorable-discharge-to-91-year-old-gay-vet>

Clinical Considerations for Moral Injury, Rational Guilt, and Combat PTSD

<http://traumapsychnews.com/2016/12/clinical-considerations-for-moral-injury-rational-guilt-and-combat-ptsd/>

Army report: Self-doubt and sleep deprivation led to 2-star's suicide

<https://www.armytimes.com/articles/army-report-self-doubt-and-sleep-deprivation-led-to-2-stars-suicide>

Problems of Combat Veterans Transitioning to Civilian Life

<http://imsweb.csudh.edu/ejournalncrp/index.php/problems-of-combat-veterans-transitioning-to-civilian-life/>

Legal or not, marijuana can increase the risk of developing alcohol use disorders

<https://www.sciencedaily.com/releases/2017/01/170110194921.htm>

New apps designed to reduce depression, anxiety as easily as checking your phone

<https://www.sciencedaily.com/releases/2017/01/170105123102.htm>

Resource of the Week: [Preventing, Identifying, and Treating Prescription Drug Misuse Among Active-Duty Service Members](#)

This is a new report from the RAND Corporation.

Prescription drug misuse (PDM) is of critical concern for the military because of its potential impact on military readiness, the health and well-being of military personnel, and associated health care costs. The purpose of this report is to summarize insights gleaned from a series of activities that the RAND Corporation undertook for the Deputy Assistant Secretary of Defense for Readiness to address this important health and military readiness issue. The authors completed a review of U.S. Department of Defense policies and a comprehensive literature review of clinical guidelines and the empirical literature on the prevention and treatment of PDM and conducted individual face-to-face interviews with 66 health and behavioral health care providers at nine medical treatment facilities across three regions within the contiguous United States to identify best practices in the prevention, identification, and treatment of PDM and the extent to which those practices are known and followed. The report also presents the framework of an analytic tool that, once informed by data available to the military but not available to the authors, can assist the military in predicting future trends in PDM based on current demographics of active-duty service members and rates of injury and prescribing of prescription drugs. The findings from this work led the authors to formulate a set of key insights that they believe might improve the rapid identification and treatment of service members dealing with PDM, thereby improving future force readiness.



Preventing, Identifying, and Treating Prescription Drug Misuse Among Active-Duty Service Members

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