

CDP



Research Update -- August 24, 2017

What's Here:

- Systematic review of mental health disorders and intimate partner violence victimisation among military populations.
- Transgender Health Care in the U.S. Military and Veterans Health Administration Facilities.
- Exercise behavior and gender-related differences in posttraumatic stress disorder symptoms.
- What Patients and Providers Want to Know About Complementary and Integrative Health Therapies.
- Suicide prevention in the military: a mechanistic perspective.
- Ideation-to-Action Theories of Suicide: A Conceptual and Empirical Update.
- Risk factors associated with posttraumatic stress disorder in US veterans: A cohort study.
- Is Major Depression Linked to Alcohol-Impaired Driving?
- Primary Care Providers with More Experience and Stronger Self-Efficacy Beliefs Regarding Women Veterans Screen More Frequently for Interpersonal Violence.
- Cue-dependent inhibition in posttraumatic stress disorder and attention-deficit/hyperactivity disorder.
- Role of thwarted belongingness and perceived burdensomeness in the relationship between violent daydreaming and suicidal ideation in two adult samples.

- Predicting Sexual Assault Perpetration in the U.S. Army Using Administrative Data.
- Effects of sleep changes on pain-related health outcomes in the general population: A systematic review of longitudinal studies with exploratory meta-analysis.
- Benefits and Harms of Plant-Based Cannabis for Posttraumatic Stress Disorder: A Systematic Review.
- Intimate Partner Violence Victimization and Associated Implications for Health and Functioning Among Male and Female Post-9/11 Veterans.
- Racial and Ethnic Variation in Perceptions of VA Mental Health Providers are Associated With Treatment Retention Among Veterans With PTSD.
- Effectiveness of online and mobile telephone applications ('apps') for the self-management of suicidal ideation and self-harm: a systematic review and meta-analysis.
- Mindfulness-based interventions for the treatment of depressive rumination: Systematic review and meta-analysis.
- Veterans Affairs Primary Care Provider Perceptions of Insomnia Treatment.
- Insomnia in Primary Care: Misreported, Mishandled, and Just Plain Missed. (Commentary)
- The Influence of Combat Experience on Psychologically Healthy Soldiers' Attentiveness to Environmental Threats.
- Using Internal Family Systems Theory in the Treatment of Combat Veterans with Post-Traumatic Stress Disorder and Their Families.
- Links of Interest
- Resource of the Week: Delivering Clinical Practice Guideline—Concordant Care for PTSD and Major Depression in Military Treatment Facilities (RAND)

<https://link.springer.com/article/10.1007/s00127-017-1423-8>

Systematic review of mental health disorders and intimate partner violence victimisation among military populations.

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Social Psychiatry and Psychiatric Epidemiology

First Online: 26 July 2017

<https://doi.org/10.1007/s00127-017-1423-8>

Purpose

There is growing awareness of the problem of intimate partner violence (IPV) among military populations. IPV victimisation has been shown to be associated with mental disorder. A better understanding of the link between IPV and mental disorder is needed to inform service development to meet the needs of military families. We aimed to systematically review the literature on the association between IPV victimisation and mental health disorders among military personnel.

Methods

Searches of four electronic databases (Embase, Medline, PsycINFO, and Web of Science) were supplemented by reference list screening. Heterogeneity among studies precluded a meta-analysis.

Results

Thirteen studies were included. There was stronger evidence for an association between IPV and depression/alcohol problems than between IPV and PTSD. An association between IPV and mental health problems was more frequently found among veterans compared to active duty personnel. However, the link between IPV and alcohol misuse was more consistently found among active duty samples. Finally, among active duty personnel psychological IPV was more consistently associated with depression/alcohol problems than physical/sexual IPV. The review highlighted the lack of research on male IPV victimisation in the military.

Conclusions

There is evidence that the burden of mental health need may be significant among military personnel who are victims of IPV. The influence of attitudes towards gender in the military on research in this area is discussed. Further research is needed to inform development of services and policy to reduce IPV victimisation and the mental health consequences among military personnel.

<https://link.springer.com/article/10.1007/s11930-017-0120-7>

Transgender Health Care in the U.S. Military and Veterans Health Administration Facilities.

Michael R. Kauth, John R. Blosnich, Janelle Marra, Zander Keig, Jillian C. Shipherd

Current Sexual Health Reports

First Online: 27 July 2017

<https://doi.org/10.1007/s11930-017-0120-7>

Purpose of the Review

Health care for transgender veterans in the United States (U.S.) Veterans Health Administration (VHA) is relatively new and for active duty service members (ADSMs) in the military is quite recent. Prevalence of transgender veterans and ADSMs, health conditions, and healthcare provision in VHA and military facilities are reviewed.

Recent Findings

There are approximately 134,300 transgender veterans and 15,000 ADSMs. Based on diagnostic codes, more than 5000 transgender veterans receive care in VHA. Transgender veterans experience higher rates of most mental and physical health conditions compared to non-transgender veterans. Comprehensive health care is provided at VHA facilities, except surgical interventions for gender confirmation, and is beginning to be provided in military facilities.

Summary

While VHA and military facilities have increased access to health care for transgender veterans and ADSMs, determining outcomes of care is premature. Healthcare delivery efforts alone are unlikely to erase health disparities experienced by this group.

<http://www.sciencedirect.com/science/article/pii/S1469029216303557>

Exercise behavior and gender-related differences in posttraumatic stress disorder symptoms.

James W. Whitworth, Nicholas J. SantaBarbara, Sanaz Nosrat, Jordan E. LaBrec, Mark E. Louie, Joseph T. Ciccolo

Psychology of Sport and Exercise
Volume 33, November 2017, Pages 18-23
<https://doi.org/10.1016/j.psychsport.2017.07.008>

Objectives

Exercise has been proposed as a potential treatment for posttraumatic stress disorder (PTSD). However, the relationship between exercise, gender, and PTSD symptoms is unknown.

Design

This study examined the cross-sectional relationship among these variables in a national sample of 165 men and women who screened positive for PTSD.

Method

Participants completed an online survey consisting of the Godin Leisure-Time Exercise Questionnaire and the PTSD Checklist-Civilian.

Results

Active participants had significantly lower PTSD symptoms than insufficiently active participants. Significant interactions between gender and exercise for PTSD symptoms were found, such that active men had significantly lower PTSD symptoms than active women, and insufficiently active men and women. Additionally, strenuously active men reported significantly lower hyperarousal symptoms than strenuously active women, and insufficiently active men and women.

Conclusion

Findings suggest that the relationship between PTSD and exercise may differ for specific sub-populations of individuals with PTSD, such as men and women.

<http://online.liebertpub.com/doi/abs/10.1089/acm.2017.0074>

What Patients and Providers Want to Know About Complementary and Integrative Health Therapies.

Taylor Stephanie L., Giannitrapani Karleen F., Yuan Anita, and Marshall Nell.

The Journal of Alternative and Complementary Medicine
July 2017, ahead of print
<https://doi.org/10.1089/acm.2017.0074>

Objectives:

We conducted a quality improvement project to determine (1) what information providers and patients most wanted to learn about complementary and integrative health (CIH) therapies and (2) in what format they wanted to receive this information. The overall aim was to develop educational materials to facilitate the CIH therapy decision-making processes.

Design:

We used mixed methods to iteratively pilot test and revise provider and patient educational materials on yoga and meditation. We conducted semistructured interviews with 11 medical providers and held seven focus groups and used feedback forms with 52 outpatients. We iteratively developed and tested three versions of both provider and patient materials. Activities were conducted at four Veterans Administration medical facilities (two large medical centers and two outpatient clinics).

Results:

Patients want educational materials with clearly stated basic information about: (1) what mindfulness and yoga are, (2) what a yoga/meditation class entails and how classes can be modified to suit different abilities, (3) key benefits to health and wellness, and (4) how to find classes at the hospital/clinic. Diverse media (videos, handouts, pocket guides) appealed to different Veterans. Videos should depict patients speaking to patients and demonstrating the CIH therapy. Written materials should be one to three pages with colors, and images and messages targeting a variety of patients. Providers wanted a concise (one-page) sheet in black and white font with no images listing the scientific evidence for CIH therapies from high-impact journals, organized by either type of CIH or health condition to use during patient encounters, and including practical information about how to refer patients.

Conclusions:

Providers and patients want to learn more about CIH therapies, but want the information in succinct, targeted formats. The information learned and materials developed in this study can be used by others to educate patients and providers on CIH therapies.

<http://www.sciencedirect.com/science/article/pii/S2352250X17301847>

Suicide prevention in the military: a mechanistic perspective.

Craig J Bryan, David C Rozek

Current Opinion in Psychology

Volume 22, August 2018, Pages 27-32

<https://doi.org/10.1016/j.copsy.2017.07.022>

In response to elevated suicide rates among U.S. military personnel, increased attention has focused on developing effective suicide prevention intervention strategies. Accumulating evidence from a series of recently-completed clinical trials focused on the treatment of suicide risk and posttraumatic stress disorder suggest two likely mechanisms of action for reducing suicidal thoughts and behaviors: emotion regulation and cognitive flexibility. The present article provides an overview of converging evidence from psychological, biological, and neurocognitive studies supporting the central role of emotion regulation and cognitive flexibility. The effects of various treatments on suicidal thoughts and behaviors, aggregated from seven clinical trials conducted with military personnel, are considered using this integrated clinical science perspective. Implications for intervention refinement and suicide prevention among military personnel are discussed.

<http://www.sciencedirect.com/science/article/pii/S2352250X17301835>

Ideation-to-Action Theories of Suicide: A Conceptual and Empirical Update.

E. David Klonsky, Boaz Y. Saffer, Craig J. Bryan

Current Opinion in Psychology

Available online 24 July 2017

<https://doi.org/10.1016/j.copsy.2017.07.020>

This review provides a conceptual and empirical update regarding ideation-to-action theories of suicide. These theories – including the Interpersonal Theory (IPT), Integrated Motivational-Volitional Model (IMV), Three-Step Theory (3ST), and Fluid Vulnerability Theory (FVT) – agree that a) the development of suicidal ideation and b) the progression from suicide desire to attempts are distinct processes with distinct

explanations. At the same time, these theories have some substantive differences. A literature review indicates that the IPTS has received extensive examination, whereas evidence has only begun to accumulate for the other theories. We offer three conclusions. First, the capability for suicide meaningfully distinguishes those who have attempted suicide (attempters) from those with suicidal desire who have not attempted (ideators). This encouraging finding is broadly consistent with the IPTS, IMV, and 3ST. The nature and measurement of capability warrant further attention. Second, consistent with the 3ST, accumulating evidence suggests that pain and hopelessness motivate suicidal desire more than other factors. Third, the FVT, which is largely compatible with other theories, may be best equipped to explain the non-linear time-course of suicidal ideation and attempts. Longitudinal studies over various time-frames (minutes, hours, days, weeks, months) are necessary to further evaluate and elaborate ideation-to-action theories of suicide.

<http://journals.plos.org/plosone/article?id=10.1371/journal.pone.0181647>

Risk factors associated with posttraumatic stress disorder in US veterans: A cohort study.

Jan Müller, Sarmila Ganeshamoorthy, Jonathan Myers

PLOS ONE

Published: July 25, 2017

<https://doi.org/10.1371/journal.pone.0181647>

Patients and methods

Exercise capacity, demographics and clinical variables were assessed in 5826 veterans (mean age 59.4 ± 11.5 years) from the Veterans Affairs Healthcare System in Palo Alto, CA. The study participants underwent routine clinical exercise testing between the years 1987 and 2011. The study end point was the development of PTSD.

Results

A total of 723 (12.9%) veterans were diagnosed with PTSD after a mean follow-up of 9.6 ± 5.6 years. Drug abuse (HR: 1.98, CI: 1.33–2.92, $p = .001$), current smoking (HR: 1.57, CI: 1.35–2.24, $p < .001$), alcohol abuse (HR: 1.58, CI: 1.12–2.24, $p = .009$), history of chest pain (HR: 1.48, CI: 1.25–1.75, $p < .001$) and higher exercise capacity (HR: 1.03, CI: 1.01–1.05, $p = .003$) were strong independent risk factors for PTSD in a univariate model. Physical activity pattern was not associated with PTSD in either the univariate or

multivariate models. In the final multivariate model, current smoking (HR: 1.30, CI: 1.10–1.53, $p = .002$) history of chest pain (HR: 1.37, CI: 1.15–1.63, $p < .001$) and younger age (HR: 0.97, CI: 0.97–0.98, $p < .001$) were significantly associated to PTSD.

Conclusions

Onset of PTSD is significantly associated with current smoking, history of chest pain and younger age. Screening veterans with multiple risk factors for symptoms of PTSD should therefore be taken into account.

<http://www.tandfonline.com/doi/abs/10.1080/10826084.2017.1318147>

Is Major Depression Linked to Alcohol-Impaired Driving?

Ye Z. Pogue, Jahn K. Hakes & Frank A. Sloan

Substance Use & Misuse

Published online: 25 Jul 2017

<http://dx.doi.org/10.1080/10826084.2017.1318147>

Background:

Alcohol-impaired driving causes a substantial proportion of motor vehicle accidents. Depression is a prevalent psychiatric disorder among drinker-drivers. Few previous studies have investigated the relationship between major depression and alcohol-impaired driving.

Objectives:

We investigated whether depression has a positive relationship with the probability of alcohol-impaired driving after controlling for the co-occurrence of binge drinking and alcohol dependence.

Methods:

Our data consisted of drinkers aged 21–64 years from two waves of the National Epidemiologic Survey of Alcohol and Related Conditions. Cross-sectional analysis investigated whether depression is an independent risk factor for drinking-driving. Longitudinal analysis distinguished the relationship of depression onset, continuance, and recovery with changes in drinking-driving behaviors between the waves. These dual approaches allowed comparisons with previous studies. Results: Major depression was a small but statistically significant predictor of changes in alcohol-impaired driving

behaviors among males but not females. Binge drinking and alcohol dependence were comparatively stronger predictors. Conclusions/Importance: There is limited empirical support that treating depression reduces drinking and driving in males who do not exhibit symptoms of alcohol use disorders. For persons with co-occurring depression and alcohol use disorders, depression treatment should be part of a strategy for treating alcohol use disorders which are highly related to drinking and driving.

<http://www.sciencedirect.com/science/article/pii/S1049386716303504>

Primary Care Providers with More Experience and Stronger Self-Efficacy Beliefs Regarding Women Veterans Screen More Frequently for Interpersonal Violence.

Lisa S. Meredith, Gulrez Azhar, Adeyemi Okunogbe, Ismelda A. Canelo, Jill E. Darling, Amy E. Street, Elizabeth M. Yano

Women's Health Issues

Available online 25 July 2017

<https://doi.org/10.1016/j.whi.2017.06.003>

Background

Military sexual trauma (MST) and/or intimate partner violence (IPV) are common experiences in the growing group of women veterans using the Veterans Health Administration health care system. And even though MST screening is closely monitored at the facility level, little is known about individual primary care provider (PCP) behavior with regard to screening women for MST and IPV.

Objectives

To understand how PCP experiences and beliefs regarding women's health care influence PCP-reported screening for MST and IPV.

Research Design and Participants

We administered a cross-sectional online survey from September 2014 through April 2015 (supplemented by a mailed survey between April and May 2015) to 281 PCPs in 12 Veterans Health Administration medical centers.

Measures and Analysis

Surveys measured PCP-reported screening frequency for MST and IPV, experience with women veterans, self-efficacy, gender-sensitive beliefs, and perceived barriers to

providing comprehensive care for women. We used multivariable ordered logistic regression analysis to identify correlates of screening, weighted for nonresponse and adjusted for clustering.

Results

Ninety-four PCPs (34%) completed the survey. Being a designated women's health provider ($p < .05$) and stronger self-efficacy beliefs about screening women for MST ($p < .001$) were associated with reporting more frequent screening for MST. Being a designated women's health provider ($p < .01$), seeing women patients at least once per week ($p < .001$), and self-efficacy beliefs about screening women for IPV ($p < .001$) were associated with reporting more frequent screening for IPV.

Conclusions

Veterans Health Administration initiatives to enhance PCP opportunities to screen women veterans for trauma and to strengthen self-efficacy beliefs about comprehensive women's health care may increase screening of women veterans for MST and IPV.

<http://www.sciencedirect.com/science/article/pii/S0887618517301329>

Cue-dependent inhibition in posttraumatic stress disorder and attention-deficit/hyperactivity disorder.

Zachary W. Adams, Michael Meinzer, Howard Mandel, Joshua Voltin, Blaine Caughron, Floyd R. Sallee, Mark Hamner, Zhewu Wang

Journal of Anxiety Disorders

Volume 51, October 2017, Pages 1-6

<https://doi.org/10.1016/j.janxdis.2017.08.003>

Objective

Attention-deficit/hyperactivity disorder (ADHD) and posttraumatic stress disorder (PTSD) are common among military veterans, but the comorbidity of these two psychiatric disorders remains largely unstudied. Evaluating response inhibition and cue-dependent learning as behavioral and neurocognitive mechanisms underlying ADHD/PTSD can inform etiological models and development of tailored interventions.

Method

A cued go/no-go task evaluated response inhibition in 160 adult males. Participants

were recruited from the community and a Veterans Administration medical center. Four diagnostic groups were identified: ADHD-only, PTSD-only, ADHD + PTSD, controls.

Results

Group differences were observed across most indices of inhibitory functioning, reaction time, and reaction time variability, whereby PTSD-only and ADHD + PTSD participants demonstrated deficits relative to controls. No cue dependency effects were observed.

Conclusion

Finding complement prior work on neurocognitive mechanisms underlying ADHD, PTSD, and ADHD + PTSD. Lack of expected group differences for the ADHD-only group may be due to limited power. Additional work is needed to better characterize distinctions among clinical groups, as well as to test effects among women and youth.

<http://www.emeraldinsight.com/doi/abs/10.1108/JACPR-10-2016-0255>

Role of thwarted belongingness and perceived burdensomeness in the relationship between violent daydreaming and suicidal ideation in two adult samples.

Carol Chu, Megan L. Rogers, Anna R. Gai, Thomas E. Joiner

Journal of Aggression, Conflict and Peace Research

2017

<https://doi.org/10.1108/JACPR-10-2016-0255>

Purpose

Despite evidence that violent daydreaming is a correlate of suicidal ideation, no research has examined the mechanisms underlying this association. The interpersonal theory of suicide may provide insight. This theory postulates that individuals with high suicidal desire experience intractable feelings of perceived burdensomeness (PB) and thwarted belongingness (TB). Violent daydreaming may fuel negative attitudes toward others and oneself and turn attention away from loved ones, thereby increasing feelings that one is a burden on others (PB) and socially disconnected (TB). However, no studies have tested TB and PB as explanatory mechanisms. The purpose of this paper is to examine the relationships between violent daydreaming, PB, TB, suicidal ideation, and depression in two samples (n=818).

Design/methodology/approach

Study 1 was comprised of general undergraduates, and Study 2 selected for undergraduates with a history of ideation. Self-report measures were administered and indirect effects analyses were conducted.

Findings

In both studies, violent daydreaming was associated with increased feelings of PB, TB, and ideation severity. Consistent with the interpersonal theory, TB and PB were significant parallel mediators of the relationship between violent daydreaming and suicidal ideation, beyond sex and age. In contrast to Study 1, results were no longer significant in Study 2 after accounting for depression.

Originality/value

This was the first study to test TB and PB as mechanisms underlying the relationship between violent daydreaming and suicide risk. Findings highlight the importance of monitoring and addressing violent daydreams and interpersonal functioning throughout treatment to mitigate risk.

[http://www.ajpmonline.org/article/S0749-3797\(17\)30351-3/abstract](http://www.ajpmonline.org/article/S0749-3797(17)30351-3/abstract)

Predicting Sexual Assault Perpetration in the U.S. Army Using Administrative Data.

Anthony J. Rosellini, John Monahan, Amy E. Street, Maria V. Petukhova, Nancy A. Sampson, David M. Benedek, Paul Bliese, Murray B. Stein, Robert J. Ursano, Ronald C. Kessler

American Journal of Preventive Medicine

Published online: August 14, 2017

DOI: <http://dx.doi.org/10.1016/j.amepre.2017.06.022>

Introduction

The Department of Defense uses a universal prevention framework for sexual assault prevention, with each branch implementing its own branch-wide programs. Intensive interventions exist, but would be cost effective only if targeted at high-risk personnel. This study developed actuarial models to identify male U.S. Army soldiers at high risk of administratively recorded sexual assault perpetration.

Methods

This study investigated administratively recorded sexual assault perpetration among the 821,807 male Army soldiers serving 2004–2009. Administrative data were also used to operationalize the predictors. Penalized discrete-time (person-month) survival analysis (conducted in 2016) was used to select the smallest possible number of stable predictors to maximize number of sexual assaults among the 5% of soldiers with highest predicted risk of perpetration (top-ventile concentration of risk). Separate models were developed for assaults against non-family and intra-family adults and minors.

Results

There were 4,640 male soldiers found to be perpetrators against non-family adults, 1,384 against non-family minors, 380 against intra-family adults, and 335 against intra-family minors. Top-ventile concentration of risk was 16.2%–20.2% predicting perpetration against non-family adults and minors and 34.2%–65.1% against intra-family adults and minors. Final predictors consisted largely of measures of prior crime involvement and the presence and treatment of mental disorders.

Conclusions

Administrative data can be used to develop actuarial models that identify a high proportion of sexual assault perpetrators. If a system is developed to consolidate administrative predictors routinely, then predictions could be generated periodically to identify those in need of preventive intervention. Whether this would be cost effective, though, would depend on intervention costs, effectiveness, and competing risks.

<http://www.sciencedirect.com/science/article/pii/S1087079217300886>

Effects of sleep changes on pain-related health outcomes in the general population: A systematic review of longitudinal studies with exploratory meta-analysis.

Esther F. Afolalu, Fatanah Ramlee, Nicole K.Y. Tang

Sleep Medicine Reviews

Available online 18 August 2017

<https://doi.org/10.1016/j.smr.2017.08.001>

Emerging longitudinal research has highlighted poor sleep as a risk factor of a range of adverse health outcomes, including disabling pain conditions. In establishing the causal role of sleep in pain, it remains to be clarified whether sleep deterioration over time is a driver of pain and whether sleep improvement can mitigate pain-related outcomes. A systematic literature search was performed using PubMed MEDLINE, Ovid EMBASE, and Proquest PsycINFO, to identify 16 longitudinal studies involving 61,000 participants. The studies evaluated the effect of sleep changes (simulating sleep deterioration, sleep stability, and sleep improvement) on subsequent pain-related outcomes in the general population. A decline in sleep quality and sleep quantity was associated with a two-to three-fold increase in risk of developing a pain condition, small elevations in levels of inflammatory markers, and a decline in self-reported physical health status. An exploratory meta-analysis further revealed that deterioration in sleep was associated with worse self-reported physical functioning (medium effect size), whilst improvement in sleep was associated with better physical functioning (small effect size). The review consolidates evidence that changes in sleep are prospectively associated with pain-related outcomes and highlights the need for further longitudinal investigations on the long-term impact of sleep improvements.

<http://annals.org/aim/article/2648596>

Benefits and Harms of Plant-Based Cannabis for Posttraumatic Stress Disorder: A Systematic Review.

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Annals of Internal Medicine

15 August 2017

DOI: 10.7326/M17-0477

Background:

Cannabis is available from medical dispensaries for treating posttraumatic stress disorder (PTSD) in many states of the union, yet its efficacy in treating PTSD symptoms remains uncertain.

Purpose:

To identify ongoing studies and review existing evidence regarding the benefits and harms of plant-based cannabis preparations in treating PTSD in adults.

Data Sources:

MEDLINE, the Cochrane Library, and other sources from database inception to March 2017.

Study Selection:

English-language systematic reviews, trials, and observational studies with a control group that reported PTSD symptoms and adverse effects of plant-based cannabis use in adults with PTSD.

Data Extraction:

Study data extracted by 1 investigator was checked by a second reviewer; 2 reviewers independently assessed study quality, and the investigator group graded the overall strength of evidence by using standard criteria.

Data Synthesis:

Two systematic reviews, 3 observational studies, and no randomized trials were found. The systematic reviews reported insufficient evidence to draw conclusions about benefits and harms. The observational studies found that compared with nonuse, cannabis did not reduce PTSD symptoms. Studies had medium and high risk of bias, and overall evidence was judged insufficient. Two randomized trials and 6 other studies examining outcomes of cannabis use in patients with PTSD are ongoing and are expected to be completed within 3 years.

Limitation:

Very scant evidence with medium to high risk of bias.

Conclusion:

Evidence is insufficient to draw conclusions about the benefits and harms of plant-based cannabis preparations in patients with PTSD, but several ongoing studies may soon provide important results.

Primary Funding Source:

U.S. Department of Veterans Affairs, Veterans Health Administration, Office of Research and Development, Quality Enhancement Research Initiative. (PROSPERO: CRD42016033623)

[http://journals.lww.com/lww-medicalcare/Abstract/2017/09001/Intimate Partner Violence Victimization and.14.asp](http://journals.lww.com/lww-medicalcare/Abstract/2017/09001/Intimate_Partner_Violence_Victimization_and.14.asp)
[X](#)

Intimate Partner Violence Victimization and Associated Implications for Health and Functioning Among Male and Female Post-9/11 Veterans.

Iverson, Katherine M.; Vogt, Dawne; Maskin, Rachel M.; Smith, Brian N.

Medical Care

September 2017 - Volume 55 - Issue - p S78–S84

doi: 10.1097/MLR.0000000000000741

Background:

There is increased emphasis on identifying patients who experience intimate partner violence (IPV) in Department of Veterans Affairs and other health care settings. A better understanding of IPV's implications for health and functioning is needed among post-9/11 Veterans, and especially male Veterans, to inform IPV screening and response.

Objectives:

To identify past 6-month IPV experienced among partnered post-9/11 Veterans and examine sex-based associations between IPV and health.

Research Design:

A national sample of Veterans completed a survey that included measures of IPV victimization and health. Types of IPV and relationships with health and functioning were examined separately for male and female Veterans.

Subjects:

In total, 407 post-9/11 Veterans (52% women) in intimate relationships.

Measures:

IPV victimization was assessed with the Conflict Tactics Scales-Revised. Health and functioning indicators included posttraumatic stress disorder (PCL-5) and depression (Beck Depression Inventory-Primary Care) symptoms, physical health-related quality of life (Short-Form 12-item Health Survey), and occupational functioning (Inventory of Psychosocial Functioning).

Results:

Nearly two thirds of both men and women reported past 6-month IPV, with greatest endorsement of psychological aggression (65% of men, 59% of women). A total of 8% of men and 7% of women reported physical IPV and 4% of men and 7% of women reported sexual IPV. Psychological aggression was strongly linked with mental health for both sexes and greater occupational impairment for men. Physical and sexual IPV were associated with more severe mental health symptoms for women while physical IPV was negatively associated with physical health–related quality of life for men.

Conclusions:

Recent IPV victimization, especially psychological aggression, is a key health issue for partnered male and female post-9/11 Veterans. Practice and research implications are discussed.

http://journals.lww.com/lww-medicalcare/Fulltext/2017/09001/Racial_and_Ethnic_Variation_in_Perceptions_of_VA.9.aspx

Racial and Ethnic Variation in Perceptions of VA Mental Health Providers are Associated With Treatment Retention Among Veterans With PTSD.

Spoont, Michele; Nelson, David; van Ryn, Michelle; Alegria, Margarita

Medical Care

September 2017 - Volume 55 - Issue - p S33–S42

doi: 10.1097/MLR.0000000000000755

Background: Veterans with posttraumatic stress disorder (PTSD) who seek mental health care in the Veterans Health Administration frequently discontinue treatment prematurely. Early discontinuation of mental health treatment is more common among Veterans with PTSD who are of minority race or ethnicity.

Objectives:

To determine whether retention in individual therapy or pharmacotherapy among Veterans with PTSD are associated with patients' ratings of their mental health providers, and if those associations differ depending on Veteran race or ethnicity.

Research Design:

Latino, African American, and white Veterans (n=2452) who participated in a prospective national cohort study of Veterans with PTSD at the beginning of an episode of care were surveyed immediately following Veterans' PTSD diagnoses and 6 months later. Pharmacy and mental health service utilization were abstracted from Veterans Health Administration administrative databases for 6 months postdiagnosis. Retention in treatments were modeled using logistic regression among Veterans who initiated individual therapy or pharmacotherapy. Demographics, treatment need, treatment-related beliefs, treatment process measures, and ratings of mental health providers were considered as predictors.

Results:

Ratings of mental health providers, more than treatment beliefs, were associated with treatment retention. Among African American Veterans, retention in pharmacotherapy was reduced if the provider was perceived as not having helped manage medication side-effects (odds ratio, 0.36; confidence interval, 0.16–0.80). All Latino Veterans but one (99% or n=64) who rated their therapist as not caring discontinued individual psychotherapy.

Conclusions:

Ratings of mental health providers were associated with treatment retention. The salience of specific provider behaviors to treatment retention varied by Veteran race or ethnicity.

<https://bmcp psychiatry.biomedcentral.com/articles/10.1186/s12888-017-1458-0>

Effectiveness of online and mobile telephone applications ('apps') for the self-management of suicidal ideation and self-harm: a systematic review and meta-analysis.

Katrina Witt, Matthew J. Spittal, Gregory Carter, Jane Pirkis, Sarah Hetrick, Dianne Currier, Jo Robinson and Allison Milner

BMC Psychiatry

Published: 15 August 2017

<https://doi.org/10.1186/s12888-017-1458-0>

Background

Online and mobile telephone applications ('apps') have the potential to improve the scalability of effective interventions for suicidal ideation and self-harm. The aim of this review was therefore to investigate the effectiveness of digital interventions for the self-management of suicidal ideation or self-harm.

Methods

Seven databases (Applied Science & Technology; CENTRAL; CRESP; Embase; Global Health; PsycARTICLES; PsycINFO; Medline) were searched to 31 March, 2017.

Studies that examined the effectiveness of digital interventions for suicidal ideation and/or self-harm, or which reported outcome data for suicidal ideation and/or self-harm, within a randomised controlled trial (RCT), pseudo-RCT, or observational pre-test/post-test design were included in the review.

Results

Fourteen non-overlapping studies were included, reporting data from a total of 3,356 participants. Overall, digital interventions were associated with reductions for suicidal ideation scores at post-intervention. There was no evidence of a treatment effect for self-harm or attempted suicide.

Conclusions

Most studies were biased in relation to at least one aspect of study design, and particularly the domains of participant, clinical personnel, and outcome assessor blinding. Performance and detection bias therefore cannot be ruled out. Digital interventions for suicidal ideation and self-harm may be more effective than waitlist control. It is unclear whether these reductions would be clinically meaningful at present. Further evidence, particularly with regards to the potential mechanisms of action of these interventions, as well as safety, is required before these interventions could be recommended.

<http://www.sciencedirect.com/science/article/pii/S1697260017300510>

Mindfulness-based interventions for the treatment of depressive rumination: Systematic review and meta-analysis.

Lilisbeth Perestelo-Perez, Jorge Barraca, Wenceslao Peñate, Amado Rivero-Santana, Yolanda Alvarez-Perez

International Journal of Clinical and Health Psychology
Available online 17 August 2017
<https://doi.org/10.1016/j.ijchp.2017.07.004>

Background/Objective:

This systematic review aims to evaluate the effect of interventions based on the mindfulness and/or acceptance process on ruminative thoughts, in patients with depression.

Method:

Electronic searches in Medline, Embase, Cochrane Central, PsycInfo, and Cinahl until December 2016, in addition to hand-searches of relevant studies, identified eleven studies that fulfilling inclusion criteria.

Results:

A meta-analysis of the effect of the intervention compared to usual care showed a significant and moderate reduction of ruminative thoughts ($g = -0.59$, 95% CI: -0.77 , -0.41 ; $I^2 = 0\%$). Furthermore, findings suggest that mindfulness/acceptance processes might mediate changes in rumination, and that they in turn mediate in the clinical effects of interventions. A meta-analysis of three studies that compared the intervention to other active treatments (medication, behavioral activation and cognitive-behavioral therapy, respectively) showed no significant differences.

Conclusions:

Mindfulness-based cognitive therapy compared to usual care, produces a significant and moderate reduction in rumination. This effect seems independent of the treatment phase (acute or maintenance) or the number of past depressive episodes, and it was maintained one month after the end of treatment. However, further controlled studies with real patients that compare the most commonly used cognitive-behavioral techniques to treat ruminative thoughts to the acceptance and mindfulness techniques are needed.

<http://www.aasmnet.org/jcsm/ViewAbstract.aspx?pid=31073>

Veterans Affairs Primary Care Provider Perceptions of Insomnia Treatment.

Ulmer CS, Bosworth HB, Beckham JC, Germain A, Jeffreys AS, Edelman D, Macy S, Kirby A, Voils CI

Journal of Clinical Sleep Medicine
2017;13(8):991–999
<http://dx.doi.org/10.5664/jcsm.6702>

Study Objectives

Insomnia is a widespread issue among United States adults and rates of insomnia among veterans are even higher than the general population. Prior research examining primary care provider (PCP) perspectives on insomnia treatment found that: sleep hygiene and pharmacotherapy are the primary treatments offered; PCPs tend to focus on perceived causes of insomnia rather than the insomnia itself; and neither patients nor providers are satisfied with insomnia treatment options. Although insomnia complaints are typically first reported to primary care providers, little research has focused on perspectives regarding insomnia treatment among PCPs working in the largest integrated health care system in the United States—the Veterans Affairs (VA) health care system. This study was conducted to examine VA PCP perceptions of the availability of insomnia treatments, identify specific strategies offered by PCPs, and examine perceptions regarding the importance of treating insomnia and the role of comorbid conditions.

Methods

A survey was conducted within the VA health care system. Primary care providers completed surveys electronically.

Results

A high percentage of veterans (modal response = 20% to 39%) seen in VA primary care settings report an insomnia complaint to their provider. Almost half of respondents do not consistently document insomnia in the medical record (46% endorsed “sometimes,” “rarely,” or “never”). PCPs routinely advise sleep hygiene recommendations for insomnia (ie, avoid stimulants before bedtime [84.3%], and keep the bedroom environment quiet and dark and comfortable [68.6%]) and many are uncertain if cognitive behavioral therapy for insomnia is available at their facility (43.1%).

Conclusions

Findings point to the need for systems-level changes within health care systems, including the adoption of evidence-based clinical practice standards for insomnia and PCP education about the processes that maintain insomnia.

See Commentary directly below.

<http://www.aasmnet.org/jcsm/ViewAbstract.aspx?pid=31066>

Insomnia in Primary Care: Misreported, Mishandled, and Just Plain Missed.

Michael A. Grandner, PhD, MTR, CBSM, FAASM; Subhajit Chakravorty, MD

Journal of Clinical Sleep Medicine
2017;13(8):937–939
<http://dx.doi.org/10.5664/jcsm.6688>

Insomnia is likely the most common sleep disorder, with population estimates generally showing that approximately 10% of the United States population meets criteria for an insomnia disorder. This prevalence is even higher in the Veteran population with an estimate of 26%. Insomnia is a major risk factor for neuropsychiatric disorders, suicide, cardiometabolic disease risk, and all-cause mortality. It is frequently comorbid with psychiatric, chronic medical and addictive disorders, conditions commonly reported in the Veteran population. Fortunately, efficacious and effective treatments exist, most notably cognitive behavioral therapy for insomnia (CBT-I), which is the recommended first-line treatment for the disorder, even in the context of comorbidities. Efficacious medication regimens also exist when CBT-I is not available.

<https://www.ncbi.nlm.nih.gov/pubmed/28810973>

Mil Med. 2017 Jul;182(7):e1787-e1793. doi: 10.7205/MILMED-D-16-00261

The Influence of Combat Experience on Psychologically Healthy Soldiers' Attentiveness to Environmental Threats.

Ranes B, Long CP, Traynham S, Hayes A

INTRODUCTION:

In contrast to previous research that has primarily examined how psychological disorders (e.g., post-traumatic stress disorder [PTSD], anxiety) are affected by and affect individuals' threat perceptions, this study examines the relationship between combat experience and threat-monitoring in psychologically healthy Soldiers. Existing research has established how prolonged or intense experiences with war-related

stressors can lead individuals to undergo an unconscious fear-conditioning process that affects the circuitry of the prefrontal cortex, hippocampus, amygdala, and anterior cingulate cortex regions of the brain. We predict that the intensity of one's combat experience positively influences Soldiers' attention to environmental threats.

MATERIALS AND METHODS:

Participants included U. S. Army Soldiers with a score of 50 or below on the PTSD Checklist-Military Version. Participants completed the Combat Exposure Scale and the State-Trait Anxiety Inventory. The experimental prediction task we employed assesses the expectation of an intrusively loud white noise sound that occurred on three variable patterns in a pseudorandomized order. Each tone pattern was used 20 times over a total of 60 trials. The experimental prediction task included two neutral tones (700 and 1,300 Hz) that were presented in a repeated pattern along with a 100-dB burst of white noise (0.5-second duration). In each trial, one of three possible tone combinations was presented. To assess their attentiveness to threats, participants were asked to continuously rate their expectancy of the burst of white noise using a visual analogue scale (VAS) ranging from 0 to 100. VAS ratings were collected at controlled points throughout the task.

RESULTS:

None of the participants reported scores on any of the diagnostic surveys that met standards for clinical significance. A repeated-measures analysis of variance was conducted to assess the overall effect of the three prediction conditions on participants' VAS ratings. There was a significant main effect for Combat Exposure Scale scores on VAS ratings [$F(1, 27) = 5.19, p = 0.031$], with high scorers demonstrating a generally higher expectancy of the white noise burst throughout the entire experimental sequence. Results suggest that within subclinical populations of Soldiers, the intensity of one's combat experience is positively associated with their attention to threats.

CONCLUSION:

These findings suggest that Soldiers who experience combat should be observed for signs of increased threat-attention bias, as this may indicate that their capacities for information processing, decision-making, and emotion regulation could be compromised. The positive relationship we observe between a level of combat experience and attentional biases toward threatening stimuli may also help to explain why these veterans engage in "externalizing" behaviors that are risky, aggressive, or violent as well as relational problems and antisocial behaviors that are reported in higher-than-average rates among these populations of Soldiers. Acknowledging that increased threat attention may be a preclinical indication of developing PTSD or other related psychological conditions (e.g., depression, anxiety) should motivate clinicians to

more actively diagnose and treat this condition.

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<https://link.springer.com/article/10.1007/s10591-017-9424-z>

Using Internal Family Systems Theory in the Treatment of Combat Veterans with Post-Traumatic Stress Disorder and Their Families.

Rebecca Lucero, Adam C. Jones, Jacob C. Hunsaker

Contemporary Family Therapy

First Online: 18 August 2017

<https://doi.org/10.1007/s10591-017-9424-z>

As many as one-third of all combat veterans experience symptoms of post-traumatic stress disorder following their service to the military (United States Department of Veterans Affairs 2016). Despite government efforts to provide care for those suffering from PTSD symptoms, veterans still struggle to receive appropriate and effective treatments. Inadequate care often has devastating effects on the veteran and his or her family. Currently, veterans typically receive individual treatments such as cognitive behavioral therapy, exposure therapy, or eye movement desensitization and reprocessing. While the United States Department of Veterans Affairs provides individually focused evidenced based treatments, they do not currently endorse any particular model of family systems therapy for the treatment of PTSD in veterans or their families. The present article aims to demonstrate that Internal Family Systems (IFS), a systemic form of therapy, provides an effective treatment for combat veterans who suffer from PTSD. We propose that IFS's collaborative approach, less-pathologizing stance, and simple language will resonate with military populations. We also argue that IFS provides a seamless transition between individual and family therapy allowing the therapist to address both the individual and relational effects of PTSD.

Links of Interest

Kevlar for the Mind: Don't count on self-help books for solutions

<http://www.militarytimes.com/opinion/commentary/2017/08/17/kevlar-for-the-mind-dont-count-on-self-help-books-for-solutions/>

Researchers say you might as well be your own therapist

<https://qz.com/1057345/researchers-say-you-might-as-well-be-your-own-therapist/>

After Charlottesville, more people search Google for 'psychologist near me.'

<http://www.newsobserver.com/news/business/article167989997.html>

Don't Let TBI, PTSD Keep You from Academic Success

<https://www.dcoe.mil/blog/17-08-21/don-t-let-tbi-ptsd-keep-you-academic-success>

Transgender ban in military may begin in months, say reports citing White House memo

<http://www.militarytimes.com/news/your-military/2017/08/24/transgender-ban-in-military-may-begin-in-months-say-reports-citing-white-house-memo/>

Resource of the Week: [Delivering Clinical Practice Guideline–Concordant Care for PTSD and Major Depression in Military Treatment Facilities](#) (RAND)

Providing accessible, high-quality care for psychological health (PH) conditions, such as posttraumatic stress disorder (PTSD) and major depressive disorder (MDD), is important to maintaining a healthy, mission-ready force. It is unclear whether the current system of care meets the needs of service members with PTSD or MDD, and little is known about the barriers to delivering guideline-concordant care. RAND used existing provider workforce data, a provider survey, and key informant interviews to (1) provide an overview of the PH workforce at military treatment facilities (MTFs), (2) examine the extent to which care for PTSD and MDD in military treatment facilities is consistent with Department of Veterans Affairs/Department of Defense clinical practice guidelines, and (3) identify facilitators and barriers to providing this care. This report provides a comprehensive assessment of providers' perspectives on their capacity to deliver PH care within MTFs and presents detailed results by provider type and service branch. Findings suggest that most providers report using guideline-concordant psychotherapies, but use varied by provider type. The majority of providers reported receiving at least minimal training and supervision in at least one recommended psychotherapy for PTSD and for MDD. Still, more than one-quarter of providers reported that limits on travel and lack of protected time in their schedule affected their ability to access additional professional training. Finally, most providers reported routinely screening patients for PTSD and MDD

with a validated screening instrument, but fewer providers reported using a validated screening instrument to monitor treatment progress.



Delivering Clinical Practice Guideline-Concordant Care for PTSD and Major Depression in Military Treatment Facilities

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