



CDP Research Update -- January 26, 2017

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- Links of Interest
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<http://www.sciencedirect.com/science/article/pii/S0005796716301206>

Evidence-based training in the era of evidence-based practice: Challenges and opportunities for training of PTSD providers.

Raymond C. Rosen, Josef I. Ruzek, Bradley E. Karlin

Behaviour Research and Therapy
Volume 88, January 2017, Pages 37–48
<http://dx.doi.org/10.1016/j.brat.2016.07.009>

There is a pressing global need for trained and competent mental health clinicians to deliver evidence-based psychological therapies to millions of trauma survivors in need of care. Three model, large-scale training programs were initiated a decade ago, one in the United Kingdom (U.K.), and two in the United States (U.S.), to disseminate high-quality, evidence-based psychological care to traumatized children and adults in need of assistance. Milestone contributions to implementation science have been made by each of these training programs, although limitations and challenges remain to be considered. In contrast, culturally adapted and simplified PTSD interventions and therapy training programs have also been developed and tested during the past decade, three of which show particular promise for broader implementation. These simplified but evidence-based interventions have been developed for use by lay counsellors or health technicians with minimal or no prior mental health training. Finally, a growing range of technology-based and technology-assisted training models for PTSD providers have also been developed and disseminated in the past decade. This trend is expected to accelerate as more providers become accustomed to acquiring clinical training in this modality or format, although significant barriers to technology-based training will need to be overcome.

<http://www.sciencedirect.com/science/article/pii/S000579671730013X>

Verbal memory functioning moderates psychotherapy treatment response for PTSD-Related nightmares.

J. Cobb Scott, Gerlinde Harb, Janeese A. Brownlow, Jennifer Greene, Ruben C. Gur, Richard J. Ross

Posttraumatic stress disorder (PTSD) is associated with cognitive deficits in attention, executive control, and memory, although few studies have investigated the relevance of cognitive difficulties for treatment outcomes. We examined whether cognitive functioning and history of traumatic brain injury (TBI) were associated with response to cognitive-behavioral therapy (CBT) for PTSD-related sleep problems. In a randomized controlled trial of Imagery Rehearsal (IR) added to components of CBT for Insomnia (IR + cCBT-I) compared to cCBT-I alone for PTSD-related recurrent nightmares, 94 U.S. veterans completed a battery of cognitive tests. TBI was assessed via structured clinical interview. Mixed-effects models examined main effects of cognitive functioning and interactions with time on primary sleep and nightmare outcomes. Significant verbal immediate memory by time interactions were found for nightmare distress, nightmare frequency, and sleep quality, even after controlling for overall cognitive performance and depression. TBI exhibited main effects on outcomes but no interactions with time. Findings indicated that individuals with lower verbal memory performance were less likely to respond to treatment across two sleep interventions. Veterans with TBI displayed greater symptoms but no altered trajectories of treatment response. Together with prior literature, findings suggest that verbal memory functioning may be important to consider in PTSD treatment implementation.

<http://link.springer.com/article/10.1007/s41347-016-0008-9>

Tracking Post-trauma Psychopathology Using Mobile Applications: a Usability Study.

Matthew Price, Katherine van Stolk-Cooke, Hannah L. Ward, Michael O'Keefe, Jennifer Gratton, Christian Skalka, Kalev Freeman

Journal of Technology in Behavioral Science
First Online: 11 January 2017
DOI: 10.1007/s41347-016-0008-9

Trauma exposure markedly increases risk for psychopathology including posttraumatic stress disorder (PTSD). Understanding the course by which PTSD develops after a traumatic event is critical to enhancing early intervention. Although prior work has

explored the course of PTSD symptoms in the subsequent months, relatively few studies have explored the course of symptoms in the acute posttrauma period, defined as the 30 days after a traumatic event. A key challenge to conducting such studies is the lack of efficient means to collect data that does not impose significant burden on the participant during this time. The present study evaluated the use of a mobile phone application to collect symptom data during the acute posttrauma period. Data was obtained from 23 individuals who experienced a criterion A traumatic event and were recruited from the emergency department of a level-1 trauma center. Participants completed 44.93% of daily assessments across a 30-day period. Responses rates were uncorrelated with PTSD symptoms or depression symptoms at 1- and 3-month posttrauma. Participants reported that the surveys were moderately helpful and posed minimal burden. These findings suggest that mobile applications can be used to learn about the course of posttrauma recovery.

<http://www.sciencedirect.com/science/article/pii/S0278584616301658>

Affective and cognitive correlates of PTSD: Electrocortical processing of threat and perseverative errors on the WCST in combat-related PTSD.

Julia A. DiGangi, Autumn Kujawa, Darrin M. Aase, Joseph M. Babione, Christopher Schroth, David M. Levy, Amy E. Kennedy, Justin E. Greenstein, Eric Proescher, Robert Walters, Holly Passi, Scott A. Langenecker, K. Luan Phan

Progress in Neuro-Psychopharmacology and Biological Psychiatry
Volume 75, 3 April 2017, Pages 63-69
<http://dx.doi.org/10.1016/j.pnpbp.2017.01.004>

PTSD is characterized by both affective and cognitive dysfunction. Affectively, PTSD is associated with both heightened emotional reactivity and disengagement. Cognitively, perseverative thinking is a core feature of the disorder. In order to assess the interactive effects of affective and cognitive correlates of PTSD symptoms, 47 OEF/OIF/OND veterans completed an emotional faces matching task while EEG (i.e., late positive potential; LPP) was recorded, and separately completed the Wisconsin Card Sorting Test (WCST) to assess perseverative errors. There was no relationship between PTSD symptoms and either perseverative errors or EEG reactivity to faces. However, an interaction was found such that high perseverative errors on the WCST and a relatively enhanced LPP to angry faces was associated with greater PTSD symptoms, while low errors on the WCST and a relatively blunted LPP to angry faces also related to greater

PTSD symptoms. These findings suggest that emotion-cognition interactions are important for understanding PTSD, and that distinct emotion-cognition constellations interact with symptoms.

<http://www.sciencedirect.com/science/article/pii/S0165178116309933>

Psychological resilience is associated with more intact social functioning in veterans with post-traumatic stress disorder and depression.

Aliza P. Wingo, Maria Briscione, Seth D. Norrholm, Tanja Jovanovic, S. Ashley McCullough, Kelly Skelton, Bekh Bradley

Psychiatry Research

Available online 12 January 2017

<http://dx.doi.org/10.1016/j.psychres.2017.01.022>

Patients with depression or post-traumatic stress disorder (PTSD), common sequelae among individuals exposed to stressful or traumatic events, often report impairment in social functioning. Resilience is a multidimensional construct that enables adaptive coping with life adversity. Relationship between resilience and social functioning among veterans with depression and PTSD is not entirely clear and is the focus of this report. Resilience was assessed in 264 veterans using the Connor-Davidson Resilience Scale, PTSD with the PTSD Symptom Scale, depression with the Beck Depression Inventory, and social functioning with the Short Form Health Survey. Higher resilience was associated with more intact social functioning after PTSD and depression severity, childhood maltreatment, physical health, gender, education, marital status, and employment were simultaneously adjusted for. Childhood maltreatment, gender, marital status, education, and employment did not predict social functioning; however, greater severity of PTSD, depression, or physical health problems was each significantly associated with more impaired social functioning. Our findings suggest that higher resilience was associated with more intact social functioning regardless of the severity of PTSD and depression. Given the importance of social functioning in depression and/or PTSD recovery, studies are needed to examine if enhancing resilience presents a complementary approach to alleviating impaired social functioning.

<http://www.sciencedirect.com/science/article/pii/S1087079216000046>

Sleep and emotion regulation: An organizing, integrative review.

Cara A. Palmer, Candice A. Alfano

Sleep Medicine Reviews

Volume 31, February 2017, Pages 6–16

<http://dx.doi.org/10.1016/j.smr.2015.12.006>

A growing body of research suggests that disrupted sleep is a robust risk and maintenance factor for a range of psychiatric conditions. One explanatory mechanism linking sleep and psychological health is emotion regulation. However, numerous components embedded within this construct create both conceptual and empirical challenges to the study of emotion regulation. These challenges are reflected in most sleep–emotion research by way of poor delineation of constructs and insufficient distinction among emotional processes. Most notably, a majority of research has focused on emotions generated as a consequence of inadequate sleep rather than underlying regulatory processes that may alter these experiences. The current review utilizes the process model of emotion regulation as an organizing framework for examining the impact of sleep upon various aspects of emotional experiences. Evidence is provided for maladaptive changes in emotion at multiple stages of the emotion generation and regulation process. We conclude with a call for experimental research designed to clearly explicate which points in the emotion regulation process appear most vulnerable to sleep loss as well as longitudinal studies to follow these processes in relation to the development of psychopathological conditions.

<http://onlinelibrary.wiley.com/doi/10.1111/sltb.12327/full>

The Role of Perceived Burden and Social Support in Suicide and Depression.

Bell, C. M., Ridley, J. A., Overholser, J. C., Young, K., Athey, A., Lehmann, J. and Phillips, K.

Suicide and Life-Threatening Behavior

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DOI: 10.1111/sltb.12327

In a sample of 114 military veterans with depression histories, perceived burden was related to depression symptoms and suicide attempt history. After accounting for perceived burden, sense of belonging was negatively related to depression. Among the areas of social support, family support was inversely related to both depression and suicide history. After accounting for family support, personal meaning from relationships and friend support were related to depression. The results of this study suggest that perceived burdensomeness may be a stronger determinant of suicidality than sense of belonging or social support. This study highlights the contribution of perceived burdensomeness to suicide and depression.

<http://www.sciencedirect.com/science/article/pii/S104938671630384X>

Estimated Prevalence of Insomnia among Women Veterans: Results of a Postal Survey.

Jennifer L. Martin, C. Amanda Schweizer, Jaime M. Hughes, Constance H. Fung, Joseph M. Dzierzewski, Donna L. Washington, B. Josea Kramer, Stella Jouldjian, Michael N. Mitchell, Karen R. Josephson, Cathy A. Alessi

Women's Health Issues

Available online 17 January 2017

<http://dx.doi.org/10.1016/j.whi.2016.12.003>

Objectives

Insomnia is a significant public health concern known to particularly impact women and the veteran population; however, rates of insomnia disorder among women veterans are not known.

Method

Women veterans who had received health care at VA Greater Los Angeles Healthcare System between 2008 and 2010 and resided within 25 miles of the facility were sent a postal survey assessing sleep, demographics, and other related patient characteristics.

Results

A total of 660 women (43.1% of potential responders) returned the postal survey and provided sufficient information for insomnia diagnosis. On average, women reported 6.2 hours of sleep per night. The prevalence of insomnia, determined according to diagnostic criteria from the International Classification of Sleep Disorders-2, was 52.3%. Women with insomnia reported more severely disturbed sleep, and more pain, menopausal symptoms, stress/worries, and nightmares compared with women without insomnia. There was a quadratic relationship between age and insomnia with women in their mid-40s, most likely to have insomnia.

Conclusions

This survey study found that insomnia symptoms were endorsed by more than one-half of the women veterans in this sample of VA users, highlighting the critical need for enhanced clinical identification and intervention. Further research is needed to establish national rates of insomnia among women veterans and to improve access to evidence-based treatment of insomnia disorder.

<http://link.springer.com/article/10.1007/s10608-016-9829-2>

A Prospective Investigation of the Impact of Distinct Posttraumatic (PTSD) Symptom Clusters on Suicidal Ideation.

Maria Panagioti, Ioannis Angelakis, Nicholas Tarrier, Patricia Gooding

Cognitive Therapy and Research

First Online: 17 January 2017

DOI: 10.1007/s10608-016-9829-2

Inconsistent findings have been reported by previous cross-sectional studies regarding the association between specific posttraumatic stress disorder (PTSD) symptom clusters and suicidality. To advance the understanding of the role of specific PTSD symptoms in the development of suicidality, the primary aim of this study was to investigate the predictive effects of the three specific PTSD symptom clusters on suicidal ideation prospectively. Fifty-six individuals diagnosed with PTSD completed a two-stage research design, at baseline and 13–15 months follow-up. The clinician administered PTSD scale (CAPS) was used to assess the severity of the PTSD symptom clusters and validated self-report measures were used to assess suicidal ideation, severity of depressive symptoms and perceptions of defeat entrapment. The

results showed that only the hyperarousal symptom cluster significantly predicted suicidal ideation at follow-up after controlling for baseline suicidal ideation, severity of depressive symptoms and perceptions of defeat and entrapment. These findings suggest that both disorder-specific and transdiagnostic factors are implicated in the development of suicidal ideation in PTSD. Important clinical implications are discussed in terms of predicting and treating suicidality in those with PTSD.

<http://www.sciencedirect.com/science/article/pii/S2352721817300013>

Using actigraphy feedback to improve sleep in soldiers: an exploratory trial.

Amy B. Adler, Brian C. Gunia, Paul D. Bliese, Paul Y. Kim, Matthew L. LoPresti

Sleep Health

Available online 16 January 2017

<http://dx.doi.org/10.1016/j.sleh.2017.01.001>

Objectives

The objective of this study was to assess the impact of wearing an actigraph and receiving personalized feedback on the sleep of a high-risk occupational group: United States soldiers recently returned from a combat deployment.

Design

Following a baseline survey with a full sample, a subsample of soldiers wore an actigraph, received feedback, and completed a brief survey. Two months later, the full sample completed a follow-up survey. The actigraph intervention involved wearing an actigraph for 3 weeks and then receiving a personalized report about sleep patterns and an algorithm-based estimate of cognitive functioning derived from individual sleep patterns.

Results

Propensity score matching with a genetic search algorithm revealed that subjects in the actigraph condition ($n = 43$) reported fewer sleep problems (t value = -2.55 , $P < .01$) and getting more sleep hours (t value = 1.97 , $P < .05$) at follow-up than those in a matched comparison condition ($n = 43$, weighted). There were no significant differences in functioning, somatic symptoms, and mental health outcomes (posttraumatic stress disorder symptoms and depression). A significant interaction indicated that the actigraph had a more beneficial effect on those with more somatic symptoms at

baseline but not those with more sleep problems. Most participants rated the personalized report as helpful.

Conclusion

Actigraphs combined with personalized reports may offer a useful, simple intervention to improve the sleep patterns of large, high-risk occupational groups.

<http://onlinelibrary.wiley.com/doi/10.1111/pcn.12507/full>

Inquiring about insomnia may facilitate diagnosis of depression in the primary care setting.

Fujieda, M., Uchida, K., Ikebe, S., Kimura, A., Kimura, M., Watanabe, T., Sakamoto, H., Matsumoto, T. and Uchimura, N.

Psychiatry and Clinical Neurosciences

Accepted manuscript online: 17 January 2017

DOI: 10.1111/pcn.12507

Aim

Depression is often undiagnosed in primary care. Asking about sleep status is much easier than asking about mood. This study was conducted to examine the relation between insomnia and depression.

Methods

New patients aged 35–64 years were recruited from internal medicine clinics in Japan. Self-administered questionnaires were employed. Depression was evaluated by the Zung Self-Rating Depression Scale and the Profile of Mood States. Sleep status was investigated using the Pittsburgh Sleep Quality Index. Likelihood ratios of insomnia for depression were calculated. To assess the relation between insomnia and depression independent of confounding factors, adjusted odds ratios and 95% confidence intervals were calculated using multiple logistic regression analyses.

Results

Among 598 subjects, 153 (25.6%) were assessed as having depression. “Very bad sleep quality, with difficulty falling asleep within 30 min ≥ 3 /week” showed a positive likelihood ratio of 20.36 (95%CI: 2.53-164) while “not very good sleep quality” had a negative likelihood ratio of 0.32 (0.14-0.72). Adjusted for sex, age, underlying diseases,

life events, lifestyle habits, and relationship problems, significant odds ratios for depression were observed for “difficulty falling asleep within 30 min ≥ 3 /week” (2.53, 95% confidence interval:1.07–5.98), “waking up in the middle of the night or early morning ≥ 3 /week” (3.09, 1.58-6.05) and “fairly bad sleep quality” (3.65, 1.34–9.96).

Conclusion

Inquiring about the weekly frequency of difficulty “falling asleep within 30 min” and “waking up in the middle of the night or early morning”, and “sleep quality” may help to diagnose depression.

<http://www.sciencedirect.com/science/article/pii/S016503271631936X>

General distress is more important than PTSD’s cognition and mood alterations factor in accounting for PTSD and depression’s comorbidity.

Brianna M. Byllesby, Jon D. Elhai, Marijo Tamburrino, Thomas H. Fine, Gregory Cohen, Laura Sampson, Edwin Shirley, Philip K. Chan, Israel Liberzon, Sandro Galea, Joseph R. Calabrese

Journal of Affective Disorders

Volume 211, 15 March 2017, Pages 118-123

<http://dx.doi.org/10.1016/j.jad.2017.01.014>

Background

Posttraumatic stress disorder (PTSD) and major depressive disorder (MDD) are highly comorbid and exhibit strong correlations with each other at both the symptom level and latent factor level. Various theories have attempted to explain this relationship. Results have been inconsistent regarding whether PTSD's negative alterations in cognition and mood factor (NACM) is significantly more related to depression, in contrast to other factors of PTSD.

Methods

Confirmatory factor analysis was used to attempt to address the relationships between PTSD and MDD in a large sample of trauma-exposed combat veterans from the Ohio National Guard as part of a larger longitudinal study.

Results

Confirmatory factor analysis was used to test a bifactor model of PTSD symptoms,

testing relations between PTSD's factors and a latent depressive factor. After partitioning out the common variance into the bifactor, we found that in contrast to other PTSD factors, PTSD's NACM factor was not significantly more related to depression. Instead, only the general bifactor predicted depressive symptoms.

Limitations

The limitations of the present study include the following: the specific measures of PTSD and MDD used were based on self-report, and the sample consisted of non-clinical, non-treatment seeking veterans.

Conclusions

The present study suggests that the high rate of comorbidity between posttraumatic stress disorder (PTSD) and major depressive disorder is more related to underlying general distress or negative affectivity than the symptom categories of the PTSD diagnostic criteria.

<http://www.sciencedirect.com/science/article/pii/S0005789417300059>

The Role of Patient Characteristics in the Concordance of Daily and Retrospective Reports of PTSD.

Sarah B. Campbell, Marketa Krenek, Tracy L. Simpson

Available online 14 January 2017

<http://dx.doi.org/10.1016/j.beth.2017.01.003>

Research has documented discrepancies between daily and retrospective reports of psychological symptoms in a variety of conditions. A limited number of studies have assessed these discrepancies in samples of individuals with posttraumatic stress disorder (PTSD), with even less research addressing potential covariates that may influence such discrepancies. In the current study, 65 individuals with co-occurring PTSD and alcohol use disorder (AUD) completed daily assessments of their PTSD symptoms for one month, followed by a standard retrospective report of PTSD over the same month. Initial analyses explored the mean levels of daily and retrospective PTSD symptoms, while multilevel models assessed the level of agreement between daily and retrospective reports and the role of demographic variables and comorbid psychopathology (e.g., depression) or substance use (e.g., alcohol use) in moderating the association of daily and retrospective reports. Results showed that retrospective

reports of arousal and avoidance symptoms were weakly related to daily reports of these symptoms, while reports of re-experiencing and numbing symptoms showed better agreement. Intra-individual alcohol consumption also moderated associations of re-experiencing and avoidance symptoms, such that on days individuals drank more, their daily reports resembled their retrospective reports less well. Future research should explore the degree to which these results generalize to non-dually-diagnosed samples, as well as the role such reporting discrepancies may play in PTSD treatment.

https://www.researchgate.net/profile/Alexander_Jordan4/publication/311641232_Distinguishing_War-Related_PTSD_Resulting_From_Perpetration- and_Betrayal-Based_Morally_Injurious_Events/links/5877de0608ae329d62283206.pdf

Distinguishing War-Related PTSD Resulting From Perpetration- and Betrayal-Based Morally Injurious Events.

Jordan, A. H., Eisen, E., Bolton, E., Nash, W. P., & Litz, B. T.

Online First Publication, January 9, 2017

<http://dx.doi.org/10.1037/tra0000249>

Objective:

We investigated whether potentially morally injurious events (PMIEs) during a combat deployment may lead to PTSD through distinct pathways from danger-based events. We also examined the prevalence of perpetration-based PMIEs, during which service members behaved in ways that violated their own moral values, and betrayal-based PMIEs, during which personal moral expectations were violated by trusted others.

Method:

Using a sample of 867 active duty Marines from a single infantry battalion that engaged in heavy ground combat while deployed to Afghanistan, a structural equation model was built to examine the relationships between perpetration- and betrayal-based PMIEs, combat experiences, and peritraumatic dissociation reported at 1 month postdeployment, and guilt/shame, anger, and PTSD symptoms reported at 8 months postdeployment.

Results:

The relationship between betrayal-based PMIEs and PTSD was mediated by anger (.14). There was marginal evidence of mediation of the relationship between

perpetration-based PMIEs and PTSD by shame and guilt (.09), and of the relationship between danger-based combat events and PTSD by peritraumatic dissociation (.08). No significant direct relationships were found between any of these 3 types of events and subsequent PTSD. Perceived perpetration and betrayal accounted for PTSD symptoms above and beyond combat exposure. Over a third of the sample reported experiencing perpetration- or betrayal-based PMIEs.

Conclusions:

The associations of perpetration and betrayal with PTSD, controlling for dangerbased combat events, highlight the limitations of conceptualizations and treatments of PTSD based on fear or helplessness as sole etiologic factors.

<https://www.ncbi.nlm.nih.gov/pubmed/26741908>

Alcohol Use Among Active Duty Women: Analysis AUDIT Scores From the 2011 Health-Related Behavior Survey of Active Duty Military Personnel.

Jeffery DD, Mattiko M

BACKGROUND:

Numerous studies document higher substance use among military men after deployment; similar studies focused on military women are limited.

OBJECTIVES:

This study examines alcohol use of active duty women and deployment factors, social/environmental/attitudinal factors, and psychological/intrapersonal factors.

METHODS:

Secondary data analysis of the 2011 Survey of Health-Related Behavior of active duty military personnel was conducted using bivariate statistics and multiple regression analyses with Alcohol Use Disorders Identification Test scores as the dependent variable.

RESULTS:

Nearly 94% had low risk for alcohol use disorders. Length of combat experience and extent of combat exposure were unrelated to Alcohol Use Disorders Identification Test scores; noncombat deployment was unrelated after controlling for marital status, age of first drink, pay grade, and branch of service. Significant motivators ($p < 0.001$) for drinking were "like/enjoy drinking," "drink to cheer up," "drink to forget problems," and

significant deterrents were "cost of alcohol" and "fear of upsetting family/friends if used alcohol." Anger propensity, risk propensity, lifetime prevalence of suicidal ideation, and depressed mood were significant predictors in the regression model after controlling for covariates.

CONCLUSION:

Findings suggest that some active duty women use alcohol to cope with adverse emotional states, whereas others use alcohol consistent with propensity for high-risk behaviors.

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<http://onlinelibrary.wiley.com/doi/10.1002/jts.22160/full>

The Course and Correlates of Combat-Related PTSD in Australian Vietnam Veterans in the Three Decades After the War.

Brian I. O'Toole, Stanley V. Catts

Journal of Traumatic Stress

First published: 19 January 2017

DOI: 10.1002/jts.22160

Australian male Vietnam veterans (N = 388) were assessed 22 and 36 years after their return to Australia using standardized diagnostic interviews, with added data from Army records and self-report questionnaires. Among veterans who ever had posttraumatic stress disorder (PTSD), 50.3% had a current diagnosis at the second assessment; of those who had a current diagnosis at Wave 1, 46.9% were also current at Wave 2. Late onset occurred for 19.0% of veterans, of whom 60.8% were current at Wave 2. Multivariate analysis compared veterans with no history of PTSD (n = 231) with veterans who had ever had PTSD (n = 157) to assess risk factors for PTSD incidence; and veterans with a history, but not current PTSD (n = 78) with veterans who had current PTSD at the second assessment (n = 79) to assess risk factors for failure to remit. Incidence was associated with lower education, shorter Army training predeployment, higher combat, excess drinking, and help-seeking after return to Australia. Prevalence was associated with having a father who saw combat in World War II, being injured in battle, having a lower intelligence test score, experiencing higher combat, and having a diagnosis of phobia at the first assessment. Only combat was common to incidence and prevalence.

<http://onlinelibrary.wiley.com/doi/10.1111/adb.12487/full>

Biological stress indicators as risk markers for increased alcohol use following traumatic experiences.

Trautmann, S., Muehlhan, M., Kirschbaum, C., Wittchen, H. -U., Höfler, M., Stalder, T., and Steudte-Schmiedgen, S.

Addiction Biology

First published: 20 January 2017

DOI: 10.1111/adb.12487

Alcohol misuse is a common sequela of traumatic event experiences causing considerable morbidity and mortality. Although biological stress indicators have been identified as useful risk markers for the development of trauma-related disorders, no such biological indicators exist for the risk of increased alcohol use after trauma exposure. This is the first study to prospectively investigate the predictive value of long-term cortisol levels and acute stress reactivity for the risk of increased alcohol use following traumatic events. Male soldiers were examined before and 12 months following deployment using a standardized diagnostic interview. We analyzed the moderating role of baseline hair cortisol concentrations (HCCs, $n = 153$) as well as baseline salivary cortisol and alpha-amylase stress reactivity in response to a laboratory stressor ($n = 145$) in the association between new-onset traumatic events (according to the DSM-IV A1 criterion) and subsequent daily alcohol use. No main effects of pre-traumatic HCC or salivary stress markers on subsequent change in alcohol use were observed. However, we found that with decreasing HCC, the number of new-onset traumatic events was more strongly associated with subsequent alcohol use independent from changes in posttraumatic stress disorder symptoms. No such relation was seen for the acute stress reactivity data. Taken together, this study provides first evidence suggesting that individual differences in long-term cortisol regulation are involved in the association between traumatic experiences and subsequent alcohol use. HCC may thus serve as a potential target in the early identification of individuals vulnerable for increased alcohol use following traumatic events.

<http://onlinelibrary.wiley.com/doi/10.1002/jts.22153/abstract?campaign=wolearlyview>

Maintenance and Reach of Exposure Psychotherapy for Posttraumatic Stress Disorder 18 Months After Training.

Rosen, C. S., Eftekhari, A., Crowley, J. J., Smith, B. N., Kuhn, E., Trent, L., Martin, N., Tran, T. and Ruzek, J. I.

Journal of Traumatic Stress

First published: 19 January 2017

DOI: 10.1002/jts.22153

This study examined aspects of clinicians' work environment that facilitated sustained use of prolonged exposure (PE) therapy. Surveys were completed by 566 U.S. Department of Veterans Affairs clinicians 6 and 18 months after intensive training in PE. The number of patients treated with PE at 18 months (reach) was modeled as a function of clinician demographics, clinician beliefs about PE, and work context factors. There were 342 clinicians (60.4%) who used PE at 6 and 18 months after training, 58 (10.2%) who used PE at 18 but not 6 months, 95 (16.7%) who used PE at 6 but not 18 months, and 71 (12.5%) who never adopted PE. Median reach was 12% of clinicians' appointments with patients with posttraumatic stress disorder. Reach was predicted by flow of interested patients (incident response ratio [IRR] = 1.21 to 1.51), PE's perceived effectiveness (IRR = 1.04 to 1.31), working in a PTSD specialty clinic (IRR = 1.06 to 1.26), seeing more patients weekly (IRR = 1.04 to 1.25), and seeing fewer patients in groups (IRR = 0.83 to 0.99). Most clinicians trained in PE sustained use of the treatment, but on a limited basis. Strategies to increase reach of PE should address organizational barriers and patient engagement.

<http://onlinelibrary.wiley.com/doi/10.1002/jts.22159/abstract>

Understanding the Connection Between Posttraumatic Stress Symptoms and Respiratory Problems: Contributions of Anxiety Sensitivity.

Mahaffey, B. L., Gonzalez, A., Farris, S. G., Zvolensky, M. J., Bromet, E. J., Luft, B. J. and Kotov, R.

Journal of Traumatic Stress
First published: 18 January 2017
DOI: 10.1002/jts.22159

Respiratory problems and posttraumatic stress disorder (PTSD) are the signature health consequences associated with the September 11, 2001 (9/11), World Trade Center disaster and frequently co-occur. The reasons for this comorbidity, however, remain unknown. Anxiety sensitivity is a transdiagnostic trait that is associated with both PTSD and respiratory symptoms. The present study explored whether anxiety sensitivity could explain the experience of respiratory symptoms in trauma-exposed smokers with PTSD symptoms. Participants (N = 135; Mage = 49.18 years, SD = 10.01) were 9/11-exposed daily smokers. Cross-sectional self-report measures were used to assess PTSD symptoms, anxiety sensitivity, and respiratory symptoms. After controlling for covariates and PTSD symptoms, anxiety sensitivity accounted for significant additional variance in respiratory symptoms ($\Delta R^2 = .04$ to $.08$). This effect was specific to the somatic concerns dimension ($\beta = .29$, $p = .020$); somatic concerns contributed significantly to accounting for the overlap between PTSD and respiratory symptoms, $b = 0.03$, 95% CI [0.01, 0.07]. These findings suggest that the somatic dimension of anxiety sensitivity is important in understanding respiratory symptoms in individuals with PTSD symptoms. These findings also suggest that it may be critical to address anxiety sensitivity when treating patients with comorbid respiratory problems and PTSD.

<http://onlinelibrary.wiley.com/doi/10.1002/jts.22156/abstract>

Predictors of PTSD Symptom Change Among Outpatients in the U.S. Department of Veterans Affairs Health Care System.

Sripada, R. K., Pfeiffer, P. N., Rampton, J., Ganoczy, D., Rauch, S. A. M., Polusny, M. A. and Bohnert, K. M.

Journal of Traumatic Stress
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DOI: 10.1002/jts.22156

Although the U.S. Department of Veterans Affairs (VA) has prioritized care for posttraumatic stress disorder (PTSD), many patients with PTSD remain symptomatic. Patterns of PTSD symptom change are not well understood. Thus, the current study was designed to categorize and investigate potential predictors of symptom trajectories

in patients with PTSD. The sample comprised 2,237 VA patients who were diagnosed with PTSD in 2013 and completed at least 4 PTSD Checklist (PCL) assessments over 12 weeks. Latent trajectory analysis was used to identify latent classes of patients based on PCL scores. Based on model fit indices, 3 trajectories were identified. Compared to patients in the mild-improving trajectory (21.9%), those in the severe-stable trajectory (34.3%) were more likely to be male, relative risk ratio (RRR) = 1.48, 95% CI [1.08, 2.02]; non-White, RRR = 1.77, 95% CI [1.33, 2.35]; Hispanic, RRR = 2.07, 95% CI [1.40, 3.04]; and have comorbid depression, RRR = 1.58, 95% CI [1.25, 1.99]. Compared to patients in the moderate-improving trajectory (43.8%), those in the severe-stable trajectory were more likely to have sleep disorders, RRR = 1.25, 95% CI [1.01, 1.55]. Our findings suggest that male veterans, minority veterans, and veterans with certain comorbid conditions may be less likely to achieve improved PTSD symptoms. Targeted efforts are needed to improve outcomes for PTSD patients on nonremitting trajectories and to improve the consistency of PTSD assessment across the VA health care system.

<http://onlinelibrary.wiley.com/doi/10.1002/jts.22162/abstract>

Persistent Serious Mental Illness Among Former Applicants for VA PTSD Disability Benefits and Long-Term Outcomes: Symptoms, Functioning, and Employment.

Murdoch, M., Spont, M. R., Kehle-Forbes, S. M., Harwood, E. M., Sayer, N. A., Clothier, B. A. and Bangerter, A. K.

Journal of Traumatic Stress

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DOI: 10.1002/jts.22162

Millions of U.S. veterans have returned from military service with posttraumatic stress disorder (PTSD), for which a substantial number receive U.S. Department of Veterans Affairs (VA) disability benefits. Although PTSD is treatable, comorbid serious mental illness (defined here as schizophrenia, schizoaffective disorder, and bipolar spectrum disorders) could complicate these veterans' recovery. Using VA administrative data, we examined the burden of persistent serious mental illness in a nationally representative cohort of 1,067 men and 1,513 women who applied for VA PTSD disability benefits between 1994 and 1998 and served during or after the Vietnam conflict. Self-reported outcomes were restricted to the 713 men and 1,015 women who returned surveys at

each of 3 collection points. More than 10.0% of men and 20.0% of women had persistent serious mental illness; of these, more than 80.0% also had persistent PTSD. On repeated measures modeling, those with persistent serious mental illness consistently reported more severe PTSD symptoms and poorer functioning in comparison to other participants ($p < .001$); their employment rate did not exceed 21.0%. Interactions between persistent serious mental illness and PTSD were significant only for employment ($p = .002$). Persistent serious mental illness in this population was almost 2 to 19 times higher than in the general U.S. population. The implications of these findings are discussed.

<http://www.sciencedirect.com/science/article/pii/S027273581530177X>

Cognitive behaviour therapy for generalized anxiety disorder: Is CBT equally efficacious in adults of working age and older adults?

Naoko Kishita, Ken Laidlaw

Clinical Psychology Review

Volume 52, March 2017, Pages 124–136

<http://dx.doi.org/10.1016/j.cpr.2017.01.003>

The current meta-analysis compared the efficacy of CBT for GAD between adults of working age and older people. In addition, we conducted a qualitative content analysis of treatment protocols used in studies with older clients to explore potential factors that may enhance treatment outcomes with this particular client group. Applying the inclusion criteria resulted in the identification of 15 studies with 22 comparisons between CBT and control groups (770 patients). When examining overall effect sizes for CBT for GAD between older people and adults of working age there were no statistically significant differences in outcome. However, overall effect size of CBT for GAD was moderate for older people ($g = 0.55$, 95% CI 0.22–0.88) and large for adults of working age ($g = 0.94$, 95% CI 0.52–1.36), suggesting that there is still room for improvement in CBT with older people. The main difference in outcome between CBT for GAD between the two age groups was related to methodological quality in that no older people studies used an intention-to-treat design. The content analysis demonstrated that studies with older clients were conducted according to robust CBT protocols but did not take account of gerontological evidence to make them more age-appropriate.

<http://www.sciencedirect.com/science/article/pii/S074937971630616X>

Non-routine Discharge From Military Service: Mental Illness, Substance Use Disorders, and Suicidality.

Emily Brignone, Jamison D. Fargo, Rebecca K. Blais, Marjorie E. Carter, Matthew H. Samore, Adi V. Gundlapalli

American Journal of Preventive Medicine

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<http://dx.doi.org/10.1016/j.amepre.2016.11.015>

Introduction

Mental illness and substance use disorders among newly returned military service members pose challenges to successful reintegration into civilian life and, in extreme cases, may lead to outcomes such as incarceration, homelessness, and suicide. One potential early indicator for these difficulties is non-routine discharge from military service.

Methods

Using data from the Veterans Health Administration (VHA) for 443,360 active duty service Veterans who deployed to Afghanistan and Iraq and subsequently utilized VHA services between Fiscal Years 2004 and 2013, this study examined risk for receiving a VHA-documented diagnosis of mental illness, substance use disorders, and suicidality as a function of discharge type, controlling for demographic and military service covariates. Analyses were conducted in 2016.

Results

In total, 126,314 Veterans (28.5%) had a non-routine military service discharge. Compared with routinely discharged Veterans, odds for nearly all diagnostic outcomes were significantly greater among Veterans discharged for disqualification or misconduct, including personality disorders (AOR=9.21 and 3.29, respectively); bipolar/psychotic disorders (AOR=3.98 and 3.40); alcohol/substance use disorders (AOR=1.55 and 4.42); and suicidal ideation and behaviors (AOR=2.81 and 2.77). Disability-discharged Veterans had significantly higher odds for diagnoses of anxiety disorders (AOR=1.97) and bipolar/psychotic disorders (AOR=3.93).

Conclusions

Non-routine service discharge strongly predicts VHA-diagnosed mental illness,

substance use disorders, and suicidality, with particularly elevated risk among Veterans discharged for disqualification or misconduct. Results emphasize the importance of discharge type as an early marker of adverse post-discharge outcomes, and suggest a need for targeted prevention and intervention efforts to improve reintegration outcomes among this vulnerable subpopulation.

[http://journals.lww.com/jonmd/Abstract/publishahead/Symptom Presentation and Prescription of Sleep.99578.aspx](http://journals.lww.com/jonmd/Abstract/publishahead/Symptom_Presentation_and_Prescription_of_Sleep.99578.aspx)

Symptom Presentation and Prescription of Sleep Medications for Veterans With Posttraumatic Stress Disorder.

Greenbaum, Mark A. MS, MA; Neylan, Thomas C. MD; Rosen, Craig S. PhD

Journal of Nervous & Mental Disease

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doi: 10.1097/NMD.0000000000000657

This study tested whether sleep medications prescribed to veterans diagnosed with posttraumatic stress disorder (PTSD) are being targeted to patients who report more severe insomnia or nightmares. Secondary analysis of survey and pharmacy data was conducted in samples of veterans from two periods: from 2006 to 2008 and from 2009 to 2013. Logistic regression tested associations between self-reported insomnia and nightmare severity, and being prescribed trazodone, prazosin, zolpidem, and benzodiazepines, controlling for PTSD severity and other covariates. In both samples, insomnia severity independently predicted trazodone receipt, and nightmare severity independently predicted prazosin receipt. In the later study, insomnia severity predicted receipt of zolpidem. Veterans in the later sample were more likely to receive trazodone, prazosin, and non-benzodiazepine hypnotics, and less likely to receive benzodiazepines than those in the earlier sample. Further research is needed to evaluate and optimize pharmacological and psychosocial treatments for sleep problems among veterans with PTSD.

Links of Interest

New psychology specialty trains grad students to work with veterans, families

<http://www.militarytimes.com/articles/new-psychology-specialty-trains-grad-students-to-work-with-veterans-families>

Things You Need to Know About Depression

http://www.dcoe.mil/blog/17-01-24/Things_You_Need_to_Know_About_Depression.aspx

Bill would simplify state residency rules for military spouses

<http://www.militarytimes.com/articles/military-spouses-state-residency-bill>

Department of Defense Announces Changes to Procedures and Policy for Reduction in Force in the Civilian Workforce

<https://www.defense.gov/News/News-Releases/News-Release-View/Article/1060585/department-of-defense-announces-changes-to-procedures-and-policy-for-reduction>

Stop smoking services may boost mental health of people with depression

<https://www.sciencedaily.com/releases/2017/01/170120085906.htm>

What is good quality sleep? National Sleep Foundation provides guidance

<https://www.sciencedaily.com/releases/2017/01/170123094549.htm>

Novel underlying mechanism involved in PTSD and other anxiety disorders described

<https://www.sciencedaily.com/releases/2017/01/170123151433.htm>

Mindfulness meditation training lowers biomarkers of stress response in anxiety disorder

<https://www.sciencedaily.com/releases/2017/01/170124111354.htm>

Resource of the Week: [Better Serving Those Who Serve: Improving the Educational Opportunities of Military-Connected Students](#) (Lexington Institute)

This report assesses the performance of schools in four states with large concentrations of active-duty military personnel who have children in the public school systems. They are Colorado, Missouri, North Carolina, and Virginia. The data, based in part on a common test provided to public school students around the country (the National Assessment of Education Progress or NAEP), present a picture of wide disparity, one in which the academic performance of students in states with military-connected children varies dramatically.

Among our findings:

A shortage of high-quality educational options for military-connected families and students — from schools to programs within schools — often restricts educational opportunities, negatively impacts educational achievement, causes military families to make tough housing choices, inhibits quick assimilation into school communities, and can reduce a family's satisfaction with a military career.

The underlying causes driving the quality of educational experiences for military-connected children are largely consistent and cluster around four key areas: uneven ability to participate in available educational options; inconsistent content and achievement standards from state to state; limited support for military-connected students; and less effective state and school district policies to identify and support military-connected families and students.

The Interstate Compact on Educational Opportunity for Military Children, a state-by-state effort to examine and recommend policies and practices affecting military-connected students, can be an effective tool. While Virginia is a leader in implementing the Compact, North Carolina and especially Missouri and Colorado lag behind in utilizing this important lever for strengthening the educational experiences of military-connected students.



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