

CDP



Research Update -- September 14, 2017

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https://www.ptsd.va.gov/professional/newsletters/ctu-online/ctu_v11n4.pdf

Clinician's Trauma Update Online (CTU-Online)

National Center for PTSD

August 2017 Issue: Vol. 11(4)

The National Center for PTSD tries to keep all professionals up-to-date with the latest in trauma research and how it can be applied.

CTU-Online includes brief updates on the latest clinically relevant research. Content on treatment and assessment is emphasized. Publications on other topics are included if the content has significant clinical implications.

<https://content.govdelivery.com/accounts/USVHA/bulletins/1b3aa83>

Be There for Veterans and Servicemembers, PTSD Monthly Update - August 2017

National Center for PTSD

Want to support Veterans and Servicemembers?

Be there. Show you Care.

People who experience PTSD are at increased risk of suicide. We all can play a role in preventing suicide, but many people don't know how to support a Veteran or Servicemember in their life who's going through a difficult time.

Join the U.S. Departments of Veterans Affairs (VA) and Defense in letting people know that preventing suicide starts with this simple act of support: Be There.

Helping someone feel included and supported can make a big difference during a challenging time. And it doesn't require a grand gesture or complicated task. A simple act of kindness can help someone feel less alone.

Small actions of support are thoughtful ways to show you care. Similarly, encouraging Veterans and Servicemembers to take time for themselves and to focus on their own health and wellness can have a big impact.

Then, start the conversation.

<http://jamanetwork.com/journals/jamapsychiatry/fullarticle/2645496>

Risk of Suicide Attempt Among Soldiers in Army Units With a History of Suicide Attempts.

Robert J. Ursano, MD; Ronald C. Kessler, PhD; James A. Naifeh, PhD; et al.

JAMA Psychiatry
2017;74(9):924-931
doi:10.1001/jamapsychiatry.2017.1925

Importance

Mental health of soldiers is adversely affected by the death and injury of other unit members, but whether risk of suicide attempt is influenced by previous suicide attempts in a soldier's unit is unknown.

Objective

To examine whether a soldier's risk of suicide attempt is influenced by previous suicide attempts in that soldier's unit.

Design, Setting, and Participants

Using administrative data from the Army Study to Assess Risk and Resilience in Servicemembers (STARSS), this study identified person-month records for all active-duty, regular US Army, enlisted soldiers who attempted suicide from January 1, 2004, through December 31, 2009 (n = 9650), and an equal-probability sample of control person-months (n = 153 528). Data analysis was performed from August 8, 2016, to April 10, 2017.

Main Outcomes and Measures

Logistic regression analyses examined the number of past-year suicide attempts in a soldier's unit as a predictor of subsequent suicide attempt, controlling for sociodemographic features, service-related characteristics, prior mental health

diagnosis, and other unit variables, including suicide-, combat-, and unintentional injury-related unit deaths. The study also examined whether the influence of previous unit suicide attempts varied by military occupational specialty (MOS) and unit size.

Results

Of the final analytic sample of 9512 enlisted soldiers who attempted suicide and 151 526 control person-months, most were male (86.4%), 29 years or younger (68.4%), younger than 21 years when entering the army (62.2%), white (59.8%), high school educated (76.6%), and currently married (54.8%). In adjusted models, soldiers were more likely to attempt suicide if 1 or more suicide attempts occurred in their unit during the past year (odds ratios [ORs], 1.4-2.3; $P < .001$), with odds increasing as the number of unit attempts increased. The odds of suicide attempt among soldiers in a unit with 5 or more past-year attempts was more than twice that of soldiers in a unit with no previous attempts (OR, 2.3; 95% CI, 2.1-2.6). The association of previous unit suicide attempts with subsequent risk was significant whether soldiers had a combat arms MOS or other MOS (ORs, 1.4-2.3; $P < .001$) and regardless of unit size, with the highest risk among those in smaller units (1-40 soldiers) (ORs, 2.1-5.9; $P < .001$). The population-attributable risk proportion for 1 or more unit suicide attempts in the past year indicated that, if this risk could be reduced to no unit attempts, 18.2% of attempts would not occur.

Conclusions and Relevance

Risk of suicide attempt among soldiers increased as the number of past-year suicide attempts within their unit increased for combat arms and other MOSs and for units of any size but particularly for smaller units. Units with a history of suicide attempts may be important targets for preventive interventions.

See also -- [Suicidal Behaviors Within Army Units: Contagion and Implications for Public Health Interventions](#) (editorial)

<https://www.hsrd.research.va.gov/publications/esp/cannabis.pdf>

Benefits and Harms of Cannabis in Chronic Pain or Post-traumatic Stress Disorder: A Systematic Review

Kansagara D, O'Neil M, Nugent S, Freeman M, Low A, Kondo K, Elven C, Zakher B, Motu'apuaka M, Paynter R, Morasco BJ

VA ESP Project #05-225; 2017.

Eight states and the District of Columbia have legalized cannabis use for recreational purposes, and 28 states plus the District of Columbia have legalized cannabis for medical purposes. Recent studies suggest that 45-80% of individuals who seek cannabis for medical purposes do so for pain management, and an estimated 6%-39% of patients prescribed opioid medication for pain are also utilizing cannabis. Over one-third of patients seeking cannabis for medical purposes list post-traumatic stress disorder (PTSD) as the primary reason for the request. Approximately 15% of Veterans who are treated in Department of Veterans Affairs (VA) outpatient PTSD clinics report recent (past 6 months) cannabis use.

Given the social, political, and legal changes surrounding cannabis use, physicians in both VA and non-VA settings will increasingly need to engage in evidence-informed discussions about the potential benefits and harms of cannabis use with their patients. Despite the rapidly moving legislative landscape, there is little comprehensive and critically appraised information available about what is known and not known about cannabis use for the treatment of chronic pain or PTSD.

The objectives of this systematic review are to: 1) assess the physical and mental health outcome effects of cannabis in patients with chronic pain; 2) assess the physical and mental health outcome effects of cannabis in patients with PTSD; 3) assess the impact of short- and long-term cannabis use on the risk of adverse effects such as pulmonary diseases, cardiovascular diseases, cancer, cannabis use disorder (CUD), and psychosis in the general adult population; and 4) provide a broad overview of more recently recognized “emerging harms” of cannabis use.

<http://www.tandfonline.com/doi/full/10.1080/15402002.2017.1357122>

Sleepiness and Behavioral Risk-Taking: Do Sleepy People Take More or Less Risk?

Garrett Hisler & Zlatan Krizan

Behavioral Sleep Medicine

Published online: 26 Jul 2017

<http://dx.doi.org/10.1080/15402002.2017.1357122>

Background:

Although sleep loss has been implicated in risk-taking behavior, it is unclear how individuals' current propensity to fall asleep, known as sleepiness, influences risk-taking. Because sleepiness is not only driven by recent sleep but also by factors such as circadian rhythm and current stimulation, it may be an important contributor to risk-taking as it reflects the more immediate sleep-wake state.

Participants:

One hundred thirty participants were recruited from a large Midwestern U.S. university.

Methods:

Participants completed a short personality survey, reported their current sleepiness on the Stanford Sleepiness Scale, and then completed the Balloon Analog Risk Task, a computerized risk-taking measure in which participants earned real money for their performance.

Results:

There was little support for a linear relation between sleepiness and risk-taking, but the evidence indicated a robust curvilinear relation. Even after controlling for important individual differences in sleep and risk-taking, participants who were moderately sleepy took longer to complete the risk-taking task, pumped balloons more, and exploded more balloons than those who were either low or high on sleepiness.

Conclusions:

The curvilinear relation between sleepiness and risk-taking sheds light on inconsistencies in prior findings linking sleepiness and sleep loss to risk-taking behavior. Moreover, current sleepiness appears to have unique implications for risk-taking.

<http://www.sciencedirect.com/science/article/pii/S1087079216300685>

Positive affect and sleep: A systematic review.

Anthony D.Onga, Sara Kim, Sarah Young, Andrew Steptoe

Sleep Medicine Reviews

Volume 35, October 2017, Pages 21-32

<https://doi.org/10.1016/j.smr.2016.07.006>

A sizeable literature has implicated sleep in the phenomenological experience of various mood disorders, vulnerability to psychopathology, and overall poor psychological functioning. By contrast, positive affective states (e.g., joy, happiness, vigor, positive mood) that may contribute to sleep have been understudied. This systematic review integrates findings from cross-sectional, longitudinal, ambulatory, and experimental studies that investigate the association between positive affect and sleep. A comprehensive search for all available research on the topic was performed in three electronic bibliographic databases (PubMed, PsycINFO, CINAHL). Two independent reviewers extracted data on study characteristics and quality. From 10,853 retrieved articles, 44 fulfilled inclusion criteria and formed the base of the review. The majority of studies (68.2%, n = 30) were classified as weak or having high risk of bias. In general, the pattern of findings suggests that aggregate or trait measures provide the most consistent evidence of an association between positive affect and sleep in healthy populations. More limited empirical data exist on the association between positive affect and sleep in clinical populations. We conclude that more rigorous and theoretically informed research is needed before firm conclusions can be drawn about the possible beneficial impact of positive affect on sleep outcomes.

<http://www.sciencedirect.com/science/article/pii/S1087079217301132>

The mechanisms of action underlying the efficacy of psychological nightmare treatments: A systematic review and thematic analysis of discussed hypotheses.

Rousseau Andréanne, Belleville Geneviève

Sleep Medicine Reviews

Available online 1 September 2017

<https://doi.org/10.1016/j.smr.2017.08.004>

Studies of psychotherapeutic treatments for nightmares have yielded support for their effectiveness. However, no consensus exists to explain how they work. This study combines a systematic review with a qualitative thematic analysis to identify and categorize the existing proposed mechanisms of action (MA) of nightmare treatments. The systematic review allowed for a great number of scholarly publications on supported psychological treatments for nightmares to be identified. Characteristics of the study and citations regarding potential MAs were extracted using a standardized coding grid. Then, thematic analysis allowed citations to be grouped under six different categories of possible MAs according to their similarities and differences. Results reveal

that an increased sense of mastery was the most often cited hypothesis to explain the efficacy of nightmare psychotherapies. Other mechanisms included emotional processing leading to modification of the fear structure, modification of beliefs, restoration of sleep functions, decreased arousal, and prevention of avoidance. An illustration of the different variables involved in the treatment of nightmares is proposed. Different avenues for operationalization of these MAs are put forth to enable future research on nightmare treatments to measure and link them to efficacy measures, and test the implications of the illustration.

<http://www.tandfonline.com/doi/full/10.1080/16506073.2017.1357750>

A preliminary examination of the role of psychotherapist fidelity on outcomes of cognitive processing therapy during an RCT for military sexual trauma-related PTSD.

Nicholas Holder, Ryan Holliday, Rush Williams, Kacy Mullen & Alina Surís

Cognitive Behaviour Therapy

Published online: 10 Aug 2017

<http://dx.doi.org/10.1080/16506073.2017.1357750>

While cognitive processing therapy (CPT) is an effective evidence-based treatment for many veterans with military-related post-traumatic stress disorder (PTSD), not all veterans experience therapeutic benefit. To account for the discrepancy in outcomes, researchers have investigated patient- and research design-related factors; however, therapist factors (e.g. fidelity) have received less attention. The present study is a preliminary examination of the effect of psychotherapists' fidelity during CPT on clinical outcomes during a randomized clinical trial (RCT) for military sexual trauma-related PTSD. PTSD symptoms, trauma-related negative cognitions (NCs), and depression symptoms were assessed for 72 participants at baseline, and 1-week, 2-month, 4-month, and 6-month posttreatment. Of the four CPT therapists, two were found to have significantly poorer (i.e. "below average") treatment fidelity scores compared to the other two therapists who had "good" treatment fidelity scores. To examine possible therapist effects on outcomes, hierarchical linear modeling was utilized with therapist fidelity entered as a Level 2 predictor. Participants treated by a therapist with "good" treatment fidelity experienced significantly greater reductions in PTSD symptoms, NCs, and depression symptoms than patients treated by a therapist with "below average"

treatment fidelity. Our preliminary findings highlight the importance of monitoring, maintaining, and reporting fidelity in psychotherapy treatment RCTs.

<https://www.ncbi.nlm.nih.gov/pubmed/28890702>

Front Psychiatry. 2017 Aug 25;8:157. doi: 10.3389/fpsy.2017.00157. eCollection 2017.

A Pilot Study of the Effects of Mindfulness-Based Stress Reduction on Post-traumatic Stress Disorder Symptoms and Brain Response to Traumatic Reminders of Combat in Operation Enduring Freedom/Operation Iraqi Freedom Combat Veterans with Post-traumatic Stress Disorder.

Bremner JD, Mishra S, Campanella C, Shah M, Kasher N, Evans S, Fani N, Shah AJ, Reiff C, Davis LL, Vaccarino V, Carmody J

OBJECTIVE:

Brain imaging studies in patients with post-traumatic stress disorder (PTSD) have implicated a circuitry of brain regions including the medial prefrontal cortex, amygdala, hippocampus, parietal cortex, and insula. Pharmacological treatment studies have shown a reversal of medial prefrontal deficits in response to traumatic reminders. Mindfulness-based stress reduction (MBSR) is a promising non-pharmacologic approach to the treatment of anxiety and pain disorders. The purpose of this study was to assess the effects of MBSR on PTSD symptoms and brain response to traumatic reminders measured with positron-emission tomography (PET) in Operation Enduring Freedom/Operation Iraqi Freedom (OEF/OIF) combat veterans with PTSD. We hypothesized that MBSR would show increased prefrontal response to stress and improved PTSD symptoms in veterans with PTSD.

METHOD:

Twenty-six OEF/OIF combat veterans with PTSD who had recently returned from a combat zone were block randomized to receive eight sessions of MBSR or present-centered group therapy (PCGT). PTSD patients underwent assessment of PTSD symptoms with the Clinician-Administered PTSD Scale (CAPS), mindfulness with the Five Factor Mindfulness Questionnaire (FFMQ) and brain imaging using PET in conjunction with exposure to neutral and Iraq combat-related slides and sound before and after treatment. Nine patients in the MBSR group and 8 in the PCGT group completed all study procedures.

RESULTS:

Post-traumatic stress disorder patients treated with MBSR (but not PCGT) had an improvement in PTSD symptoms measured with the CAPS that persisted for 6 months after treatment. MBSR also resulted in an increase in mindfulness measured with the FFMQ. MBSR-treated patients had increased anterior cingulate and inferior parietal lobule and decreased insula and precuneus function in response to traumatic reminders compared to the PCGT group.

CONCLUSION:

This study shows that MBSR is a safe and effective treatment for PTSD. Furthermore, MBSR treatment is associated with changes in brain regions that have been implicated in PTSD and are involved in extinction of fear responses to traumatic memories as well as regulation of the stress response.

<https://www.ncbi.nlm.nih.gov/pubmed/28886114>

PLoS One. 2017 Sep 8;12(9):e0184265. doi: 10.1371/journal.pone.0184265.
eCollection 2017

Delivery of mental health treatment to combat veterans with psychiatric diagnoses and TBI histories.

Miles SR, Harik JM, Hundt NE, Mignogna J, Pastorek NJ, Thompson KE, Freshour JS, Yu HJ, Cully JA

Traumatic brain injury (TBI) and mental health (MH) disorders are prevalent in combat veterans returning from Afghanistan and/or Iraq (hereafter referred to as returning veterans). Accurate estimates of service utilization for veterans with and without TBI exposure (referred to as TBI history) are imperative in order to provide high quality healthcare to returning veterans. We examined associations between TBI history and MH service utilization in a subsample of returning veterans who were newly diagnosed with posttraumatic stress disorder (PTSD), depression, and/or anxiety in the 2010 fiscal year (N = 55,458). Data were extracted from the Veterans Health Administration (VHA) National Patient Care Database. Veterans with MH diagnoses and TBI histories attended significantly more psychotherapy visits, (M = 8.32 visits, SD = 17.15) and were more likely to attend at least 8 psychotherapy visits, (15.7%) than veterans with MH diagnoses but no TBI history (M = 6.48 visits, SD = 12.12; 10.1% attended at least 8 sessions). PTSD and TBI history, but not depression or anxiety, were associated with a

greater number of psychotherapy visits when controlling for demographic and clinical variables. PTSD, anxiety, depression, and TBI history were associated with number of psychotropic medication-management visits. TBI history was related to greater MH service utilization, independent of MH diagnoses. Future research should examine what MH services are being utilized and if these services are helping veterans recover from their disorders.

<https://www.ncbi.nlm.nih.gov/pubmed/28381392>

J Med Internet Res. 2017 Apr 5;19(4):e107. doi: 10.2196/jmir.6173

#WhyWeTweetMH: Understanding Why People Use Twitter to Discuss Mental Health Problems.

Berry N, Lobban F, Belousov M, Emsley R, Nenadic G, Bucci S

BACKGROUND:

Use of the social media website Twitter is highly prevalent and has led to a plethora of Web-based social and health-related data available for use by researchers. As such, researchers are increasingly using data from social media to retrieve and analyze mental health-related content. However, there is limited evidence regarding why people use this emerging platform to discuss mental health problems in the first place.

OBJECTIVES:

The aim of this study was to explore the reasons why individuals discuss mental health on the social media website Twitter. The study was the first of its kind to implement a study-specific hashtag for research; therefore, we also examined how feasible it was to circulate and analyze a study-specific hashtag for mental health research.

METHODS:

Text mining methods using the Twitter Streaming Application Programming Interface (API) and Twitter Search API were used to collect and organize tweets from the hashtag #WhyWeTweetMH, circulated between September 2015 and November 2015. Tweets were analyzed thematically to understand the key reasons for discussing mental health using the Twitter platform.

RESULTS:

Four overarching themes were derived from the 132 tweets collected: (1) sense of

community; (2) raising awareness and combatting stigma; (3) safe space for expression; and (4) coping and empowerment. In addition, 11 associated subthemes were also identified.

CONCLUSIONS:

The themes derived from the content of the tweets highlight the perceived therapeutic benefits of Twitter through the provision of support and information and the potential for self-management strategies. The ability to use Twitter to combat stigma and raise awareness of mental health problems indicates the societal benefits that can be facilitated via the platform. The number of tweets and themes identified demonstrates the feasibility of implementing study-specific hashtags to explore research questions in the field of mental health and can be used as a basis for other health-related research.

<http://onlinelibrary.wiley.com/doi/10.1111/jsr.12597/abstract>

Self-administered acupressure for insomnia disorder: a pilot randomized controlled trial.

Yeung, W.-F., Ho, F. Y.-Y., Chung, K.-F., Zhang, Z.-J., Yu, B. Y.-M., Suen, L. K.-P., Chan, L. Y.-T., Chen, H.-Y., Ho, L.-M. and Lao, L.-X.

Journal of Sleep Research

8 September 2017

DOI: 10.1111/jsr.12597

Self-administered acupressure has potential as a low-cost alternative treatment for insomnia. To evaluate the short-term effects of self-administered acupressure for alleviating insomnia, a pilot randomized controlled trial was conducted. Thirty-one subjects (mean age: 53.2 years; 77.4% female) with insomnia disorder were recruited from a community. The participants were randomized to receive two lessons on either self-administered acupressure or sleep hygiene education. The subjects in the self-administered acupressure group (n = 15) were taught to practise self-administered acupressure daily for 4 weeks. The subjects in the comparison group (n = 16) were advised to follow sleep hygiene education. The primary outcome was the Insomnia Severity Index (ISI). Other measures included a sleep diary, Hospital Anxiety and Depression Scale and Short-form Six-Dimension. The subjects in the self-administered acupressure group had a significantly lower ISI score than the subjects in the sleep hygiene education group at week 8 (effect size = 0.56, P = 0.03). However, this

observed group difference did not reach a statistically significant level after Bonferroni correction. With regard to the secondary outcomes, moderate between-group effect sizes were observed in sleep onset latency and wake after sleep onset based on the sleep diary, although the differences were not significant. The adherence to self-administered acupressure practice was satisfactory, with 92.3% of the subjects who completed the lessons still practising acupressure at week 8. In conclusion, self-administered acupressure taught in a short training course may be a feasible approach to improve insomnia. Further fully powered confirmatory trials are warranted.

<http://onlinelibrary.wiley.com/doi/10.1111/jsr.12594/abstract>

European guideline for the diagnosis and treatment of insomnia.

Riemann, D., Baglioni, C., Bassetti, C., Bjorvatn, B., Dolenc Grosej, L., Ellis, J. G., Espie, C. A., Garcia-Borreguero, D., Gjerstad, M., Gonçalves, M., Hertenstein, E., Jansson-Fröjmark, M., Jennum, P. J., Leger, D., Nissen, C., Parrino, L., Paunio, T., Pevernagie, D., Verbraecken, J., Weeß, H.-G., Wichniak, A., Zavalco, I., Arnardottir, E. S., Deleanu, O.-C., Strazisar, B., Zoetmulder, M. and Spiegelhalder, K.

Journal of Sleep Research

First published: 5 September 2017

DOI: 10.1111/jsr.12594

This European guideline for the diagnosis and treatment of insomnia was developed by a task force of the European Sleep Research Society, with the aim of providing clinical recommendations for the management of adult patients with insomnia. The guideline is based on a systematic review of relevant meta-analyses published till June 2016. The target audience for this guideline includes all clinicians involved in the management of insomnia, and the target patient population includes adults with chronic insomnia disorder. The GRADE (Grading of Recommendations Assessment, Development and Evaluation) system was used to grade the evidence and guide recommendations. The diagnostic procedure for insomnia, and its co-morbidities, should include a clinical interview consisting of a sleep history (sleep habits, sleep environment, work schedules, circadian factors), the use of sleep questionnaires and sleep diaries, questions about somatic and mental health, a physical examination and additional measures if indicated (i.e. blood tests, electrocardiogram, electroencephalogram; strong recommendation, moderate- to high-quality evidence). Polysomnography can be used to evaluate other sleep disorders if suspected (i.e. periodic limb movement disorder, sleep-related

breathing disorders), in treatment-resistant insomnia, for professional at-risk populations and when substantial sleep state misperception is suspected (strong recommendation, high-quality evidence). Cognitive behavioural therapy for insomnia is recommended as the first-line treatment for chronic insomnia in adults of any age (strong recommendation, high-quality evidence). A pharmacological intervention can be offered if cognitive behavioural therapy for insomnia is not sufficiently effective or not available. Benzodiazepines, benzodiazepine receptor agonists and some antidepressants are effective in the short-term treatment of insomnia (≤ 4 weeks; weak recommendation, moderate-quality evidence). Antihistamines, antipsychotics, melatonin and phytotherapeutics are not recommended for insomnia treatment (strong to weak recommendations, low- to very-low-quality evidence). Light therapy and exercise need to be further evaluated to judge their usefulness in the treatment of insomnia (weak recommendation, low-quality evidence). Complementary and alternative treatments (e.g. homeopathy, acupuncture) are not recommended for insomnia treatment (weak recommendation, very-low-quality evidence).

<http://www.sciencedirect.com/science/article/pii/S1389945717303465>

Sleep spindles may predict response to cognitive behavioral therapy for chronic insomnia.

Thien Thanh Dang-Vu, Benjamin Hatch, Ali Salimi, Melodee Mograss, Soufiane Boucetta, Jordan O'byrne, Marie Brandewinder, Christian Berthomier, Jean-Philippe Guoin

Sleep Medicine

Available online 9 September 2017

<https://doi.org/10.1016/j.sleep.2017.08.012>

Background

While cognitive-behavioral therapy for insomnia constitutes the first-line treatment for chronic insomnia, only few reports have investigated how sleep architecture relates to response to this treatment. In this pilot study, we aimed at determining whether sleep spindle density at pre-treatment predicts treatment response to cognitive behavioral therapy for insomnia.

Methods

Twenty-four participants with chronic primary insomnia took part in a 6-week cognitive

behavioral therapy for insomnia performed in groups of 4 to 6 participants. Treatment response was assessed using the Pittsburgh Sleep Quality Index and the Insomnia Severity Index measured at pre- and post-treatment and at 3- and 12-months follow-up assessments. Secondary outcome measures were extracted from sleep diaries over seven days and one overnight polysomnography, obtained at pre- and post-treatment. Spindle density during stages N2-N3 sleep was extracted from polysomnography at pre-treatment. Hierarchical linear modeling analysis assessed whether sleep spindle density predicted response to cognitive behavioral therapy.

Results

After adjusting for age, sex and education level, lower spindle density at pre-treatment predicted poorer response over the 12-months follow-up, as reflected by smaller reduction in Pittsburgh Sleep Quality Index over time. Reduced spindle density also predicted lower improvements in sleep diary sleep efficiency and wake after sleep onset immediately after treatment. There were no significant associations between spindle density and changes in the Insomnia Severity Index or polysomnography variables over time.

Conclusion

These preliminary results suggest that inter-individual differences in sleep spindle density in insomnia may represent an endogenous biomarker predicting responsiveness to cognitive behavioral therapy. Insomnia with altered spindle activity might constitute an insomnia subtype characterized by a neurophysiological vulnerability to sleep disruption associated with impaired responsiveness to cognitive behavioral therapy.

<https://insights.ovid.com/psychology-men-masculinity/pmema/2017/07/000/gender-role-stress-mediates-depression-among/8/00128141>

Gender Role Stress Mediates Depression Among Veteran Men With Military Sexual Trauma.

Mary Joyce D. Juan; Sarah E. Nunnink; Ebony O. Butler; Carolyn B. Allard

Psychology of Men & Masculinity
18(3):243–250, JUL 2017
DOI: 10.1037/men0000120

Compared with survivors of other types of trauma, survivors of sexual trauma, particularly military sexual trauma (MST), are at greater risk for posttraumatic distress. Although traditionally masculine aspects of gender identity may mitigate the deleterious effects of trauma (Valdez & Lilly, 2014), it may, in some cases, exacerbate negative outcomes. Sexual victimization may undermine traditional gender expectations of power among male survivors, potentially explaining the added risk associated with this type of trauma. These dynamics may be even more pronounced for veteran men, given their involvement in a military culture that highly values masculinity. Accordingly, we hypothesized that masculine gender role stress (i.e., stress from not upholding masculine gender norms; Eisler & Skidmore, 1987) would be greater among veteran men with MST than those with other interpersonal trauma and would mediate the relationship between MST and posttraumatic distress (i.e., posttraumatic stress disorder [PTSD] and depressive symptoms). We found that while veteran men with MST ($n = 52$) reported greater PTSD and depressive symptom severity compared to men without MST ($n = 52$), there was no significant difference in overall gender role stress. Ad hoc analyses exploring specific aspects of gender role stress found that men with MST reported greater gender role stress related to emotionality and intellectual inferiority. Additionally, gender role stress related to emotionality fully mediated the relationship between MST and depression but not PTSD. The vulnerability and intense emotions that accompany MST are discussed in the context of gender role expectations and in terms of clinical implications.

<https://insights.ovid.com/psychology-men-masculinity/pmema/2017/07/000/department-defense-institutional-responses/9/00128141>

Department of Defense Institutional Responses to Increase Engagement in Mental Health Services Among Active-Duty Men.

Michael A. Morin

Psychology of Men & Masculinity
18(3):251–255, JUL 2017
DOI: 10.1037/men0000124

Stigma related to help-seeking behavior is a widely documented phenomenon involving men in the U.S. military. Since the Operation Enduring Freedom/Operation Iraqi Freedom engagements, the Department of Defense (DoD) has recognized that the intersection of male gender norms and military culture have greatly influenced men's

utilization of mental health care. The present article highlights the recent efforts made by the DoD to promote engagement in mental health services, particularly among active-duty men. A selection of DoD programs that reflect an awareness of male gender role beliefs and help-seeking behavior as well as a review of critiques and future recommendations is discussed.

<https://link.springer.com/article/10.1007/s11920-017-0827-1>

Sleep and Dreaming in Posttraumatic Stress Disorder.

Katherine E. Miller, Janeese A. Brownlow, Steve Woodward, Philip R. Gehrman

Current Psychiatry Reports

October 2017, 19:71

DOI 10.1007/s11920-017-0827-1

Purpose of Review

Sleep disturbances are core features of posttraumatic stress disorder (PTSD). This review aims to characterize sleep disturbances, summarize the knowledge regarding the relationships between trauma exposure and sleep difficulties, and highlight empirically supported and/or utilized treatments for trauma-related nightmares and insomnia.

Recent Findings

Trauma-related nightmares and insomnia, and other sleep disorders, are frequently reported among trauma survivors. The roles of fear of sleep, REM density, and decreased parasympathetic activity are beginning to inform the relationship between trauma exposure and sleep difficulties. Additionally, the potential adaptive role of sleep loss immediately following a traumatic experience is being recognized. Interventions targeting these sleep disturbances show promise in reducing symptoms.

Summary

Research in understanding the role of sleep on the development, course, and treatment of PTSD is expanding. Longitudinal investigations are needed to further elucidate these relationships and identify treatments most effective in ameliorating symptoms.

<http://www.tandfonline.com/doi/abs/10.1080/09638237.2017.1370640>

Military veteran engagement with mental health and well-being services: a qualitative study of the role of the peer support worker.

Bronagh Weir, Margaret Cunningham, Lucy Abraham & Charlie Allanson-Oddy

Journal of Mental Health

Published online: 30 Aug 2017

<http://dx.doi.org/10.1080/09638237.2017.1370640>

Background: Many UK military veterans experiencing mental health and well-being difficulties do not engage with support services to get the help they need. Some mental health clinics employ Peer Support Workers (PSWs) to help veteran patients engage, however it is not known how the role influences UK veteran engagement.

Aims:

To gain insight into the role of peer support in UK veteran engagement with mental health and well-being services.

Method:

A qualitative study based on 18 semi-structured interviews with veterans, PSWs and mental health clinicians at a specialist veteran mental health and well-being clinic in Scotland.

Results:

Four themes of the PSW role as positive first impression, understanding professional friend, helpful and supportive connector, and an open door were identified across all participants. The PSWs' military connection, social and well-being support and role in providing veterans with an easily accessible route to dis-engage and re-engage with the service over multiple engagement attempts were particularly crucial.

Conclusions:

The Peer Support role enhanced veteran engagement in the majority of instances. Study findings mirrored existing peer support literature, provided new evidence in relation to engaging UK veterans, and made recommendations for future veteran research and service provision.

<https://www.ncbi.nlm.nih.gov/pubmed/28859723>

J Clin Sleep Med. 2017 Aug 29. pii: jc-17-00196. [Epub ahead of print]

Improving PTSD Symptoms and Preventing Progression of Subclinical PTSD to an Overt Disorder by Treating Comorbid OSA With CPAP.

Ullah MI, Campbell DG, Bhagat R, Lyons JA, Tamanna S.

STUDY OBJECTIVES:

Obstructive sleep apnea (OSA) and posttraumatic stress disorder (PTSD) are common in United States veterans. These conditions often coexist and symptoms overlap. Previous studies reported improvement in PTSD symptoms with continuous positive airway pressure (CPAP) therapy for comorbid OSA but its effect has not been assessed in a non-PTSD cohort. We have prospectively assessed the effect of CPAP therapy on clinical symptom improvement as a function of CPAP compliance levels among PTSD and non-PTSD veterans.

METHODS:

Veterans in whom OSA was newly diagnosed were enrolled in our study (n = 192). Assignment to PTSD and non-PTSD cohorts was determined by chart review. Each patient completed the military version of the PTSD Checklist (PCL), Epworth Sleepiness Scale (ESS), and reported nightmare frequency (NMF) at baseline and 6 months after CPAP therapy. CPAP adherence was objectively documented from machine compliance data.

RESULTS:

We had complete data for 177 veterans (PTSD n = 59, non-PTSD n = 118) for analysis. The mean ages were 51.24 years in the PTSD cohort and 52.36 years in the non-PTSD cohort (P = .30). In the PTSD cohort, the mean total PCL score (baseline = 66.06, post-CPAP = 61.27, P = .004, d = -0.34) and NMF (baseline = 4.61, post-CPAP = 1.49, P = .0001, d = -0.51) decreased after 6 months of CPAP treatment. Linear regression analysis showed that the CPAP compliance was the only significant predictor for these changes among veterans with PTSD (PCL score: P = .033, R² = .65; NMF; P = .03, R² = .61). Further analysis by CPAP compliance quartiles in this cohort (Q1 = 0% to 25%, Q2 = 26% to 50%, Q3 = 51% to 75%, Q4 > 75%) revealed that mean total PCL score declined in Q2 (change = -3.91, P = .045, d = 0.43), Q3 (change = -6.6, P = .002, d = 0.59), and Q4 (change = -7.94, P = .037, d = 0.49). In the non-PTSD cohort, the PCL score increased despite CPAP therapy in lower CPAP compliance quartiles Q1 (change = 8.71, P = .0001, d = 0.46) and Q2 (change = 4.51, P = .046, d = 0.27). With higher

CPAP compliance (in Q3 and Q4) in this cohort, the mean total PCL scores slightly improved with CPAP but they were not statistically significant ($P > .05$).

CONCLUSIONS:

CPAP treatment reduces total PCL score and NMF in veterans with PTSD and OSA. Those with overt PTSD respond to even lower CPAP compliance, whereas non-PTSD patients require higher compliance to achieve any symptom improvement. Poor CPAP compliance results in increased PCL score in non-PTSD veterans and may lead to overt PTSD if the OSA remains undertreated.

<http://journals.sagepub.com/doi/abs/10.1177/0033294117728288>

Cultural Differences in Shame and Guilt as Understandable Reasons for Suicide.

Marisa K. Crowder, Markus Kemmelmeier

Psychological Reports

Article first published online: September 5, 2017

<https://doi.org/10.1177/0033294117728288>

According to the World Health Organization, a major barrier to suicide prevention work is the social stigma surrounding suicide. Since clinical research has long shown that shame and guilt are often involved in suicide and suicide ideation, the present two studies explore the extent to which individuals associate shame and guilt with suicide ideation and behavior according to their cultural background. Using a scenario approach, 1,147 Americans in two separate studies read about a traumatic situation in which the target person experienced intense shame or intense guilt. A mini meta-analysis of these studies showed that all participants were more likely to link the experience of shame to suicidality than guilt. Additionally, participants from U.S. dignity states were more likely to report suicide ideation when the target experienced guilt as opposed to shame. Our findings support the notion that the centrality of the emotions of shame and guilt varies relative to the social context, which has implications on how others perceive suicide.

Stress-Related Mental Health Symptoms in Coast Guard: Incidence, Vulnerability and Neurocognitive Performance.

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Frontiers in Psychology

Accepted on 21 August 2017

DOI 10.3389/fpsyg.2017.01513

U.S. Coast Guard (CG) personnel face occupational stressors (e.g., search and rescue) which compound daily life stressors encountered by civilians. However, the degree CG personnel express stress-related mental health symptoms of posttraumatic stress disorder (PTSD) and major depressive disorder (MDD) is understudied as a military branch, and little is known concerning the interplay of vulnerabilities and neurocognitive outcomes in CG personnel. The current study addressed this knowledge gap, recruiting 241 active duty CG personnel (22% female) to assess mental health, personality, and neurocognitive function. Participants completed a battery of scales: PTSD Checklist with military and nonmilitary prompts to screen for PTSD, Psychological Health Questionnaire 8 for MDD, and scales for behaviorally inhibited (BI) temperament, and distressed (Type D) personality. Neurocognitive performance was assessed with the Defense Automated Neurobehavioral Assessment battery. Cluster scoring yielded an overall rate of PTSD of 15% (95% CI: 11-20%) and 8% (95% CI: 3-9%) for MDD. Nonmilitary trauma was endorsed twice that of military trauma in those meeting criteria for PTSD. Individual vulnerabilities were predictive of stress-related mental health symptoms in active duty military personnel; specifically, BI temperament predicted PTSD whereas gender and Type D personality predicted MDD. Stress-related mental health symptoms were also associated with poorer reaction time and response inhibition. These results suggest rates of PTSD and MDD are comparable among CG personnel serving Boat Stations to those of larger military services after combat deployment. Further, vulnerabilities distinguished between PTSD and MDD, which have a high degree of co-occurrence in military samples. To what degree stress-related mental healthy symptoms and attendant neurocognitive deficits affect operational effectiveness remains unknown and warrant future study.

<http://online.liebertpub.com/doi/abs/10.1089/acm.2017.0176>

Mind–Body Therapy for Military Veterans with Post-Traumatic Stress Disorder: A Systematic Review.

Robin E. Cushing, PA, DrPH, and Kathryn L. Braun, DrPH

The Journal of Alternative and Complementary Medicine
September 2017, ahead of print
<https://doi.org/10.1089/acm.2017.0176>

Objective:

About a third of service members returning from post-9/11 deployment in Afghanistan and Iraq report combat-related mental health conditions, but many do not seek conventional treatment. Mind–body therapies have been offered as alternative approaches to decreasing post-traumatic stress disorder (PTSD), but no review of studies with veterans of post-9/11 operations was found. The objective of this study was to fill that gap.

Design:

A systematic literature review was conducted following the preferred items for systematic reviews and meta-analyses (PRISMA) guidelines. PubMed MeSH terms were used to capture articles reporting on the military population (veteran and veterans) with PTSD who received a portable mind–body intervention (e.g., mindfulness, mind–body therapy, and yoga). PubMed/MEDLINE and PsycINFO were searched. Studies were included if participants were a mixed group of war veterans, as long as some post-9/11 veterans were included. In addition, participants must have had a diagnosis of PTSD or subthreshold PTSD, and the PTSD must have been attributable to combat, rather than another event, such as sexual trauma or natural disaster.

Results:

Of 175 records identified, 15 met inclusion criteria. Studies reported on seated or gentle yoga that included breath work, meditation, mantra repetition, or breathing exercises. For 14 of the 15 studies, study retention was 70% or higher. Overall, studies reported significant improvements in PTSD symptoms in participants in these interventions. Although each study included post-9/11 veterans, about 85% of participants were from other conflicts, predominantly Vietnam.

Conclusion:

Although findings were positive, future studies are needed to evaluate the short- and

long-term impact of mind–body therapies on larger samples of post-9/11 veterans and to address research questions related to broadening service member and veteran participation in these therapies.

<http://mhealth.jmir.org/2017/9/e131/>

Mobile Phone Interventions for Sleep Disorders and Sleep Quality: Systematic Review.

Shin JC, Kim J, Grigsby-Toussaint D

JMIR Mhealth Uhealth
2017;5(9):e131
DOI: 10.2196/mhealth.7244

Background:

Although mobile health technologies have been developed for interventions to improve sleep disorders and sleep quality, evidence of their effectiveness remains limited.

Objective:

A systematic literature review was performed to determine the effectiveness of mobile technology interventions for improving sleep disorders and sleep quality.

Methods: Four electronic databases (EBSCOhost, PubMed/Medline, Scopus, and Web of Science) were searched for articles on mobile technology and sleep interventions published between January 1983 and December 2016. Studies were eligible for inclusion if they met the following criteria: (1) written in English, (2) adequate details on study design, (3) focus on sleep intervention research, (4) sleep index measurement outcome provided, and (5) publication in peer-reviewed journals.

Results:

An initial sample of 2679 English-language papers were retrieved from five electronic databases. After screening and review, 16 eligible studies were evaluated to examine the impact of mobile phone interventions on sleep disorders and sleep quality. These included one case study, three pre-post studies, and 12 randomized controlled trials. The studies were categorized as (1) conventional mobile phone support and (2) utilizing mobile phone apps. Based on the results of sleep outcome measurements, 88% (14/16) studies showed that mobile phone interventions have the capability to attenuate sleep disorders and to enhance sleep quality, regardless of intervention type. In addition,

mobile phone intervention methods (either alternatively or as an auxiliary) provide better sleep solutions in comparison with other recognized treatments (eg, cognitive behavioral therapy for insomnia).

Conclusions:

We found evidence to support the use of mobile phone interventions to address sleep disorders and to improve sleep quality. Our findings suggest that mobile phone technologies can be effective for future sleep intervention research.

<http://journals.sagepub.com/doi/abs/10.1177/1359104517724494>

The impact of fathers' military deployment on child adjustment. The support needs of primary school children and their families separated during active military service: A pilot study.

Sharon Pexton, Jacqui Farrants, William Yule

Clinical Child Psychology and Psychiatry

First published date: September-06-2017

DOI 10.1177/1359104517724494

Background:

Although direct exposure to war-related trauma negatively impacts children's psychological well-being, little is known about this impact within the context of parental military deployment to a combat zone and 'indirect' experience of the effects of armed conflict. This study investigates the impact of father's military deployment to Afghanistan on child well-being in primary schoolchildren and compares measures of adjustment with a matched group of children with fathers deployed on military training (non-combat) deployment.

Method:

Data were collected within primary schools in 2011–2012 from 52 children aged 8–11 years with fathers deploying to Afghanistan (n = 26) and fathers deploying on military training (n = 26) via self-completion of questionnaires assessing symptoms of anxiety, depression, stress and levels of self-esteem. Data were collected in both groups, at pre-, mid- and post-parental deployment. Class teachers and parents (non-deployed) completed a measure of child behaviour and parents completed a measure of parenting stress and general health.

Results:

Unexpectedly child adjustment difficulties were not significantly raised in children whose parents deployed to Afghanistan. Ratings of behavioural difficulties and depression were low in both groups. However, clinically elevated levels of anxiety and stress symptoms were reported by both groups of children at each stage of deployment. No associations between parental stress, parental mental health and child adjustment were found.

Conclusion:

High levels of children's anxiety and stress reported during fathers' active military service warrant further investigation. Implications for school and health monitoring and CAMHS community liaison work are discussed.

<http://www.sciencedirect.com/science/article/pii/S0272735817301460>

A review of current evidence regarding the ICD-11 proposals for diagnosing PTSD and complex PTSD.

Chris R. Brewin, Marylène Cloitre, Philip Hyland, Mark Shevlin, Andreas Maercker, Richard A. Bryant, Asma Humayun, Lynne M. Jones, Ashraf Kagee, Cécile Rousseau, Daya Somasundaram, Yuriko Suzuki, Simon Wessely, Mark van Ommeren, Geoffrey M. Reed

Clinical Psychology Review

Available online 6 September 2017

<https://doi.org/10.1016/j.cpr.2017.09.001>

The World Health Organization's proposals for posttraumatic stress disorder (PTSD) in the 11th edition of the International Classification of Diseases, scheduled for release in 2018, involve a very brief set of symptoms and a distinction between two sibling disorders, PTSD and Complex PTSD. This review of studies conducted to test the validity and implications of the diagnostic proposals generally supports the proposed 3-factor structure of PTSD symptoms, the 6-factor structure of Complex PTSD symptoms, and the distinction between PTSD and Complex PTSD. Estimates derived from DSM-based items suggest the likely prevalence of ICD-11 PTSD in adults is lower than ICD-10 PTSD and lower than DSM-IV or DSM-5 PTSD, but this may change with the development of items that directly measure the ICD-11 re-experiencing requirement.

Preliminary evidence suggests the prevalence of ICD-11 PTSD in community samples of children and adolescents is similar to DSM-IV and DSM-5. ICD-11 PTSD detects some individuals with significant impairment who would not receive a diagnosis under DSM-IV or DSM-5. ICD-11 CPSTD identifies a distinct group who have more often experienced multiple and sustained traumas and have greater functional impairment than those with PTSD.

<http://journals.sagepub.com/doi/abs/10.1177/0030222817729609>

Self-Criticism and Depressive Symptoms: Mediating Role of Self-Compassion.

Huaiyu Zhang, Natalie N. Watson-Singleton, Sara E. Pollard, Delishia M. Pittman, Dorian A. Lamis, Nicole L. Fischer, Bobbi Patterson, Nadine J. Kaslow

OMEGA - Journal of Death and Dying

Article first published online: September 8, 2017

<https://doi.org/10.1177/0030222817729609>

Self-compassion is gaining recognition as a resilience factor with implications for positive mental health. This study investigated the role of self-compassion in alleviating the effect of self-criticism on depressive symptoms. Participants were 147 urban, low-income African Americans with a recent suicide attempt. They were administered measures of self-criticism, depressive symptoms, and self-compassion. Results from this cross-sectional investigation showed that self-criticism was positively associated with depressive symptoms and negatively associated with self-compassion, and self-compassion was negatively associated with depressive symptoms. Bootstrapping analysis revealed that self-compassion mediated the self-criticism–depressive symptoms link, suggesting that self-compassion ameliorates the negative impact of self-criticism on depressive symptoms. Our findings suggest that low-income African Americans with recent suicide attempt histories may benefit from interventions that focus on enhancing self-compassion. These results also highlight self-compassion as a positive trait with promise to improve people’s quality of life and suggest that self-compassion-focused interventions are consistent with a positive psychology framework.

Links of Interest

Want to Sleep Better? Therapy Can Help

<http://blogs.webmd.com/mental-health/2017/09/want-to-sleep-better-therapy-can-help.html>

Can a Digital Doctor Help You Sleep?

http://www.philly.com/philly/health/topics/HealthDay726269_20170907_Can_a_Digital_Doctor_Help_You_Sleep_.html

Senator says sexual assault remains pervasive in US military

<http://www.militarytimes.com/news/pentagon-congress/2017/09/07/senator-says-sexual-assault-remains-pervasive-in-us-military/>

More than a dozen Fort Hood soldiers arrested in Texas prostitution sting

<https://www.stripes.com/news/more-than-a-dozen-fort-hood-soldiers-arrested-in-texas-prostitution-sting-1.486516>

Bad Santa: Navy's top admiral kept spokesman after boozy party, sexual predator warning

<https://www.usatoday.com/story/news/politics/2017/09/07/bad-santa-navys-top-admiral-kept-spokesman-after-boozy-party-sexual-predator-warning/641626001/>

Six Tips for Medical Providers to Combat Stigma

<http://www.pdhealth.mil/news/blog/six-tips-medical-providers-combat-stigma>

Chaplains and Confidentiality of Suicide-related Communication: Are There Limits?

<https://www.pdhealth.mil/news/blog/chaplains-and-confidentiality-suicide-related-communication-are-there-limits>

Mental Health Experts Recommend Their Favorite Depression Books

<http://health.usnews.com/health-care/patient-advice/articles/2017-08-29/mental-health-experts-recommend-their-favorite-depression-books>

Study: Do Self-Help Programs Work as Well as Therapy?

<https://www.goodtherapy.org/blog/study-do-self-help-programs-work-as-well-as-therapy-0828171>

Naval Hospital Bremerton Advocates the Importance of Sleep - You Lose if You Don't Snooze

http://www.navy.mil/submit/display.asp?story_id=102229

Alternatives to Drugs for Treating Pain

<https://www.nytimes.com/2017/09/11/well/alternatives-to-drugs-for-treating-pain.html>

Therapist uses eye movements to erase traumatic images

http://www.masslive.com/living/index.ssf/2017/09/therapist_uses_eye_movements_to_erase_traumatic_images.html

Basic Steps of a Suicide Risk Assessment for Providers Serving Military Populations

<http://www.pdhealth.mil/news/blog/basic-steps-suicide-risk-assessment-providers-serving-military-populations>

Identify, Intervene: Help Your Loved One with Mental Health Issues

<http://www.dcoe.mil/blog/17-09-05/identify-intervene-help-your-loved-one-mental-health-issues>

Why Chronic Pain Brings You Down — and How to Feel Better

<https://health.clevelandclinic.org/2017/08/why-chronic-pain-brings-you-down-how-to-feel-better/>

How to Break Up With Your Therapist

<http://lifehacker.com/how-to-break-up-with-your-therapist-1798634232>

PTSD game changer? Looking at brain molecules, sleep patterns for answers

<https://health.mil/News/Articles/2017/09/01/PTSD-game-changer-Looking-at-brain-molecules-sleep-patterns-for-answers>

Suicide Prevention: Each of us has an important role to play

<https://health.mil/News/Articles/2017/09/05/Suicide-Prevention-Each-of-us-has-an-important-role-to-play>

Resources and resiliency help children of military parents turn away from suicidal thoughts

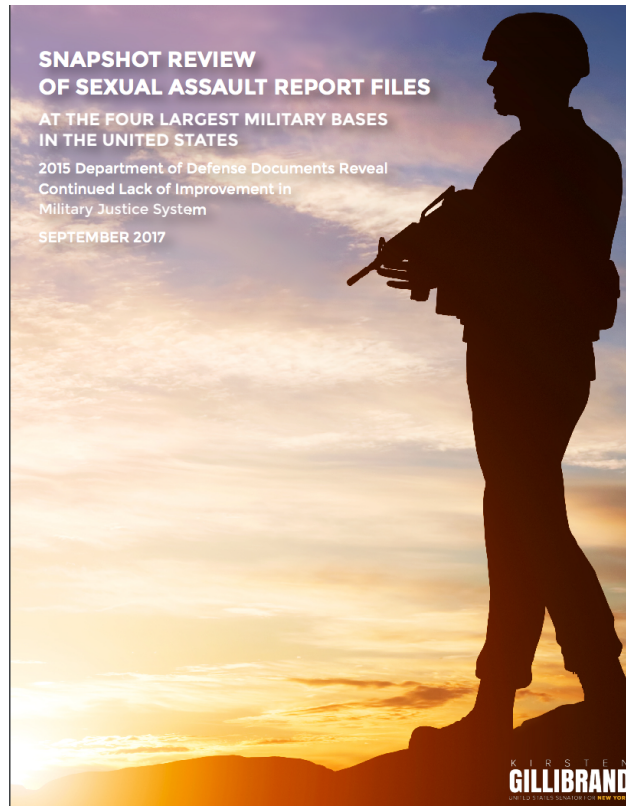
<https://health.mil/News/Articles/2017/09/12/Resources-and-resiliency-help-children-of-military-parents-turn-away-from-suicidal-thoughts>

Resource of the Week: [Snapshot Review of Sexual Assault Report Files at the Four Largest Military Bases in the United States](#)

From press release:

U.S. Senator Kirsten Gillibrand, Ranking Member of the Senate Armed Services Personnel Subcommittee, today released her latest report on sexual assault in the military. Gillibrand's new report found that many of the troubling trends from the previous two decades have continued to be a pervasive problem in the military. For the third year in a row, a review of case files at four of the largest military installations in the United States shows that levels of civilian survivors remain higher than reported in the Department of Defense's (DoD) current Sexual Assault Prevention and Response (SAPRO) report. Gillibrand's report also found that despite claims from DoD officials that they were tackling the astounding rate of retaliation against service members who had reported sexual assault crimes, not a single prosecution for retaliation could be found at each of the four bases.

Gillibrand's report was produced after analyzing military sexual assault case files from the largest domestic base of each branch of the military -- the Army's Fort Hood in Texas, Naval Station Norfolk in Virginia, Marine Corps Base Camp Pendleton in California, and Wright-Patterson Air Force Base in Ohio.



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