

CDP



Research Update -- September 21, 2017

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Journal of Head Trauma Rehabilitation

Special Issue: Treatments for Emotional Issues After Traumatic Brain Injury

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Neumann, Dawn
- [Reductions in Alexithymia and Emotion Dysregulation After Training Emotional Self-Awareness Following Traumatic Brain Injury: A Phase I Trial](#)
Neumann, Dawn; Malec, James F.; Hammond, Flora M.
- [Effectiveness of a Treatment for Impairments in Social Cognition and Emotion Regulation \(T-ScEmo\) After Traumatic Brain Injury: A Randomized Controlled Trial](#)
Westerhof-Evers, Herma J.; Visser-Keizer, Annemarie C.; Fasotti, Luciano; Schönherr, Marleen C.; Vink, Martie; van der Naalt, Joukje; Spikman, Jacoba M
- [Potential Impact of Amantadine on Aggression in Chronic Traumatic Brain Injury](#)
Hammond, Flora M.; Malec, James F.; Zafonte, Ross D.; Sherer, Mark; Bogner, Jennifer; Dikmen, Sureyya; Whitney, Marybeth P.; Bell, Kathleen R.; Perkins, Susan M.; Moser, Elizabeth A.
- [Anger Self-Management Training for Chronic Moderate to Severe Traumatic Brain Injury: Results of a Randomized Controlled Trial](#)
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- [Sertraline for Major Depression During the Year Following Traumatic Brain Injury: A Randomized Controlled Trial](#)
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Bombardier, Charles H.; Fann, Jesse R.; Ludman, Evette J.; Vannoy, Steven D.; Dyer, Joshua R.; Barber, Jason K.; Temkin, Nancy R.

- [Improving Emotion Regulation Following Web-Based Group Intervention for Individuals With Traumatic Brain Injury](#)
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- [Test-Retest Reliability of Traumatic Brain Injury Outcome Measures: A Traumatic Brain Injury Model Systems Study](#)
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- [Cross-Validation of a Classification System for Persons With Traumatic Brain Injury in the Posthospital Period](#)
Sherer, Mark; Ponsford, Jennie; Hicks, Amelia; Leon-Novelo, Luis; Ngan, Esther; Sander, Angelle M.
- [Late Functional Changes Post–Severe Traumatic Brain Injury Are Related to Community Reentry Support: Results From the Paris-TBI Cohort](#)
Jourdan, Claire; Bayen, E.; Vallat-Azouvi, C.; Ghout, I.; Darnoux, E.; Azerad, S.; Charanton, J.; Aegerter, P.; Pradat-Diehl, P.; Ruet, A.; Azouvi, P.
- [TBI and Treatment Response in a Randomized Trial of Acceptance and Commitment Therapy](#)
Bomyea, Jessica; Lang, Ariel J.; Schnurr, Paula P.

[http://www.drugandalcoholdependence.com/article/S0376-8716\(17\)30448-9/pdf](http://www.drugandalcoholdependence.com/article/S0376-8716(17)30448-9/pdf)

Prevalence and correlates of sleep-related problems in adults receiving medical cannabis for chronic pain.

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Drug and Alcohol Dependence

Published online: September 09, 2017

DOI: <http://dx.doi.org/10.1016/j.drugalcdep.2017.08.017>

Purpose

To examine the prevalence and correlates of sleep problems in a sample of medical cannabis patients.

Procedures

Adults ages 21 and older (N = 801, M age = 45.8) who were seeking medical cannabis certification (either for the first time or as a renewal) for chronic pain at medical cannabis clinics in southern Michigan completed baseline measures of cannabis use, sleep, pain, and other related constructs.

Findings

Over half of the sample (59%) met criteria for past 1-month sleep disturbance, defined as at least one sleep problem occurring on 15 or more nights in the past month. Most participants (86%) reported that sleep problems were due to their current pain. Approximately 80% of participants reported using cannabis in the past 6 months to improve sleep and, among these participants, cannabis was rated as helpful for improving sleep. Sleep-related cannabis side effects were rare (35%), but sleep-related cannabis withdrawal symptoms were relatively common (65%). Statistically significant correlates of past 1-month sleep disturbance included a) being female, b) being white, c) being on disability, d) not having a medical cannabis card, and e) frequency of using cannabis to help sleep.

Conclusions

Sleep problems are highly prevalent and frequent in medical cannabis patients and are closely tied to pain. Sleep-related cannabis withdrawal symptoms are relatively common but their clinical relevance is unknown. The association between frequency of cannabis use to help sleep with higher odds of sleep problems will need to be clarified by longitudinal studies.

<http://journals.plos.org/plosone/article?id=10.1371/journal.pone.0184265>

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, et al.

PLoS ONE

12(9): e0184265

<https://doi.org/10.1371/journal.pone.0184265>

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.

[http://www.psy-journal.com/article/S0165-1781\(17\)31234-9/fulltext](http://www.psy-journal.com/article/S0165-1781(17)31234-9/fulltext)

Alternative models of DSM-5 PTSD: Examining diagnostic implications.

Siobhan Murphy, Maj Hansen, Ask Elklit, Yoke Yong Chen, Siti Raudzah Ghazali, Mark Shevlin

Psychiatry Research

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DOI: <http://dx.doi.org/10.1016/j.psychres.2017.09.011>

The factor structure of DSM-5 posttraumatic stress disorder (PTSD) has been extensively debated with evidence supporting the recently proposed seven-factor Hybrid model. However, despite myriad studies examining PTSD symptom structure few have

assessed the diagnostic implications of these proposed models. This study aimed to generate PTSD prevalence estimates derived from the 7 alternative factor models and assess whether pre-established risk factors associated with PTSD (e.g., transportation accidents and sexual victimisation) produce consistent risk estimates. Seven alternative models were estimated within a confirmatory factor analytic framework using the PTSD Checklist for DSM-5 (PCL-5). Data were analysed from a Malaysian adolescent community sample (n = 481) of which 61.7% were female, with a mean age of 17.03 years. The results indicated that all models provided satisfactory model fit with statistical superiority for the Externalising Behaviours and seven-factor Hybrid models. The PTSD prevalence estimates varied substantially ranging from 21.8% for the DSM-5 model to 10.0% for the Hybrid model. Estimates of risk associated with PTSD were inconsistent across the alternative models, with substantial variation emerging for sexual victimisation. These findings have important implications for research and practice and highlight that more research attention is needed to examine the diagnostic implications emerging from the alternative models of PTSD.

<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://online.liebertpub.com/doi/abs/10.1089/neu.2017.5101>

Risk Factors for Mild Traumatic Brain Injury and Subsequent Post-traumatic Stress Disorder and Mental Health Disorders among US Army Soldiers.

Mr. Dennis Edward Scofield, Dr. Susan P Proctor, Dr. Joseph R Kardouni, Dr. Owen T Hill, and Mr. Craig J McKinnon

Journal of Neurotrauma

September 2017, ahead of print

<https://doi.org/10.1089/neu.2017.5101>

To determine the association of mild traumatic brain injury (mTBI) with subsequent Post-traumatic Stress Disorder (PTSD) and mental health disorders (MHD) and the intervening role of Acute Stress Disorder (ASD). This matched case-control study utilized the Total Army Injury and Health Outcomes Database (TAIHOD) to analyze Soldiers' (N=1,261,297) medical encounter data between 2002 and 2011. International Classification of Diseases, Ninth Revision (ICD-9) codes were used to identify: mTBI (following CDC surveillance definition for mTBI), MHD (ICD-9 codes for depression and anxiety, excluding PTSD), PTSD (ICD-9 309.81), and ASD (ICD-9 308.3). Incident cases of mTBI (n=79,505), PTSD (n=71,454), and MHD (n=285,731) were identified. Overall incidence rates per 1,000 Soldier years were: mTBI=17.23; PTSD=15.37; and MHD=67.99. MTBI was associated with increased risk for PTSD (RR 5.09, 95% CI 4.82-5.37) and MHD (RR 2.94, 95% CI 2.84-3.04). A sub-analysis of the mTBI only Soldiers found that a diagnosis ASD, compared to no ASD, was associated with greater risk for subsequent PTSD (RR 2.13, 95% CI 1.96-2.32) and MHD (RR 1.90, 95% CI 1.72-2.09) following mTBI. Results indicate that Soldiers with previous mTBI have higher risk for PTSD and MHD and that ASD may also mediate PTSD and MHD risk subsequent to

mTBI. This data may help guide important surveillance and clinical rehabilitation considerations for high risk populations.

<https://link.springer.com/article/10.1007/s41105-017-0124-8>

Efficacy of cognitive behavioral therapy for comorbid insomnia: a meta-analysis.

Isa Okajima, Yuichi Inoue

Sleep and Biological Rhythms

First Online: 11 September 2017

doi:10.1007/s41105-017-0124-8

Although cognitive behavioral therapy (CBT-I) has been recommended for the treatment of insomnia comorbid with psychiatric disorders and medical diseases, the effectiveness of CBT-I in such cases remains to be established. To fill this gap in the literature, we conducted a meta-analysis on the efficacy of CBT-I in the remediation of insomnia severity, important disease-related symptoms, and quality of life (QoL) in comorbid insomnia. A comprehensive literature search identified 30 randomized controlled trials (RCT) that were eligible for inclusion in the final analyses. Effect sizes were computed with Hedges'g, and study quality was evaluated using the Jadad scale. Analysis revealed that the effect sizes of the treatment were medium to large for important disease-related symptoms ($g = 0.60$), insomnia severity ($g = 0.94$), subjective and objective sleep onset latency ($g = 0.65$ and $g = 0.51$, respectively), subjective waking after sleep onset ($g = 0.61$), subjective and objective sleep efficiency ($g = 0.83$ and $g = 0.48$, respectively), and sleep quality ($g = 0.80$), but was small for health-related QoL ($g = 0.34$) compared with a control group. At follow-up, the effect sizes of CBT-I were large for all outcome variables, but several large and significant heterogeneities were confirmed. CBT-I is an effective treatment for reducing the severity of insomnia and important disease-related symptoms of comorbid insomnia.

<http://journals.sagepub.com/doi/abs/10.1177/1542305017727452>

Emotional Connection of Military Couples after 16 Years of War: Integrating Pastoral Counseling and Evidence-Based Theory.

Gregory J. Cheney

Journal of Pastoral Care & Counseling
Vol 71, Issue 3, pp. 176 - 182
DOI 10.1177/1542305017727452

Sixteen years of war created significant challenges for military couples and seems to contribute to their relational distress. Military couples seek out pastoral counselors for assistance with their relational distress. Many of these pastoral counselors are military chaplains or pastors serving close to military bases. The integration of pastoral counseling with evidence-based theory is presented as an option to serve military couples in their relational distress. Emotionally Focused Couple Therapy is presented as an example.

<https://link.springer.com/article/10.1007/s12207-017-9298-2>

Core Competencies in VA Compensation and Pension Exams for PTSD and Other Mental Disorders.

Thor Johansen

Psychological Injury and Law
First Online: 13 September 2017
<https://doi.org/10.1007/s12207-017-9298-2>

The concept of core competencies has in recent years seen a rising interest as the mental health field has increasingly focused on empirically validated approaches to assessment and intervention. VA compensation and pension (C&P) examiners are required to complete some basic training outlined by the Veterans Health Administration (VHA) and the Veterans Benefits Administration (VBA), but little has been put forth about the specific skills, knowledge, and attitudes required of the examiner. Outlining core competencies for C&P examiners helps gauge to what extent an examiner meets the standards of their professional role. Such a framework is helpful for those responsible for training new examiners within the VA as well as for contracted examiners who need continuing education. Additionally, core competencies provide experienced examiners a framework to help self-evaluate as they continue to develop their skills. This article does not intend to address how to perform C&P examinations, because such issues have been addressed thoroughly elsewhere (i.e., Moering in

Psychological Injury and Law, 4: 217–234, 2011; Ridgeway in Psychological Injury and Law, 5: 72–87, 2012; Worthen & Moering in Psychological Injury and Law, 4: 187–216, 2011). It does, however, attempt to describe the core competencies required by those clinicians who perform posttraumatic stress disorder (PTSD) and other mental disorders C&P evaluations on behalf of the VA.

<https://www.ncbi.nlm.nih.gov/pubmed/28885931>

Mil Med. 2017 Sep;182(9):e1745-e1750. doi: 10.7205/MILMED-D-16-00385

Impact of Engagement in Exercise on Sleep Quality Among Veterans With Posttraumatic Stress Disorder Symptoms.

Bosch J, Weaver TL, Neylan TC, Herbst E, McCaslin SE

BACKGROUND:

Exercise has beneficial effects for physical health outcomes and has also been shown to reduce the severity of psychological health symptoms. Recent studies have shown a potentially positive impact of exercise on posttraumatic stress disorder (PTSD).

Prominent among those with PTSD, sleep disturbance and nightmares are among the top three PTSD symptoms commonly reported by treatment-seeking Veterans. Regular physical exercise has been consistently associated with better sleep. This study utilized a longitudinal design to explore the relationship between exercise and sleep among Veterans with PTSD symptoms at baseline and one-year follow-up.

MATERIALS AND METHODS:

Veterans (n = 76) who served in support of Operation Enduring Freedom/Operation Iraqi Freedom/Operation New Dawn were recruited for this study. Correlations were assessed between PTSD symptoms, sleep, and engagement in exercise at each time point (baseline, one-year follow-up). Regression analyses were conducted to examine the relationship between engagement in exercise at baseline and PTSD symptoms at one-year follow-up, as well as sleep quality at one-year follow-up. Regression models controlled for demographic variables (age and gender), alcohol use, baseline PTSD symptoms, and baseline sleep quality.

RESULTS:

Multiple regression analyses demonstrated that engagement in exercise at baseline was significantly associated with better sleep quality at one-year follow-up while

controlling for age, gender, alcohol use, baseline PTSD symptoms, and baseline sleep quality ($\beta = -0.128$, $p < 0.05$). Multiple regression analyses examining the relationship between engagement in exercise at baseline and PTSD symptoms at one-year follow-up (controlling for age, gender, alcohol use, baseline PTSD symptoms, and baseline sleep quality) did not yield statistically significant results ($\beta = 0.053$, $p = 0.57$).

CONCLUSION:

Results from the present study found that engagement in exercise at baseline was associated with better sleep quality at one-year follow-up. These findings were consistent with the current literature suggesting exercise can have a positive impact on sleep quality. Furthermore, our findings suggest that exercise could be considered as an adjunctive intervention for individuals with PTSD-particularly for those patients whose difficulties with sleep are predominant. Given that exercise is highly accessible and is embedded in the military culture, future research should examine the way in which exercise can be leveraged in PTSD treatment, specifically in ameliorating sleep difficulties. Exercise may also reap demonstrable public health benefits in multiple psychological and physical domains and reduce the psychiatric and medical morbidity and mortality associated with PTSD.

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<https://link.springer.com/article/10.1007/s10615-017-0638-1>

Exposure to Client Trauma, Secondary Traumatic Stress, and the Health of Clinical Social Workers: A Mediation Analysis.

Jacquelyn J. Lee, Ruth Gottfried, Brian E. Bride

Clinical Social Work Journal

First Online: 11 September 2017

<https://doi.org/10.1007/s10615-017-0638-1>

While it is widely acknowledged that providing services to traumatized populations may negatively impact the mental health of clinicians, little is known about the impact of exposure to traumatized clients and secondary traumatic stress on the physical health status of clinicians. As such, the twofold purpose of this study was to: (1) document the prevalence of STS in a national (US) sample of clinical social workers, and (2) to examine the relationships between exposure to client trauma, STS, and perceived health of clinical social workers. Specifically, we sought to determine if STS mediates

the relationship between exposure to client traumas and perceived health. Results indicate clinicians experience intrusion symptoms most frequently, and a significant portion report arousal and avoidance symptoms. Mediation analyses revealed that exposure to traumatized client populations indirectly influenced clinical social workers' physical health perceptions by way of secondary traumatic stress. Findings call for increased attention toward prevention and amelioration of secondary traumatic stress symptomology among direct service providers, given both its prevalence and potential impact on physical health. Directions for future research are discussed.

<https://www.ncbi.nlm.nih.gov/pubmed/28885949>

Mil Med. 2017 Sep;182(9):e1871-e1878. doi: 10.7205/MILMED-D-17-00016

Assessing Military Community Support: Relations Among Perceived Military Community Support, Child Psychosocial Adjustment, and Parent Psychosocial Adjustment.

Conforte AM, Bakalar JL, Shank LM, Quinlan J, Stephens MB, Sbrocco T, Tanofsky-Kraff M

INTRODUCTION:

The emotional, cognitive, and behavioral health of the nearly two million children of military service members in the United States is important as these children play an integral role in the operational readiness of the armed forces. For example, when a service member's child experiences psychosocial difficulties, these difficulties often impact the service member's personal well-being and ability to focus at work, impairing the service member's ability to focus on the mission. Although military service members and their families (e.g., children and spouses) face many of the same stressors as their civilian counterparts, they also experience additional stressors related to being a military family, including frequent relocation, unpredictable schedule changes, short- and long-term family separation, and threats to service members' safety. Psychosocial functioning and resilience to stress may be influenced by a variety of factors. One important factor that influences parent and child functioning is community support. Community support may be especially important for military families because of the increased significance of social support during stress such as deployment and geographic relocation. Research is promising regarding the protective effects of community support in civilian populations. However, there is a comparable dearth in the literature regarding military families and no validated measures designed specifically to

assess the construct of community support in military families. We therefore aimed to develop and examine a new measure, the Community Assessment of Military Perceived Support (CAMPS) and examine its potential relationship with the psychosocial functioning of military parents and their children.

MATERIALS AND METHODS:

The CAMPS was developed and initially tested with both quantitative and qualitative methods. The CAMPS was then used to examine the relationships among perceived community support and child/parent psychosocial symptoms. This cross-sectional correlational study was conducted in a sample of military parents with children between the ages of 2 and 18 years of age who completed an online, anonymous survey.

RESULTS:

One hundred and fifty-seven military parents completed the CAMPS. Internal consistency was excellent ($\alpha = 0.94$). More community support as measured by the CAMPS was associated with fewer child and parent psychosocial symptoms ($p < 0.01$) and the relationship between perceived military community support and child well-being was mediated by parent well-being (95% confidence interval [-0.19, -0.04]). Together, parent psychosocial functioning and perceived military community support explained 24% of the variance in child psychosocial functioning.

CONCLUSION:

The CAMPS is an internally consistent measure that appears to be associated with military parent and child psychosocial functioning. Given the importance of military community support, the CAMPS may have potential as a tool for outcome research and program evaluation. Future research is required to validate the CAMPS in a larger, more diverse military sample. Moreover, longitudinal studies are needed to determine the directionality of the relationship between community military support and psychosocial functioning.

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<https://www.ncbi.nlm.nih.gov/pubmed/28885946>

Mil Med. 2017 Sep;182(9):e1849-e1855. doi: 10.7205/MILMED-D-17-00023

The Association Between Service Members' Participation in Humanitarian Aid and Disaster Relief and Mental Health Symptoms and Treatments.

Kim Y, Patel N, Diehl G, Richard P

INTRODUCTION:

There is a scarcity of research establishing a relationship between mental illness and the U.S. military service members who participate in the field of military humanitarian assistance/disaster relief (HA/DR). One of the few studies in this area showed that participation in military HA/DR was not associated with depressive symptoms, however, the study was limited by sample size. This study examined (1) the relationship between participation in military HA/DR and mental health symptoms and military stress and (2) the relationship between HA/DR and mental health treatment and therapy.

MATERIALS AND METHODS:

Data from the 2011 Health Related Behaviors Survey was used. The analytic sample consisted of U.S. military service members who participated in HA/DR (the Haiti earthquake and Deepwater Horizon oil spill in the Gulf) ($n = 573$) compared to those who participated in non-HA/DR deployments from 2007 to 2011 ($n = 986$). Multivariate models were used to examine the relationship between the independent variables and dependent variables while controlling for a set of variables that may confound the relationship between the two.

RESULTS:

The logistic regression model found that participating in HA/DR deployments decreased the likelihood of service members reporting post-traumatic stress disorder (PTSD) symptoms by 3% ($p < 0.1$) and depressive symptoms by 1% ($p < 0.05$). Furthermore, participation decreased the likelihood of having a prescription for antidepressants during and/or 3 months after deployment by 1% ($p < 0.05$). Additional results showed that junior enlisted and senior enlisted members were more likely to report symptoms of PTSD than senior officers ($p < 0.05$). Marines were more likely to seek treatment and therapy for depression than U.S. Coastguard members ($p < 0.1$).

CONCLUSION:

Results showed that participation in HA/DR was associated with significant reductions in PTSD symptoms, depressive symptoms, and the use of antidepressants by service members. Further research needs to understand the mechanism of these associations for better planning and implementation of HA/DR and delivery of care to service members who participate in these missions.

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<http://onlinelibrary.wiley.com/doi/10.1111/sltb.12388/full>

Psychological Inflexibility Predicts of Suicidal Ideation Over Time in Veterans of the Conflicts in Iraq and Afghanistan.

Bryann B. DeBeer PhD, Eric C. Meyer PhD, Nathan A. Kimbrel PhD, Julie A. Kittel MA, Suzy B. Gulliver PhD, Sandra B. Morissette PhD

Suicide and Life-Threatening Behavior

First published: 11 September 2017

DOI: 10.1111/sltb.12388

Psychological inflexibility, or how individuals respond to distressing internal experiences, may be a modifiable risk factor for suicide in veterans. It was hypothesized that psychological inflexibility would predict suicidal ideation after accounting for established risk factors at baseline and 1 year later. Post-9/11 veterans (N = 309) completed clinical interview and self-report measures at baseline and 1-year follow-up. Results indicated that psychological inflexibility predicted severity of suicidal ideation at both baseline and 1 year later, after accounting for established risk factors. Psychological inflexibility is an important marker of risk for suicidal ideation, and could be a target for interventions aimed at reducing suicide.

<http://journals.sagepub.com/doi/abs/10.1177/0022343317720487>

The persistence of sexual assault within the US military.

Elisabeth Jean Wood, Nathaniel Toppelberg

Journal of Peace Research

First Published September 12, 2017

<https://doi.org/10.1177/0022343317720487>

What accounts for the puzzling persistence of sexual assault of both women and men within the ranks of the US military? Despite increasing efforts to end this intraforce violence, sexual assault of women persists at levels comparable to those in the civilian population and significantly higher than that of other crimes (data challenges prevent comparing rates for men). Drawing on recent analysis of rape as a practice rather than a strategy of war, we suggest the answer lies in the socialization not only of recruits but

also of officers. We draw on an original typology of socialization processes and analysis of four well-documented cases to suggest the following account of why sexual assault persists. First, informal socialization processes (including sexualized hazing) trivialize sexual harassment and assault, establish assault as an appropriate form of punishment (including of those transgressing military gender norms), and license retaliation against victims who report. Second, officers sometimes sexually harass and assault subordinates, thereby endorsing similar acts by servicemembers under their command. Third, formal socialization processes of enlisted men and women, despite recent reforms, continue to reproduce a masculinity that undermines policies that seek to prevent sexual assault, in part because it fails to override these unauthorized and illegal socialization processes. Finally, the socialization of officers, combined with problematic incentive structures, undercuts efforts to end the de facto tolerance of sexual abuse by many officers. In our emphasis on horizontal as well as top-down socialization processes, and on those that subvert official policies as well as those that seek to inculcate them, we also contribute to scholarly understanding of socialization within organizations more generally.

<https://www.healio.com/psychiatry/journals/psycann/2017-9-47-9/{4d476e10-be0c-447f-aed8-4970ae446ef6}/thinking-about-completed-suicide>

Thinking About (Completed) Suicide.

Sam Libeu, MD; Stephen H. Dinwiddie, MD

Psychiatric Annals

September 2017 - Volume 47 · Issue 9: 460-465

DOI: 10.3928/00485713-20170802-01

Suicide is a major cause of mortality, and research over the last 50 years has identified many factors found to accompany both suicide-associated behaviors and completed suicide. Why then, has accurate assessment and prediction of suicide risk remained such an intractable clinical problem? Part of the answer is that weak predictors and relatively low base rate combine to impair predictive accuracy. Another factor is that, despite many studies, it has proven very difficult to study suicide prospectively, such that proxy endpoints such as suicidal ideation or parasuicidal behaviors must often be relied upon.

<http://onlinelibrary.wiley.com/doi/10.1002/jts.22214/full>

Patterns of Smoking and Unhealthy Alcohol Use Following Sexual Trauma Among U.S. Service Members.

Seelig, A. D., Rivera, A. C., Powell, T. M., Williams, E. C., Peterson, A. V., Littman, A. J., Maynard, C., Street, A. E., Bricker, J. B. and Boyko, E. J.

Journal of Traumatic Stress

Version of Record online: 14 SEP 2017

DOI: 10.1002/jts.22214

In the first known longitudinal study of the topic, we examined whether experiencing sexual assault or sexual harassment while in the military was associated with increased risk for subsequent unhealthy alcohol use and smoking among U.S. service members in the Millennium Cohort Study (2001–2012). Adjusted complementary log–log models were fit to estimate the relative risk of (a) smoking relapse among former smokers (men: $n = 4,610$; women: $n = 1,453$); (b) initiation of unhealthy alcohol use (problem drinking and/or drinking over recommended limits) among those with no known history of unhealthy alcohol use (men: $n = 8,459$; women: $n = 4,816$); and (c) relapse among those previously reporting unhealthy alcohol use (men: $n = 3,487$; women: $n = 1,318$). Men who reported experiencing sexual assault while in the military had sixfold higher risk for smoking relapse: relative risk (RR) = 6.62; 95% confidence interval (CI) [2.34, 18.73], than men who did not. Women who reported experiencing sexual assault while in the military had almost twice the risk for alcohol relapse: RR = 1.73; 95% CI [1.06, 2.83]. There were no other significant associations. These findings suggest that men and women may respond differently following sexual trauma, and support future concerted policy efforts by military leadership to prevent, detect, and intervene on sexual assault.

<https://link.springer.com/article/10.1007/s12144-017-9684-7>

Psychological Dimensions of Drone Warfare.

Alaa Hijazi, Christopher J. Ferguson, Harold Hall, Mark Hovee, F. Richard Ferraro, Sherrie Wilcox

Current Psychology

First Online: 14 September 2017

<https://doi.org/10.1007/s12144-017-9684-7>

The use of weaponized drones or “unmanned aerial vehicles” (UAVs) has become increasingly widespread and controversial over the past few decades. The current paper reviews the state of the research regarding the potential psychosocial impact of weaponized drones on operators and target populations and communities. It is concluded that research regarding the impact of drones in the psychological literature remains limited and most discussion of drones’ impact has taken place in the public policy and legal/ethical spheres, often by entities invested in condoning or condemning the use of drones. The limited available data addresses potential new challenges to the well-being of drone operators, factors influencing decision making regarding the use of drones, and the impact on target communities. The current paper neither condones nor condemns the use of drones, but is advanced as a state of the research and a call for additional objective and empirical analysis on this relatively new form of warfare.

<https://link.springer.com/article/10.1007/s11121-017-0839-4>

After Deployment, Adaptive Parenting Tools: 1-Year Outcomes of an Evidence-Based Parenting Program for Military Families Following Deployment.

Abigail H. Gewirtz, David S. DeGarmo, Osnat Zamir

Prevention Science

First Online: 15 September 2017

<https://doi.org/10.1007/s11121-017-0839-4>

Despite significant stressors facing military families over the past 15 years of wars in Iraq and Afghanistan, no parenting programs adapted or developed for military families with school-aged children have been rigorously tested. We present outcome data from the first randomized controlled trial of a behavioral parent training program for families with a parent deployed to Iraq or Afghanistan. In the present study, 336 primarily National Guard and Reserve families with 4–12-year-old children were recruited from a Midwestern state. At least one parent in each family had deployed to the recent conflicts: Operations Iraqi or Enduring Freedom, or New Dawn (OIF/OEF/OND). Families were randomized to a group-based parenting program (After Deployment, Adaptive Parenting Tools (ADAPT)) or web and print resources-as-usual. Using a social

interaction learning framework, we hypothesized an indirect effects model: that the intervention would improve parenting, which, in turn, would be associated with improvements in child outcomes. Applying intent-to-treat analyses, we examined the program's effect on observed parenting, and children's adjustment at 12-months post baseline. Controlling for demographic (marital status, length, child gender), deployment variables (number of deployments), and baseline values, families randomized to the ADAPT intervention showed significantly improved observed parenting compared to those in the comparison group. Observed parenting, in turn, was associated with significant improvements in child adjustment. These findings present the first evidence for the effectiveness of a parenting program for deployed military families with school-aged children.

<https://link.springer.com/article/10.1007/s10826-017-0864-8>

Military Family Advocacy in the U.S. Army: Program Service Outcomes and Family Participation.

Keith R. Aronson, Daniel F. Perkins, Nicole R. Morgan, Col Anthony Cox, Rene Robichaux

Journal of Child and Family Studies

First Online: 15 September 2017

<https://doi.org/10.1007/s10826-017-0864-8>

Violence in military families remains a vexing problem. Since the advent of the Global War on Terror, there is inconsistent evidence that the prevalence of family violence is increasing, particularly during and after military deployments. However, child neglect appears to increase significantly during military deployments. The military has developed family advocacy programs designed to keep families safe and intervene to reduce the deleterious effects of exposure to family violence. This is one of the first studies to examine the quality with which a family advocacy program is implemented and the degree to which families engage with the program. To conduct this study, the case files of 226 families who came in contact with the Army Family Advocacy Program (FAP) and whose cases were closed in 2013 were reviewed and coded across several implementation and service outcomes. These included involvement of qualified staff, whether or not appropriate victim and offender assessments were completed, degree of inter-agency communication, and appropriateness of referrals, among others. Soldier and family member participation in FAP and other Army-sponsored programs designed

to reduce violence was also assessed. Generally speaking, the Army Family Advocacy Program was implemented with high quality, established processes and procedures for handling cases were largely followed, and FAP staff responded rapidly and thoroughly to reported abuse. However, family engagement with Army services and supports was low. Developing robust approaches to engaging families in family programming must be a high priority going forward.

<http://econtent.hogrefe.com/doi/abs/10.1027/0227-5910/a000478?journalCode=cri>

Mental Health Professionals' Suicide Risk Assessment and Management Practices: The Impact of Fear of Suicide-Related Outcomes and Comfort Working With Suicidal Individuals.

Jared F. Roush, Sarah L. Brown, Danielle R. Jahn, Sean M. Mitchell, Nathanael J. Taylor, Paul Quinnett, and Richard Ries

Crisis

Published online September 15, 2017

<https://doi.org/10.1027/0227-5910/a000478>

Background:

Approximately 20% of suicide decedents have had contact with a mental health professional within 1 month prior to their death, and the majority of mental health professionals have treated suicidal individuals. Despite limited evidence-based training, mental health professionals make important clinical decisions related to suicide risk assessment and management.

Aims:

The current study aimed to determine the frequency of suicide risk assessment and management practices and the association between fear of suicide-related outcomes or comfort working with suicidal individuals and adequacy of suicide risk management decisions among mental health professionals.

Method:

Mental health professionals completed self-report assessments of fear, comfort, and suicide risk assessment and management practices.

Results:

Approximately one third of mental health professionals did not ask every patient about current or previous suicidal thoughts or behaviors. Further, comfort, but not fear, was positively associated with greater odds of conducting evidence-based suicide risk assessments at first appointments and adequacy of suicide risk management practices with patients reporting suicide ideation and a recent suicide attempt.

Limitations:

The study utilized a cross-sectional design and self-report questionnaires.

Conclusion:

Although the majority of mental health professionals report using evidenced-based practices, there appears to be variability in utilization of evidence-based practices.

<http://econtent.hogrefe.com/doi/abs/10.1027/0227-5910/a000475?journalCode=crit>

Depressed Multiple-Suicide- Attempters – A High-Risk Phenotype.

Leo Sher, Michael F. Grunebaum, Ainsley K. Burke, Sadia Chaudhury, J. John Mann, and Maria A. Oquendo

Crisis

Published online September 15, 2017

<https://doi.org/10.1027/0227-5910/a000475>

Background:

There is compelling evidence that suicide attempts are among the strongest predictors of suicide and future suicide attempts. Aim: This study aimed to examine psychopathology in multiple-suicide attempters.

Method:

We compared the demographic and clinical features of three groups: depressed patients without a history of suicide attempts (non-attempters), depressed patients with a history of one to three suicide attempts (attempters), and depressed patients with a history of four or more suicide attempts (multiple attempters).

Results:

We found that attempters and multiple attempters had higher levels of depression,

hopelessness, aggression, hostility, and impulsivity and were more likely to have borderline personality disorder and family history of major depression or alcohol use disorder compared with non-attempters, but did not differ between each other on these measures. Multiple attempters had greater suicidal ideation at study entry and were more likely to have family history of suicide attempt compared with attempters. Importantly, multiple attempters had greater suicide intent at the time of the most medically serious suicide attempt and more serious medical consequences during their most medically serious suicide attempt compared with attempters.

Limitations:

The cross-sectional design of the study.

Conclusion:

Our data suggest that multiple-suicide attempters require careful evaluation as their behavior can have serious medical consequences.

<https://academic.oup.com/occmed/article-abstract/doi/10.1093/occmed/kqx132/4159305/Perceived-effect-of-deployment-on-families-of-UK?redirectedFrom=fulltext>

Perceived effect of deployment on families of UK military personnel.

G Thandi, N Greenberg, N T Fear, N Jones

Occupational Medicine

Published: 15 September 2017

<https://doi.org/10.1093/occmed/kqx132>

Background

In the UK, little is known about the perceived effects of deployment, on military families, from military personnel in theatre.

Aims

To investigate military personnel's perceptions of the impact of deployment on intimate relationships and children.

Methods

Deployed service personnel who were in a relationship, and who had children,

completed a survey while deployed on combat operations. Data were taken from four mental health surveys carried out in Iraq in 2009 and Afghanistan in 2010, 2011 and 2014.

Results

Among 4265 participants, after adjusting for military and social-demographic covariates, perceiving that deployment had a negative impact on intimate relationships and children was associated with psychological distress, and traumatic stress symptoms. Military personnel who reported being in danger of being injured or killed during deployment, were more likely to report a perceived negative effect of deployment on their intimate relationships. Reservists were less likely to report a perceived negative impact of deployment on their children compared with regulars. Military personnel who themselves planned to separate from their partner were more likely to report psychological distress, and stressors at home. Perceived insufficient support from the Ministry of Defence was associated with poor mental health, and holding a junior rank.

Conclusions

Deployed UK military personnel with symptoms of psychological distress, who experienced stressors at home, were especially likely to perceive that their family were inadequately supported by the military. Those planning to separate from their partner were at increased risk of suffering with mental health problems while deployed.

<http://onlinelibrary.wiley.com/doi/10.1002/ajmg.b.32594/full>

Genomewide association studies of suicide attempts in US soldiers.

Murray B. Stein, Erin B. Ware, Colter Mitchell, Chia-Yen Chen, Susan Borja, Tianxi Cai, Catherine L. Dempsey, Carol S. Fullerton, Joel Gelernter, Steven G. Heeringa, Sonia Jain, Ronald C. Kessler, James A. Naifeh, Matthew K. Nock, Stephan Ripke, Xiaoying Sun, Jean C. Beckham, Nathan A. Kimbrel, VA Mid-Atlantic Mental Illness Research, Education, and Clinical Center (MIRECC) Workgroup, Robert J Ursano and Jordan W. Smoller

American Journal of Medical Genetics

First published: 13 September 2017

DOI: 10.1002/ajmg.b.32594

Suicide is a global public health problem with particular resonance for the US military. Genetic risk factors for suicidality are of interest as indicators of susceptibility and potential targets for intervention. We utilized population-based nonclinical cohorts of US military personnel (discovery: N = 473 cases and N = 9778 control subjects; replication: N = 135 cases and N = 6879 control subjects) and a clinical case-control sample of recent suicide attempters (N = 51 cases and N = 112 control subjects) to conduct GWAS of suicide attempts (SA). Genomewide association was evaluated within each ancestral group (European-, African-, Latino-American) and study using logistic regression models. Meta-analysis of the European ancestry discovery samples revealed a genomewide significant locus in association with SA near MRAP2 (melanocortin 2 receptor accessory protein 2) and CEP162 (centrosomal protein 162); 12 genomewide significant SNPs in the region; peak SNP rs12524136-T, OR = 2.88, $p = 5.24E-10$. These findings were not replicated in the European ancestry subsamples of the replication or suicide attempters samples. However, the association of the peak SNP remained significant in a meta-analysis of all studies and ancestral subgroups (OR = 2.18, 95%CI 1.70, 2.80). Polygenic risk score (PRS) analyses showed some association of SA with bipolar disorder. The association with SNPs encompassing MRAP2, a gene expressed in brain and adrenal cortex and involved in neural control of energy homeostasis, points to this locus as a plausible susceptibility gene for suicidality that should be further studied. Larger sample sizes will be needed to confirm and extend these findings.

<http://onlinelibrary.wiley.com/doi/10.1002/jcad.12158/full>

Loneliness as Moderator Between Trauma and Posttraumatic Growth.

Zeligman, M., Bialo, J. A., Brack, J. L. and Kearney, M. A.

Journal of Counseling & Development

95: 435–444

doi:10.1002/jcad.12158

This study investigated the association between loneliness, trauma symptomatology, and posttraumatic growth (PTG) in undergraduate students (N = 362). The study also explored whether loneliness moderated the relationship between experiences of trauma and PTG. The results demonstrated that both loneliness and trauma symptoms predicted levels of PTG, and loneliness moderated the relationship between trauma and

PTG. Limitations, directions for future research, and implications for counseling are discussed.

<https://journals.colostate.edu/jvs/article/viewFile/142/98>

Student Veterans with Invisible Disabilities: Accommodation-Seeking in Higher Education.

Derrick Kranke, Eugenia L. Weiss, & Jodi L. Constantine Brown

Journal of Veterans Studies

Vol 2, No 2 (2017)

Large numbers of recent generations of U.S. military veterans are returning to postsecondary education, as they utilize the Post-9/11 GI Bill. However, some of these student veterans may have invisible/non-apparent disabilities such as, posttraumatic stress disorder or other mental health issues that may impact their ability to readjust to the learning environments in educational settings. Minimal research assesses factors impacting student veterans' disclosure of their disability to receive accommodations. Authors conducted a literature search of military veterans and help-seeking behaviors in higher educational settings based on the criteria of: 1) pertaining to stigma among student veterans/with a non-apparent disability; 2) barriers to engaging in help-seeking behaviors; and 3) acquiring services in a non-military postsecondary educational setting. 15 articles met our search criteria, and offer contextual factors that if accounted for, may make some student veterans more willing to disclose to seek classroom accommodations for a non-apparent disability should the need arise. We conclude by applying theories and recent empirical findings related to enhancing veterans' willingness to address mental health issues and help-seeking behaviors in higher education.

Links of Interest

Retired Gen. Ham: I got emotional support. You can, too.

<https://health.mil/News/Articles/2017/09/14/Retired-Gen-Ham-I-got-emotional-support-You-can-too>

FDA permits marketing of mobile medical application for substance use disorder
<https://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm576087.htm>

Canines Helping Out in the Courtroom
<http://www.pewtrusts.org/en/research-and-analysis/blogs/stateline/2017/06/26/canines-helping-out-in-the-courtroom>

Senators introduce new legislation to stop military transgender ban
<http://www.militarytimes.com/news/pentagon-congress/2017/09/15/senators-introduce-new-legislation-to-stop-military-transgender-ban/>

Transgender service members can re-enlist while review continues
<http://www.marinecorpstimes.com/news/pentagon-congress/2017/09/15/transgender-service-members-can-re-enlist-while-review-continues/>

Pentagon releases interim guidance on military transgender policy
<https://www.militarytimes.com/news/your-military/2017/09/18/dod-releases-interim-guidance-on-transgender-policy/>

Report: Army ends enlistment contracts for foreign-born recruits
<https://www.armytimes.com/news/2017/09/15/army-ends-enlistment-contracts-for-foreign-born-recruits/>

VA's suicide prevention hotline expanding to third site
<http://www.militarytimes.com/veterans/2017/09/16/vas-suicide-prevention-hotline-expanding-to-third-site/>

Should people without depression take medication to prevent it?
https://www.washingtonpost.com/national/health-science/should-people-without-depression-take-medication-to-prevent-it/2017/09/15/92623856-619b-11e7-a4f7-af34fc1d9d39_story.html

Life-Saving Ways to Prevent Suicide Prove Less Costly, More Effective than Standard Care
<https://psychcentral.com/news/2017/09/16/life-saving-ways-to-prevent-suicide-prove-less-costly-more-effective-than-standard-care/126081.html>

Getting Left of the Boom: Reducing the Availability of Lethal Means Before a Suicidal Crisis Starts

<http://www.pdhealth.mil/news/blog/getting-left-boom-reducing-availability-lethal-means-suicidal-crisis-starts>

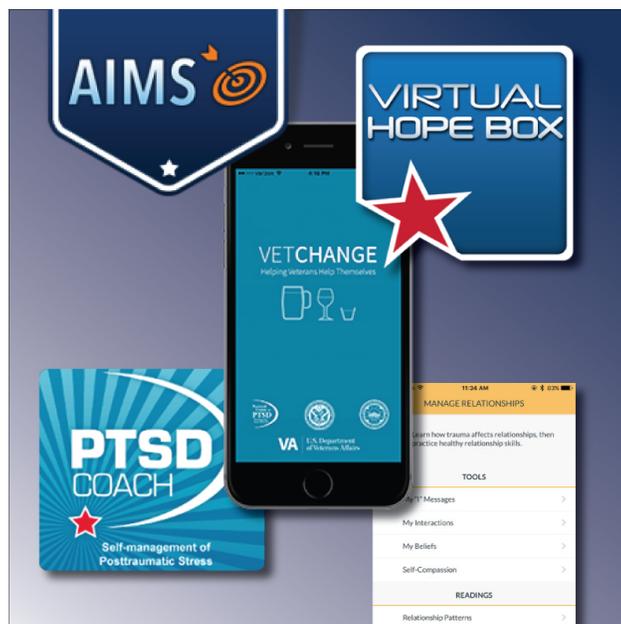
Can't Sleep? There's an App for That, Says a New Study

<http://bigthink.com/articles/cant-sleep-theres-an-app-for-that-says-a-new-study>

Resource of the Week: [From the Clinic to Your Smartphone: Using Mobile Apps to Improve Care](#)

The benefits of mobile health technology in clinical care include overcoming barriers, increasing patient engagement, and improving patient reports of symptoms, said Armstrong, also a clinical psychologist.

For example, many apps let users keep logs that help them track and report symptoms (link is external) to their providers. This can make clinical visits more productive (link is external). Studies also show that mobile tech can increase patient engagement (link is external) with treatment outside of their face-to-face interactions with providers.



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