

# CDP



## Research Update -- April 12, 2018

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(U.S. Air Force photo/Senior Airman Kristoffer Kaubisch)

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<https://academic.oup.com/milmed/advance-article/doi/10.1093/milmed/usx116/4841667>

### **An Initial Report of Sleep Disorders in Women in the U.S. Military.**

Dale C Capener, MC Matthew S Brock, MC Shana L Hansen, MC Panagiotis Matsangas, DrPH Vincent Mysliwiec, MC

Military Medicine

Published: 07 February 2018

<https://doi.org/10.1093/milmed/usx116>

#### Introduction

Sleep disorders are increasingly recognized in active duty service members (ADSM). While there are multiple studies in male ADSM, there are limited data regarding sleep disorders in women in the military. The purpose of this study was to characterize sleep disorders in female ADSM referred for clinical evaluation to provide a better understanding of this unique population.

#### Materials and Methods

We conducted a retrospective review of female ADSM who underwent a sleep medicine evaluation and an attended polysomnogram (PSG). Demographic and polysomnogram variables, as well as medical records, were reviewed. Associated illnesses to include post-traumatic stress disorder, pain disorders, anxiety, and depression, were recorded.

#### Results

The cohort consisted of 101 women. The average age was  $33.9 \pm 9.0$  years and body

mass index was  $27.3 \pm 4.5$ , with an average Epworth Sleepiness Scale score of  $12.9 \pm 5.2$ , and Insomnia Severity Index score of  $17.6 \pm 5.7$ . Overall, 36.6% were diagnosed with insomnia only, 14.9% with obstructive sleep apnea (OSA) only, and 34.7% met diagnostic criteria for both insomnia and OSA. The average apnea-hypopnea index for the entire cohort was  $5.37 \pm 7.04/h$  whereas it was  $10.34 \pm 3.14/h$  for those meeting diagnostic criteria for OSA. The women referred for sleep evaluations had the following rates of associated illnesses: pain disorders (59.4%), anxiety (48.5%), depression (46.5%), and post-traumatic stress disorder (21.8%). For patients with OSA, the relative risk of having post-traumatic stress disorder was 2.72 (95% confidence interval 1.16–6.39).

### Conclusions

Women in the U.S. military who have sleep disorders have a high rate of behavioral medicine and pain disorders. Interestingly, nearly 50% of active duty females referred for a sleep study have OSA while not necessarily manifesting the typical signs of obesity or increased age. The reasons for this finding are not completely understood, though factors related to military service may potentially contribute. The findings from our study indicate a need for increased awareness and evaluation of sleep disorders in women in the military, especially those with behavioral medicine disorders.

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<https://academic.oup.com/sleep/advance-article-abstract/doi/10.1093/sleep/zsy069/4956251>

### **Impact of Cognitive Behavioral Therapy for Insomnia Disorder on Sleep and Comorbid Symptoms in Military Personnel: A Randomized Clinical Trial.**

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### Sleep

Published: 29 March 2018

<https://doi.org/10.1093/sleep/zsy069>

### Study Objectives

To compare the efficacy of cognitive behavioral therapy for insomnia (CBTi) disorder

and a Control condition on reducing insomnia and comorbid symptoms in a sample of active duty military personnel.

## Methods

Randomized clinical trial of 151 active duty US Army personnel at Fort Hood, Texas.

## Results

This study replicated Original (n = 66) findings (CBTi outperformed Control) in a Follow-on sample (n = 85) on diary-assessed sleep efficiency (d = 1.04), total sleep time (d = 0.38), sleep latency (d = -0.93), number of awakenings (d = -0.56), wake time after sleep onset (d = -0.91), sleep quality (d = 1.00) and the Insomnia Severity Index (d = -1.36) in active duty soldiers. CBTi also outperformed Control in the combined sample (N = 151) on four of the five subscales of the Multidimensional Fatigue Inventory (d = -0.32 to -0.96) and the mental health subscale on the Veterans RAND 12-Item Health Survey (d = 0.37). Exploratory analyses also showed CBTi outperformed Control on nicotine (d = -0.22) and caffeine (d = -0.47) use reduction. Significant within-group differences were found for both groups on depression, anxiety and posttraumatic stress disorder (PTSD) symptoms, but there was no group by time interaction for these symptoms or for use of hypnotics or alcohol.

## Conclusions

CBTi was an effective treatment for insomnia and comorbid symptoms including daytime fatigue, general mental health, nicotine and caffeine use.

## Clinical Trial Registration

Clinicaltrials.gov; Identifier: NCT01549899; “Comparing Internet and In-Person Brief Cognitive Behavioral Therapy of Insomnia”

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<https://focus.psychiatryonline.org/doi/abs/10.1176/appi.focus.16101>

## **Meta-Analysis: Melatonin for the Treatment of Primary Sleep Disorders.**

Eduardo Ferracioli-Oda, Ahmad Qawasmi, Michael H. Bloch

## FOCUS

Volume 16, Issue 1, Winter 2018, pp. 113-118

<https://doi.org/10.1176/appi.focus.16101>

### Study Objectives:

To investigate the efficacy of melatonin compared to placebo in improving sleep parameters in patients with primary sleep disorders.

### Design:

PubMed was searched for randomized, placebo-controlled trials examining the effects of melatonin for the treatment of primary sleep disorders. Primary outcomes examined were improvement in sleep latency, sleep quality and total sleep time. Meta-regression was performed to examine the influence of dose and duration of melatonin on reported efficacy.

### Participants:

Adults and children diagnosed with primary sleep disorders.

### Interventions:

Melatonin compared to placebo.

### Results:

Nineteen studies involving 1683 subjects were included in this meta-analysis. Melatonin demonstrated significant efficacy in reducing sleep latency (weighted mean difference (WMD) = 7.06 minutes [95% CI 4.37 to 9.75],  $Z = 5.15$ ,  $p < 0.001$ ) and increasing total sleep time (WMD = 8.25 minutes [95% CI 1.74 to 14.75],  $Z = 2.48$ ,  $p = 0.013$ ). Trials with longer duration and using higher doses of melatonin demonstrated greater effects on decreasing sleep latency and increasing total sleep time. Overall sleep quality was significantly improved in subjects taking melatonin (standardized mean difference = 0.22 [95% CI: 0.12 to 0.32],  $Z = 4.52$ ,  $p < 0.001$ ) compared to placebo. No significant effects of trial duration and melatonin dose were observed on sleep quality.

### Conclusion:

This meta-analysis demonstrates that melatonin decreases sleep onset latency, increases total sleep time and improves overall sleep quality. The effects of melatonin on sleep are modest but do not appear to dissipate with continued melatonin use. Although the absolute benefit of melatonin compared to placebo is smaller than other pharmacological treatments for insomnia, melatonin may have a role in the treatment of insomnia given its relatively benign side-effect profile compared to these agents.

(Reprinted with permission from PLoS ONE, (8)5: e63773, 2013)

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<http://onlinelibrary.wiley.com/doi/10.1111/jsr.12658/abstract>

**Shift work with and without night work as a risk factor for fatigue and changes in sleep length: A cohort study with linkage to records on daily working hours.**

Mikko Härmä, Kati Karhula, Sampsa Puttonen, Annina Ropponen, Aki Koskinen, Anneli Ojajärvi, Mika Kivimäki

Journal of Sleep Research

First published: 31 January 2018

DOI: 10.1111/jsr.12658

We examined shift work with or without night work as a risk factor for fatigue and short or long sleep. In a prospective cohort study with 4- and 6-year follow-ups (the Finnish Public Sector study), we linked survey responses of 3,679 full-time hospital employees on sleep duration and fatigue to records on daily working hours in 2008 (baseline), 2012 and 2014. We used logistic regression to estimate risk ratios and their confidence intervals to examine whether continuous exposure to shift work or changes between shift work and day work were associated with short ( $\leq 6.5$  hr) or long ( $\geq 9.0$  hr) sleep over 24 hr and fatigue at work and during free days. Compared with continuous day work and adjusting for age, gender, education and fatigue/sleep duration at baseline, continuous shift work with night shifts was associated with increased fatigue during free days (risk ratio = 1.38, 95% confidence interval 1.17–1.63) and long sleep (risk ratio = 8.04, 95% confidence interval 2.88–22.5, without adjustment for education) after 6-year follow-up. Exposure to shift work without night shifts increased only long sleep after 6 years (risk ratio = 5.87, 95% confidence interval 1.94–17.8). A change from day work to shift work with or without night shifts was associated with an increased risk for long sleep, and a change from shift work to day work with a decreased risk for long sleep and fatigue. This study suggests that irregular shift work is a modifiable risk factor for long sleep and increased fatigue, probably reflecting a higher need for recovery.

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<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5836745/>

**Shift Work and Sleep: Medical Implications and Management.**

Shazia Jehan, Ferdinand Zizi, Seithikurippu R Pandi-Perumal, Alyson K Myers, Evan Auguste, Girardin Jean-Louis, and Samy I McFarlane

Sleep Medicine and Disorders  
Published online 2017 Oct 6  
PMCID: PMC5836745  
NIHMSID: NIHMS932282

The primary occupation of a worker can play an important role in achieving good sleep, as well as good physical and mental health. Shift Work Sleep Disorder (SWSD) is a condition that results from working atypical shifts (i.e. other than the typical 9 am to 5 pm schedule). Individuals who manifest SWSD usually complain of trouble sleeping, excessive sleepiness and fatigue which interfere with overall functioning. Misalignment of circadian timing system results in undesirable health consequences. Among shift workers, good sleep is essential for efficient functioning. Disturbed sleep is associated with anxiety, depression, poor physical and mental health and eventually, leads to impaired quality of life. The economic burden of undiagnosed, under- and untreated shift work is high. The healthcare workers and policymakers can play a pivotal role in dealing with this issue by educating the public and providing them with adequate privileges to perform their work.

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<https://www.sciencedirect.com/science/article/pii/S1087079217300898>

### **The Impact of Ethnicity on the Prevalence and Severity of Obstructive Sleep Apnea.**

Khin Hnin, Sutapa Mukherjee, Nick A. Antic, Peter Catchside, Ching Li Chai-Coetzer, R. Doug McEvoy, Andrew Vakulin

Sleep Medicine Reviews  
Available online 2 February 2018  
<https://doi.org/10.1016/j.smr.2018.01.003>

Obstructive sleep apnea (OSA) is a common disorder associated with multiple adverse health consequences and its prevalence is increasing in parallel with rising obesity trends. Early support for ethnic differences in OSA prevalence and severity has been derived from studies of relatively homogenous ethnic groups. However, between-study comparisons are problematic given differing methodologies. Recent large inter-ethnic studies examining different ethnic populations using standardized protocols support the notion that Chinese have an increased OSA prevalence and severity compared to those of European descent. Although the evidence is less clear, some data suggest that



Hispanic/Mexican Americans also show higher rates of OSA, while OSA prevalence in African Americans is not dissimilar to that of populations of European ancestry. Of the anatomical traits underlying differences in OSA prevalence and severity between ethnic groups (i.e. obesity, fat distribution, and craniofacial structure) obesity appears to be the most important. The effect of ethnicity on non-anatomical factors (i.e. upper airway muscle responsiveness, arousal threshold, and loop gain) responsible for OSA severity and potentially prevalence is currently unknown and needs further research.

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<https://link.springer.com/article/10.1007%2Fs11325-017-1612-4>

### **The influence of gender on symptoms associated with obstructive sleep apnea.**

Carlos Alberto Nigro, Eduardo Dibur, Eduardo Borsini, Silvana Malnis, Glenda Ernst, Ignacio Bledel, Sergio González, Anabella Arce, Facundo Nogueira

Sleep and Breathing

First Online: 01 February 2018

DOI <https://doi.org/10.1007/s11325-017-1612-4>

#### Background

It has been reported that the clinical expression of obstructive sleep apnea (OSA) may differ in women and men.

#### Objective

The objective of this study was to evaluate the influence of gender on reported OSA-related symptoms in a large clinical population of patients.

#### Methods

The database from the sleep laboratory of a tertiary care center was examined. Adult patients who had undergone a diagnostic polysomnography and completed the Berlin questionnaire, a sleep questionnaire, and the Epworth sleepiness scale were selected. Multiple logistic regression analysis was performed to assess the relationship between OSA-associated symptoms and different potential explanatory variables.

#### Results

The study sample included 1084 patients, median age was 53 years, 46.5% (504) were women, 72.7% (788) had OSA (apnea/hypopnea index  $\geq 5$ ), and 31.2% were obese. After adjusting for age, body mass index, and apnea/hypopnea index, men were more

likely to report snoring (OR 4.06,  $p < 0.001$ ), habitual or loud snoring (OR 2.34,  $p < 0.001$ ; 2.14,  $p < 0.001$ , respectively) and apneas (OR 2.44,  $p < 0.001$ ), than women. After controlling for multiple variables, female gender was an independent predictive factor for reported tiredness (OR 0.57,  $p < 0.001$ ), sleep onset insomnia (OR 0.59,  $p < 0.0035$ ), and morning headaches (OR 0.32,  $p < 0.001$ ). Reports of excessive daytime sleepiness, nocturia, midnight insomnia, and subjective cognitive complaints were not significantly associated with gender.

### Conclusion

Women with OSA were more likely to report tiredness, initial insomnia, and morning headaches, and less likely to complain of typical OSA symptoms (snoring, apneas) than men.

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<https://link.springer.com/article/10.1007/s10826-018-1069-5>

### **Very Young Child Well-being in Military Families: A Snapshot.**

Ellen R. DeVoe, Tessa M. Kritikos, Ben Emmert-Aronson, Glenda Kaufman Kantor, Ruth Paris

Journal of Child and Family Studies

First Online: 27 March 2018

<https://doi.org/10.1007/s10826-018-1069-5>

Since the September 11th attacks on the U.S., more than 2 million children have experienced parental deployment during their early years, with potentially lasting impact. When a parent is deployed, a number of factors may affect the well-being of the service member and his/her family. One parental factor—posttraumatic stress disorder or distress—might be particularly powerful in its effect on young children and the family system. We analyzed baseline data from an intervention development project which focused on supporting military families with very young children during post-deployment. The purpose of this research is to understand the relationships between parental mental health status, parenting stress, couple functioning, and young child well-being. The effects of mental health status of home-front and service member parents and the role of couple functioning on parent-child interactions and behavioral problems of young children were examined in a sample of military families during the post-deployment period. Findings suggest that service member posttraumatic stress symptoms are associated with higher parental report of child behavior problems. Higher quality of the

couple relationship appears to lessen the impact of parental posttraumatic stress but is not related to parent perceptions of child behavior concerns. Implications for future research with military families are discussed.

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<https://academic.oup.com/milmed/advance-article/doi/10.1093/milmed/usx201/4954085>

## **Personality Factors and Their Impact on PTSD and Post-traumatic Growth is Mediated by Coping Style Among OIF/OEF Veterans.**

Elsa Mattson Lisa James, PhD Brian Engdahl, PhD

Military Medicine

Published: 26 March 2018

<https://doi.org/10.1093/milmed/usx201>

### Introduction

Traumatic experiences can trigger negative effects such as post-traumatic stress disorder (PTSD). However, some individuals may also experience positive changes following trauma exposure. These changes are known as post-traumatic growth (PTG). Dispositional and situational factors are likely at play in determining both severity of PTSD symptoms and whether and to what degree an individual experiences PTG. This study examined how coping style and personality traits interact to influence PTSD and PTG.

### Materials and Methods

Two hundred and seventy-one Operation Iraqi Freedom/Operation Enduring Freedom veterans not engaged in mental health treatment completed self-report measures of trauma exposure, personality traits, coping styles, PTSD symptoms, and PTG. The study was approved by the Minneapolis VAHCS Institutional Review Board.

### Results

Adaptive coping and positive personality traits such as openness were positively correlated with PTG. Maladaptive coping and neuroticism were positively correlated with PTSD symptoms. Regression analyses indicated that an inverted-U (quadratic) curve characterized the relationship between PTSD symptoms and PTG; veterans who reported moderate PTSD levels reported the most PTG. Mediation analyses revealed that adaptive coping partially mediated the relationship between openness and PTG.

Maladaptive coping partially mediated the relationship between neuroticism and PTSD symptoms.

#### Conclusion

This study demonstrated that coping style mediated relationships between personality traits and post-trauma outcomes. Our findings are subject to the limitations of the self-report and cross-sectional nature of the data. Longitudinal studies, preferably incorporating coping-oriented interventions, could convincingly demonstrate the impact of coping style on PTSD and PTG. As coping styles can be modified, our findings nonetheless suggest that coping-oriented clinical intervention has potential to reduce PTSD symptoms and promote positive growth following trauma exposure.

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<http://psycnet.apa.org/record/2018-12021-001>

#### **Alliance across group treatment for veterans with posttraumatic stress disorder: The role of interpersonal trauma and treatment type.**

Thompson-Hollands, J., Litwack, S. D., Ryabchenko, K. A., Niles, B. L., Beck, J. G., Unger, W., & Sloan, D. M.

Group Dynamics: Theory, Research, and Practice  
2018; 22(1), 1-15.  
<http://dx.doi.org/10.1037/gdn0000077>

The authors examined initial levels and pattern of change of alliance in group treatment for posttraumatic stress disorder (PTSD) for veterans. One hundred and 78 male veterans with PTSD were recruited for this study. Participants were randomly assigned to either group cognitive-behavioral therapy (GCBT) or to group present-centered therapy (GPCT). Alliance with fellow group members was assessed every other session throughout the group (total of seven assessments). Hierarchical linear modeling was used to determine whether treatment condition or index trauma type (interpersonal or noninterpersonal) impacted initial levels of alliance or change in alliance over time. Alliance increased significantly throughout treatment in both conditions. The presence of an interpersonal index event, compared to a noninterpersonal index event, did not significantly impact either initial levels of alliance or change in alliance over time. Participants in the GCBT condition experienced significantly greater growth in alliance over time compared to those in the GPCT condition ( $p > .05$ ) but did not have significantly different initial alliance ratings. The components and focus of the GCBT

treatment may have facilitated more rapid bonding among members. Interpersonal traumatic experience did not negatively impact group alliance. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

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<https://academic.oup.com/milmed/advance-article-abstract/doi/10.1093/milmed/usy024/4954098>

## **Testing Mediators of Reduced Drinking for Veterans in Alcohol Care Management.**

Dezarie Moskal, MS Stephen A Maisto, PhD Kyle Possemato, PhD Kevin G Lynch, PhD David W Oslin, MD

Military Medicine

Published: 26 March 2018

<https://doi.org/10.1093/milmed/usy024>

### Introduction

Alcohol Care Management (ACM) is a manualized treatment provided by behavioral health providers working in a primary care team aimed at increasing patients' treatment engagement and decreasing their alcohol use. Research has shown that ACM is effective in reducing alcohol consumption; however, the mechanisms of ACM are unknown. Therefore, the purpose of this study is to examine the mechanisms of change in ACM in the context of a randomized clinical trial evaluating the effectiveness of ACM.

### Materials and Methods

This study performed secondary data analysis of existing data from a larger study that involved a sample of U.S. veterans (N = 163) who met criteria for current alcohol dependence. Upon enrollment into the study, participants were randomized to receive either ACM or standard care. ACM was delivered in-person or by telephone within the primary care clinic and focused on the use of oral naltrexone and manualized psychosocial support. According to theory, we hypothesized several ACM treatment components that would mediate alcohol consumption outcomes: engagement in addiction treatment, reduced craving, and increased readiness to change. Parallel mediation models were performed by the PROCESS macro Model 4 in SPSS to test study hypotheses. The institutional review boards at each of the participating facilities approved all study procedures before data collection.

## Results

As hypothesized, results showed that treatment engagement mediated the relation between treatment and both measures of alcohol consumption outcomes, the percentage of alcohol abstinent days, and the percentage of heavy drinking days. Neither craving nor readiness to change mediated the treatment effect on either alcohol consumption outcome.

## Conclusions

Findings suggest that ACM may be effective in changing drinking patterns partially due to an increase in treatment engagement. Future research may benefit from evaluating the specific factors that underlie increased treatment engagement. The current study provides evidence that alcohol use disorder interventions should aim to increase treatment engagement and reduce barriers to care.

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<https://onlinelibrary.wiley.com/doi/full/10.1111/famp.12358>

## **Associations of Army Fathers' PTSD Symptoms and Child Functioning: Within- and Between- Family Effects.**

Aleja Parsons, Kayla Knopp, Galena K. Rhoades, Elizabeth S. Allen, Howard J. Markman, Scott M. Stanley

### Family Process

First published: 25 March 2018

<https://doi.org/10.1111/famp.12358>

This study examined the within- family and between- family associations between fathers' military- related PTSD symptoms and parent ratings of children's behavioral and emotional problems. The sample included married couples (N = 419) with children composed of a civilian wife and an active- duty husband serving in the U.S. Army. Results indicate that changes in fathers' PTSD symptoms over time were associated with corresponding changes in both mothers' and fathers' reports of child behavioral and emotional problems. These within- family findings were independent from between- family effects, which showed that higher average PTSD symptomatology was associated with more overall behavioral and emotional problems for children. This study uses advances in statistical methodologies to increase knowledge about how PTSD symptoms and child problems are related, both across different families and over time within families.

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<http://psycnet.apa.org/record/2018-12688-002>

### **Medicinal versus recreational cannabis use among returning veterans.**

Metrik, J., Bassett, S. S., Aston, E. R., Jackson, K. M., & Borsari, B.

Translational Issues in Psychological Science

2018; 4(1), 6-20.

<http://dx.doi.org/10.1037/tps0000133>

Although increasing rates of cannabis use and cannabis use disorder (CUD) are well documented among veterans, little is known about their use of cannabis specifically for medicinal purposes. The present study characterizes such use and compares veterans reporting cannabis use for medicinal ( $n = 66$ ) versus recreational ( $n = 77$ ) purposes on (a) sociodemographic factors, (b) psychiatric disorders (posttraumatic stress disorder [PTSD], major depressive disorder [MDD], and CUD), (c) other substance use, (d) reasons for cannabis use and cannabis-related problems, and (e) physical and mental health. Participants were veterans deployed post 9/11/2001 recruited from a Veterans Health Administration (VHA) facility ( $N = 143$ ; mean [SD] age = 30.0 [6.6]; mean [SD] deployments = 1.7 [1.1]) who reported past-year cannabis use. The most frequently endorsed conditions for medicinal cannabis (MC) use were anxiety/stress, PTSD, pain, depression, and insomnia. In logistic regression analyses adjusted for frequency of cannabis use, MC users were significantly more likely (odds ratio [OR] = 3.16) to meet criteria for PTSD than were recreational cannabis (RC) users. Relative to RC users, MC users reported significantly greater motivation for using cannabis to cope with sleep disturbance, as well as significantly poorer sleep quality and worse physical health. Veterans who use cannabis for medicinal purposes differ significantly in sleep, physical, and mental health functioning than do veterans who use cannabis for recreational purposes. PTSD and sleep problems may be especially relevant issues to address in screening and providing clinical care to returning veterans who are using cannabis for medicinal purposes. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

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<https://link.springer.com/article/10.1007/s11469-018-9898-4>

### **Pre-professional Suicide Training for Counselors: Results of a Readiness Assessment.**

Jenny L. Cureton, Elysia V. Clemens, Janessa Henninger, Connie Couch

International Journal of Mental Health and Addiction

First Online: 30 March 2018

<https://doi.org/10.1007/s11469-018-9898-4>

Change is needed in mental health pre-professional suicide training (PPST) to address updates in practice, ethical/legal, and accreditation guidelines. Assessing readiness for change can inform successful, lasting change. The Community Readiness Model offered an established structure for research team analysis of interviews with educators, administrators, and supervisors representing diverse, accredited counselor training programs. An overall score of 4.9 out of 9 indicates the counselor education and supervision (CES) profession is in the preplanning stage of readiness to address PPST. Readiness dimensional subscores ranged from 3.6 to 6.6, which align with readiness stages from vague awareness to initiation. CES needs to increase readiness to improve PPST regarding logistical support, knowledge of existing training, active leadership support, and the attitudinal environment toward suicide and PPST. This assessment informs the work of training program administrators, state and national policymakers, educators, and supervisors to improve PPST for future counselors.

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<https://link.springer.com/article/10.1007/s10488-018-0869-7>

### **Post-deployment Mental Health Screening: A Systematic Review of Current Evidence and Future Directions.**

Vanessa Panaite, Racine Brown, Michelle Henry, Amanda Garcia, Gail Powell-Cope, Rodney D. Vanderploeg, Heather G. Belanger

Post-deployment Mental Health Screening: A Systematic Review of Current Evidence and Future Directions.

Administration and Policy in Mental Health and Mental Health Services Research

First Online: 30 March 2018



Population-based post-deployment screening programs within the Departments of Defense and Veterans Affairs have been implemented to assess for mental health conditions and traumatic brain injury. The purpose of this paper is to systematically review the literature on post-deployment screening within this context and evaluate evidence compared to commonly accepted screening implementation criteria. Findings reflected highly variable psychometric properties of the various screens, variable treatment referral rates following screening, low to moderate treatment initiation rates following screening, and no information on treatment completion or long-term outcomes following screening. In sum, the evidence supporting population based post-deployment screening is inconclusive. Implications are discussed.

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<https://www.cambridge.org/core/journals/the-british-journal-of-psychiatry/article/depression-and-hopelessness-as-risk-factors-for-suicide-ideation-attempts-and-death-metaanalysis-of-longitudinal-studies/44413C7251A6471522724814003D813A>

**Depression and hopelessness as risk factors for suicide ideation, attempts and death: meta-analysis of longitudinal studies.**

Jessica D. Ribeiro, Xieyining Huang, Kathryn R. Fox, Joseph C. Franklin

The British Journal of Psychiatry  
Published online: 28 March 2018  
<https://doi.org/10.1192/bjp.2018.27>

**Background**

Many studies have documented robust relationships between depression and hopelessness and subsequent suicidal thoughts and behaviours; however, much weaker and non-significant effects have also been reported. These inconsistencies raise questions about whether and to what degree these factors confer risk for suicidal thoughts and behaviours.

**Aims**

This study aimed to evaluate the magnitude and clinical utility of depression and hopelessness as risk factors for suicide ideation, attempts and death.

## Method

We conducted a meta-analysis of published studies from 1971 to 31 December 2014 that included at least one longitudinal analysis predicting suicide ideation, attempt or death using any depression or hopelessness variable.

## Results

Overall prediction was weaker than anticipated, with weighted mean odds ratios of 1.96 (1.81–2.13) for ideation, 1.63 (1.55–1.72) for attempt and 1.33 (1.18–1.49) for death. Adjusting for publication bias further reduced estimates. Effects generally persisted regardless of sample severity, sample age or follow-up length.

## Conclusions

Several methodological constraints were prominent across studies; addressing these issues would likely be fruitful moving forward.

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<https://onlinelibrary.wiley.com/doi/abs/10.1002/jts.22269>

## **Stress- Generative Effects of Posttraumatic Stress Disorder: Transactional Associations Between Posttraumatic Stress Disorder and Stressful Life Events in a Longitudinal Sample.**

Hannah Maniates, Tawni B. Stoop, Mark W. Miller, Lisa Halberstadt, Erika J. Wolf

Journal of Traumatic Stress

First published: 6 April 2018

<https://doi.org/10.1002/jts.22269>

Longitudinal studies have demonstrated transactional associations between psychopathology and stressful life events (SLEs), such that psychopathology predicts the occurrence of new SLEs, and SLEs in turn predict increasing symptom severity. The association between posttraumatic stress disorder (PTSD), specifically, and stress generation remains unclear. This study used temporally sequenced data from 116 veterans (87.9% male) to examine whether PTSD symptoms predicted new onset SLEs, and if these SLEs were associated with subsequent PTSD severity. The SLEs were objectively rated, using a clinician-administered interview and consensus-rating approach, to assess the severity, frequency, and personal dependence (i.e., if the event was due to factors that were independent of or dependent on the individual) of new-onset SLEs. A series of mediation models were tested, and results provided evidence

for moderated mediation whereby baseline PTSD severity robustly predicted personally dependent SLEs,  $B = 0.03$ ,  $p = .006$ , and dependent SLEs predicted increases in follow-up PTSD symptom severity,  $B = -0.04$ ,  $p = .003$ , among participants with relatively lower baseline PTSD severity. After we controlled for baseline PTSD severity, personality traits marked by low constraint (i.e., high impulsivity) were also associated with an increased number of dependent SLEs. Our results provide evidence for a stress-generative role of PTSD and highlight the importance of developing interventions aimed at reducing the occurrence of personally dependent stressors.

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<https://jamanetwork.com/journals/jamapsychiatry/article-abstract/2671413>

## **Epidemiology of Adult DSM-5 Major Depressive Disorder and Its Specifiers in the United States.**

Deborah S. Hasin, PhD; Aaron L. Sarvet, MPH; Jacquelyn L. Meyers, PhD; et al.

JAMA Psychiatry

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### Key Points

#### Question

What is the national prevalence of DSM-5 major depressive disorder, the DSM-5 anxious/distressed and mixed-features specifiers, and their clinical correlates?

#### Findings

In this national survey of 36 309 US adults, the 12-month and lifetime prevalences of major depressive disorder were 10.4% and 20.6%, respectively, with most being moderate (6-7 symptoms) or severe (8-9 symptoms) and associated with comorbidity and impairment. The anxious/distressed specifier characterized 74.6% of major depressive disorder cases, and the mixed-features specifier characterized 15.5%; almost 70% with lifetime major depressive disorder received some type of treatment.

#### Meaning

Major depressive disorder remains a serious US health problem, with much to be learned about its specifiers.

## Abstract

### Importance

No US national data are available on the prevalence and correlates of DSM-5–defined major depressive disorder (MDD) or on MDD specifiers as defined in DSM-5.

### Objective

To present current nationally representative findings on the prevalence, correlates, psychiatric comorbidity, functioning, and treatment of DSM-5 MDD and initial information on the prevalence, severity, and treatment of DSM-5 MDD severity, anxious/distressed specifier, and mixed-features specifier, as well as cases that would have been characterized as bereavement in DSM-IV.

### Design, Setting, and Participants

In-person interviews with a representative sample of US noninstitutionalized civilian adults ( $\geq 18$  years) ( $n = 36\,309$ ) who participated in the 2012-2013 National Epidemiologic Survey on Alcohol and Related Conditions III (NESARC-III). Data were collected from April 2012 to June 2013 and were analyzed in 2016-2017.

### Main Outcomes and Measures

Prevalence of DSM-5 MDD and the DSM-5 specifiers. Odds ratios (ORs), adjusted ORs (aORs), and 95% CIs indicated associations with demographic characteristics and other psychiatric disorders.

### Results

Of the 36 309 adult participants in NESARC-III, 12-month and lifetime prevalences of MDD were 10.4% and 20.6%, respectively. Odds of 12-month MDD were significantly lower in men (OR, 0.5; 95% CI, 0.46-0.55) and in African American (OR, 0.6; 95% CI, 0.54-0.68), Asian/Pacific Islander (OR, 0.6; 95% CI, 0.45-0.67), and Hispanic (OR, 0.7; 95% CI, 0.62-0.78) adults than in white adults and were higher in younger adults (age range, 18-29 years; OR, 3.0; 95% CI, 2.48-3.55) and those with low incomes ( $\leq \$19\,999$  or less; OR, 1.7; 95% CI, 1.49-2.04). Associations of MDD with psychiatric disorders ranged from an aOR of 2.1 (95% CI, 1.84-2.35) for specific phobia to an aOR of 5.7 (95% CI, 4.98-6.50) for generalized anxiety disorder. Associations of MDD with substance use disorders ranged from an aOR of 1.8 (95% CI, 1.63-2.01) for alcohol to an aOR of 3.0 (95% CI, 2.57-3.55) for any drug. Most lifetime MDD cases were moderate (39.7%) or severe (49.5%). Almost 70% with lifetime MDD had some type of treatment. Functioning among those with severe MDD was approximately 1 SD below the national mean. Among 12.9% of those with lifetime MDD, all episodes occurred just after the death of someone close and lasted less than 2 months. The anxious/distressed

specifier characterized 74.6% of MDD cases, and the mixed-features specifier characterized 15.5%. Controlling for severity, both specifiers were associated with early onset, poor course and functioning, and suicidality.

#### Conclusions and Relevance

Among US adults, DSM-5 MDD is highly prevalent, comorbid, and disabling. While most cases received some treatment, a substantial minority did not. Much remains to be learned about the DSM-5 MDD specifiers in the general population.

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<https://www.tandfonline.com/doi/full/10.1080/08995605.2017.1420979>

#### **A qualitative analysis of strategies for managing suicide-related events during deployment from the perspective of Army behavioral health providers, chaplains, and leaders.**

Abby Adler, Sadia Chadhury, Barbara Stanley, Marjan Ghahramanlou-Holloway, Ashley Bush & Gregory K. Brown

Military Psychology

2018; 30:2, 87-97

DOI: 10.1080/08995605.2017.1420979

The purpose of this qualitative study was to investigate the use of strategies for managing suicide-related events (SREs; i.e., suicide deaths, suicide attempts, and suicidal ideation with a plan and intent to die) during deployment from the perspective of Army decision makers: behavioral health providers (BHPs), chaplains, and leaders. A total of 76 Army personnel participated in individual interviews or focus groups. Participants identified unit watch, weapon removal, medical evacuations, and debriefings as common strategies used to manage SREs in deployed settings. Many of these strategies were highlighted as short-term solutions only. Participants also underscored the importance of unit cohesion and communication among leaders, BHPs, and chaplains to effectively manage SREs. The need for structured guidelines for successfully managing SREs in deployed settings is discussed.

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<https://onlinelibrary.wiley.com/doi/abs/10.1002/jts.22280>

## **Military Sexual Assault in Transgender Veterans: Results From a Nationwide Survey.**

Kerry Beckman, Jillian Shipherd, Tracy Simpson, Keren Lehavot

Journal of Traumatic Stress

First published: 30 March 2018

<https://doi.org/10.1002/jts.22280>

There is limited understanding about the frequency of military sexual assault (MSA) in transgender veterans, characteristics associated with MSA, or subsequent mental and behavioral health problems. To address this gap, we used an online national survey of 221 transgender veterans to identify prevalence of MSA and to assess its association with demographic characteristics, past history of sexual victimization, and stigma-related factors. We also evaluated the association between MSA and several mental and behavioral health problems. Overall, 17.2% of transgender veterans experienced MSA, but rates differed significantly between transgender women (15.2%) and transgender men (30.0%). Using adjusted regression models, MSA was associated with adult sexual assault prior to military service, odds ratio (OR) = 4.05, 95% CI [1.62, 10.08], and distal minority stress during military service, OR = 2.98, 95% CI [1.28, 6.91]. With respect to health outcomes, MSA was associated with past- month posttraumatic stress disorder (PTSD) symptom severity,  $B = 10.18$ , 95% CI [3.45, 16.91]; current depression symptom severity,  $B = 3.71$ , 95% CI [1.11, 6.30]; and past- year drug use, OR = 3.17, 95% CI [1.36, 7.40]. Results highlight the vulnerability of transgender veterans to MSA, and the need for military prevention programs that acknowledge transgender individuals' heightened risk. Furthermore, clinicians should consider clinical screening for PTSD, depression, and drug use in transgender veterans who have a history of MSA.

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<https://ps.psychiatryonline.org/doi/abs/10.1176/appi.ps.201700482>

## **Addressing Veteran Homelessness to Prevent Veteran Suicides.**

Jack Tsai, Ph.D., Louis Trevisan, M.D., Minda Huang, M.A., Robert H. Pietrzak, Ph.D., M.P.H.

Psychiatric Services

Published online: April 02, 2018

<https://doi.org/10.1176/appi.ps.201700482>

The U.S. Department of Veterans Affairs (VA) is shifting its focus from ending veteran homelessness to preventing veteran suicides. With supporting data, this Open Forum argues that VA homelessness services also help address veteran suicides. Analysis of a nationally representative survey of U.S. veterans in 2015 shows that veterans with a history of homelessness attempted suicide in the previous two years at a rate >5.0 times higher compared with veterans without a history of homelessness (6.9% versus 1.2%), and their rates of two-week suicidal ideation were 2.5 times higher (19.8% versus 7.4%). Because the majority of veterans who die by suicide are not engaged in VA care, VA services for the homeless that include outreach efforts to engage new veterans may be reaching some of these veterans. Thus continued federal support for VA homelessness services not only may help address homelessness but also may help prevent suicide of veterans.

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<https://www.sciencedirect.com/science/article/pii/S2215036618301007>

**Effectiveness of preventive cognitive therapy while tapering antidepressants versus maintenance antidepressant treatment versus their combination in prevention of depressive relapse or recurrence (DRD study): a three-group, multicentre, randomised controlled trial.**

Claudi L H Bockting, Nicola S Klein, Hermien J Elgersma, Gerard D van Rijsbergen, ...  
Huibert Burger

The Lancet Psychiatry

Available online 3 April 2018

[https://doi.org/10.1016/S2215-0366\(18\)30100-7](https://doi.org/10.1016/S2215-0366(18)30100-7)

Background

Keeping individuals on antidepressants after remission or recovery of major depressive disorder is a common strategy to prevent relapse or recurrence. Preventive cognitive therapy (PCT) has been proposed as an alternative to maintenance antidepressant treatment, but whether its addition would allow tapering of antidepressants or enhance the efficacy of maintenance antidepressant treatment is unclear. We aimed to compare

the effectiveness of antidepressants alone, with PCT while tapering off antidepressants, or PCT added to antidepressants in the prevention of relapse and recurrence.

## Methods

In this single-blind, multicentre, parallel, three-group, randomised controlled trial, individuals recruited by general practitioners, pharmacists, secondary mental health care, or media were randomly assigned (10:10:8) to PCT and antidepressants, antidepressants alone, or PCT with tapering of antidepressants, using computer-generated randomised allocation stratified for number of previous depressive episodes and type of care. Eligible participants had previously experienced at least two depressive episodes and were in remission or recovery on antidepressants, which they had been receiving for at least the past 6 months. Exclusion criteria were current mania or hypomania, a history of bipolar disorder, any history of psychosis, current alcohol or drug abuse, an anxiety disorder that requires treatment, psychological treatment more than twice a month, and a diagnosis of organic brain damage. The primary outcome was time-related proportion of individuals with depressive relapse or recurrence in the intention-to-treat population, assessed four times in 24 months. Assessors were masked to treatment allocation, whereas physicians and participants could not be masked. This trial is registered with the Netherlands Trial Register, number NTR1907.

## Findings

Between July 14, 2009, and April 30, 2015, 2486 participants were assessed for eligibility and 289 were randomly assigned to PCT and antidepressant (n=104), antidepressant alone (n=100), or PCT with tapering of antidepressant (n=85). The overall log-rank test was significant ( $p=0.014$ ). Antidepressants alone were not superior to PCT while tapering off antidepressants in terms of the risk of relapse or recurrence (hazard ratio [HR] 0.86, 95% CI 0.56–1.32;  $p=0.502$ ). Adding PCT to antidepressant treatment resulted in a 41% relative risk reduction compared with antidepressants alone (0.59, 0.38–0.94;  $p=0.026$ ). There were two suicide attempts (one in the antidepressants alone group and one in the PCT with tapering of antidepressants group) and one death (in the PCT and antidepressants group) not related to the interventions during the 24 months' follow-up.

## Interpretation

Maintenance antidepressant treatment is not superior to PCT after recovery, whereas adding PCT to antidepressant treatment after recovery is superior to antidepressants alone. PCT should be offered to recurrently depressed individuals on antidepressants and to individuals who wish to stop antidepressants after recovery.



Funding

The Netherlands Organisation for Health Research and Development.

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### **Links of Interest**

Social Workers: Leaders, Advocates, Champions

[http://www.dcmilitary.com/journal/features/social-workers-leaders-advocates-champions/article\\_6c81f364-201a-5db2-8974-e1852220fd37.html](http://www.dcmilitary.com/journal/features/social-workers-leaders-advocates-champions/article_6c81f364-201a-5db2-8974-e1852220fd37.html)

For Chronic Pain, A Change In Habits Can Beat Opioids For Relief

<https://wamu.org/story/18/04/06/for-chronic-pain-a-change-in-habits-can-beat-opioids-for-relief/>

Antidepressants: worth the risk?

<http://www.baltimoresun.com/news/opinion/oped/bs-ed-op-0405-depression-analysis-20180404-story.html>

Sailors bounced from recruit training thanks to dependent medical records, parents say

<https://www.militarytimes.com/pay-benefits/military-benefits/health-care-benefits/2018/04/05/sailors-bounced-from-recruit-training-thanks-to-dependent-medical-records-parents-say/>

Military child abuse case raises complex sentencing issues

<https://www.militarytimes.com/news/your-military/2018/04/08/military-child-abuse-case-raises-complex-sentencing-issues/>

This retired Marine's book says the Corps has a history of gender bias

<https://www.marinecorpstimes.com/news/your-marine-corps/2018/04/06/this-retired-marines-book-says-the-corps-has-a-history-of-gender-bias/>

Reducing severity of PTSD symptoms long-term holds significant public-health and economic implications

<https://medicalxpress.com/news/2018-04-severity-ptsd-symptoms-long-term-significant.html>

Air Force Expands Free Kid Care Program for Deployed Families

<https://www.military.com/spousebuzz/2018/04/04/air-force-expands-free-kid-care-program-deployed-families.html>

Change Your Mind-Set, Reduce Your Chronic Pain

<https://blogs.scientificamerican.com/observations/change-your-mind-set-reduce-your-chronic-pain/>

Coping in the Aftermath of Community Violence: Self-care Strategies

<http://www.pdhealth.mil/news/blog/coping-aftermath-community-violence-self-care-strategies>

Nellis NCO who posted racially charged Facebook rant gets busted down in rank

<https://www.airforcetimes.com/news/your-air-force/2018/04/11/nellis-nco-who-posted-racially-charged-facebook-rant-gets-busted-down-in-rank/>

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### Resource of the Week: [CDP's Sleep Spotlight!](#)

During the month of April, the CDP will be spotlighting and celebrating the efforts to improve the sleep lives of Service members and Veterans. In addition to our existing resources on sleep and insomnia, in the coming weeks, look for blogs on the dissemination of sleep disorder treatments in the military, the role of medical providers in behavioral sleep treatments, and sleep among special duty military personnel. There will be Research Update blogs on insomnia and motor vehicle accidents, sleep problems in military women, and sleep and PTSD. Be sure watch the upcoming video blog on our new virtual reality sleep training museum, the Snoozeum, and plan your visit. Don't miss out on the great infographics below. Click on any of them for a larger view.

The screenshot shows the website for the Center for Deployment Psychology (CDP) at Uniformed Services University of the Health Sciences (USU). The page is titled "CDP's Sleep Spotlight!". The header includes navigation links for "BLOG", "SUPPORT", "FAQ", "NEWSROOM", and "CONTACT US", along with social media icons for Twitter, Facebook, and LinkedIn. A "SIGN IN / REGISTER" button is also present. The main content area features a large photograph of a soldier in a hospital bed, with a caption below it that reads "U.S. Marine Corps photo by Cdr. Alejandro Pineda". To the right of the main content is a sidebar titled "Sleep Resources" which contains a list of links: "Related Resources", "Cognitive Behavioral Therapy for Insomnia", "Upcoming Training Events", "Online Courses", "Blogs on Sleep", and "Log Into the Provider Portal".

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