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Research Update -- October 12, 2017

What's Here:

- Is Cognitive Behavioral Therapy the Gold Standard for Psychotherapy? The Need for Plurality in Treatment and Research.
- The Sexual Harassment–Suicide Connection in the U.S. Military: Contextual Effects of Hostile Work Environment and Trusted Unit Leaders.
- Exercise and the Prevention of Depression: Results of the HUNT Cohort Study.
- Improving the Efficiency of Psychotherapy for Depression: Computer-Assisted Versus Standard CBT.
- Heterogeneity in the Strength of the Relation Between Social Support and Post-Trauma Psychopathology.
- Effect of Crisis Response Planning on Patient Mood and Clinician Decision Making: A Clinical Trial With Suicidal U.S. Soldiers.
- Does Traumatic Brain Injury Attenuate the Exposure Therapy Process?
- Accuracy of Clinician Predictions of Future Self-Harm: A Systematic Review and Meta-Analysis of Predictive Studies.
- Prevalence, Treatment, And Unmet Treatment Needs Of US Adults With Mental Health And Substance Use Disorders.
- Association between baseline psychological attributes and mental health outcomes after soldiers returned from deployment.
- Health Care Usage and Suicide Risk Screening within 1 Year of Suicide Death.
- Links of Interest
- Resource of the Week: Diversity, Inclusion, and Equal Opportunity in the Armed Services: Background and Issues for Congress (CRS)

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https://jamanetwork.com/journals/jama/article-abstract/2654783

Is Cognitive Behavioral Therapy the Gold Standard for Psychotherapy? The Need for Plurality in Treatment and Research.

Falk Leichsenring, DSc; Christiane Steinert, PhD

JAMA
2017;318(14):1323-1324
doi:10.1001/jama.2017.13737

ental disorders are common and associated with severe impairments and high societal costs, thus representing a significant public health concern. About 75% of patients prefer psychotherapy over medication.1 For psychotherapy of mental disorders, several approaches are available such as cognitive behavioral therapy (CBT), interpersonal therapy, or psychodynamic therapy. Pointing to the available evidence, CBT is usually considered the gold standard for the psychotherapeutic treatment of many or even most mental disorders.2,3 For example, the American Psychological Association's Division 12 Task Force on Psychological Interventions currently lists CBT as the only treatment with "strong research support" in almost 80% of all mental disorders included in its listing.2

For a treatment to be considered the gold standard requires that substantial supporting evidence exists. Recently, however, additional research findings have emerged that question the prominent status of CBT. In this Viewpoint, we review some of the most important findings.

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http://onlinelibrary.wiley.com/doi/10.1111/sltb.12401/full

The Sexual Harassment–Suicide Connection in the U.S. Military: Contextual Effects of Hostile Work Environment and Trusted Unit Leaders.

James Griffith PhD

Suicide & Life-Threatening Behavior
First published: 3 October 2017
DOI: 10.1111/sltb.12401

Sexual harassment has been associated with suicidal behaviors, and with the rise in suicides in the U.S. military, sexual harassment's role in suicide has been of growing interest. Lacking are studies that examine group- or unit-level variables in the relationship of sexual harassment to suicidal behaviors (thoughts, plans, and attempts). In this study, survey data from soldiers (12,567 soldiers in 180 company-sized units) who completed the Unit Risk Inventory administered during calendar year 2010 were analyzed using hierarchical linear modeling. At the individual level, sexual harassment was associated with a fivefold increase for risk of suicide. Reporting that leaders could be trusted was associated with a decreased suicide risk by about one-third. There was no statistically significant interaction between sexual harassment and trusted leaders in predicting the suicidal behaviors. At the group level, units or companies having higher levels of sexual harassment also had soldiers three times more at risk for suicide. A cross-leveling effect was also observed: Among units having higher levels of sexual harassment, the negative correlation (buffering effect of unit leaders on suicidal behaviors) was diminished. Implications of findings for preventing sexual harassment and suicide risk are discussed.

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http://ajp.psychiatryonline.org/doi/abs/10.1176/appi.ajp.2017.16111223

Exercise and the Prevention of Depression: Results of the HUNT Cohort Study.

Samuel B. Harvey, F.R.A.N.Z.C.P., Ph.D., Simon Øverland, Ph.D., Stephani L. Hatch, Ph.D., Simon Wessely, F.R.C.Psych., M.D., Arnstein Mykletun, Ph.D., Matthew Hotopf, F.R.C.Psych., Ph.D.

The American Journal of Psychiatry
Published online: October 03, 2017
https://doi.org/10.1176/appi.ajp.2017.16111223

Objective:
The purpose of the present study was to address 1) whether exercise provides protection against new-onset depression and anxiety and 2) if so, the intensity and amount of exercise required to gain protection and, lastly, 3) the mechanisms that underlie any association.

Method:
A “healthy” cohort of 33,908 adults, selected on the basis of having no symptoms of common mental disorder or limiting physical health conditions, was prospectively followed for 11 years. Validated measures of exercise, depression, anxiety, and a range of potential confounding and mediating factors were collected.

Results:
Undertaking regular leisure-time exercise was associated with reduced incidence of future depression but not anxiety. The majority of this protective effect occurred at low levels of exercise and was observed regardless of intensity. After adjustment for confounders, the population attributable fraction suggests that, assuming the relationship is causal, 12% of future cases of depression could have been prevented if all participants had engaged in at least 1 hour of physical activity each week. The social and physical health benefits of exercise explained a small proportion of the protective effect. Previously proposed biological mechanisms, such as alterations in parasympathetic vagal tone, did not appear to have a role in explaining the protection against depression.

Conclusions:
Regular leisure-time exercise of any intensity provides protection against future depression but not anxiety. Relatively modest changes in population levels of exercise may have important public mental health benefits and prevent a substantial number of new cases of depression.

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http://ajp.psychiatryonline.org/doi/abs/10.1176/appi.ajp.2017.17010089

Improving the Efficiency of Psychotherapy for Depression: Computer-Assisted Versus Standard CBT.

Michael E. Thase, M.D., Jesse H. Wright, M.D., Ph.D., Tracy D. Eells, Ph.D., M.B.A., Marna S. Barrett, Ph.D., Stephen R. Wisniewski, Ph.D., G.K. Balasubramani, Ph.D., Paul McCrone, Ph.D., Gregory K. Brown, Ph.D.

The American Journal of Psychiatry
Published online: October 03, 2017
https://doi.org/10.1176/appi.ajp.2017.17010089

Objective:
The authors evaluated the efficacy and durability of a therapist-supported method for computer-assisted cognitive-behavioral therapy (CCBT) in comparison to standard cognitive-behavioral therapy (CBT).

Method:
A total of 154 medication-free patients with major depressive disorder seeking treatment at two university clinics were randomly assigned to either 16 weeks of standard CBT (up to 20 sessions of 50 minutes each) or CCBT using the “Good Days Ahead” program. The amount of therapist time in CCBT was planned to be about one-third that in CBT. Outcomes were assessed by independent raters and self-report at baseline, at weeks 8 and 16, and at posttreatment months 3 and 6. The primary test of efficacy was noninferiority on the Hamilton Depression Rating Scale at week 16.

Results:
Approximately 80% of the participants completed the 16-week protocol (79% in the CBT group and 82% in the CCBT group). CCBT met a priori criteria for noninferiority to conventional CBT at week 16. The groups did not differ significantly on any measure of psychopathology. Remission rates were similar for the two groups (intent-to-treat rates, 41.6% for the CBT group and 42.9% for the CCBT group). Both groups maintained improvements throughout the follow-up.

Conclusions:
The study findings indicate that a method of CCBT that blends Internet-delivered skill-building modules with about 5 hours of therapeutic contact was noninferior to a conventional course of CBT that provided over 8 additional hours of therapist contact. Future studies should focus on dissemination and optimizing therapist support methods to maximize the public health significance of CCBT.

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https://link.springer.com/article/10.1007/s10862-017-9629-3

Heterogeneity in the Strength of the Relation Between Social Support and Post-Trauma Psychopathology.

Matthew Price, Sarah Pallito, Alison C. Legrand

Journal of Psychopathology and Behavioral Assessment
First Online: 03 October 2017
https://doi.org/10.1007/s10862-017-9629-3

Potentially traumatic events (PTEs) increase risk for psychopathology, including posttraumatic stress disorder (PTSD), major depressive disorder (MDD), and generalized anxiety disorder (GAD). Social support (SS) is associated with reduced symptoms for each disorder. Each disorder, however, is highly heterogeneous such that they are comprised of clusters of different symptoms. It is unclear if SS is associated with all clusters equally. The current study examined the relation between SS and the symptom clusters of each disorder. Participants completed a battery of self-report assessments for PTSD, MDD, GAD, and SS. All participants experienced a Criterion A traumatic event. Although SS was significantly associated with all symptom clusters, the strength of relations varied. The relation between SS and MDD-affective was significantly stronger than its association with all other factors. The relations between SS and GAD, MDD-somatic, PTSD-AAR, and PTSD-NACM did not significantly differ. These relations were stronger than the relations between SS and the remaining PTSD factors. There was no significant difference in the relations between SS and PTSD-intrusions or PTSD-avoidance. These results suggest that SS is more closely aligned to specific aspects of post-trauma psychopathology.

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http://ps.psychiatryonline.org/doi/abs/10.1176/appi.ps.201700157

Effect of Crisis Response Planning on Patient Mood and Clinician Decision Making: A Clinical Trial With Suicidal U.S. Soldiers.

Craig J. Bryan, Psy.D., A.B.P.P., Jim Mintz, Ph.D., Tracy A. Clemans, Psy.D., T. Scott Burch, Psy.D., Bruce Leeson, Ph.D., Sean Williams, L.C.S.W., M. David Rudd, Ph.D., A.B.P.P.

Psychiatric Services
Published online: October 02, 2017
https://doi.org/10.1176/appi.ps.201700157

Objective:
The study examined the immediate effect of crisis interventions on the emotional state of acutely suicidal soldiers and clinician decision making.

Methods:
Soldiers (N=97) presenting to a military emergency department or behavioral health clinic were randomly assigned to receive a contract for safety (N=32), standard crisis response plan (S-CRP; N=32), or enhanced crisis response plan (E-CRP; N=33). Soldiers completed self-report scales before and after the intervention. Clinicians blinded to treatment group assignment rated participants' suicide risk level and made a decision about inpatient psychiatric admission.

Results:
Larger reductions in negative emotional states occurred in S-CRP and E-CRP. Larger increases in positive emotional states occurred in E-CRP. Clinician suicide risk ratings did not differ across treatment groups. Participants in E-CRP were less likely to be psychiatrically admitted.

Conclusions:
The CRP immediately reduces negative emotional states among acutely suicidal soldiers. Discussing a patient's reasons for living during a CRP also reduces the likelihood of inpatient psychiatric admission.

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http://www.sciencedirect.com/science/article/pii/S0005789417301132

Does Traumatic Brain Injury Attenuate the Exposure Therapy Process?

Katie A. Ragsdale, Michael A. Gramlich, Deborah C. Beidel, Sandra M. Neer, Emily G. Kitsmiller, Krystal I. Morrison

Behavior Therapy
Available online 1 October 2017
https://doi.org/10.1016/j.beth.2017.09.008

Research indicates that exposure therapy is efficacious for combat-related posttraumatic stress disorder (PTSD) comorbid with traumatic brain injury (TBI) as is shown by reduced PTSD treatment outcome scores. What is unknown, however, is whether the process of fear extinction is attenuated in veterans with TBI history. Increased PTSD symptomatology and possible cognitive deficits associated with TBI sequelae may indicate additional or longer exposure sessions to achieve habituation and extinction comparable to individuals without TBI history. As such, a more extensive course of treatment may be necessary to achieve comparable PTSD treatment outcome

scores for individuals with TBI history. Using a sample of veterans with combat-related PTSD, some of whom were comorbid for TBI, this study compared process variables considered relevant to successful treatment outcome in exposure therapy. Individuals with and without TBI demonstrated similar rates of fear activation, length and number of exposure sessions, within-session habituation, between-session habituation, and extinction rate; results remained consistent when controlling for differential PTSD symptomatology. Furthermore, results indicated that self-perception of executive dysfunction did not impact the exposure process. Results suggest that individuals with PTSD and TBI history engage successfully and no differently in the exposure therapy process as compared to individuals with PTSD alone. Findings further support exposure therapy as a first-line treatment for combat-related PTSD regardless of TBI history.

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https://www.ncbi.nlm.nih.gov/pubmed/28972271

Suicide Life Threat Behav. 2017 Oct 3. doi: 10.1111/sltb.12395. [Epub ahead of print]

Accuracy of Clinician Predictions of Future Self-Harm: A Systematic Review and Meta-Analysis of Predictive Studies.

Woodford R, Spittal MJ, Milner A, McGill K, Kapur N, Pirkis J, Mitchell A, Carter G

Assessment of a patient after hospital-treated self-harm or psychiatric hospitalization often includes a risk assessment, resulting in a classification of high risk versus low risk for a future episode of self-harm. Through systematic review and a series of meta-analyses looking at unassisted clinician risk classification (eight studies; N = 22,499), we found pooled estimates for sensitivity 0.31 (95% CI: 0.18-0.50), specificity 0.85 (0.75-0.92), positive predictive value 0.22 (0.21-0.23), and negative predictive value 0.89 (0.86-0.92). Clinician classification was too inaccurate to be clinically useful. After-care should therefore be allocated on the basis of a needs rather than risk assessment.

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http://content.healthaffairs.org/content/36/10/1739.short

Prevalence, Treatment, And Unmet Treatment Needs Of US Adults With Mental Health And Substance Use Disorders.

Beth Han, Wilson M. Compton, Carlos Blanco and Lisa J. Colpe

Health Affairs
October 2017 vol. 36 no. 10 1739-1747
doi: 10.1377/hlthaff.2017.0584

We examined prevalence, treatment patterns, trends, and correlates of mental health and substance use treatments among adults with co-occurring disorders. Our data were from the 325,800 adults who participated in the National Survey on Drug Use and Health in the period 2008–14. Approximately 3.3 percent of the US adult population, or 7.7 million adults, had co-occurring disorders during the twelve months before the survey interview. Among them, 52.5 percent received neither mental health care nor substance use treatment in the prior year. The 9.1 percent who received both types of care tended to have more serious psychiatric problems and physical comorbidities and to be involved with the criminal justice system. Rates of receiving care only for mental health, receiving treatment only for substance use, and receiving both types of care among adults with co-occurring disorders remained unchanged during the study period. Low perceived need and barriers to care access for both disorders likely contribute to low treatment rates of co-occurring disorders. Future studies are needed to improve treatment rates among this population.

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https://bmcpsychology.biomedcentral.com/articles/10.1186/s40359-017-0201-4

Association between baseline psychological attributes and mental health outcomes after soldiers returned from deployment.

Yu-Chu Shen, Jeremy Arkes and Paul B. Lester

BMC Psychology
Published: 5 October 2017
https://doi.org/10.1186/s40359-017-0201-4

Background
Psychological health is vital for effective employees, especially in stressful occupations like military and public safety sectors. Yet, until recently little empirical work has made the link between requisite psychological resources and important mental health outcomes across time in those sectors. In this study we explore the association

between 14 baseline psychological health attributes (such as adaptability, coping ability, optimism) and mental health outcomes following exposure to combat deployment.

Methods
Retrospective analysis of all U.S. Army soldiers who enlisted between 2009 and 2012 and took the Global Assessment Tools (GAT) before their first deployment (n = 63,186). We analyze whether a soldier screened positive for depression and posttraumatic stress disorder (PTSD) after returning from deployment using logistic regressions. Our key independent variables are 14 psychological attributes based on GAT, and we control for relevant demographic and service characteristics. In addition, we generate a composite risk score for each soldier based on the predicted probabilities from the above multivariate model using just baseline psychological attributes and demographic information.

Results
Comparing those who scored in the bottom 5 percentile of each attribute to those in the top 95 percentile, the odds ratio of post-deployment depression symptoms ranges from 1.21 (95% CI 1.06, 1.40) for organizational trust to 1.73 (CI 1.52, 1.97) for baseline depression. The odds ratio of positive screening of PTSD symptoms ranges from 1.22 for family support (CI 1.08, 1.38) to 1.51 for baseline depression (CI 1.32, 1.73). The risk profile analysis shows that 31% of those who screened positive for depression and 27% of those who screened positive for PTSD were concentrated among the top 5% high risk population.

Conclusion
A set of validated, self-reported questions administered early in a soldier's career can predict future mental health problems, and can be used to improve workforce fit and provide significant financial benefits to organizations that do so.

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http://www.sciencedirect.com/science/article/pii/S073646791730570X

Health Care Usage and Suicide Risk Screening within 1 Year of Suicide Death.

Amy R. Stuck, Michael P. Wilson, Christen E. Chalmers, Jonathan Lucas, Andrew Sarkin, Kyle Choi, Kimberly Center

The Journal of Emergency Medicine
Available online 5 October 2017
https://doi.org/10.1016/j.jemermed.2017.06.033

Background
Research indicates patients often seek medical care within 1 year of suicide. Health care encounters are a crucial opportunity for health professionals to identify patients at highest risk and provide preventative services.

Objective
Study aims were to determine the characteristics of persons seeking health care within 12 months of suicide death and evaluate suicide risk screening (SRS) frequency in the emergency department (ED) vs. clinic settings.

Methods
Medical examiner and hospital data of patients who died by suicide from 2007 to 2013 were evaluated. Descriptive analyses included demographics and frequency of ED vs. clinic visits. We also compared SRS before and after implementation of The Joint Commission's recommendation to assess suicide risk.

Results
The 224 deceased patients were primarily single white males (mean age 67 years). Mental health issues, substance abuse, and prior suicide attempts were present alone or in combination in 74%. Visits were primarily behavioral health or substance abuse problems in the ED, and medical issues in the clinic. After implementation of universal SRS in the ED, screening increased from 39% to 92%. Among patients screened in the ED, 73% (37 of 51) screened negative for suicide risk.

Conclusions
Universal SRS increased the number of people screened in the ED. However, negative SRS may not equate to reduced risk for future suicide within 1 year. Future studies might investigate targeted screening of individuals with known suicide risk factors, as well as alternatives to patient self-report of intent to self-harm for patients with mental health or substance abuse problems.

Links of Interest

What's New in the Treatment of MDD? (slides)
http://www.psychiatrictimes.com/major-depressive-disorder/whats-new-treatment-mdd

What Is It Like To Suffer From An Anxiety Disorder?
http://nhpr.org/post/what-it-suffer-anxiety-disorder#stream/0

Stepped care effective for PTSD after natural disaster
https://www.healio.com/psychiatry/ptsd/news/online/{740179b6-3cb8-4284-bbab-25c42ee5c276}/stepped-care-effective-for-ptsd-after-natural-disaster

You're a what? Peer support specialist
https://www.bls.gov/careeroutlook/2017/youre-a-what/peer-support-specialist.htm

Computer-assisted CBT effective for depression
https://www.healio.com/psychiatry/depression/news/online/{7ca96f1b-ec49-410e-ad0e-f8e062278d9e}/computer-assisted-cbt-effective-for-depression

Yale researchers to study nondrug treatments for veterans
https://yaledailynews.com/blog/2017/10/09/yale-researchers-to-study-nondrug-treatments-for-veterans/

Russian propaganda engaged U.S. vets, troops on Twitter and Facebook, study finds
http://www.mcclatchydc.com/news/nation-world/national/article177744986.html

Cost of military transgender care in the spotlight
https://www.marketplace.org/2017/10/10/health-care/cost-military-transgender-care-in-spotlight

Transgender Care: Understanding People to Deliver Better Care
http://www.dcoe.mil/news/17-10-10/transgender-care-understanding-people-deliver-better-care

Army surgeon general: Opioid use has decreased among soldiers
https://www.defensenews.com/news/your-army/2017/10/10/army-surgeon-general-opioid-use-has-decreased-among-soldiers/

Former VA secretary: 3 tips for transitioning service members
https://www.militarytimes.com/news/your-army/2017/10/11/former-va-secretary-3-tips-for-transitioning-service-members/

Resource of the Week: Diversity, Inclusion, and Equal Opportunity in the Armed Services: Background and Issues for Congress (CRS)

New, from the Congressional Research Service:

> Under Article 1, Section 8 of the U.S. Constitution, Congress has the authority to raise and support armies; provide and maintain a navy; and provide for organizing, disciplining, and regulating them. Congress has used this authority to establish criteria and standards that must be met for individuals to be recruited into the military, to advance through promotion, and to be separated or retired from military service. Throughout the history of the armed services, Congress has established some of these criteria based on demographic characteristics such as race, sex, and sexual orientation. Actions by prior congresses and administrations to build a more diverse and representative military workforce have often paralleled efforts to diversify the federal civilian workforce.
>
> Diversity, inclusion, and equal opportunity are three terms that are often used interchangeably; however, there are some differences in how they are interpreted and applied between the Department of Defense (DOD) and civilian organizations. DOD's definitions of diversity and equal opportunity have changed over time, as have its policies toward inclusion of various demographic groups. These changes have often paralleled social and legal change in the civilian sector. The gradual integration of previously excluded groups into the military has been ongoing since the 19th century. In the past few decades there have been rapid changes to certain laws and policies regarding diversity, inclusion, and equal opportunity in the Armed Forces. Since 2009, DOD policy changes and congressional actions have allowed individuals who are gay to serve openly with recognition for their same-sex spouses as dependents for the purpose of military benefits and opened all combat assignments to women. On June 30, 2016, DOD announced the end of restrictions on service for those transgender troops already openly serving. However, in August of 2017, President Donald J. Trump directed DOD to (1) continue to prohibit new transgender recruits, (2) review policies on existing transgender sevicemembers, and (3) restrict spending on surgical procedures related to gender transition.

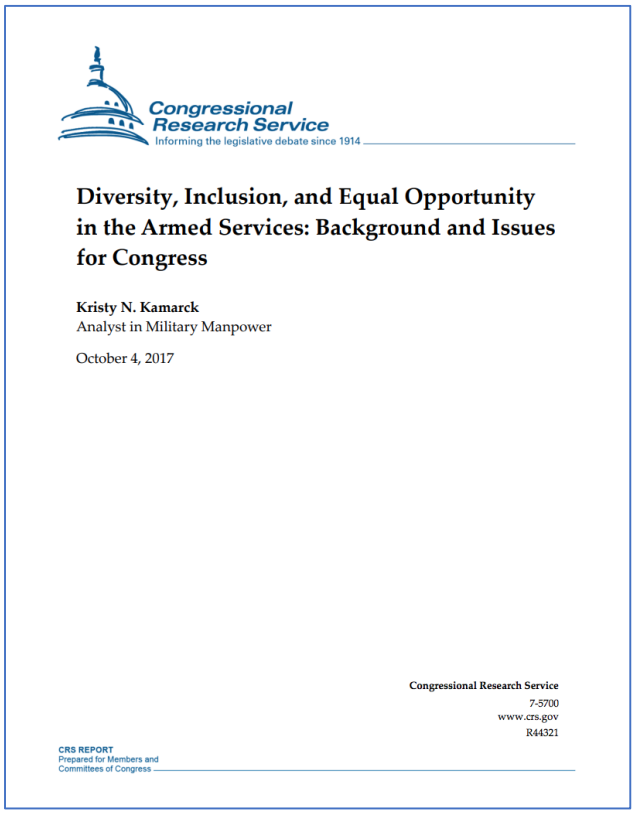
Military manpower requirements derive from National Military Strategy and are determined by the military services based on the workload required to deliver essential capabilities. Some argue that to effectively deliver these capabilities a workforce with a range of backgrounds, skills and knowledge is required. In this regard, DOD's pursuit of diversity is one means to acquire those necessary capabilities by broadening the potential pool of high-quality recruits and ensuring equal opportunities for advancement and promotion for qualified individuals throughout a military career. DOD has used diversity and equal opportunity programs and policies to encourage the recruitment, retention, and promotion of a diverse force that is representative of the nation.

Those who support broader diversity and equal-opportunity initiatives in the military contend that a more diverse force is a better performing and more efficient force. They point out that the nature of modern warfare has been shifting, requiring a range of new skills and competencies, and that these skills may be found in a more diverse cross-section of American youth. Many believe that it has always been in the best interest of the military to recruit and retain a military force that is representative of the Nation as a "broadly representative military force is more likely to uphold national values and to be loyal to the government—and country—that raised it." They contend that in order to reflect the nation it serves the military should strive for diversity that mirrors the shifting demographic composition of civil society.

Some argue that historically underrepresented demographic groups continue to be at a disadvantage within the military and that efforts should be intensified to ensure equal opportunity for individuals in those groups. Some also contend that if the military is to remain competitive with private-sector employers in recruiting a skilled workforce, DOD should offer the same equal-opportunity rights and protections that civilian employees have.

Some who oppose the expansion of diversity and equal-opportunity initiatives have concerns about how these initiatives might be implemented and how they might impact military readiness. Some believe that diversity initiatives could harm the military's merit-based system, leading to accessions and promotions that prioritize demographic targets ahead of performance criteria. Some contend that a military that is representative of the nation should also reflect the social and cultural norms of the nation. In this regard, they argue that the popular will for social change should be the driving factor for DOD policies. Others express concern that that the inclusion of some demographic groups is antithetical to

military culture and could affect unit cohesion, morale, and readiness—particularly in elite combat units. In terms of equal opportunity and inclusion, some argue that the military has a unique mission that requires the exclusion of some individuals based on, for example, physical fitness level, education attainment, or social characteristics.



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Diversity, Inclusion, and Equal Opportunity in the Armed Services: Background and Issues for Congress

Kristy N. Kamarck
Analyst in Military Manpower

October 4, 2017

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