



CDP Research Update -- February 23, 2017

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<http://www.ptsd.va.gov/professional/newsletters/research-quarterly/V27N4.pdf>

PTSD Research Quarterly: PTSD and Sleep

National Center for PTSD

VOLUME 27/NO. 4 • ISSN: 1050 -1835 • 2016

PTSD is unique among mental health disorders in that sleep problems represent two of the diagnostic criteria of the fifth edition of the American Psychiatric Association's (APA) Diagnostic and Statistical Manual of Mental Disorders (DSM-5); recurrent nightmares are part of the intrusion cluster of symptoms, and insomnia is a component of the

arousal cluster. While these sleep problems are symptoms of PTSD, the evidence suggests that they tend to become independent problems over time, warranting sleepfocused assessment and treatment. Further, it has been argued that the sleep disturbance plays a critical role in the maintenance of PTSD and is a hallmark of the disorder (Ross, Ball, Sullivan, & Caroff, 1989). Fortunately, efficacious treatment options, both medications and forms of cognitive-behavioral therapy, exist.

<http://www.tandfonline.com/doi/full/10.1080/21635781.2016.1272024>

Utilization of Behavioral Health Services by United States Army Medics.

Barbara L. Pitts, Martin A. Safer, Paula L. Castro-Chapman & Dale W. Russell

Military Behavioral Health

Published online: 11 Jan 2017

<http://dx.doi.org/10.1080/21635781.2016.1272024>

This study assesses potentially traumatic combat and medical provider experiences and subsequent utilization of behavioral health (BH) services among 324 U.S. Army medics 3 months after military deployment. After statistically controlling for socially desirable responding, neither combat nor medical provider experiences directly predicted utilization of BH services; however, both predicted posttraumatic stress symptoms, which predicted BH utilization. Moderation analyses revealed that medics were less likely to utilize BH services after intense battle experiences if they reported a low hardy personality, low unit support, or insufficient sleep. Possible interventions are discussed to promote BH care utilization.

<http://onlinelibrary.wiley.com/doi/10.1002/jclp.22462/abstract>

Perceived Burdensomeness, Thwarted Belongingness, and Fearlessness about Death: Associations With Suicidal Ideation among Female Veterans Exposed to Military Sexual Trauma.

Monteith, L. L., Bahraini, N. H. and Meneffee, D. S.

Objective

Military sexual trauma (MST) is prevalent among female Veterans and is associated with increased risk for suicidal self-directed violence. Yet research examining processes which contribute to suicidal ideation and attempts among MST survivors has been sparse, focusing primarily on psychiatric symptoms or diagnoses, rather than employing a theory-driven approach. The interpersonal-psychological theory (Joiner, 2005) is a leading theory of suicide that may be particularly relevant for understanding suicidal ideation among female Veterans who have experienced MST. We examined whether constructs derived from the interpersonal-psychological theory of suicide (perceived burdensomeness, thwarted belongingness, and fearlessness about death; Joiner, 2005) were associated with suicidal ideation among female Veterans who had experienced MST, when adjusting for known risk factors for suicide.

Method

Ninety-two female Veterans with a history of MST completed the Interpersonal Needs Questionnaire, Acquired Capability for Suicide Scale - Fearlessness about Death Scale, and Beck Scale for Suicide Ideation.

Results

Perceived burdensomeness, thwarted belongingness, and fearlessness about death were each associated with suicidal ideation in the past week, adjusting for prior suicide attempts, current depressive symptoms, and current symptoms of posttraumatic stress disorder. When including all three interpersonal-psychological constructs in the model, only perceived burdensomeness and fearlessness about death were significantly associated with suicidal ideation.

Conclusion

These findings provide knowledge regarding interpersonal processes that may contribute to suicidal ideation among this high-risk, yet understudied, population. These results also underscore the importance of assessing for interpersonal-psychological constructs—particularly perceived burdensomeness and fearlessness about death—when working with female Veterans who have experienced MST.

<http://onlinelibrary.wiley.com/doi/10.1002/jclp.22445/abstract>

Psychotherapy Utilization and Retention in a National Sample of Veterans With PTSD.

Doran, J. M., Pietrzak, R. H., Hoff, R. and Harpaz-Rotem, I.

Journal of Clinical Psychology

First published: 10 February 2017

DOI: 10.1002/jclp.22445

Objective

This study examines the demographic, diagnostic, and military variables associated with psychotherapy utilization and retention in a national Veteran sample.

Method

A large administrative VA dataset (142,620 Veterans) was utilized. Logistic regression was used to determine predictors of psychotherapy utilization and retention.

Results

Female gender was associated with increased psychotherapy utilization and retention. Geriatric age was associated with less retention in individual psychotherapy. Being a racial minority was associated with decreased utilization, but increased retention in group therapy. The majority of comorbid diagnoses were associated with longer retention in treatment. Depression was associated with decreased utilization but longer treatment duration. Dimensional symptom assessment demonstrated relationships with the dependent variables. Avoidance symptoms did not emerge as a barrier to treatment.

Conclusion

Differences in psychotherapy utilization and retention emerged across demographic, diagnostic and military variables, suggesting that these variables should inform outreach and treatment retention efforts for Veterans with PTSD.

<http://onlinelibrary.wiley.com/doi/10.1002/jclp.22323/abstract>

Changes in Mindfulness and Posttraumatic Stress Disorder Symptoms Among Veterans Enrolled in Mindfulness-Based Stress Reduction.

Kyle R. Stephenson, Tracy L. Simpson, Michelle E. Martinez, David J. Kearney

Journal of Clinical Psychology

First published: 6 May 2016

DOI: 10.1002/jclp.22323

Objectives

The current study assessed associations between changes in 5 facets of mindfulness (Acting With Awareness, Observing, Describing, Non-Reactivity, and Nonjudgment) and changes in 4 posttraumatic stress disorder (PTSD) symptom clusters (Re-Experiencing, Avoidance, Emotional Numbing, and Hyperarousal symptoms) among veterans participating in mindfulness-based stress reduction (MBSR).

Method

Secondary analyses were performed with a combined data set consisting of 2 published and 2 unpublished trials of MBSR conducted at a large Veterans Affairs hospital. The combined sample included 113 veterans enrolled in MBSR who screened positive for PTSD and completed measures of mindfulness and PTSD symptoms before and after the 8-week intervention.

Results

Increases in mindfulness were significantly associated with reduced PTSD symptoms. Increases in Acting With Awareness and Non-Reactivity were the facets of mindfulness most strongly and consistently associated with reduced PTSD symptoms. Increases in mindfulness were most strongly related to decreases in Hyperarousal and Emotional Numbing.

Conclusions

These results extend previous research, provide preliminary support for changes in mindfulness as a viable mechanism of treatment, and have a number of potential practical and theoretical implications.

<https://www.ncbi.nlm.nih.gov/pubmed/28214594>

Life Sci. 2017 Feb 15. pii: S0024-3205(17)30045-0. doi: 10.1016/j.lfs.2017.02.008.
[Epub ahead of print]

Association between light at night, melatonin secretion, sleep deprivation, and the internal clock: Health impacts and mechanisms of circadian disruption.

Touitou Y, Reinberg A, Touitou D

Exposure to Artificial Light At Night (ALAN) results in a disruption of the circadian system, which is deleterious to health. In industrialized countries, 75% of the total workforce is estimated to have been involved in shift work and night work. Epidemiologic studies, mainly of nurses, have revealed an association between sustained night work and a 50-100% higher incidence of breast cancer. The potential and multifactorial mechanisms of the effects include the suppression of melatonin secretion by ALAN, sleep deprivation, and circadian disruption. Shift and/or night work generally decreases the time spent sleeping, and it disrupts the circadian time structure. In the long run, this desynchronization is detrimental to health, as underscored by a large number of epidemiological studies that have uncovered elevated rates of several diseases, including cancer, diabetes, cardiovascular risks, obesity, mood disorders and age-related macular degeneration. It amounts to a public health issue in the light of the very substantial number of individuals involved. The IARC has classified shift work in group 2A of "probable carcinogens to humans" since "they involve a circadian disorganization". Countermeasures to the effects of ALAN, such as melatonin, bright light, or psychotropic drugs, have been proposed as a means to combat circadian clock disruption and improve adaptation to shift and night work. We review the evidence for the ALAN impacts on health. Furthermore, we highlight the importance of an in-depth mechanistic understanding to combat the detrimental properties of exposure to ALAN and develop strategies of prevention. Copyright © 2016. Published by Elsevier Inc.

<http://link.springer.com/article/10.1007%2Fs40429-017-0129-z>

Psychopharmacology of Tobacco and Alcohol Comorbidity: a Review of Current Evidence.

Sally Adams

Current Addiction Reports

First Online: 18 February 2017

DOI: 10.1007/s40429-017-0129-z

Purpose of the Review

Comorbidity of alcohol and tobacco use is highly prevalent and may exacerbate the health effects of either substance alone. However, the mechanisms underlying this comorbidity are not well understood. This review will examine the evidence for shared neurobiological mechanisms of alcohol and nicotine comorbidity and experimental studies of the behavioural consequences of these interactions.

Recent Findings

Studies examining the shared neurobiology of alcohol and nicotine have identified two main mechanisms of comorbidity: (1) cross-reinforcement via the mesolimbic dopamine pathway and (2) cross-tolerance via shared genetic and nAChR interaction. Animal and human psychopharmacological studies demonstrate support for these two mechanisms of comorbidity.

Summary

Human behavioural studies indicate that (1) alcohol and tobacco potentiate each other's rewarding effects and (2) nicotine reduces the sedative and intoxication effects of alcohol. Together, these findings provide a strong evidence base to support the role of the cross-reinforcement and cross-tolerance as mechanisms underlying the comorbidity of alcohol and tobacco use. Methodological concerns in the literature and recommendations for future studies are discussed alongside implications for treatment of comorbid alcohol and tobacco use.

<https://insights.ovid.com/military-psychology/mips/9000/00/000/impact-aggression-relationship-betrayal/99917/00001440>

The Impact of Aggression on the Relationship Between Betrayal and Belongingness Among U.S. Military Personnel.

Rachel L. Martin; Claire Houtsma; AnnaBelle O. Bryan; Craig J. Bryan; Bradley A. Green; Michael D. Anestis

Military Psychology

Publish Ahead of Print():, Feb 2017

DOI: 10.1037/mil0000160

The suicide rate among U.S. military personnel, particularly within the Army National Guard, is significantly higher than the rate found among the general population. To better understand why the Army National Guard has elevated rates of suicide, the current study examined how deployment-related moral injury interacts with interpersonal factors to predict suicide risk. Specifically, this study hypothesized that deployment-related betrayal, a facet of the Moral Injury Events Scale, would predict thwarted belongingness and that this relationship would be moderated by several types of aggression (physical aggression, verbal aggression, hostility, and anger). The current sample comprised 562 military personnel who had experienced at least 1 previous deployment. Results revealed that betrayal predicted thwarted belongingness in the presence of high but not low or mean levels of aggression among military personnel. This indicates that aggressive individuals who experience perceived betrayal while deployed may be at high risk for development of thwarted belongingness, an important risk factor for suicide. These results suggest the need for better assessment and treatment of betrayal among military personnel, as well as the need for programs to help soldiers manage aggression.

<http://www.healio.com/psychiatry/journals/psycann/2017-2-47-2/{672b0a3a-6996-4b5f-a7cb-da4dc21d3563}/postconcussion-syndrome-an-overview-for-clinicians>

Postconcussion Syndrome: An Overview for Clinicians.

Sydney T. Smith

Psychiatric Annals

February 2017 - Volume 47 · Issue 2: 77-82

DOI: 10.3928/00485713-20161222-01

Postconcussion syndrome (PCS) remains one of the most challenging neuropsychiatric illnesses to evaluate and address clinically. Despite the fact that mild traumatic brain injury (or concussion) accounts for 75% of all head injuries, and that approximately 20% of patients will report a variety of symptoms lasting for months to years (sometimes indefinitely), our understanding of PCS is still evolving and there are few evidence-based treatment options for this condition. PCS involves a cluster of symptoms that are

highly variable, not only in populations of patients with PCS, but also with regard to a person's presentation over time. Common symptoms include headache, dizziness, tinnitus, light and noise sensitivity, memory deficits, movement disorders, sleep disturbances, and cognitive impairment, as well as depression, anxiety, and other neuropsychiatric symptoms. This article reviews the latest understanding of the epidemiology, pathophysiology, and risk factors associated with PCS. Possible symptoms, potential short- and long-term comorbidities, PCS diagnostic criteria, and the evaluation of athletes suspected of concussive injury are also reviewed.

<https://insights.ovid.com/military-psychology/mips/9000/00/000/moderating-effect-marital-status-association/99922/00001440>

Moderating Effect of Marital Status on the Association Between Combat Exposure and Post-Deployment Mental Health in Canadian Military Personnel.

Kimberley Watkins; Jennifer E. C. Lee; Mark A. Zamorski

Military Psychology

Publish Ahead of Print():, Feb 2017

DOI: 10.1037/mil0000153

For military personnel, there are positive and negative aspects of marriage, which may contribute to mental health during times of high stress. The present study investigated the relationship of marital status with three mental health outcomes (general mental health, posttraumatic stress disorder [PTSD], depression) among 14,624 Canadian military personnel recently deployed in support of the mission in Afghanistan. Greater combat exposure was associated with poorer postdeployment mental health, but marital status was, on its own, only slightly associated with PTSD. Marital status significantly moderated the relationship between combat exposure and mental health: For both single and married participants, mental health declined as combat exposure increased, but this association was stronger for married members. This association could be due to the additional familial demands that married personnel may face upon their return from deployment or to the stresses associated with poor marital satisfaction. Overall, results suggest that the relationship between marital status and mental health after deployment is complex and may vary according to other factors.

National Rates and Patterns of Depression Screening in Primary Care: Results From 2012 and 2013.

Ayşe Akincigil, Ph.D., and Elizabeth B. Matthews, M.S.W.

Psychiatric Services

Published online: February 15, 2017

Objectives:

Despite high prevalence rates of depression in primary care, depressive symptoms are often undetected by physicians. Screening for depression is now recommended as a part of routine primary care; however, recent estimates of rates and patterns of depression screening are lacking in the literature. This study examined national rates and patterns of depression screening among visits to office-based primary care physicians.

Methods:

A secondary analysis of data from the 2012 and 2013 National Ambulatory Medical Care Survey was conducted. The sample consisted of 33,653 physician-patient encounters.

Results:

The overall rate of depression screening was 4.2%. African Americans were half as likely to be screened compared with whites, and elderly patients were half as likely to be screened compared with middle-aged patients. Patients with a chronic condition were more likely than patients without a chronic condition to receive depression screening, and the likelihood of being screened increased with each additional chronic condition. Providers who had fully adopted electronic health records (EHRs) were more likely to screen for depression compared with providers who used paper charts. Screening rates were not associated with providers' intentions to participate in the federal program that provides financial incentives for the meaningful use of certified EHRs.

Conclusions:

Overall rates of depression screening were low. Current screening practices may exacerbate existing disparities in depression care. EHR systems may be an effective tool to improve screening rates.

<http://onlinelibrary.wiley.com/doi/10.1002/smi.2748/full>

U.S. reserve soldiers' combat exposure and intimate partner violence: Not more common but it is more violent.

Heavey SC, Homish DL, Goodell EA, Homish GG

Stress and Health

First published: 15 February 2017

DOI: 10.1002/smi.2748

Combat exposure's influence on intimate partner violence (IPV) in reserve soldiers is not well understood. This work examines combat exposure's influence on IPV in U.S. Army Reserve/National Guard soldiers and partners. Data are from Operation: SAFETY, a longitudinal study of U.S. Army Reserve/National Guard soldiers and partners. Logistic regression models examined odds of sexual aggression, physical aggression, and physical injury with combat exposure, controlling for posttraumatic stress disorder symptoms, marital satisfaction, and age. Combat exposure was associated with greater physical injury, despite no association between combat exposure and physical aggression. This was significant for male soldier to female partner, as well as female partner to male soldier injury. In addition, female partners were more likely to be sexually aggressive against their male soldiers. Female soldiers' combat exposure was not associated with IPV or injury. Although men's combat exposure did not increase the likelihood of physical aggression, it increased the likelihood of IPV resulting in injury for both husband to wife and wife to husband aggression. Results indicate postdeployment programming should focus on conflict resolution and communication for both partners.

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD012527/abstract>

Psychological interventions for resilience enhancement in adults.

Isabella Helmreich, Angela Kunzler, Andrea Chmitorz, Jochem König, Harald Binder, Michèle Wessa, Klaus Lieb

Cochrane Database of Systematic Reviews
2017, Issue 2
DOI: 10.1002/14651858.CD012527

This is a protocol for a Cochrane Review (Intervention). The objectives are as follows:

To assess the effects of resilience-enhancing interventions in clinical and non-clinical populations.

<http://www.mdpi.com/2077-0383/6/2/17/htm>

Help-Seeking in Suicidal Situations: Paramount and yet Challenging. Interactions between Significant Others of Suicidal Persons and Health Care Providers.

Dolores Angela Castelli Dransart and Sophie Guerry

Journal of Clinical Medicine
2017, 6(2), 17
doi:10.3390/jcm6020017

Significant others are often crucial for suicidal persons or suicide attempters' access to care, yet little is known about their efforts to seek help. This article presents the findings of a qualitative pilot study carried out in Switzerland on the help-seeking process of 18 significant others, their perception of the care received by their loved one, and the interactions and collaboration they experienced with professionals. Most significant others repeatedly sought out support for their loved one and themselves. The help-seeking process seemed mostly difficult, was seldom successful on the first attempt, and was filled with multiple difficulties, such as availability and continuity of care and cooperation issues with professionals. Two-thirds of participants were not satisfied with the care provided to their loved ones and half of them faced challenges in their cooperation with professionals, i.e., poor sharing of information or not being acknowledged as partners or supported by professionals. Based on their experience, providing education about suicidal crises and care programs to significant others might lighten their burden and improve their cooperation with professionals, who in turn may benefit from training in communication issues and specific methods of cooperation with significant others in suicidal situations.

<http://psycnet.apa.org/journals/ort/87/2/129/>

Perspectives of veterans with mild traumatic brain injury on community reintegration: Making sense of unplanned separation from service.

Libin, Alexander V.; Schladen, Manon Maitland; Danford, Ellen; Cichon, Samantha; Bruner, Dwan; Scholten, Joel; Llorente, Maria; Zapata, Slavomir; Dromerick, Alexander W.; Blackman, Marc R.; Magruder, Kathryn M.

American Journal of Orthopsychiatry
Vol 87(2), 2017, 129-138
<http://dx.doi.org/10.1037/ort0000253>

For veterans separated from the military as a result of acquired mild traumatic brain injury (mTBI), the transition from a military identity to a civilian one is complicated by health, cognitive, and psychosocial factors. We conducted in-depth interviews with 8 veterans with mTBI to understand how they perceived the experience of departure from the military, rehabilitation services provided at a Department of Veterans Affairs (VA) Polytrauma Network Site, and reentry into civilian life. Two distinct patterns of thinking about community reintegration emerged. The first pattern was characterized by the perception of a need to fade one's military identity. The second pattern, conversely, advanced the perception of a need to maintain the integrity of one's military identity though living in a civilian world. These perceptions may be linked to individuals' roles while in the military and whether violent acts were committed in carrying out the mission of service, acts not consonant with positive self-appraisal in the civilian world. The crisis of unplanned, involuntary separation from the military was universally perceived as a crisis equal to that of the precipitating injury itself. The perception that civilians lacked understanding of veterans' military past and their current transition set up expectations for interactions with health care providers, as well as greatly impacting relationships with friend and family. Our veterans' shared perceptions support existing mandates for greater dissemination of military culture training to health care providers serving veterans both at VA and military facilities as well as in the civilian community at large. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

<http://psycnet.apa.org/journals/ort/87/2/114/>

Military service member and veteran reintegration: A critical review and adapted ecological model.

Elnitsky, Christine A.; Blevins, Cara L.; Fisher, Michael P.; Magruder, Kathryn

American Journal of Orthopsychiatry
Vol 87(2), 2017, 114-128
<http://dx.doi.org/10.1037/ort0000244>

Returning military service members and veterans (MSMVs) experience a wide range of stress-related disorders in addition to social and occupational difficulties when reintegrating to the community. Facilitating reintegration of MSMVs following deployment is a societal priority. With an objective of identifying challenges and facilitators for reintegration of MSMVs of the current war era, we critically review and identify gaps in the literature. We searched 8 electronic databases and identified 1,764 articles. Screening of abstracts and full-text review based on our inclusion/exclusion criteria, yielded 186 articles for review. Two investigators evaluating relevant articles independently found a lack of clear definition or comprehensive theorizing about MSMV reintegration. To address these gaps, we linked the findings from the literature to provide a unified definition of reintegration and adapted the social ecological systems theory to guide research and practice aimed at MSMV reintegration. Furthermore, we identified individual, interpersonal, community, and societal challenges related to reintegration. The 186 studies published from 2001 (the start of the current war era) to 2015 included 6 experimental studies or clinical trials. Most studies do not adequately account for context or more than a narrow set of potential influences on MSMV reintegration. Little evidence was found that evaluated interventions for health conditions, rehabilitation, and employment, or effective models of integrated delivery systems. We recommend an ecological model of MSMV reintegration to advance research and practice processes and outcomes at 4 levels (individual, interpersonal, organizational, and societal). (PsycINFO Database Record (c) 2017 APA, all rights reserved)

[http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(16\)32398-4/abstract](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(16)32398-4/abstract)

Post-deployment screening for mental disorders and tailored advice about help-seeking in the UK military: a cluster randomised controlled trial.

Prof Roberto J Rona, Howard Burdett, PhD, Mizanur Khondoker, PhD, Melanie Chesnokov, MA, Kevin Green, MSc, David Pernet, BA, Norman Jones, PhD, Prof Neil Greenberg, MD, Prof Simon Wessely, FMedSci, Prof Nicola T Fear, DPhilOxon

The Lancet

Published: 16 February 2017

DOI: [http://dx.doi.org/10.1016/S0140-6736\(16\)32398-4](http://dx.doi.org/10.1016/S0140-6736(16)32398-4)

Background

The effectiveness of post-deployment screening for mental disorders has not been assessed in a randomised controlled trial. We aimed to assess whether post-deployment screening for post-traumatic stress disorder (PTSD), depression, anxiety, or alcohol misuse was effective. We defined screening as the presumptive identification of a previously unrecognised disorder using tests to distinguish those who probably had the disorder from those who probably did not so that those people with a probable disorder could be referred appropriately, and assessed effectiveness and consequences for help-seeking by the odds ratio at follow-up between those receiving tailored help-seeking advice and those who received general mental health advice.

Methods

We did a cluster randomised controlled trial among Royal Marines and Army personnel in the UK military after deployment to Afghanistan. Platoons were randomly assigned (1:1 initially, then 2:1) by stratified block randomisation with randomly varying block sizes of two and four to the screening group, which received tailored help-seeking advice, or the control group, which received general mental health advice. Initial assessment took place 6–12 weeks after deployment; follow-up assessments were done 10–24 months later. Follow-up measures were the PTSD Checklist–Civilian Version, Patient Health Questionnaire-9, Generalised Anxiety Disorder-7 scale, Alcohol Use Disorder Identification Test (AUDIT), and self-reported help-seeking from clinical and welfare providers comparing those receiving tailored advice and those receiving only general advice. All participants and all investigators other than the person who analysed the data were masked to allocation. The primary outcomes were PTSD, depression or generalised anxiety disorder, and alcohol misuse at follow-up. A key secondary outcome was assessment of whether post-deployment screening followed by tailored advice would modify help-seeking behaviour. Comparisons were made between screening and control groups, with primary analyses by intention to treat. This trial is registered with the ISRCTN Registry, number ISRCTN19965528.

Findings

Between Oct 24, 2011, and Oct 31, 2014, 434 platoons comprising 10 190 personnel were included: 274 (6350 personnel) in the screening group and 160 (3840 personnel) in the control group. 5577 (88%) of 6350 personnel received screening and 3996 (63%) completed follow-up, whereas 3149 (82%) of 3840 received the control questionnaire and 2369 (62%) completed follow-up. 1958 (35%) of 5577 personnel in the screening group declined to see the tailored advice, but those with PTSD (83%) or anxiety or depression (84%) were more likely than non-cases (64%) to view the advice (both $p < 0.0001$). At follow-up, there were no significant differences in prevalence between groups for PTSD (adjusted odds ratio 0.92, 95% CI 0.75–1.14), depression or anxiety (0.91, 0.71–1.16), alcohol misuse (0.88, 0.73–1.06), or seeking support for mental disorders (0.92, 0.78–1.08).

Interpretation

Post-deployment screening for mental disorders based on tailored advice was not effective at reducing prevalence of mental health disorders nor did it increase help-seeking. Countries that have implemented post-deployment screening programmes for mental disorders should consider monitoring the outcomes of their programmes.

Funding

The US Congressionally Directed Medical Research Programs.

See also: Comment

[Is screening for the psychological effects of war useful?](#)

<http://onlinelibrary.wiley.com/doi/10.1002/mpr.1556/full>

A methodology for assessing deployment trauma and its consequences in OEF/OIF/OND veterans: The TRACTS longitudinal prospective cohort study.

Regina E. McGlinchey, William P. Milberg, Jennifer R. Fonda, Catherine Brawn Fortier

International Journal of Methods in Psychiatric Research

First published: 17 February 2017

DOI: 10.1002/mpr.1556

Many US veterans of Afghanistan and Iraq have multiple physical and psychiatric problems. A major focus of research has been on determining the effects of mild

Traumatic Brain Injury (mTBI), but mTBI is rarely diagnosed in the absence of co-occurring conditions such as blast exposure, post-traumatic stress disorder (PTSD), depression, substance abuse, etc. These potentially interactive psychological and physical conditions produce complex patterns of cognitive, psychological, and physical symptoms that impede civilian reintegration and complicate efficient and effective treatment planning. The Translational Research Center for TBI and Stress Disorders (TRACTS) has developed a multidisciplinary approach to the assessment of deployment trauma and its consequences in veterans of these wars. The prospective TRACTS longitudinal cohort study conducts state-of-the-art assessments in the domains of biomedical function, lifetime head trauma, psychological function encompassing deployment experience and lifetime exposure to traumatic events, neuropsychological function, and structural and functional neuroimaging. The TRACTS longitudinal cohort study is the first of its kind to comprehensively evaluate lifetime incidence of TBI and PTSD in these veterans, in addition to those incurred during military deployment. The protocol has begun to reveal information that will help improve understanding of the complex pathophysiology associated with co-occurring mTBI and related stress disorders.

<http://psycnet.apa.org/journals/ort/87/2/166/>

Student service members/veterans on campus: Challenges for reintegration.

Borsari, Brian; Yurasek, Ali; Miller, Mary Beth; Murphy, James G.; McDevitt-Murphy, Meghan E.; Martens, Matthew P.; Darcy, Monica G.; Carey, Kate B.

American Journal of Orthopsychiatr
Vol 87(2), 2017, 166-175
<http://dx.doi.org/10.1037/ort0000199>

Many returning OIF/OEF/OND Veterans are seeking higher education in an effort to develop a meaningful career and financial stability. Evidence suggests that student service members/veterans (SSM/Vs) are experiencing less academic success than other students. The purpose of this review is to identify the unique challenges of SSM/Vs and evaluate current campus efforts to facilitate their retention and academic performance. With a focus on SSM/Vs attending colleges and universities, we obtained 57 peer-reviewed and 73 gray literature records published between 2001 and 2015. The current SSM/V literature contains an abundance of gray literature, and the empirical research tends to be limited by cross-sectional design and small sample sizes. SSM/Vs

encounter significant personal and environmental challenges when transitioning from the military to college campuses. A variety of services have been developed to address the needs of the SSM/V population, but the efficacy of these services remains largely unknown. In conclusion, there is a clear need to provide education to faculty, students, and staff regarding the experiences of SSM/Vs. Efforts to enhance screening for, availability of, and SSM/V engagement in mental health services would also be beneficial, as would improved availability of and SSM/V access to academic support. All future programs designed to address the unique challenges of SSM/Vs in the academic environment should also be systematically implemented and evaluated. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

<http://psycnet.apa.org/journals/ort/87/2/149/>

Exploring the post-deployment reintegration experiences of veterans with PTSD and their significant others.

Freytes, I. Magaly; LeLaurin, Jennifer H.; Zickmund, Susan L.; Resende, Rosana D.; Uphold, Constance R.

American Journal of Orthopsychiatry
Vol 87(2), 2017, 149-156
<http://dx.doi.org/10.1037/ort0000211>

Veterans with family support have better functional recovery and reintegration outcomes. However, families' ability to support the veteran with PTSD's rehabilitation and reintegration oftentimes is hindered by interpersonal challenges. We report findings of a qualitative study that examined OEF/OIF veterans with PTSD/TBI and their significant others' (SOs') perceptions of family functioning. We conducted 24 in-depth interviews with 12 veteran/SO dyads using an adapted version of the Family Assessment Device Structured Interview. Descriptive qualitative analytic methods were used to analyze the data. Data show that the impact of deployment and the resulting changes in the individuals and the family dynamics lingered years after the veterans returned home and had a lasting influence on veterans' and SOs' perceptions of family functioning. Most couples acknowledged growth in their relationships several years postdeployment. However, many continued to struggle with disruptions generated by deployment. Four themes emerged from the data: individual changes, coping strategies, relationship changes, and a "new normal." Postdeployment family functioning was influenced by a dynamic interplay of individual and relationship factors and the

development of coping strategies and a new normal. This study contributes to the understanding of the prolonged postdeployment family reintegration experiences of veterans and their SOs. Findings underscore the importance of continuing to advance the current knowledge base about the long-term impact of deployment on veterans and their families, especially factors that contribute to positive postdeployment family functioning. Additional empirical studies are needed to provide more in-depth understanding of the long-term postdeployment reintegration experiences of veterans and their families. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

<http://psycnet.apa.org/journals/ort/87/2/157/>

Mental health treatment utilization in OIF/OEF National Guard and Reserve troops with and without DSM diagnoses.

Primack, Jennifer M.; Borsari, Brian; Benz, Madeline B.; Reddy, Madhavi K.; Shea, M. Tracie

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Military service members have an increased risk of developing mental health (MH) problems following deployment to Iraq or Afghanistan, yet only a small percentage seek mental health treatment. The aim of the present study was to explore patterns of MH service utilization within the first 12 months following return from combat deployment. Participants were 169 service members who had returned from war-zone deployment in either Iraq or Afghanistan and had assessments covering a 12-month period following their homecoming. The authors first examined the prevalence of mental health diagnoses and engagement with mental health treatment (e.g., visits to the emergency room, inpatient hospitalization, individual therapy, group therapy, family or couple therapy, medication appointments, and self-help). Regression analyses explored whether distress, functioning, diagnoses, or social support predicted treatment use. Findings indicated that 28 of 50 military service members (56%) who met diagnostic criteria for a mental health disorder accessed services in the year following their return from deployment. Individual treatment was the most common modality, and those with major depressive disorder (MDD) reported the most treatment contacts. Social support was not associated with use of mental health services. Baseline functioning and psychiatric distress predicted entry into treatment whereas only psychiatric distress

predicted amount of mental health service use in the 12-month postdeployment period. Findings highlight the need for enhanced strategies to link those reporting psychiatric distress with MH treatment services and increase community connectedness regardless of whether they meet full criteria for a mental health diagnosis. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

<http://psycnet.apa.org/journals/ort/87/2/176/>

Facilitating successful reintegration: Attending to the needs of military families.

Gil-Rivas, Virginia; Kilmer, Ryan P.; Larson, Jacqueline C.; Armstrong, Laura Marie

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Subsequent to the wars in Afghanistan and Iraq, the experiences of military service members (MSVMs) and veterans have garnered increasing attention. A growing body of work has begun to shed light on their reintegration, a process that can bring with it transitions and challenges for service members and their families. Although many families adapt effectively, some have difficulty navigating this process, which can lead to a host of short- and long-term negative consequences for families. The literature to date is not well-developed regarding strategies for supporting successful reintegration of MSVMs and veterans in the context of military families. Guided by the ecological framework, this article summarizes selected evidence regarding factors that influence reintegration and puts forth recommendations for research and practice to promote the wellness of military families. Informed by findings regarding the diverse challenges faced by these families and grounded in the ecological framework, the authors highlight the need to assess both proximal and distal factors related to families' reintegration experiences and the need to intervene at multiple levels and across multiple contexts. Of primary importance, the authors recommend strategies to enhance the capacity of families' natural settings and describe selected capacity- and resource- enhancement approaches for families, neighborhoods, schools, and communities that facilitate resilience and promote wellness. Other recommendations include focusing on the accessibility, integration, and coordination of services; considering the long-view and developing strategies for longer-term support; developing mechanisms for family support; and evaluating efforts to address needs of families and promote family resilience. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

<http://www.aasmnet.org/Resources/pdf/PharmacologicTreatmentofInsomnia.pdf>

Clinical Practice Guideline for the Pharmacologic Treatment of Chronic Insomnia in Adults: An American Academy of Sleep Medicine Clinical Practice Guideline

Sateia MJ, Buysse DJ, Krystal AD, Neubauer DN, Heald JL

Journal of Clinical Sleep Medicine

Vol. 13, No. 2, 2017

<http://dx.doi.org/10.5664/jcsm.6470>

Introduction:

The purpose of this guideline is to establish clinical practice recommendations for the pharmacologic treatment of chronic insomnia in adults, when such treatment is clinically indicated. Unlike previous meta-analyses, which focused on broad classes of drugs, this guideline focuses on individual drugs commonly used to treat insomnia. It includes drugs that are FDA-approved for the treatment of insomnia, as well as several drugs commonly used to treat insomnia without an FDA indication for this condition. This guideline should be used in conjunction with other AASM guidelines on the evaluation and treatment of chronic insomnia in adults.

Methods:

The American Academy of Sleep Medicine commissioned a task force of four experts in sleep medicine. A systematic review was conducted to identify randomized controlled trials, and the Grading of Recommendations Assessment, Development, and Evaluation (GRADE) process was used to assess the evidence. The task force developed recommendations and assigned strengths based on the quality of evidence, the balance of benefits and harms, and patient values and preferences. Literature reviews are provided for those pharmacologic agents for which sufficient evidence was available to establish recommendations. The AASM Board of Directors approved the final recommendations.

Recommendations:

The following recommendations are intended as a guideline for clinicians in choosing specific pharmacological agent for treatment of chronic insomnia in adults, when such treatment is indicated. Under GRADE, a STRONG recommendation is one that clinicians should, under most circumstances, follow. A WEAK recommendation reflects

a lower degree of certainty in the outcome and appropriateness of the patient-care strategy for all patients, but should not be construed as an indication of ineffectiveness. GRADE recommendation strengths do not refer to the magnitude of treatment effects in a particular patient, but rather, to the strength of evidence in published data. Downgrading the quality of evidence for these treatments is predictable in GRADE, due to the funding source for most pharmacological clinical trials and the attendant risk of publication bias; the relatively small number of eligible trials for each individual agent; and the observed heterogeneity in the data. The ultimate judgment regarding propriety of any specific care must be made by the clinician in light of the individual circumstances presented by the patient, available diagnostic tools, accessible treatment options, and resources.

1. We suggest that clinicians use suvorexant as a treatment for sleep maintenance insomnia (versus no treatment) in adults. (WEAK)
2. We suggest that clinicians use eszopiclone as a treatment for sleep onset and sleep maintenance insomnia (versus no treatment) in adults. (WEAK)
3. We suggest that clinicians use zaleplon as a treatment for sleep onset insomnia (versus no treatment) in adults. (WEAK)
4. We suggest that clinicians use zolpidem as a treatment for sleep onset and sleep maintenance insomnia (versus no treatment) in adults. (WEAK)
5. We suggest that clinicians use triazolam as a treatment for sleep onset insomnia (versus no treatment) in adults. (WEAK)
6. We suggest that clinicians use temazepam as a treatment for sleep onset and sleep maintenance insomnia (versus no treatment) in adults. (WEAK)
7. We suggest that clinicians use ramelteon as a treatment for sleep onset insomnia (versus no treatment) in adults. (WEAK)
8. We suggest that clinicians use doxepin as a treatment for sleep maintenance insomnia (versus no treatment) in adults. (WEAK)
9. We suggest that clinicians not use trazodone as a treatment for sleep onset or sleep maintenance insomnia (versus no treatment) in adults. (WEAK)
10. We suggest that clinicians not use tiagabine as a treatment for sleep onset or sleep maintenance insomnia (versus no treatment) in adults. (WEAK)
11. We suggest that clinicians not use diphenhydramine as a treatment for sleep onset and sleep maintenance insomnia (versus no treatment) in adults. (WEAK)
12. We suggest that clinicians not use melatonin as a treatment for sleep onset or sleep maintenance insomnia (versus no treatment) in adults. (WEAK)
13. We suggest that clinicians not use tryptophan as a treatment for sleep onset or sleep maintenance insomnia (versus no treatment) in adults. (WEAK)
14. We suggest that clinicians not use valerian as a treatment for sleep onset or sleep maintenance insomnia (versus no treatment) in adults. (WEAK)

Links of Interest

Can You Get a Good Night's Sleep in the Military?

<http://www.dcoe.mil/blog/17-02-16/Can-You-Get-a-Good-Night-s-Sleep-in-the-Military.aspx>

More than 1,200 homeless veterans home at last

<http://www.kgw.com/news/local/homeless/more-than-1200-homeless-veterans-home-at-last/409128335>

Drugs vanish at some VA hospitals

<http://www.militarytimes.com/articles/drugs-vanish-at-some-va-hospitals>

Self-guided cognitive behavioral therapy may help depression

<http://www.reuters.com/article/us-health-depression-internet-cbt-idUSKBN161210>

Responding to moral injury in veterans

<http://www.laurakkerr.com/2017/01/12/responding-to-moral-injury/>

Veterans Experience Pain Differently than Nonveterans

<http://journals.lww.com/neurologynow/blog/breakingnews/pages/post.aspx?PostID=435>

Army vows child care will continue, despite hiring freeze

<http://www.militarytimes.com/articles/army-vows-child-care-will-continue-despite-hiring-freeze>

New test may quickly identify mild traumatic brain injury with underlying brain damage

<https://www.sciencedaily.com/releases/2017/02/170216120538.htm>

Depression or anxiety may increase risk of surgical wound complications

<https://www.sciencedaily.com/releases/2017/02/170216103856.htm>

Mental shortcuts: Many physicians choose insomnia meds based on habit

<https://www.sciencedaily.com/releases/2017/02/170215130218.htm>

Emotions are cognitive, not innate, researchers conclude

<https://www.sciencedaily.com/releases/2017/02/170215121100.htm>

Resource of the Week: [New Tools for Primary Care Providers: First-line Treatment of Alcohol Misuse](#)

It's another Monday morning at the clinic. As you turn in the black swivel chair to welcome your first patient of the day, you catch a faint whiff of alcohol. You start by asking what brought him in and go through the standard questions about his health. When you get to the alcohol questions, he responds that he usually has "a couple of drinks on the weekend but nothing major." You look to see that your technician asked about consumption and the patient's response was about two times a month. So the information is not lining up. Now you have to have the potentially awkward conversation about his alcohol use.

To make this easier, Deployment Health Clinical Center (DHCC) created clinical support tools that you can use to help service members who may be drinking too much.

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The resources are free of charge and can be downloaded or ordered in bulk quantities.

- [Alcohol Misuse: Facts About Risky Drinking](#)

Information on preventing risky drinking, indicators and impact of risky drinking and where to seek help

- [Standard Drink Calculator](#): Guide for the number of standard drinks per each common drink container and mixed drink type
- [Daily Drink Tracker](#): Tracker to record daily drink consumption, type of drink, situation and contributing factors
- [My Plan for Change](#): Worksheet to record a plan for how to handle specific situations that challenge drinking goals
- [Preparing for Change](#): Worksheet to record advantages and drawbacks to drinking and reasons for wanting to change drinking habits

You can also share the following resources with patients for support between sessions.

- [Afterdeployment.dcoe.mil](#): substance use videos, e-library resources, and online assessments
- [Military OneSource](#): (800) 342-9647; online, telephone and face-to-face non-medical counseling
- [DCoE Outreach Center](#): (866) 966-1020; a 24/7 anonymous psychological health information call center
- [Military Crisis Line](#): (800) 273-8255; a 24/7 anonymous crisis hot line

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