

CDP



Research Update -- October 5, 2017

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<http://onlinelibrary.wiley.com/doi/10.1111/jsr.12543/full>

Trends and factors associated with insomnia and sleep apnea in all United States military service members from 2005 to 2014.

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Journal of Sleep Research

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DOI: 10.1111/jsr.12543

Sleep disorders are a critical issue for the military, as they impact operational readiness, personnel health, wellbeing and health-care costs. The incidence of insomnia and obstructive sleep apnea (OSA) are increasing in the United States civilian population,

and rates in military personnel exceed those of civilians. Using a comprehensive database, rates of medical encounters for insomnia and OSA were investigated and their associations with various demographic factors examined in the total US military population [1,381,406 ± 25,123, mean ± standard deviation (SD) personnel per year] from 2005 to 2014. Encounters for insomnia increased from 16 of 1000 in 2005 to 75 of 1000 in 2014 (372%). Encounters for OSA increased from 44 of 1000 in 2005 to 273 of 1000 in 2014 (517%). Those experiencing the greatest increases in insomnia included women, individuals ≥40 years of age, blacks, senior enlisted personnel and Army personnel compared to other military services. Those experiencing the greatest rates of OSA included men, individuals ≥40 years of age, blacks, senior officers and Army personnel. Rates of insomnia and OSA increased linearly over time ($R^2 = 0.95-0.99$; $P < 0.01$) for every subpopulation except those aged <20 years. In response to this epidemic-like increase in sleep disorders, their prevention, identification and aggressive treatment should become a health-care priority of the US military.

<http://www.sciencedirect.com/science/article/pii/S1389945717303556>

Does CO-MORBID obstructive sleep apnea impair the effectiveness of cognitive and behavioral therapy for insomnia?

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Sleep Medicine

Available online 22 September 2017

<https://doi.org/10.1016/j.sleep.2017.09.003>

Aims

Co-morbid insomnia and obstructive sleep apnea (OSA) represents a highly prevalent and debilitating condition, however physicians and researchers are still uncertain as to the most effective treatment approach. Several research groups have suggested that these patients should initially receive treatment for their insomnia before the sleep apnea is targeted. The current study aims to determine whether cognitive and behavioral therapy for insomnia (CBT-i) can effectively treat insomnia in patients with co-morbid OSA, and whether its effectiveness is impaired by the presence of OSA.

Methods

A retrospective chart review was conducted to examine 455 insomnia patients entering a CBT-i treatment program in a hospital outpatient setting. 314 patients were diagnosed

with insomnia-alone, and 141 with insomnia and co-morbid obstructive sleep apnea. Improvements in average sleep diary parameters, global insomnia severity, and several daytime functioning questionnaires from baseline, to post-treatment, to 3-month follow-up were compared between insomnia patients with- and without co-morbid sleep apnea.

Results

Insomnia patients with co-morbid OSA experienced significant improvements in insomnia symptoms, global insomnia severity, and other daytime functioning measures during and following treatment. Furthermore, improvements were no different between patients with or without co-morbid OSA. Sleep apnea presence and severity were not related to rates of insomnia-remission or treatment-resistance following treatment.

Conclusions

CBT-i is an effective treatment in the presence of co-morbid OSA. This information offers support for the suggestion that patients with co-morbid insomnia and obstructive sleep apnea should be treated with CBT-i prior to treatment of the OSA.

<http://journals.sagepub.com/doi/abs/10.1177/13576333X17732366>

Pilot study comparing telephone to in-person delivery of cognitive-behavioural therapy for trauma-related insomnia for rural veterans.

C Laurel Franklin, Jessica L Walton, Amanda M Raines, Jessica L Chambliss, Sheila A Corrigan, Lisa-Ann J Cuccurullo, Nancy J Petersen, Karin E Thompson

Journal of Telemedicine and Telecare

First Published September 26, 2017

<https://doi.org/10.1177/13576333X17732366>

Introduction

It is estimated that 70% of patients with posttraumatic stress disorder (PTSD) have chronic insomnia. A recent meta-analysis examined cognitive-behavioural therapy for insomnia (CBT-I) in veterans with and without PTSD, and suggested that most studies had questionable methodology, but generally supported its effectiveness in this population. Further, while CBT-I via telehealth (i.e. using telecommunication and information technology to deliver health services) has shown effectiveness for primary insomnia, it has not been applied to PTSD-related insomnia.

Methods

Veterans with insomnia who were diagnosed with PTSD (n = 12) or having significant subthreshold PTSD symptoms (n = 6) on the Clinician Administered PTSD Scale were randomly assigned to receive CBT-I in-person (n = 7) or by telephone (n = 11), to pilot test the potential effectiveness, acceptability, and feasibility of administering CBT-I in rural veterans. A six-week CBT-I protocol was delivered, and the veteran's insomnia was assessed at post-treatment and follow-up.

Results

Given the small sample size, Cohen's d was used to detect group differences, finding large effect sizes favouring the in-person delivery, until three-months post-treatment when this difference diminished. Most veterans found the treatment acceptable, regardless of mode of delivery. Based on the results, a larger project is feasible. Feasibility for a larger project is favourable.

Discussion

In summary, our findings uphold and extend previous research. Specifically, current pilot data suggest that telephone-delivered CBT-I may be able to reduce trauma-related insomnia symptoms. Future trials are needed to assess the effectiveness of CBT-I delivered to rural veterans with posttraumatic insomnia.

<http://www.sciencedirect.com/science/article/pii/S0165032717312594>

Insomnia and hypersomnia in major depressive episode: Prevalence, sociodemographic characteristics and psychiatric comorbidity in a population-based study.

Pierre A. Geoffroy, Nicolas Hoertel, Bruno Etain, Frank Bellivier, Richard Delorme, Frédéric Limosin, Hugo Peyre

Journal of Affective Disorders
Volume 226, 15 January 2018, Pages 132-141
<https://doi.org/10.1016/j.jad.2017.09.032>

Objectives

To examine (i) the frequency of different sleep complaints (early wake-up, trouble falling asleep, hypersomnia) and their co-occurrence and (ii) the sociodemographic characteristics and psychiatric comorbidity associated with each type of sleep profiles.

Methods

Data were drawn from the Wave 2 National Epidemiologic Survey on Alcohol and Related Conditions, a nationally representative survey of the US adult population (wave 1, 2001–2002; wave 2, 2004–2005). The primary analyses were limited to 3573 participants who had a DSM-IV-TR diagnosis of major depressive episode (MDE) between the two waves. We used a multiple regression model to estimate the strength of independent associations between self-reported sleep complaints, sociodemographic characteristics and lifetime psychiatric comorbidity.

Results

Most of participants with MDE (92%) reported significant sleep complaints, from whom 85.2% had insomnia and 47.5% hypersomnia symptoms. The prevalence rates were for insomnia “only” of 48.5%, hypersomnia “only” of 13.7%, and their co-occurrence of 30.2%. We found that several sociodemographic characteristics (gender, age, education, individual and familial income, marital status) and psychiatric disorders (bipolar disorders, post-traumatic disorders and panic disorder) were significantly and independently associated with different sleep profiles. The co-occurrence of insomnia (especially early wake-up) and hypersomnia presented with a two-/three- fold increase risk of bipolar disorders.

Limitations

Definitions of sleep complaints were qualitative and subjective.

Conclusion

Sleep complaints are prevalent and heterogeneous in expression during MDE. Sleep disturbance profiles are associated with specific patterns of comorbidity. Our findings highlight the importance of continued research on sleep complaints during MDE while taking into account psychiatric comorbidity.

<https://www.frontiersin.org/articles/10.3389/fpsyg.2017.01679/full>

Distress Levels among Parents of Active Duty Soldiers during Wartime.

Bitton Shahar, Tuval-Mashiach Rivka, Freedman Sara

Frontiers in Psychology
26 September 2017
<https://doi.org/10.3389/fpsyg.2017.01679>

Objective:

Military service is a highly stressful period both for the soldiers serving and for their parents. Surprisingly, parents' experience has been mostly ignored in the research. This study's goal is to shed light on the experience and distress levels of parents of active duty combat soldiers during Operation Protective Edge, a military operation carried out by the Israel Defense Forces during July and August of 2014.

Methods:

During the advanced stages of the operation, 69 parents of Israeli male combat soldiers (55 mothers and 14 fathers) completed an online survey measuring symptoms of Posttraumatic Stress Disorder (PTSD-Checklist-5) and distress (Brief Symptom Inventory-18). Participants were recruited using a convenience sample, by posting ads on the public Facebook pages of the researchers and of the groups dedicated to parents of Israeli soldiers.

Results:

Parents' depression and anxiety symptom levels were higher than depression and anxiety symptom levels of the adult community norms in Israel. General distress rates of parents were similar to those presented by adults in southern Israel who were exposed for 7 years to the ongoing threat of daily rocket fire from Gaza, and higher than rates of a non-threatened Israeli population. Finally, 20.2% of the parents presented PTSD-like symptoms, a higher percentage than the probable PTSD diagnosis rates that were found in the general population in Israel during previous terror waves.

Conclusion:

This study provides preliminary evidence of soldiers' parents' distress and indicates the need for a better understanding of the impact of military service on soldiers' parents.

[http://www.psy-journal.com/article/S0165-1781\(17\)30153-1/fulltext](http://www.psy-journal.com/article/S0165-1781(17)30153-1/fulltext)

The Association of Alcohol Consumption Patterns with Self-Rated Physical Health and Psychiatric Distress among Afghanistan- and Iraq-Era U.S. Veterans.

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Psychiatry Research

Published online: September 26, 2017

DOI: <http://dx.doi.org/10.1016/j.psychres.2017.09.067>

Alcohol misuse is associated with negative mental and physical health outcomes, which presents a public health concern in veterans. However, less is known regarding outcomes among veterans with low to moderate alcohol consumption. This study included veterans with military service in Iraq and/or Afghanistan (N = 1,083) who resided in the VA Mid-Atlantic region catchment area (North Carolina, Virginia, and parts of West Virginia). Participants completed a mailed survey that inquired about demographics, past-year alcohol consumption, self-rated physical health, and psychiatric symptoms. Logistic regression was used to evaluate associations between alcohol consumption and posttraumatic stress disorder (PTSD), depression, and self-rated physical health. In both bivariate results and adjusted models, non-drinkers and hazardous drinkers were more likely to endorse clinically significant PTSD and depression symptoms than moderate drinkers. Moderate drinkers were also less likely to report fair/poor health, after adjusting for demographics and psychiatric symptoms. Results overall showed a U-shaped curve, such that moderate alcohol use was associated with lower rates of mental health problems and fair/poor health. While the VA routinely screens for alcohol misuse, current results suggest that non-drinkers are also at risk for poor mental and physical health.

[http://www.psy-journal.com/article/S0165-1781\(17\)30452-3/fulltext](http://www.psy-journal.com/article/S0165-1781(17)30452-3/fulltext)

Practical Capability: The Impact of Handgun Ownership Among Suicide Attempt Survivors.

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Psychiatry Research

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DOI: <http://dx.doi.org/10.1016/j.psychres.2017.09.064>

Suicide is a leading cause of death and represents a serious public health concern. However, our ability to predict its occurrence has not improved over the last 50 years and we continue to rely on past suicidal behavior as the most robust predictor of future suicidal behavior. Recent theories have emphasized the role of contextual factors that increase capability to act on suicidal thoughts, including access to and familiarity with lethal means. We sought to examine the impact of handgun ownership, a component of practical capability as defined by the Three-Step Theory, on the relationship between past week suicidal ideation and perceived likelihood of making a future suicide attempt within a community sample of previous suicide attempters. Results indicate that, among suicide attempt survivors who are currently suicidal, handgun ownership increases the likelihood of predicting engagement in future suicidal behavior. As self-reported predictions about suicidal behavior have been found to be uniquely predictive of actual suicidal behavior, handgun ownership may facilitate the transition from ideation to action. The relevance of these findings to means safety strategies is discussed.

[http://www.jad-journal.com/article/S0165-0327\(17\)31030-3/abstract](http://www.jad-journal.com/article/S0165-0327(17)31030-3/abstract)

A Psychometric Evaluation of the Posttraumatic Cognitions Inventory with Veterans Seeking Treatment Following Military Trauma Exposure.

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Journal of Affective Disorders

Published online: September 25, 2017

DOI: <http://dx.doi.org/10.1016/j.jad.2017.09.048>

Trauma-related beliefs have salient relationships to the development and maintenance of Posttraumatic Stress Disorder (PTSD) following stress exposure. The Posttraumatic Cognitions Inventory (PTCI) has the potential to be a standard assessment of this critical construct. However, some critical aspects of validity and reliability appear to vary by population. To date, the PTCI has not been psychometrically evaluated for use with military-specific traumas such as combat and military sexual trauma (MST). Based on exploratory and confirmatory analyses with 949 Veterans seeking trauma-focused treatment for military traumas, we found a four factor model (negative view of the self, negative view of the world, self-blame, and negative beliefs about coping competence) provided the best fit. In contrast, the original three factor model was not confirmed. Both models demonstrated convergent and discriminative validity. Although gender was

associated with PTCI total and factor scores, differences did not persist after controlling for trauma type. MST was associated with higher PTCI scores even when controlling for gender, though the clinical magnitude of these differences is likely negligible. Internal reliability validity was demonstrated with PTCI total and subscale scores.

<https://www.ncbi.nlm.nih.gov/pubmed/28595355>

Am J Epidemiol. 2017 Sep 15;186(6):668-678. doi: 10.1093/aje/kwx117

Risk Factors Associated With Suicide Completions Among US Enlisted Marines.

Phillips CJ, LeardMann CA, Vyas KJ, Crum-Cianflone NF, White MR.

US enlisted Marines have experienced a substantial increase in suicide rates. We sought to identify risk factors for suicide completions among male Marines who entered basic training in San Diego, California, between June 2001 and October 2010. Suicides that occurred during active-duty military service were counted from June 1, 2001, through June 30, 2012. A total of 108,930 male Marines (66,286 deployers and 42,644 never deployed) were followed for 467,857 person-years of active-duty service time. Of the 790 deaths, 123 (15.6%) were suicides. In the final multivariate hazard model, preservice characteristics of not being a high-school graduate (hazard ratio (HR) = 2.17, 95% confidence interval (CI): 1.28, 3.68) and being a smoker at the time of enlistment (HR = 1.91, 95% CI: 1.32, 2.76) were significantly associated with a higher risk for suicide completion. Diagnosed with traumatic brain injury (HR = 4.09, 95% CI: 2.08, 8.05), diagnosed with depression (HR = 2.36, 95% CI: 1.22, 4.58), and received relationship counseling (HR = 3.71, 95% CI: 1.44, 9.54) during military service were significant risks for suicide death. Deployment alone was not significantly associated with a risk for suicide death (HR = 0.53, 95% CI: 0.26, 1.05).

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<http://econtent.hogrefe.com/doi/full/10.1027/0227-5910/a000501>

How to Ask About Suicide? A Question in Need of an Empirical Answer.

Alan L. Berman and Morton M. Silverman

Crisis

(2017), 38, pp. 213-216

<https://doi.org/10.1027/0227-5910/a000501>

There are over a dozen papers published between 2001 and 2017 that have unanimously found that asking patients and/or research subjects about suicide ideation (SI) does not have an iatrogenic effect, such as leading to an increase in SI (Dazzi, Gribble, Wessely, & Fear, 2014; Law et al., 2015). By contrast, Dazzi et al. (2014) reported that acknowledging and talking about suicide may, in fact, reduce rather than increase SI, a finding consistent with qualitative studies of both pediatric and adult medical inpatients who remain supportive of suicide risk screening after they themselves had been screened (Ross et al., 2016; Snyder et al., 2016).

That's the good news.

What's not such good news is that to date we do not really know how to ask "the ask"; moreover, there is significant confusion about just what it is we are asking. Both our research scales and our methods of clinical enquiry about SI remain lost in the weeds of unaddressed questions about just what it is we want our patients and our research subjects to tell us when we ask and just what is the meaning of what they tell us when they respond affirmatively to our questions about it. Some define SI as strictly containing only the thought of intentionally ending one's life, while others define SI to include the desire to actively end one's life (suicide intent), the reasons for ending one's life (suicide motivation), the means to end one's life (suicide methods), and the method, date, and place to end one's life (suicide plans).

The bottom line is that the term SI has no consistent operational definition. The result is that we cannot reasonably compare the incidence and prevalence of SI across patient groups, in the general population, or compare one group with another. Furthermore, we cannot reasonably expect the affirmation of SI to have any positive predictive value relative to future suicidal behavior, and we cannot reasonably know the meaning of SI when a patient responds affirmatively to our enquiry about it. For, in fact, SI has been reported as being at times "fleeting," and context specific.

<http://journals.sagepub.com/doi/abs/10.1177/1357633X17730443>

Systematic review of lessons learned from delivering tele-therapy to veterans with post-traumatic stress disorder.

David Turgoose, Rachel Ashwick, Dominic Murphy

Journal of Telemedicine and Telecare

First Published September 29, 2017

<https://doi.org/10.1177/1357633X17730443>

Introduction

Despite increases in the number of ex-service personnel seeking treatment for post-traumatic stress disorder (PTSD), there remain a number of barriers to help-seeking which prevents many veterans from accessing psychological therapies. Tele-therapy provides one potential method of increasing the number of veterans accessing support. This review aimed to systematically review the literature in order to summarise what lessons have been learned so far from providing trauma-focused tele-therapies to veterans with PTSD.

Methods

A systematic literature review was conducted from which 41 papers were reviewed. Studies were included if they involved the use of trauma-focused therapies carried out using tele-therapy technologies. Only studies using tele-therapy interventions via video or telephone with populations of ex-military personnel with PTSD were included.

Results

In the majority of cases tele-therapy was found to be as effective in reducing PTSD symptoms as in-person interventions. Similarly, there were few differences in most process outcomes such as dropout rates, with tele-therapy helping to increase uptake in some cases. Veterans using tele-therapy reported high levels of acceptability and satisfaction. Some challenges were reported in terms of therapeutic alliance, with some studies suggesting that veterans felt less comfortable in using tele-therapy. Several studies suggested it was harder for clinicians to read non-verbal communication in tele-therapy, but this did not affect their ability to build rapport. Technological issues were encountered, but these were not found to impede therapy processes or outcomes.

Discussion

Tele-therapy provides a viable alternative to in-person therapies and has the potential to

increase access to therapy for veterans. Tele-therapy should continue to be evaluated and scrutinised in order to establish the most effective methods of delivery.

<https://academic.oup.com/aje/article-abstract/4258817/A-Decade-of-War-Prospective-Trajectories-of-Post>

A Decade of War: Prospective Trajectories of Post-Traumatic Stress Disorder Symptoms Among Deployed US Military Personnel and the Influence of Combat Exposure.

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American Journal of Epidemiology

Published: 27 September 2017

<https://doi.org/10.1093/aje/kwx318>

Post-traumatic stress disorder (PTSD) is a common psychiatric disorder among service members and veterans. The clinical course of PTSD varies across individuals, and patterns of symptom development have yet to be clearly delineated. Previous studies have been limited by convenience sampling, short follow-up periods, and inability to account for combat-related trauma. To determine the trajectories of PTSD symptoms among deployed military personnel with and without combat exposure, we used data from a population-based representative sample of 8,178 US service members participating in the Millennium Cohort Study from 2001–2011. Using latent class growth mixture modeling, trajectories of PTSD symptoms were determined in the total sample and in individuals with and without combat exposure. Four trajectories of PTSD were characterized: resilient, pre-existing, new-onset, and moderate-stable. Across all trajectories combat deployed service members diverged from non-combat deployed service members after a single deployment, and generally had higher PTSD symptoms. Based on the models, nearly 90% of those without combat and 80% of those with combat exposure remained resilient over the 10-year period. Findings demonstrate the clinical course of PTSD symptoms have heterogeneous patterns of development, but that combat exposure is uniformly associated with poorer mental health.

<http://journals.sagepub.com/doi/abs/10.1177/1541931213601705>

Improving Sleep Attributes of Military Personnel in Operational Settings by Controlling Exposure to Blue Light.

Alex Ryan, Panagiotis Matsangas, Andrew Anglemyer, Nita Lewis Shattuck

Proceedings of the Human Factors and Ergonomics Society Annual Meeting

First Published September 28, 2017

<https://doi.org/10.1177/1541931213601705>

Military members often work in challenging environments. Their sleep is degraded by extended operational commitments and the requirement to work in shifts. Exposure to light at circadian inappropriate times may also have a detrimental impact on service members' sleep, fatigue levels, and mood. This two-week field study assessed whether sleep-related attributes can be improved by limiting exposure to blue light prior to sleep. Participants (N=30) were observed for one week without using blue light blocking glasses followed by a second week when they used blue light blocking glasses for two hours prior to their bedtimes. Sleep was assessed with wristworn actigraphy. Daytime sleepiness decreased ($p=0.011$), and mood improved ($p<0.001$) after wearing the glasses. Insomnia symptoms decreased while sleep onset latency and sleep quality improved, although not at statistically significant levels. These findings suggest that controlling exposure to blue light for two hours prior to sleep has a beneficial effect on sleep quality and mood.

<http://journals.sagepub.com/doi/abs/10.1177/1541931213601615>

The Effect of Habitual Exercise on Daytime Sleepiness and Mood of US Navy Sailors.

Anna Sjörs Dahlman, Panagiotis Matsangas, Nita Lewis Shattuck

Proceedings of the Human Factors and Ergonomics Society Annual Meeting

First Published September 28, 2017

<https://doi.org/10.1177/1541931213601615>

As part of a broader study, this work investigates if habitual exercise protects against mood deterioration and daytime sleepiness in Sailors during underway operations.

Previous work has shown that unfavorable watchstanding schedules have negative effects on sleep quality, subjective levels of fatigue, mood, and psychomotor vigilance performance. The participants were crewmembers of a U.S. Navy aircraft carrier (N=193), working on two different watchstanding schedules. Epworth Sleepiness Scale (ESS) and profile of mood state (POMS) scores were compared between participants who reported exercising < 3 times/week and ≥3 times/week. During the course of the underway, ESS and POMS scores changed more favorably for the crewmembers who exercised 3 or more times/week compared to their peers who exercised less. The effect of working out was more prominent in the less favorable shift schedule. These results suggest that habitual exercise can be a protective buffer against some of the negative effects of watchstanding while underway.

<http://www.sciencedirect.com/science/article/pii/S1077722917300810>

Virtual Reality and Cognitive-Behavioral Therapy for Driving Anxiety and Aggression in Veterans: A Pilot Study.

Heidi M.Zinzow, Johnell O. Brooks, Patrick Rosopa, Stephanie Jeffirs, Casey Jenkins, Julia Seeanner, Alyssa McKeeman, Larry F. Hodges

Cognitive and Behavioral Practice

Available online 29 September 2017

<https://doi.org/10.1016/j.cbpra.2017.09.002>

Within the U.S. military, motor vehicle accidents (MVAs) are the leading cause of preventable morbidity and mortality. Prior combat exposure and anxiety symptoms are associated with risky and aggressive driving, which is responsible for over half of MVA fatalities. Therefore, interventions are needed to reduce driving anxiety and aggression in veterans in order to mitigate the public health impact of MVAs. Virtual reality exposure therapy (VRET) offers safe, controlled exposure to distressing stimuli. The current study piloted a novel virtual reality and cognitive behavioral intervention (VRET + CBT) for veterans that integrated both anxiety and anger management components. Virtual reality driving scenarios were delivered in a driving simulator and tailored for the military population. Six previously deployed veterans completed eight intervention sessions, as well as pre/post, one month follow-up and six to nine month follow-up assessments. Repeated measures ANOVAs demonstrated significant decline and large effect sizes for PTSD symptoms, driving phobia, hyperarousal in driving situations, anxiety/anger-related thoughts and behaviors, and risky driving. Hyperarousal in driving

situations declined by 69%, aggressive driving declined by 29%, and risky driving declined by 21%. Treatment gains were maintained at follow-up. Recruitment, retention, immersion, simulator sickness scores, and qualitative feedback demonstrated feasibility of the intervention. Implications for future research and adaptation are discussed.

<https://www.hindawi.com/journals/sd/2015/172064/>

The Association between Psychological Distress and Self-Reported Sleep Duration in a Population-Based Sample of Women and Men.

Timothy J. Cunningham, Anne G. Wheaton, and Wayne H. Giles

Sleep Disorders

Volume 2015 (2015), Article ID 172064, 8 pages

<http://dx.doi.org/10.1155/2015/172064>

Mental health and sleep are intricately linked. This study characterized associations of psychological distress with short (≤ 6 hours) and long (≥ 9 hours) sleep duration among adults aged ≥ 18 years. 2013 Behavioral Risk Factor Surveillance System data (,859) from Colorado, Minnesota, Nevada, Tennessee, and Washington included the Kessler 6 (K6) scale, which has been psychometrically validated for measuring severe psychological distress (SPD); three specifications were evaluated. Overall, 4.0% of adults reported SPD, 33.9% reported short sleep, and 7.8% reported long sleep. After adjustment, adults with SPD had 1.58 (95% CI: 1.45, 1.72) and 1.39 (95% CI: 1.08, 1.79) times higher probability of reporting short and long sleep duration, respectively. Using an ordinal measure showed a dose-response association with prevalence ratios of 1.00, 1.16, 1.38, 1.67, and 2.11 for short sleep duration. Each additional point added to the K6 scale was associated with 1.08 (95% CI: 1.07, 1.10) and 1.02 (95% CI: 1.00, 1.03) times higher probability of reporting short and long sleep duration, respectively. Some results were statistically different by gender. Any psychological distress, not only SPD, was associated with a higher probability of short sleep duration but not long sleep duration. These findings highlight the need for interventions.

<http://onlinelibrary.wiley.com/doi/10.1002/cpp.2068/abstract>

Indirect exposure to client trauma and the impact on trainee clinical psychologists: Secondary traumatic stress or vicarious traumatization?

Rakhee Makadia, Rachel Sabin-Farrell, Graham Turpin

Clinical Psychology and Psychotherapy

First published: 25 January 2017

DOI: 10.1002/cpp.2068

Objectives

The study investigated the relationship between exposure to trauma work and well-being (general psychological distress, trauma symptoms, and disrupted beliefs) in trainee clinical psychologists. It also assessed the contribution of individual and situational factors to well-being.

Design

A Web-based survey was employed.

Methods

The survey comprised the General Health Questionnaire, Secondary Traumatic Stress Scale, Trauma and Attachment Belief Scale, Trauma Screening Questionnaire, and specific questions about exposure to trauma work and other individual and situational factors. The link to the online survey was sent via email to trainee clinical psychologists attending courses throughout the UK

Results

Five hundred sixty-four trainee clinical psychologists participated. Most trainees had a caseload of one to two trauma cases in the previous 6 months; the most common trauma being sexual abuse. Exposure to trauma work was not related to general psychological distress or disrupted beliefs but was a significant predictor of trauma symptoms. Situational factors contributed to the variance in trauma symptoms; level of stress of clinical work and quality of trauma training were significant predictors of trauma symptoms. Individual and situational factors were also found to be significant predictors of general psychological distress and disrupted beliefs.

Conclusions

This study provides support for secondary traumatic stress but lacks evidence to support belief changes in vicarious traumatization or a relationship between exposure to

trauma work and general psychological distress. The measurement and validity of vicarious traumatization is discussed along with clinical, theoretical implications, and suggestions for future research.

Practitioner Points

- Secondary traumatic stress is a potential risk for trainee clinical psychologists.
- Training courses should (a) focus on quality of trauma training as it may be protective; (b) advocate coping strategies to reduce stress of clinical work, as the level of stress of clinical work may contribute to trauma symptoms.

Limitations include

- Exposure to trauma work only uniquely explained a small proportion of variance in trauma symptoms.
- The study was cross-sectional in nature therefore cannot imply causality.

<https://insights.ovid.com/nervous-mental-disease/jnmd/2017/10/000/political-affiliation-probable-ptsd-symptoms/10/00005053>

Political Affiliation, Probable PTSD, and Symptoms of Depression in Iraq and Afghanistan Combat Veterans: A Pilot Study.

Jeffrey M. Lating; Rich A. Moore; Martin F. Sherman; Matthew W. Kirkhart; George S. Everly; Justin K. Chen

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Ideological commitment of military personnel has been associated with mitigating trauma and protecting mental health. This pilot study assessed whether Democratic and Republican political affiliation differentially predicted probable posttraumatic stress disorder (PTSD) and symptoms of depression in 62 male Iraq and Afghanistan combat veterans. The Liberalism-Conservatism Scale, the PTSD Checklist-Military Version (PCL-M), and the Patient Health Questionnaire–9 (PHQ-9) were assessment measures. Results revealed that Democratic combat veterans had stronger liberal attitudes than Republican combat veterans ($r = 0.95$). Moreover, of the 50% of the entire sample

higher than the cutoff score of 50 on the PCL-M, 84.8% were Democrats compared with 10.3% of Republicans. On the PHQ-9, 46.9% of Democrats compared with 3.7% of Republicans were higher than the cutoff score of 20. These initial results suggest possible mechanisms of action, including differences in shattered world view assumptions, willingness to disclose emotional concerns, and physiological reactions between Democratic and Republican combat veterans.

Links of Interest

How the military handles sexual assault cases behind closed doors

https://www.washingtonpost.com/investigations/how-the-military-handles-sexual-assault-cases-behind-closed-doors/2017/09/30/a9df0682-672a-11e7-a1d7-9a32c91c6f40_story.html

Contextual Cognitive Behavioral Therapy for Chronic Pain

<http://www.clinicalpainadvisor.com/clinical-charts/contextual-forms-of-cbt-have-shown-efficacy-for-chronic-pain/article/696627/>

Just the Facts: Understanding the Patterns of Military Suicides

<http://pdhealth.mil/news/blog/just-facts-understanding-patterns-military-suicides>

Smartphone apps effective for depression

<https://www.healio.com/psychiatry/depression/news/online/{197bdacd-eba5-4c08-867e-14f6254664aa}/smartphone-apps-effective-for-depression>

Military treatment facilities need to work on management plans, says GAO

<https://www.federaltimes.com/management/2017/10/04/military-treatment-facilities-need-to-work-on-management-plans-says-gao/>

Resource of the Week: [Military Sexual Assault: A Framework for Congressional Oversight](#)

New, from the Congressional Research Service:

Article I, Section 8 of the U.S. Constitution gives Congress the power to raise and support armies; provide and maintain a navy and make rules for the governance

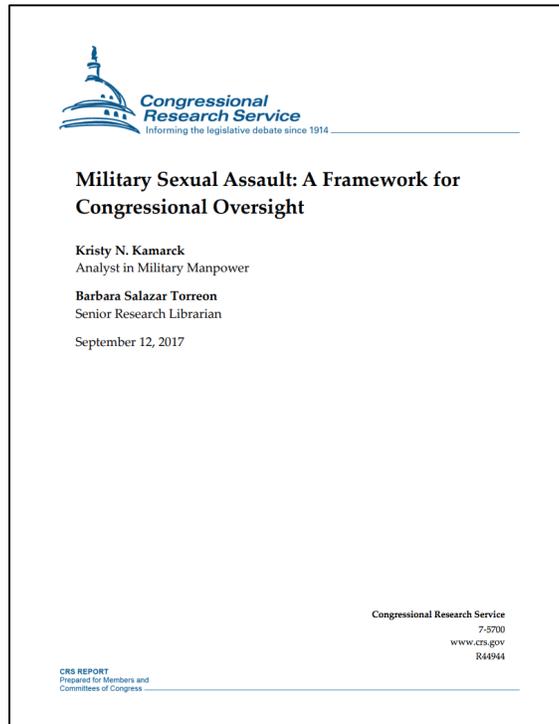
of those forces. Under this authority, Congress determines military criminal law applicable to members of the Armed Forces. Congress has determined that sexual assault is a criminal act under the Uniform Code of Military Justice (UCMJ). As such, Congress has an interest in overseeing the implementation and enforcement of these laws in order to provide for the health, welfare, and good order of the Armed Forces.

Prevention and response to sexual violence in the military is not a new concern, nor is sexual violence a problem confined to the military. While prevalence is difficult to estimate, some surveys suggest that up to 19.3% of women and 1.7% of men in the United States have been a victim of sexual assault at some point in their lives. There is a continued national dialogue with regard to sexual violence at universities and other government and private organizations. Sexual assault can have both deleterious physical and psychological effects on the victim and, when an assault occurs in or around the workplace, it can harm the working environment and function of the organization. In the military context, when an assault occurs it impairs the unit's ability to work effectively; it can have an impact on cohesion, stability, and ultimately, mission success. Thus, concern about sexual assault in the military stems from complementary imperatives: protecting the individual health and welfare of military servicemembers, and ensuring preparedness and effectiveness of military units.

Congressional efforts to address military sexual assault, pursuant to its Constitutional authority, have intensified over the past two decades in response to rising public concern about incident rates and perceptions of a lack of adequate response by the military to support the victims and hold perpetrators accountable. Since 2004, Congress has enacted over 100 provisions intended to address some aspect of the problem as part of the annual National Defense Authorization Act (NDAA). In addition, DOD has devoted significant resources to the issue in terms of funds, personnel, and training time. Given the scope and complexity of this issue, it is helpful to apply a framework for analysis and oversight. This report provides such a framework to help congressional staff understand the legislative and policy landscape, link proposed policy solutions with potential impact metrics, and identify possible gaps that remain unaddressed.

Congressional oversight and action on military sexual assault can be organized into four main categories: (1) Department of Defense (DOD) management and accountability, (2) prevention, (3) victim protection and support, and (4) military justice and investigations. The first category deals with actions to improve

management, monitoring, and evaluation of DOD's efforts in sexual assault prevention and response. The second category includes efforts to reduce the number of sexual assaults through screening, training, and organizational culture. The third category focuses on DOD's response once an alleged assault has occurred, including actions to protect and support the victim. Finally, the last category addresses bringing perpetrators to justice through military investigative and judicial processes.



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