



CDP Research Update -- June 1, 2017

What's Here:

- Acceptance and Commitment Therapy for Anger Dysregulation with Military Veterans: A Pilot Study.
- PTSD Monthly Update: June is PTSD Awareness Month
- Sometimes Less is More: Establishing the Core Symptoms of PTSD.
- Mechanisms of change in cognitive therapy for major depressive disorder in the community mental health setting.
- Sleep the night before and after a treatment session: A critical ingredient for treatment adherence?
- Relationship between substance use and attitudes towards seeking professional psychological help among veterans filing PTSD claims.
- Using reinforcement sensitivity to understand longitudinal links between PTSD and relationship adjustment.
- Misconduct-Related Discharge from Active Duty Military Service: An Examination of Precipitating Factors and Post-Deployment Health Outcomes (dissertation)
- Binge-drinking and non-partner aggression are associated with gambling among Veterans with recent substance use in VA outpatient treatment.
- Relationship between substance use and attitudes towards seeking professional psychological help among veterans filing PTSD claims.
- Suicide Ideation and Acceptability Toward Online Help-Seeking.
- The Impact of a Client's Suicide.
- Predictors of Postdeployment Functioning in Combat-Exposed U.S. Military Veterans.

- The Impact of Normative Perceptions on Alcohol Consumption in Military Veterans.
- Suicide attempts in U.S. Army combat arms, special forces and combat medics.
- Reaching Concerned Partners of Heavy Drinking Service Members and Veterans through Facebook.
- A randomized controlled trial of a web-based, personalized normative feedback alcohol intervention for young-adult veterans.
- Links of Interest
- Resource of the Week: Population Representation in the Military Services 2015

<https://link.springer.com/article/10.1007/s10879-017-9361-z>

Acceptance and Commitment Therapy for Anger Dysregulation with Military Veterans: A Pilot Study.

John J. Donahue, **Andrew Santanello**, Mary C. Marsiglio, Lynn M. Van Male

Journal of Contemporary Psychotherapy

First Online: 22 May 2017

DOI: 10.1007/s10879-017-9361-z

Anger dysregulation is a commonly reported problem by treatment-seeking military veterans that is associated with a range of negative outcomes. However, there is a paucity of studies examining interventions for anger and aggressive behavior in this population. Theory and empirical evidence suggest Acceptance and Commitment Therapy (ACT) may be a viable and effective treatment for anger dysregulation among veterans. The present study examined the feasibility and preliminary effectiveness of an open trial of an ACT group intervention for veterans reporting difficulties with anger and aggressive behavior. Twenty-three male military veterans (mean age = 54.83) initiated a 12-week ACT intervention with assessments administered at pre-treatment, post-treatment, and 6-week follow-up. Treatment completers found the intervention favorable, and participation was associated with improvements in trait physical aggression and psychological flexibility, while significant changes in anger reactivity, quality of life, and verbal aggression were not found. Results suggest group-based ACT for anger dysregulation is feasible in a male military veteran sample, and warrants further investigation.

<https://content.govdelivery.com/accounts/USVHA/bulletins/19d45ad>

PTSD Monthly Update: June is PTSD Awareness Month

National Center for PTSD (VA)

June 2016

The National Center for PTSD invites you to [Raise PTSD Awareness](#) during the month of June to help those with PTSD. We encourage everyone to learn, connect, and share with others.

<https://link.springer.com/article/10.1007/s10879-017-9361-z>

Sometimes Less is More: Establishing the Core Symptoms of PTSD.

Walton, J. L., Cuccurullo, L.-A. J., Raines, A. M., Vidaurri, D. N., Allan, N. P., Maieritsch, K. P. and Franklin, C. L.

Journal of Traumatic Stress

First published: 29 May 2017

DOI: 10.1002/jts.22185

Historically, the symptoms of posttraumatic stress disorder (PTSD) have garnered attention and controversy due to symptom overlap with other disorders. To improve diagnostic specificity, researchers have proposed to reformulate PTSD symptoms into a parsimonious set of core criteria. The core symptoms consisted of recurrent distressing dreams or flashbacks; internal or external avoidance; and hypervigilance or exaggerated startle. The purpose of this study was to examine a previously proposed set of “core” PTSD criteria in identifying cases of PTSD within a veteran sample. Veterans (N = 383) presenting to a Veterans Affairs (VA) Medical Center PTSD clinic for psychological services were assessed using the Clinician Administered PTSD Scale for DSM-5 (CAPS-5). A logistic regression analysis revealed that the core criteria accurately identified 79% of veterans with PTSD (OR = 11.57). Findings support a parsimonious set of core criteria in the assessment and diagnosis of PTSD. Future studies should replicate these findings in diverse, nonveteran samples.

<http://www.tandfonline.com/doi/full/10.1080/16506073.2017.1312511>

Therapeutic response to Cognitive Processing Therapy in White and Black female veterans with military sexual trauma-related PTSD.

Ryan P. Holliday, Nicholas D. Holder, Meredith L. C. Williamson & Alina Surís

Cognitive Behaviour Therapy

Published online: 09 May 2017

<http://dx.doi.org/10.1080/16506073.2017.1312511>

Cognitive Processing Therapy (CPT) is an evidence-based treatment (EBT) for posttraumatic stress disorder (PTSD) which has been validated for female veterans with military-related PTSD. Existing trials have enrolled predominantly White veterans with some studies documenting higher rates of early termination from EBTs among Black females when compared to White females. Data from a previously published randomized clinical trial were used to evaluate the effectiveness of CPT for Black female veterans with military sexual trauma (MST)-related PTSD. Reductions in PTSD symptom severity, number of sessions attended, and early termination rates were compared between Black (n = 20) and White (n = 16) female veterans. A hierarchical linear modeling approach was used, with PTSD symptom severity over the course of treatment and follow-up entered as a level-1 variable and race (Black or White) entered as a level-2 predictor. Piecewise growth curves analyses revealed that both Black and White female veterans experienced significant reductions in PTSD symptom severity over the course of treatment and gains were maintained up to 6 months post-treatment. Race was not found to be a significant predictor of change in the slope of PTSD symptom severity over the course of CPT treatment. Additionally, number of sessions attended and rates of early termination did not significantly differ based on race. Results suggest that CPT was a well-tolerated and effective psychotherapeutic treatment for this sample regardless of racial self-identification.

<http://psycnet.apa.org/journals/ccp/85/6/550>

Mechanisms of change in cognitive therapy for major depressive disorder in the community mental health setting.

Crits-Christoph, Paul; Gallop, Robert; Diehl, Caroline K.; Yin, Seohyun; Gibbons, Mary Beth Connolly

Journal of Consulting and Clinical Psychology

Vol 85(6), Jun 2017, 550-561

<http://dx.doi.org/10.1037/ccp0000198>

Objective:

This study examined the relation of change in theory-relevant cognitive variables to depressive symptom change over the course of cognitive therapy, as well as the specificity of change mechanisms to cognitive therapy as compared with dynamic therapy.

Method:

There were 237 adult outpatients who were randomized to either cognitive ($n = 119$) or dynamic ($n = 118$) therapy for major depressive disorder in a community mental health setting. Assessments of compensatory skills (Ways of Responding Community Version and Self-Report Version), dysfunctional attitudes (Dysfunctional Attitudes Scale), and depressogenic schemas (Psychological Distance Scaling Task) were obtained at baseline and months 1, 2, and 5 following baseline. Primary outcome was measured using the Hamilton Rating Scale for Depression.

Results:

Across both therapy conditions, change in all 3 cognitive domains was associated with concurrent change in depressive symptoms. After controlling for other cognitive variables, increased interconnectedness of the positive achievement-related schema was significantly associated with concurrent symptom change in cognitive ($r_p = .26, p < .001$) but not dynamic therapy ($r_p = .08, p = .29$). Increases in positive compensatory skills were associated with subsequent change in depressive symptoms in cognitive therapy ($r_p = -.36, p = .003$), but not in dynamic therapy ($r_p = .11, p = .386$).

Conclusions:

Results provide support for the compensatory skills model of cognitive therapy (CT) within a community mental health setting. Additional research is necessary to understand other possible mechanisms of change in CT in the community setting.

(PsycINFO Database Record (c) 2017 APA, all rights reserved)

<http://psycnet.apa.org/journals/ccp/85/6/647>

Sleep the night before and after a treatment session: A critical ingredient for treatment adherence?

Dolsen, Michael R.; Soehner, Adriane M.; Morin, Charles M.; Bélanger, Lynda; Walker, Matthew; Harvey, Allison G.

Journal of Consulting and Clinical Psychology

Vol 85(6), Jun 2017, 647-652

<http://dx.doi.org/10.1037/ccp0000184>

Objective:

Sleep prepares key neural structures for next-day learning, and sleep obtained after learning promotes subsequent memory consolidation supporting long-term retention. This study examined whether sleep the night before and after a therapy session predicts aspects of treatment adherence.

Method:

As part of a randomized clinical trial, 188 adults (62.7% female, mean age = 47.5, 80.5% Caucasian) with persistent insomnia received cognitive-behavioral therapy for insomnia. Patients completed a sleep diary before and after treatment sessions. Minutes spent awake during the night (total wake time; TWT) and total sleep time (TST) were used as measures of sleep disturbance. At each treatment session, therapists rated participant understanding of the session and homework compliance from the previous session.

Results:

Compared to longer TWT, before session shorter TWT was associated with increased treatment understanding the next day. After session shorter TWT was also associated with increased understanding, but not homework compliance the subsequent session compared to participants with longer TWT. Similar results were obtained for TST.

Conclusions:

Improving sleep may benefit patient adherence to treatment. Sleep may influence processes related to initial learning and subsequent consolidation of treatment information. Future studies should examine whether improved sleep within other psychiatric disorders is also an ingredient to the successful outcome of psychosocial interventions. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

<http://www.sciencedirect.com/science/article/pii/S0306460317302034>

Relationship between substance use and attitudes towards seeking professional psychological help among veterans filing PTSD claims.

Sarah Meshberg-Cohen, Lorig Kachadourian, Anne C. Black, Marc I. Rosen

Addictive Behaviors

Volume 74, November 2017, Pages 9-12

<https://doi.org/10.1016/j.addbeh.2017.05.024>

Introduction

Veterans in distress often do not seek mental health treatment, even when such services are available. Substance use may further undermine treatment-seeking, given its association with negative treatment views. This study examined attitudes towards seeking psychological help in a sample of veterans diagnosed with posttraumatic stress disorder (PTSD), with and without co-occurring substance use disorders (SUD).

Methods

Altogether, 143 male OEF/OIF veterans filing service-connected benefits claims for PTSD completed the Attitudes Towards Seeking Professional Psychological Help-Short Form (ATSPPH-SF) and other baseline assessments. Treatment attitudes were compared among veterans with ($n = 34$) and without ($n = 109$) SUD using ANCOVA, controlling for demographic covariates. Post-hoc ANCOVA compared means on the two ATSPPH-SF subscales: Openness to Seeking Treatment, and Value/Need in Seeking Treatment.

Results

Overall, ATSPPH-SF scores were similar to those reported in other samples of young men. Controlling for demographic covariates, veterans with co-occurring SUD held significantly less favorable attitudes towards seeking help than veterans without comorbid SUD. In subscale analyses, valuation of treatment was significantly lower among veterans with SUDs, but openness towards treatment was not.

Conclusions

Substance-using veterans' lower valuation of treatment may reflect opinions that problems resolve on their own, psychotherapy is ineffective, or concerns that SUDs complicate treatment. Thus an approach towards engaging these veterans in treatment

that addresses a general skepticism towards the value of psychological help is warranted.

<https://www.ncbi.nlm.nih.gov/pubmed/27077237>

J Fam Psychol. 2017 Feb;31(1):71-81. doi: 10.1037/fam0000195. Epub 2016 Apr 14.
Using reinforcement sensitivity to understand longitudinal links between PTSD and relationship adjustment.

Meis LA, Erbes CR, Kramer MD, Arbisi PA, Kehle-Forbes SM, DeGarmo DS, Shallcross SL, Polusny MA

There is limited research testing longitudinal models of how posttraumatic stress disorder (PTSD) severity leads to impaired relationship adjustment. The present study evaluated 2 potential mechanisms among a longitudinal sample of National Guard soldiers deployed to the Iraq War: (1) sensitivity to cues associated with punishment within intimate relationships and (2) sensitivity to cues associated with incentives in intimate relationships. Participants were surveyed by mail 1 year after an extended 16-month combat deployment and again 2 years later. Using a cross-lagged panel analysis with 2 mediators (relationship-specific threat and incentive sensitivity), findings indicated Time 1 PTSD symptom severity significantly eroded relationship adjustment over time through greater sensitivity to cues of relationship-related punishment, but not through incentive sensitivity. Additionally, findings indicated sensitivity to cues of relationship-related threats maintains symptoms of PTSD while sensitivity to cues of relationship-related incentives maintains relationship adjustment. Finally, PTSD symptoms significantly predicted erosion of relationship adjustment over time; however, associations from relationship adjustment to changes in PTSD severity over time were nonsignificant. Findings are discussed within the context of reinforcement sensitivity theory and emotional processing theory of PTSD. (PsycINFO Database Record (c) 2017 APA, all rights reserved).

<http://digitalcommons.usu.edu/cgi/viewcontent.cgi?article=7048&context=etd>

Misconduct-Related Discharge from Active Duty Military Service: An Examination of Precipitating Factors and Post-Deployment Health Outcomes

Emily Brignone
Utah State University
Dissertation, 2017

Several demographic and military service characteristics were associated with increased risk for misconduct discharge, including Black and American Indian/Alaska Native relative to White race/ethnicity, younger age, and educational attainment lower than a high school diploma. Following discharge, veterans discharged for misconduct were more likely to screen positive for military sexual trauma (MST), and more likely to receive a service-connected disability designation related to mental illness. Misconduct-discharged veterans had higher post-discharge healthcare needs than routinely discharged veterans, including higher rates of all mental health conditions, and several chronic physical health conditions. They also used VHA clinical services and incurred costs at approximately double the rate of routinely discharged veterans. Several risk factors for homelessness and mortality were identified. Specialty clinical services usage, exposure to combat, and a positive or declined MST screen were associated with increased risk for both outcomes. Risk stratification models showed good predictive accuracy for homelessness, and fair predictive accuracy for mortality.

<http://www.sciencedirect.com/science/article/pii/S0306460317301995>

Binge-drinking and non-partner aggression are associated with gambling among Veterans with recent substance use in VA outpatient treatment.

Alan K. Davis, Erin E. Bonar, Jason E. Goldstick, Maureen A. Walton, Jamie Winters, Stephen T. Chermack

Addictive Behaviors
Volume 74, November 2017, Pages 27-32
<https://doi.org/10.1016/j.addbeh.2017.05.022>

Background

Gambling is relatively under-assessed in Veterans Affairs (VA) substance use disorder (SUD) treatment settings, yet shared characteristics with substance addiction suggest the importance of understanding how gambling behaviors present in Veterans seeking SUD care.

Method

We evaluated substance use, mental health, and violence-related correlates of past 30-day gambling among 833 Veterans (93% male, M age 48 years, 72% Caucasian) seeking treatment in VA outpatient mental health and SUD clinics who completed screening for a randomized clinical trial.

Results

A total of 288 (35%) Veterans reported past 30-day gambling. Among those who gambled, 79% had cravings/urges to gamble, whereas between 20%–27% of gamblers reported perceived relationship, legal, and daily life problems related to gambling, as well as difficulty controlling gambling. A logistic regression analysis revealed that age, recent binge-drinking, and non-partner physical aggression were associated with recent gambling.

Conclusions

Gambling was associated with binge-drinking and non-partner physical aggression, supporting potential shared characteristics among these behaviors such as impulsivity and risk-taking, which may complicate SUD treatment engagement and effectiveness. Findings support the need to screen for gambling in the VA, and to adapt treatments to include gambling as a potential behavioral target or relapse trigger, particularly among heavy drinking patients.

<http://www.sciencedirect.com/science/article/pii/S0306460317302034>

Relationship between substance use and attitudes towards seeking professional psychological help among veterans filing PTSD claims.

Sarah Meshberg-Cohen, Lorig Kachadourian, Anne C. Black, Marc I. Rosen

Addictive Behaviors

Volume 74, November 2017, Pages 9–12

<https://doi.org/10.1016/j.addbeh.2017.05.024>

Introduction

Veterans in distress often do not seek mental health treatment, even when such services are available. Substance use may further undermine treatment-seeking, given its association with negative treatment views. This study examined attitudes towards

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Conclusions

Substance-using veterans' lower valuation of treatment may reflect opinions that problems resolve on their own, psychotherapy is ineffective, or concerns that SUDs complicate treatment. Thus an approach towards engaging these veterans in treatment that addresses a general skepticism towards the value of psychological help is warranted.

<http://onlinelibrary.wiley.com/doi/10.1111/sltb.12356/full>

Suicide Ideation and Acceptability Toward Online Help-Seeking.

Wilks, C. R., Coyle, T. N., Krek, M., Lungu, A. and Andriani, K.

Suicide and Life-Threatening Behavior

First published: 20 May 2017

DOI: 10.1111/sltb.12356

Suicidal individuals are unlikely to engage in face-to-face treatment. The Internet is emerging as an innovative approach for intervention delivery, particularly for those

unable or unwilling to attend traditional treatment. Participants (N = 459) were recruited to fill out online questionnaires on suicide ideation and help-seeking modality preference. The majority of participants endorsed preferring face-to-face help over web-based help. Results from multinomial logistic regression indicated that suicide ideation was significantly related to preferring online methods versus face-to-face methods. This study highlights that the Internet can provide a novel platform to treat individuals at risk of suicide.

<http://journals.sagepub.com/doi/abs/10.1177/0362153717711701>

The Impact of a Client's Suicide.

Silvia Baba Neal

Transactional Analysis Journal
First Published May 22, 2017

This article provides a personal account of loss, survival, and professional learning following a client's suicide. The therapist's own narrative is woven in with research about the construct of clinician-as-suicide-survivor. Aspects of supervision and training are discussed, in particular the importance of teaching an appreciation of danger and the demystification of psychotherapy through sharing stories of failure and loss.

<http://journals.sagepub.com/doi/abs/10.1177/2167702617703436>

Predictors of Postdeployment Functioning in Combat-Exposed U.S. Military Veterans.

Seth G. Disner, Mark D. Kramer, Nathaniel W. Nelson, Alexandra J. Lipinski, Julia M. Christensen, Melissa A. Polusny, Scott R. Sponheim

Clinical Psychological Science
First Published May 24, 2017
DOI: 10.1177/2167702617703436

Posttraumatic stress disorder (PTSD) and sequelae of mild traumatic brain injury (mTBI) are presumed to contribute to reintegration difficulties in combat-exposed veterans. Yet their relative impacts on postdeployment functioning are not well understood. The current study used structural equation modeling (SEM) to clarify the extent to which symptoms of internalizing disorders (e.g., depression, anxiety), mTBI symptoms, and cognitive performance are associated with functional impairment in 295 combat-exposed veterans. SEM results showed that internalizing symptoms most significantly predicted functional impairment ($r = 0.72$). Blast mTBI and cognitive performance were associated with internalizing ($r = 0.24$ and -0.25 , respectively), but functional impairment was only modestly related to cognition ($r = -0.17$) and unrelated to mTBI. These results indicate that internalizing symptoms are the strongest predictor of functioning in trauma-exposed veterans, exceeding the effects of mTBI and cognitive performance. This evidence supports prioritizing interventions that target internalizing psychopathology to improve functioning in cases of co-occurring PTSD and mTBI.

<http://onlinelibrary.wiley.com/doi/10.1111/add.13879/full>

The Impact of Normative Perceptions on Alcohol Consumption in Military Veterans.

Krieger, H., Pedersen, E. R., and Neighbors, C.

Addiction

Accepted manuscript online: 26 May 2017

DOI: 10.1111/add.13879

Background and aims

Perceptions of both descriptive norms (prevalence of drinking) and injunctive norms (others' approval of drinking) relate to alcohol consumption but mechanisms for these associations have received little attention, especially in military samples. This study tested the direct and indirect associations between perceived descriptive and injunctive norms on drinking through personal attitudes (i.e., personal approval) in a veteran sample.

Design

Data were collected as part of a longitudinal randomized controlled alcohol intervention study. The study involved two time points: baseline/intervention (time 1) and one-month follow-up (time 2).

Setting

A national sample of veterans was recruited from Facebook to participate in an online study between June and October 2015.

Participants

Data included responses of 621 adult military veterans (age 18-34; 17% female).

Measures

Respondents reported on their weekly alcohol consumption (primary outcome), perceptions of typical drinking, and approval by other same-gender veterans. Covariates included gender, intervention condition, and combat experience.

Findings

Regression results found no significant effects of perceived descriptive or injunctive norms on time 2 drinking when accounting for the effects of personal attitudes, time 1 drinking, and covariates. However, mediation analyses found support for personal attitudes as a mediator of the relationship between perceived descriptive norms and time 2 drinking (indirect effect = 0.003, SE = .001, $p = .001$) and between perceived injunctive norms and time 2 drinking (indirect effect = 0.004, SE = .001, $p < .001$).

Conclusions

Attitudes to drinking appear to mediate the association between descriptive and injunctive norms about alcohol and subsequent level of alcohol consumption in US military personnel.

<https://bmcp psychiatry.biomedcentral.com/articles/10.1186/s12888-017-1350-y>

Suicide attempts in U.S. Army combat arms, special forces and combat medics.

Robert J. Ursano, Ronald C. Kessler, James A. Naifeh, Holly Herberman Mash, Carol S. Fullerton, Tsz Hin Hinz Ng, Pablo A. Aliaga, Gary H. Wynn, Hieu M. Dinh, James E. McCarroll, Nancy A. Sampson, Tzu-Cheg Kao, Michael Schoenbaum, Steven G. Heeringa, Murray B. Stein and on behalf of the Army STARRS collaborators

Background

The U.S. Army suicide attempt rate increased sharply during the wars in Iraq and Afghanistan. Risk may vary according to occupation, which significantly influences the stressors that soldiers experience.

Methods

Using administrative data from the Army Study to Assess Risk and Resilience in Servicemembers (Army STARRS), we identified person-month records for all active duty Regular Army enlisted soldiers who had a medically documented suicide attempt from 2004 through 2009 ($n = 9650$) and an equal-probability sample of control person-months ($n = 153,528$). Logistic regression analyses examined the association of combat occupation (combat arms [CA], special forces [SF], combat medic [CM]) with suicide attempt, adjusting for socio-demographics, service-related characteristics, and prior mental health diagnosis.

Results

In adjusted models, the odds of attempting suicide were higher in CA (OR = 1.2 [95% CI: 1.1–1.2]) and CM (OR = 1.4 [95% CI: 1.3–1.5]), but lower in SF (OR = 0.3 [95% CI: 0.2–0.5]) compared to all other occupations. CA and CM had higher odds of suicide attempt than other occupations if never deployed (ORs = 1.1–1.5) or previously deployed (ORs = 1.2–1.3), but not when currently deployed. Occupation was associated with suicide attempt in the first ten years of service, but not beyond. In the first year of service, primarily a time of training, CM had higher odds of suicide attempt than both CA (OR = 1.4 [95% CI: 1.2–1.6]) and other occupations (OR = 1.5 [95% CI: 1.3–1.7]). Discrete-time hazard functions revealed that these occupations had distinct patterns of monthly risk during the first year of service.

Conclusions

Military occupation can inform the understanding suicide attempt risk among soldiers.

<http://www.tandfonline.com/doi/full/10.1080/21635781.2017.1316804>

Reaching Concerned Partners of Heavy Drinking Service Members and Veterans through Facebook.

Eric R. Pedersen, Karen Chan Osilla, Eric D. Helmuth, Anagha Tolpadi & Kristie Gore

Military Behavioral Health

Published online: 13 Apr 2017

<http://dx.doi.org/10.1080/21635781.2017.1316804>

Military populations are hard to reach for alcohol interventions. The authors used a Facebook ad campaign to successfully recruit military spouses who were concerned about their service member or veteran partner's drinking behaviors. In 90 days, the authors recruited 306 participants for a cost of \$42.82 per participant. Ads featuring a monetary incentive were most popular, and 89% of participants learned about the study on their cell phones. In addition to enrolling those reporting concern over their partner's drinking, the authors were able to recruit a population in need, as less than half of participants with depression, anxiety, or hazardous alcohol use received services for themselves in the past year.

<http://psycnet.apa.org/journals/ccp/85/5/459/>

A randomized controlled trial of a web-based, personalized normative feedback alcohol intervention for young-adult veterans.

Pedersen, Eric R.; Parast, Layla; Marshall, Grant N.; Schell, Terry L.; Neighbors, Clayton

Journal of Consulting and Clinical Psychology

Vol 85(5), May 2017, 459-470

<http://dx.doi.org/10.1037/ccp0000187>

Objective:

Young-adult American veterans are at risk for problematic alcohol use. However, they are unlikely to seek care and may drop out from lengthy, multicomponent treatments when they do get care. This randomized controlled trial tested a very brief alcohol intervention delivered over the Internet to reach the population of young-adult veterans to help reduce their drinking.

Method:

Veterans (N = 784) were recruited from Facebook and randomized to either a control

condition or a personalized normative feedback (PNF) intervention seeking to correct drinking perceptions of gender-specific veteran peers.

Results:

At immediate postintervention, PNF participants reported greater reductions in their perceptions of peer drinking and intentions to drink over the next month, compared with control participants. At 1-month follow-up, PNF participants reduced their drinking behavior and related consequences to a significantly greater extent than controls. Specifically, PNF participants drank 3.4 fewer drinks per week, consumed 0.4 fewer drinks per occasion, binge drank on 1.0 fewer days, and experienced about 1.0 fewer consequences than control participants in the month after the intervention. Intervention effects for drinks per occasion were most pronounced among more problematic drinkers. Changes in perceived norms from baseline to 1-month follow-up mediated intervention efficacy.

Conclusion:

Though effects were assessed after only 1 month, findings have potential to inform broader, population-level programs designed for young veterans to prevent escalation of drinking and development of long-term alcohol problems. Given the simplicity of the PNF approach and ease of administration, this intervention has the potential for a substantial impact on public health. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

Links of Interest

DoD budget plan boosts family funds overall, but cuts child care, youth services
<http://www.militarytimes.com/articles/dod-budget-plan-boosts-family-funds-overall-but-cuts-child-care-youth-services>

Impact of Rank in Psychotherapy
<https://www.pdhealth.mil/news/blog/impact-rank-psychotherapy>

How to walk away from tobacco
<https://health.mil/News/Articles/2017/05/26/How-to-walk-away-from-tobacco>

How Our Military Discards Its Wounded Troops
<http://www.thedailybeast.com/articles/2017/05/29/how-our-military-discards-its-wounded-troops>

Half of adults with anxiety or depression report chronic pain

<https://www.sciencedaily.com/releases/2017/05/170531133242.htm>

How fear can develop out of others' traumas

<https://www.sciencedaily.com/releases/2017/05/170525100254.htm>

Resource of the Week: [Population Representation in the Military Services 2015](#)

Population Representation in the Military Services is a report published annually by the [Office of the Under Secretary of Defense, Personnel and Readiness](#). The U.S. Senate mandated this annual report in 1974; since 1998, it has been produced CNA, a think tank formerly known as the Center for Naval Analysis.

The report highlights recent and historical personnel trends in the Department of Defense services (Army, Navy, Marine Corps, and Air Force) and the U.S. Coast Guard. It describes demographic characteristics of applicants, accessions, enlisted personnel, and officers and includes information on the socioeconomic characteristics of those accessed into the military in Fiscal Year 2015. (Except where otherwise noted, data are provided by the Defense Manpower Data Center).



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