

CDP



Research Update -- October 19, 2017

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<http://onlinelibrary.wiley.com/doi/10.1111/jsr.12612/full>

Prevalence, predictors and correlates of insomnia in US army soldiers.

Elizabeth A. Klingaman, Janeese A. Brownlow, Elaine M. Boland, Caterina Mosti, Philip R. Gehrman

Journal of Sleep Research

First published: 11 October 2017

DOI: 10.1111/jsr.12612

The objective of this study was to investigate the rates, predictors and correlates of insomnia in a national sample of US Army soldiers. Data were gathered from the cross-sectional survey responses of the All-Army Study, of the Army Study to Assess Risk and Resilience in Service members. Participants were a representative sample of 21,499 US Army soldiers who responded to the All-Army Study self-administered questionnaire between 2011 and 2013. Insomnia was defined by selected DSM-5 criteria using the Brief Insomnia Questionnaire. The results highlight significant functional difficulties associated with insomnia among US soldiers, as well as insights into predictors of insomnia specific to this population. Insomnia was present in 22.76% of the sample. Predictors of insomnia status in logistic regression included greater number of current mental health disorders, less perceived open lines of communication with leadership, less unit member support and less education. Insomnia had global,

negative associations with health, social functioning, support, morale, work performance and Army career intentions. The results provide the strongest evidence to-date that insomnia is common in a military population, and is associated with a wide array of negative factors in the domains of health, military readiness and intentions to remain in military careers.

<http://www.sciencedirect.com/science/article/pii/S1077722917300950>

Using Prolonged Exposure and Cognitive Processing Therapy to Treat Veterans With Moral Injury-Based PTSD: Two Case Examples.

Philip Held, Brian J. Klassen, Michael B. Brennan, Alyson K. Zalta

Cognitive and Behavioral Practice

Available online 13 October 2017

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

Moral injury refers to acts of commission or omission that violate individuals' moral or ethical standards. Morally injurious events are often synonymous with psychological trauma, especially in combat situations—thus, morally injurious events are often implicated in the development of posttraumatic stress disorder (PTSD) for military service members and veterans. Although prolonged exposure (PE) and cognitive processing therapy (CPT) have been well established as effective treatments for veterans who are struggling with PTSD, it has been suggested that these two evidence-based therapies may not be sufficient for treating veterans whose PTSD resulted from morally injurious events. The purpose of this paper is to detail how the underlying theories of PE and CPT can account for moral injury-based PTSD and to describe two case examples of veterans with PTSD stemming from morally injurious events who were successfully treated with PE and CPT. The paper concludes with a summary of challenges that clinicians may face when treating veterans with PTSD resulting from moral injury using either PE or CPT.

<https://link.springer.com/article/10.1007%2Fs40429-017-0172-9>

Treatment Outcomes for Women with Substance Use Disorders: a Critical Review of the Literature (2010–2016).

Dawn E. Sugarman, Meghan E. Reilly, Shelly F. Greenfield

Current Addiction Reports

First Online: 04 October 2017

<https://doi.org/10.1007/s40429-017-0172-9>

Purpose of Review

This review critically examines recent literature (2010–2016) on substance use outcomes in women-only treatment studies and gender differences in treatment outcomes in mixed-gender studies. We then focus on outcomes in three areas salient to women with substance use disorders (SUDs): treatment of comorbid post-traumatic stress disorder (PTSD), pregnancy and parenting interventions, and treatment for women in the criminal justice system.

Recent Findings

Favorable results were found for behavioral treatments for women including couples therapy and gender-responsive group therapy. When gender differences were observed in mixed-gender behavioral treatment, outcomes were more favorable in women than in men. However, when gender differences were observed in pharmacotherapy trial results, outcomes were worse for women. With regard to the three subgroups that we reviewed, most recent research on co-occurring PTSD and SUD has been secondary analysis studies which suggest that factors such as group attendance and co-occurring psychiatric disorders influence substance use outcomes. In contrast to the other two subgroups examined, behavioral treatments for pregnant women did not show superior outcomes when compared to control groups. However, buprenorphine was found to be safe and effective for use with pregnant women with an opioid use disorder. Finally, studies of treatment outcomes for women in the criminal justice system found preliminary evidence of efficacy for several behavioral treatments.

Summary

Consistent with findings of previous reviews, gender alone did not necessarily predict treatment response; rather, interaction of gender and other factors affected outcomes. Evidence showing worse outcomes for women in pharmacotherapy trials, with the exception of buprenorphine with pregnant women, further reinforces the need for research to evaluate differential treatment outcomes for men and women.

<http://journals.sagepub.com/doi/abs/10.1177/1357633X17735559>

Perceived risks and use of psychotherapy via telemedicine for patients at risk for suicide.

Amanda K Gilmore, Erin F Ward-Ciesielski

Journal of Telemedicine and Telecare

First Published October 8, 2017

Article first published online: October 8, 2017

<https://doi.org/10.1177/1357633X17735559>

Introduction

Suicide is a major public health problem and its human, emotional, and economic costs are significant. Individuals in rural areas are at highest risk for suicide. However, telemedicine services are typically not rendered to individuals who are actively suicidal. The goals of the current study were to identify the risks of using telemedicine for mental healthcare from the perspective of licensed mental health providers and to determine factors associated with the use of telemedicine with patients who are at high risk for suicide.

Methods

A total of 52 licensed mental health providers were recruited online through several professional organization listservs and targeted emails. Providers completed online questionnaires regarding demographics, caseload of suicidal patients, perceived risks for using telemedicine with patients at risk for suicide, attitudes towards telemedicine, and use of telemedicine with patients at risk for suicide.

Results

Three key perceived risks associated with using telemedicine were identified, including assessment, lack of control over patient, and difficulties triaging patients if needed. It was also found that individuals who had more positive attitudes towards telemedicine, younger providers, and more experienced providers were more likely to use telemedicine with patients who are at high risk for suicide.

Discussion

To our knowledge, this is the first study to examine the perceived risks and use of telemedicine with patients at high risk for suicide. It is essential to continue this line of research to develop protocols for the provision of evidence-based therapy via telemedicine for this high-risk group.

<http://guilfordjournals.com/doi/abs/10.1521/jscp.2017.36.8.629>

Life Meaning is Predictive of Improved Hopelessness and Depression Recovery in Depressed Veterans.

Abby Braden, James Overholser, Lauren Fisher, and Josephine Ridley

Journal of Social and Clinical Psychology
2017; e-View Ahead of Print
<https://doi.org/10.1521/jscp.2017.36.8.629>

Factors that buffer against depression and suicide in veterans have been identified, but most research has been conducted cross-sectionally with non-clinical samples. The aim of the current study was to examine life meaning as a protective factor against the progression of depression, hopelessness, and suicidal ideation measured at a 4-month follow-up in a sample of chronically depressed veterans. Sixty depressed veterans completed a Structured Clinical Interview (SCID v2.0) and measures of life meaning (Life Regard Index-framework subscale), depressive symptoms (Beck Depression Inventory-2), hopelessness (Beck Hopelessness Scale), and suicidal ideation (Beck Scale for Suicidal Ideation) at baseline and follow-up, 4 months later. Multiple regression and logistic regression analyses were performed. Analyses showed that life meaning was associated with reduced hopelessness 4-months later. Life meaning was also associated with recovery from a depressive episode, as measured by the SCID interview, 4-months later ($p = .02$). Life meaning may be a useful target in the treatment of chronically depressed veterans.

<https://mhealth.jmir.org/2017/10/e130>

Mobile Apps for Suicide Prevention: Review of Virtual Stores and Literature.

de la Torre I, Castillo G, Arambarri J, López-Coronado M, Franco MA

JMIR Mhealth Uhealth
2017;5(10):e130
DOI: 10.2196/mhealth.8036

Background:

The best manner to prevent suicide is to recognize suicidal signs and signals, and know how to respond to them.

Objective:

We aim to study the existing mobile apps for suicide prevention in the literature and the most commonly used virtual stores.

Methods:

Two reviews were carried out. The first was done by searching the most commonly used commercial app stores, which are iTunes and Google Play. The second was a review of mobile health (mHealth) apps in published articles within the last 10 years in the following 7 scientific databases: Science Direct, Medline, PsycINFO, Embase, The Cochrane Library, IEEE Xplore, and Google Scholar.

Results:

A total of 124 apps related to suicide were found in the cited virtual stores but only 20 apps were specifically designed for suicide prevention. All apps were free and most were designed for Android. Furthermore, 6 relevant papers were found in the indicated scientific databases; in these studies, some real experiences with physicians, caregivers, and families were described. The importance of these people in suicide prevention was indicated.

Conclusions:

The number of apps regarding suicide prevention is small, and there was little information available from literature searches, indicating that technology-based suicide prevention remains understudied. Many of the apps provided no interactive features. It is important to verify the accuracy of the results of different apps that are available on iOS and Android. The confidence generated by these apps can benefit end users, either by improving their health monitoring or simply to verify their body condition.

<http://www.sciencedirect.com/science/article/pii/S1526590017307307>

Gender and the Association between Long-Term Prescription Opioid Use and New Onset Depression.

Joanne Salas, Jeffrey F. Scherrer, Brian K. Ahmedani, Laurel A. Copeland, Kathleen K. Bucholz, Mark D. Sullivan, Thomas Burroughs, F. David Schneider, Patrick J. Lustman

The Journal of Pain

Available online 10 October 2017

<https://doi.org/10.1016/j.jpain.2017.09.004>

Abstract

Women have a higher prevalence of chronic non-cancer pain conditions and report more severe pain, yet, it is not known if the association between long term opioid analgesic use (OAU) and risk of a new depression episode (NDE) differs by gender. We analyzed patient data from the Veterans Health Administration (VHA; 2000 to 2012; n=70,997) and a large private-sector health care organization (2003 to 2012; n=22,981) to determine whether long-term OAU and risk of NDE differed by gender. Patients were free of depression and OAU for two years prior to baseline. OAU duration was defined as 1-30, 31-90 and >90 days, and NDE was defined by ICD-9 codes. Gender-stratified Cox proportional hazard models estimated hazard ratios. Propensity scores and subsequent inverse probability of treatment weighting controlled for confounding. In the VHA, >90 compared to 1-30 day OAU was more strongly associated with NDE among females than males (female: HR=1.79; 95%CI:1.45-2.22 vs. male HR=1.25; 95%CI:1.16-1.34, p=0.002). In private sector patients, there was no gender difference in the association between >90 day OAU and NDE (female HR=1.97; 95%CI:1.64-2.37 vs. male HR=1.99; 95%CI:1.44-2.74). Risk of NDE following long-term OAU is similar in men and women in private-sector patients but may differ for VHA patients. Future prospective studies are needed to identify mechanisms for the association between longer OAU and NDE.

Perspective

Existing research is mixed regarding gender differences in outcomes following long-term prescription opioid use. This study found both genders have increased risk of a new depression episode following >90 day opioid use. Women and men may benefit from closer monitoring of mood associated with chronic opioid use.

<http://online.liebertpub.com/doi/abs/10.1089/neu.2016.4953>

Pathophysiological bases of comorbidity: TBI and PTSD.

Dr. Gary B Kaplan, Dr. Kimberly A. Leite-Morris, Dr. Lei Wang, Ms. Kendra K. Rumbika, Dr. Stephen C. Heinrichs, Dr. Xiang Zeng, Dr. Liquan Wu, Ms. Danielle T. Arena, and Dr. Yang D Teng

Journal of Neurotrauma

October 2017, ahead of print

<https://doi.org/10.1089/neu.2016.4953>

The high rates of TBI and PTSD diagnoses encountered in recent years by the U.S. Veterans Affairs Healthcare System have increased public awareness and research investigation into these conditions. In this review, we analyze the neural mechanisms underlying the TBI/PTSD comorbidity. TBI and PTSD present with common neuropsychiatric symptoms including anxiety, irritability, insomnia, personality changes and memory problems and this overlap complicates diagnostic differentiation. Interestingly, both TBI and PTSD can be produced by overlapping pathophysiological changes that disrupt neural connections termed the “connectome”. The neural disruptions shared by PTSD and TBI and the comorbid condition include asymmetric white matter tract abnormalities and gray matter changes in basolateral amygdala, hippocampus, and prefrontal cortex. These neural circuitry dysfunctions result in behavioral changes that include executive function and memory impairments, fear retention, fear extinction deficiencies and other disturbances. Pathophysiological etiologies can be identified using experimental models of TBI, such as fluid percussion or blast injuries, and for PTSD, using models of fear conditioning, retention, and extinction. In both TBI and PTSD, there are discernible signs of neuroinflammation, excitotoxicity, and oxidative damage. These disturbances produce neuronal death and degeneration, axonal injury, and dendritic spine dysregulation and changes in neuronal morphology. In laboratory studies, various forms of pharmacological or psychological treatments show capability to reverse these detrimental processes and promote axonal repair, dendritic remodeling and neurocircuitry reorganization, resulting in behavioral and cognitive functional enhancements. Based on these mechanisms, novel neurorestorative therapeutics using anti-inflammatory, antioxidant and anticonvulsant agents may promote better outcomes for comorbid TBI and PTSD.

<https://academic.oup.com/ntr/article-abstract/4391238/Trends-and-Patient-Characteristics-Associated-with>

Trends and Patient Characteristics Associated with Tobacco Pharmacotherapy Dispensed in the Veterans Health Administration.

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Nicotine & Tobacco Research

Published: 09 October 2017

<https://doi.org/10.1093/ntr/ntx229>

Introduction

There is evidence suggesting certain subgroups of people who use tobacco do not receive tobacco pharmacology as consistently as others.

Methods

This retrospective, cohort study examined the trend in the use of cessation pharmacotherapy from 2004 to 2013 using Veterans Health Administration (VHA) administrative data. Among Veterans who used tobacco in fiscal year (FY) 2011 and had not received pharmacotherapy in the prior year, multivariable Cox regression was used to assess the independent associations between patient clinical and demographic characteristics and pharmacotherapy initiation in the 6-months follow-up period.

Results

Smoking cessation pharmacotherapy in the VHA increased from 13.8% in 2004 to 25.6% in 2013. In 2011, Veterans (N=838,309) who were more likely to newly receive pharmacotherapy included those with psychiatric disorders (depression, bipolar disorder, non-alcohol substance use disorder, other anxiety, and post-traumatic stress disorder), chronic pulmonary disease, peripheral vascular disorders, and younger Veterans (adjusted rate ratios (ARR) ranged from 1.03 to 1.92, all $p < 0.001$). Veterans less likely to receive pharmacotherapy were those with schizophrenia or other psychosis, males, Hispanics, and those with a medical condition (uncomplicated diabetes, uncomplicated hypertension, fluid and electrolyte disorders, cardiac arrhythmia, valvular disease, hypothyroidism, acquired immunodeficiency syndrome/human immunodeficiency virus, deficiency anemia, renal failure, paralysis, coagulopathy, metastatic cancer, and other neurological disorders) (ARR's ranged from 0.74 to 0.93, all $p < 0.001$).

Conclusions

Although VHA cessation pharmacotherapy use nearly doubled from 13.8% in 2004 to

25.6% in 2013, reaching undertreated subgroups, especially those with medical comorbidities, may improve cessation outcomes.

Implications

Despite evidence that demographics influence the use of pharmacotherapy in smoking cessation, there is limited and contradictory information regarding how psychiatric and chronic medical illnesses affect pharmacotherapy use.

Administrative data were used to determine trends and patient characteristics of those receiving pharmacotherapy to aid in smoking cessation in the Veterans Health Administration.

From 2004 to 2013, pharmacotherapy increased from 13.8% to 25.6% of current smokers. Factors associated with increased pharmacotherapy initiation were psychiatric disorders, chronic pulmonary disease, peripheral vascular disorders, and younger age. Veterans with schizophrenia or other psychosis, males, Hispanics, and most medical conditions were less likely to receive pharmacotherapy.

<http://www.sciencedirect.com/science/article/pii/S000578941730062X>

Long-Term Effectiveness of Treatment-as-Usual Couple Therapy for Military Veterans.

Kathryn M. Nowlan, Emily J. Georgia, Brian D. Doss

Behavior Therapy

Volume 48, Issue 6, November 2017, Pages 847-859

<https://doi.org/10.1016/j.beth.2017.05.007>

Despite the fact that veterans face increased psychological and relationship distress as a result of their service-related experiences, no study to date has explored the long-term effectiveness of couple therapy for veterans. In the present investigation, 238 individuals (113 couples and 12 additional individuals) completed assessments 18 months after termination of treatment-as-usual couple therapy at two Veteran Administration Medical Centers. From pretreatment to 18-month follow-up, couples experienced significant increases in relationship satisfaction ($d = 0.59$) and significant decreases in both psychological distress ($d = -0.31$) and presence of intimate partner violence ($d = -0.47$). Overall, pretreatment demographic, psychological, and relationship

characteristics did not significantly moderate maintenance of gains across 18 months. However, African American individuals ($d = -0.58$) and individuals not reporting intimate partner violence at pretreatment ($d = -0.46$) experienced smaller improvements in relationship satisfaction through 18-month follow-up. Further, older participants showed smaller reductions in psychological symptoms 18 months after treatment ($d = 0.16$). Thus, for many veterans and their spouses, treatment-as-usual couple therapy is effective at intervening in psychological and relationship distress long-term. Moreover, the long-term effectiveness of couple therapy with veterans appears to generalize across many demographic, intrapersonal, and interpersonal factors.

<https://link.springer.com/article/10.1007/s10912-017-9480-2>

Moral Injury: Contextualized Care.

Keith G. Meador, Jason A. Nieuwsma

Journal of Medical Humanities

First Online: 13 October 2017

DOI: <https://doi.org/10.1007/s10912-017-9480-2>

Amidst the return of military personnel from post-9/11 conflicts, a construct describing the readjustment challenges of some has received increasing attention: moral injury. This term has been variably defined with mental health professionals more recently conceiving of it as a transgression of moral beliefs and expectations that are witnessed, perpetrated, or allowed by the individual. To the extent that morality is a system of conceptualizing right and wrong, individuals' moral systems are in large measure developmentally and socially derived and interpreted. Thus, in seeking to provide care and aid in reintegration for combat veterans, it is necessary to consider communities that have contributed to an individual's formation and that might have participated in the interpretation of his/her suffering. This can take many forms, but given that morality is often complexly intertwined with issues of religion, faith, and spirituality for many individuals, and recognizing that much of the current focus on moral injury is emanating out of healthcare contexts, we devote particular attention to how chaplains might be more intentionally engaged in healthcare systems such as the Veterans Health Administration to provide non-judgmental, person-centered, culturally-relevant care rooted in communities of practice to veterans with moral injury.

<http://onlinelibrary.wiley.com/doi/10.1002/jts.22226/full>

Emotion Dysregulation and Social Support in PTSD and Depression: A Study of Trauma-Exposed Veterans.

Cox, D. W., Bakker, A. M. and Naifeh, J. A.

Journal of Traumatic Stress

Version of Record online: 12 OCT 2017

DOI: 10.1002/jts.22226

Emotion dysregulation has been associated with impaired interpersonal functioning and increased risk of posttraumatic psychopathology. Given that social support is a robust predictor of psychiatric morbidity following trauma exposure, we examined whether emotion dysregulation was associated with posttraumatic psychopathology through its negative effect on social support. Using self-report data from 90 military veterans (89.9% men) enrolled in an outpatient psychotherapy program for posttraumatic stress disorder (PTSD), we found that social support partially mediated the effect of emotion dysregulation on PTSD ($PM = .10$) and depression symptoms ($PM = .14$). When source of support was considered, friend ($PM = .08$) and significant other support ($PM = .06$) were greater mediators of the effect of emotion dysregulation on depression symptoms than family support ($PM = .01$). There were no differential mediating effects for support providers on PTSD symptoms. Our findings indicate that social support is a statistically significant yet clinically limited mechanism through which emotion dysregulation is linked with psychiatric symptoms. Implications for these limitations and alternative potentially relevant interpersonal mechanisms are discussed.

<http://onlinelibrary.wiley.com/doi/10.1002/jts.22224/full>

Friendship in War: Camaraderie and Prevention of Posttraumatic Stress Disorder Prevention.

Nevarez, M. D., Yee, H. M. and Waldinger, R. J.

Journal of Traumatic Stress

Version of Record online: 12 OCT 2017

DOI: 10.1002/jts.22224

Aspects of social support during combat deployment, such as unit cohesion, have been shown to affect later posttraumatic stress disorder (PTSD) development among veterans. We utilized a longitudinal database to assess how relationship quality with fellow soldiers in World War II (WWII) might be linked with postwar PTSD symptoms. Data were available on 101 men who experienced combat exposure in WWII, documented through postwar assessment. Upon study entry (1939 to 1942), data were collected on the quality of participants' early childhood relationships and their emotional adjustment during college. Data on WWII experiences were collected in 1946. Relationship quality with fellow soldiers in WWII was examined as a moderator of the link between combat exposure and postwar PTSD symptoms. Prewar emotional adjustment was examined as a mediator between quality of childhood relationships and subsequent quality of relationships with fellow soldiers during war. Better quality relationships with fellow soldiers attenuated (i.e., moderated) the link between combat exposure severity and PTSD symptom count, explaining a significant percent of the variance, $R^2 = .19$, $p < .001$. There was also a significant indirect mediation effect of childhood relationship quality on relationships with soldiers through prewar emotional adjustment, $ab = 0.02$, 95% BCa CI [0.01, 0.05]. Results suggest that better peer relationship quality during deployment may reduce the likelihood of subsequent PTSD symptom development, and that the quality of early relationships may set the stage for better relationships during stressful contexts such as war. These findings have implications for PTSD risk factor screening prior to deployment, and underscore the importance of interpersonal support among soldiers during deployment.

<http://journals.plos.org/plosone/article?id=10.1371/journal.pone.0179912>

Canine companionship is associated with modification of attentional bias in posttraumatic stress disorder.

Woodward SH, Jamison AL, Gala S, Holmes TH

PLoS ONE

12(10): e0179912

<https://doi.org/10.1371/journal.pone.0179912>

Attentional bias towards aversive stimuli has been demonstrated in the anxiety disorders and in posttraumatic stress disorder, and attentional bias modification has been proposed as a candidate treatment. This study rigorously assessed attentional

bias towards aversive and pleasant visual imagery associated with the presence or absence of a familiar service canine in 23 veterans with chronic military-related posttraumatic stress disorder. Participants were repeatedly tested with and without their service canines present on two tasks designed to elicit spontaneous visual attention to facial and scenic image pairs, respectively. Each stimulus contrasted an emotive image with a neutral image. Via eye-tracking, the difference in visual attention directed to each image was analyzed as a function of the valence contrast and presence/absence of the canine. Across both tasks, the presence of a familiar service canine attenuated the normative attentional bias towards aversive image content. In the facial task, presence of the service canine specifically reduced attention toward angry faces. In that task, as well, accumulated days with the service canine similarly modulated attention toward facial emotion. The results suggest that the presence of a familiar service canine is associated with attenuation of attentional bias to aversive stimuli in chronic military-service-related posttraumatic stress disorder. Questions remain regarding the generalization of such effects to other populations, their dependence on the familiarity, breed, and training of the canine, and on social context.

<http://onlinelibrary.wiley.com/doi/10.1002/jts.22223/abstract>

The Association Between PTSD and Functional Outcome Is Mediated by Perception of Cognitive Problems Rather Than Objective Neurological Test Performance.

Samuelson, K. W., Abadjian, L., Jordan, J. T., Bartel, A., Vasterling, J. and Seal, K.

Journal of Traumatic Stress

Version of Record online: 14 OCT 2017

DOI: 10.1002/jts.22223

Posttraumatic stress disorder (PTSD) has been consistently linked to poorer functional outcomes, including quality of life, health problems, and social and occupational functioning. Less is known about the potential mechanisms by which PTSD leads to poorer functional outcomes. We hypothesized that neurocognitive functioning and perception of cognitive problems would both mediate the relationship between PTSD diagnosis and functioning. In a sample of 140 veterans of the recent wars and conflicts in Iraq and Afghanistan, we assessed PTSD symptoms, history of traumatic brain injury (TBI), depression, self-report measures of quality of life, social and occupational functioning, and reintegration to civilian life, as well as perception of cognitive problems.

Veterans also completed a comprehensive neuropsychological battery of tests. Structural equation modeling revealed that perception of cognitive problems, but not objective neuropsychological performance, mediated the relationship between PTSD diagnosis and functional outcomes after controlling for TBI, depression, education, and a premorbid IQ estimate, $b = -6.29$, 95% bias-corrected bootstrapped confidence interval $[-11.03, -2.88]$, showing a large effect size. These results highlight the importance of addressing appraisals of posttrauma cognitive functioning in treatment as a means of improving functional outcomes.

<http://onlinelibrary.wiley.com/doi/10.1002/jts.22224/abstract?campaign=wolearlyview>

Friendship in War: Camaraderie and Prevention of Posttraumatic Stress Disorder Prevention.

Nevarez, M. D., Yee, H. M. and Waldinger, R. J.

Journal of Traumatic Stress

Version of Record online: 12 OCT 2017

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symptom development, and that the quality of early relationships may set the stage for better relationships during stressful contexts such as war. These findings have implications for PTSD risk factor screening prior to deployment, and underscore the importance of interpersonal support among soldiers during deployment.

https://link.springer.com/article/10.1007/s41347-016-0006-y?wt_mc=alerts.TOCjournals

A Review of Free iPhone Applications Designed to Target Anxiety and Worry.

Sarah J. Kertz, J. MacLaren Kelly, Kimberly T. Stevens, Matthew Schrock, Sara B. Danitz

Journal of Technology in Behavioral Science
June 2017, Volume 2, Issue 2, pp 61–70
<https://doi.org/10.1007/s41347-016-0006-y>

The purpose of the present study was to review the degree to which current iPhone apps targeting symptoms of worry and anxiety incorporate content consistent with evidence-based cognitive-behavioral therapy interventions for anxiety and worry. Searches for content-relevant iPhone apps for anxiety and worry were conducted in April 2015 and subsequently coded based on evidence-based treatment components for generalized anxiety (N = 361). Most freely available iPhone apps marketed toward decreasing symptoms of anxiety or worry were largely inconsistent with evidence-based treatments. More than half of apps (n = 269) failed to contain any content from cognitive-behavioral therapies. Only 46 (13%) apps were rated as “Consistent”; 87% of apps were rated as “Not Consistent” (n = 280) or “Partially Consistent” (n = 35). Furthermore, the most popular apps for anxiety as indexed by user ratings (n = 25) failed to include any content consistent with evidence-based treatments. Overall, if a user were to select a freely available iPhone app for anxiety management, the odds of selecting an app consistent with evidence-based treatments are very low. Implications and future directions are discussed. A list of CBT-consistent apps is included.

Links of Interest

NCIS to investigate popular Facebook site for new claim of online harassment

<https://www.militarytimes.com/news/your-navy/2017/10/12/former-sailor-claims-she-was-sexually-harassed-in-facebook-group/>

Military Women, Too, Should Serve Unmolested

<https://www.nytimes.com/2017/10/18/opinion/military-women-molested.html>

Domestic Violence: Break the silence

<https://www.dvidshub.net/news/251625/domestic-violence-break-silence>

Depression: Myths, Facts Backed Up By Numbers

<http://www.dcoe.mil/news/17-10-16/depression-myths-facts-backed-numbers>

A Marine Attacked an Iraqi Restaurant. But Was It a Hate Crime or PTSD?

<https://www.nytimes.com/2017/10/18/us/damien-rodriguez-marine-portland.html>

Living with Depression: How to Cope with Symptoms

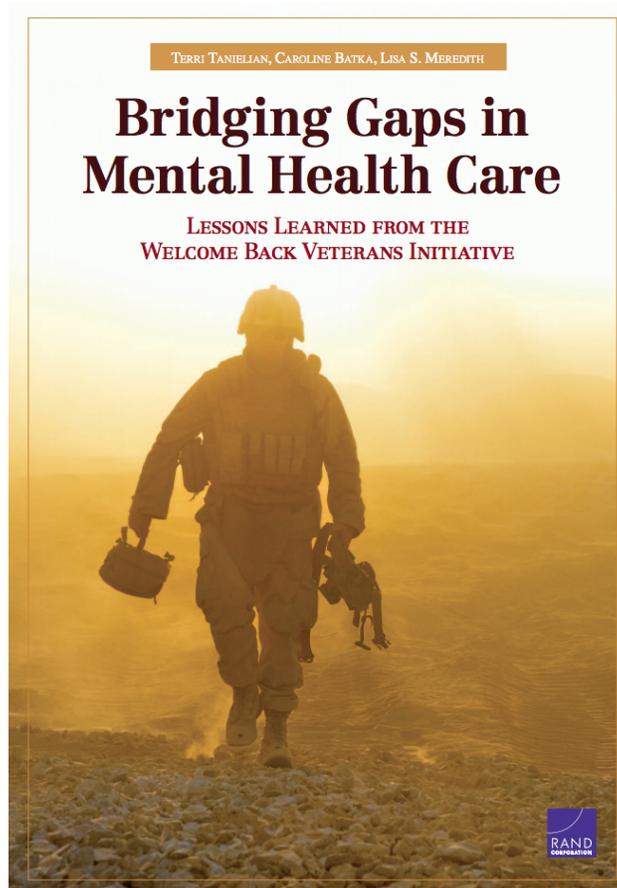
<http://www.dcoe.mil/news/17-10-18/living-depression-how-cope-symptoms>

Resource of the Week -- [Bridging Gaps in Mental Health Care: Lessons Learned from the Welcome Back Veterans Initiative](#)

New from the RAND Corporation:

Over the past decade, there have been a growing number of efforts designed to support service members, veterans, and their families as they cope with deployments. Addressing the mental health consequences associated with these deployments has been a priority focus area across the government and nongovernment sectors. The Welcome Back Veterans (WBV) initiative was launched in 2008 by Major League Baseball and the Robert R. McCormick Foundation to support organizations that, in turn, provided programs and services to support veterans and their families. Since WBV's founding, it has issued grants to academic medical institutions around the nation to create and implement programs and services designed to address the mental health needs of returning veterans and their families. Since 2013, WBV has made strides in assisting service members, veterans, and families and in facilitating collaboration

among systems of care in local communities. However, strategic efforts are needed to promote sustainability and address emerging challenges as individual programs move toward greater coordination with others in the system of care for veterans. WBV grantees and other programs must continue adapting to sustain their mental health service offerings to meet the demand for care but also to improve integration and coordination. Expanding collaborative networks and adopting a system-of-systems approach may help private mental health care programs like WBV continue to build capacity and have a positive effect going forward.



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